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

ANNUAL REPORT

FOR THE YEAR ENDING 31st DECEMBER, 1917,

BY

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

School Medical Officer and Medical Officer of Health.

CITY OF YORK EDUCATION COMMITTEE.

NAMES OF MEMBERS.

1916-1917.

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Mansion House, York.

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Councillor K. E. T. Wilkinson.

Vice-Chairman :—

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STAFF ENGAGED IN MEDICAL INSPECTION AND SCHOOL CLINIC.

SCHOOL MEDICAL OFFICER :—

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

ASSISTANT SCHOOL MEDICAL OFFICER :—

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

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 :—

T. E. Constant, M.R.C.S. (Eng.), L.D.S., L.R.C.P. (Lond.).

SCHOOL NURSES :—

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

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

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Arthur Tesseyman

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

ANNUAL REPORT

FOR THE YEAR ENDING 31st DECEMBER, 1917.

To the Chairman and Members of the York Education
Committee.

Mr. Chairman, Ladies and Gentlemen,

I beg to submit this the tenth Annual Report on the Medical Inspection of the Scholars in the York Elementary Schools. In accordance with the general request it is but a brief record of the work carried out. That work is still much handicapped and curtailed by the medical and other exigencies of the times ; as in last year, attention has been concentrated upon Clinic work, upon ailing and defective children referred from, or discovered in, the schools, and upon the Special Schools.

Dr. Norah Kemp has been able to continue to act as temporary part-time Assistant School Medical Officer, and we are much indebted to her for the zealous interest and hard work which she has contributed during the year.

The Report contains all the statistical information about the work of the year 1917 upon record, and as required by the Board of Education.

I beg to call your attention to the sections, in the text of the Report, relating to the new regulations regarding the Cinema Theatres and school children, and to the Control of Juvenile Employment. Also the special sections in Appendix B—partly summarising Sir George Newman's most recent Annual Report :—

- (1) The Teaching of Mothercraft ;
- (2) Physical Education ;
- (3) Nursery Schools ;

which I hope will prove useful to the Members of the Committee, and others.

On behalf of Dr. Kemp and myself I beg to thank you for your support in our work throughout the past year.

I am, Mr. Chairman, Ladies and Gentlemen,

Yours obediently,

EDMUND M. SMITH,

School Medical Officer and
Medical Officer of Health.

May, 1918.

THE ELEMENTARY SCHOOLS NOW COMPRISE :—

Eleven provided and eighteen non-provided schools, 29 in all, including the two special schools.

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

Total No. of children on the Registers	..	..	..	14,215
Upper Department, Boys	..	..	..	4,836
" " Girls	..	..	..	4,712
Infants' Boys	..	..	..	2,441*
" " Girls	..	..	..	2,226*

* In these figures are included 853 children under 5 years of age (460 boys and 393 girls).

There are in the city 18 Private Schools, in addition to the Blue Coat Boys' and Grey Coat Girls' School, with about 700 pupils on the registers. Medical Inspection of both pupils and buildings would no doubt be valuable in those schools also.

Park Grove was the only school taken over by the military authorities during the year.

The Organisation of the School Medical Service continues as before. The School Attendance Officers are still closely associated with the work. Overlapping of their work and that of the school nurses has been avoided by the weekly lists sent to them from the School Clinic. The cases involved in such lists who were thus referred to the attendance officers, through

the Secretary of the Education Committee, during 1917, numbered 10,382.

The Office of the School Medical Department is situated at No. 24, St. Saviourgate.

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

During the year it was found impossible to keep pace with the former requirements of the Board of Education as to the medical inspection of "entrants" and "leavers" ("code-groups"), owing to the enormous increase in the Clinic work and to epidemic sickness in the city. Therefore, with the approval of the Board of Education, attention was concentrated on the children of all ages found to be ailing or physically defective. These children are now our first charge, and we try to carry out the maximum amount of ameliorative work. Efforts have been made to carry out this work as fully as possible. These cases, like those of the children in the Special Schools, who are examined periodically, cost much more time per head than the average child examined in the course of the inspections of the whole of the children comprised in a code-group. The examination of the children in the Special Schools has hitherto been carried out very thoroughly. The Board of Education consider that we have spent a disproportionate amount of time in their inspection during the last two years, so that the thoroughness will be relaxed for the year 1918.

Board of Education Table I.

NUMBER OF CHILDREN INSPECTED 1ST JANUARY, 1917,
TO 31ST DECEMBER, 1917.

Groups other than "Code."

	Special Cases (all examined at schools).	Re-examinations, <i>i.e.</i> , number of children re-examined (at School Clinic).
Boys	349	8
Girls	427	22
Totals	776	30

(The majority of those re-examined had recovered from the ailments from which they were suffering at the time of first medical inspection).

The above figures included the following groups :—

	Boys.	Girls.	Total.
Children in their 6th and 7th years	82	53	135
Children in their 13th and 14th years	34	89	123
Special cases of ailing children selected by Medical Staff and Head Teachers in the Elementary Schools, being children at intermediate ages	174	272	446
Children at " Special " School (boys only)	42	—	42
Children at " Open-air " School	17	13	30
	349	427	776
Children at Municipal Secondary School for Girls	—	196	196
Total	349	623	972

Percentage of parents present at medical inspection — 23·3.

During the year the Assistant School Medical Officer paid 80 visits to schools for the purpose of medical inspection of scholars and consultation with the Head Teachers. In addition she examined 12 children under the Mental Deficiency Act, some of which examinations cost an hour's time each. Children who are contacts of tubercular patients are kept under special supervision ; notices of such contacts are sent to the School Medical Office from time to time from the Tuberculosis Dispensary, and these children are invariably examined and re-examined during the medical inspection at the schools. Three weeks have been devoted to the Secondary School ; this school was " inspected " for the first time in 1915.

Frequent visits have been paid to the Special Schools ; 5 children at Holgate Bridge School, and 47 at the Open-air School were specially examined as to their fitness to leave school.

79·8 per cent. of the children scheduled in 1917 bore well defined vaccination marks, as compared with 90 per cent. in 1910.

The Revelations of Medical Inspection in 1917 :—

Table 2 in Appendix A sets forth the particulars as required by the Board of Education. In view of the fact that nearly all the children inspected were selected ailing or defective children, it is useless to make comparisons with the percentages of previous years, but Table 2 gives some percentages for 1917. Cases of marked malnutrition are referred to the Provision of Meals Sub-Committee, through the teachers, as necessitous cases. " Other diseases " of the lungs include cases of temporary bronchial catarrh.

Table 3.—Feeble-minded children, tubercular children, and cripples that are not at school, are kept under observation until they are old enough or fit to go to school.

Tuberculosis.—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 1917, under the "Public Health (Tuberculosis) Regulations, 1912," of the Local Government Board. (See also Appendix A, Table 2):—

	Males.	Females.	Total.
Tuberculosis of Lungs (Phthisis)	7	9	16
" of Tracheo-Bronchial Glands	—	1	1
" of Neck Glands	13	22	35
" of Eyes	2	1	3
" of Meninges (Meningitis)	—	2	2
" of Abdominal Glands	1	1	2
" of Spine	1	—	1
" of Skin	—	1	1
" of Hip Joint	3	—	3
" of Other Joints	1	1	2
" of Peritoneum	3	3	6
" of Intestines	—	2	2
" of Leg	—	1	1
General Tuberculosis	1	—	1
Totals	32	44	60
			76

Of these total notifications, 7 of the lung cases and 18 of "other tubercular" cases were sent in by the Tuberculosis Officer, and 7 and 17 respectively by the Assistant School Medical Officer. Fifteen cases of Non-Pulmonary Tuberculosis were also notified amongst children under five years of age.

Total children excluded from school attendance during whole or part of year, 48.

Total deaths of children at ages 5—15 in York in 1917:—

	Total.
Pulmonary Tuberculosis	2
Non-Pulmonary	7

The following provision exists for the treatment of tubercular cases occurring amongst city school children:—

(a) All cases are referred to the York Tuberculosis Dispensary as a clearing house, for diagnosis in doubtful cases, for

supervision, and for tuberculin or other treatment when required.

(b) The temporary Open-air School at No. 11 Castlegate.

	Boys.	Girls.	Totals.
Admitted to the Class in 1917	24	17	41
Discharged	26	12	38
On books December 31st, 1917	12	12	24

The after-care of these children is entrusted to the Tuberculosis Crusade Committee.

(c) The open-air ward and shelters for tubercular patients at the City Isolation Hospital, Yearsley Bridge. Sixteen cases of children of school age were so referred by the Tuberculosis Officer during 1917.

(d) Cases requiring surgical treatment are sent into the York County Hospital at the cost of the Corporation Health Committee. Thirteen cases of children of school age were so referred by the Tuberculosis Officer during 1917.

THE OCCURRENCE AND CONTROL OF INFECTIOUS OR CONTAGIOUS DISEASES amongst the School Children, and the action taken as to detection and prevention thereof.

During the year 1917 the most prevalent infectious diseases have been Measles, Whooping Cough, Chickenpox, and Mumps. Diphtheria and Scarlet Fever were very much less prevalent than in preceding years.

The following tabular statement gives the numbers of school children notified to the Medical Officer of Health (Scarlet Fever and Diphtheria), and by the Teachers to the Assistant School Medical Officer (Measles, Whooping Cough, Chickenpox, and Mumps), for each of the past six years. (See also Table C in Appendix) :—

	Scarlet Fever.	Diphtheria.	Measles and German Measles.	Whooping Cough.	Chickenpox.	Mumps
1912 ..	215	56	1,158	69	347	105
1913 ..	84	54	119	278	369	124
1914 ..	181	97	664	247	109	755
1915 ..	120	48	505	220	169	61
1916 ..	149	21	288	182	166	31
1917 ..	39	22	1066	190	211	305

Scarlet Fever.—During 1917, the prevalence was not marked, 16 school cases occurring in the first six months, and 23 in the second six months of the year; 8 "missed" cases of Scarlet Fever were discovered by the School Nurses. No particular school or department was affected. Twelve cases (including one secondary case), of seven years of age and under, attended the infant schools; and 27 cases (including one secondary case), attended the upper departments of Elementary Schools.

Diphtheria.—Eight cases (including one secondary case) attended the infant schools, and 14 cases over the age of seven (including four secondary cases) attended the upper departments of Elementary Schools.

The Epidemic of Measles and German Measles.—In last year's Annual Report an account was given of the epidemic of Measles which began in the autumn of 1915 and continued during the first quarter of 1916, and of the measures taken to control the epidemic and to help the victims, including the measures adopted after the new Regulations of the Local Government Board came into operation, which made all cases of Measles and German Measles compulsorily notifiable from the 1st January, 1916. That report also gave an account of the exclusion of children from Sunday Schools and of the efforts made to limit their entrance into picture palaces. In the latter part of the autumn of 1916, Measles again appeared, and by March of 1917, the outbreak had assumed epidemic proportions, which continued until August, after which month it rapidly subsided, with a little recurrence in December. From the beginning of March until the end of July we were overwhelmed by the large number of notifications received from parents, doctors, teachers and others. The epidemic proved to be a double one. During March, April, and May, especially, a very large proportion of the cases notified were undoubtedly cases of German Measles (*Roseola*), whilst there were numerous cases also of the complaint commonly called Measles (*Morbilli*); whereas in June, July and August, the cases were mostly *Morbilli*, and there was some mortality certified as due to *Morbilli*, viz., 36 deaths, of which 16 had not been previously notified. There were therefore really two epidemics dovetailed into each other. In the first four months of the year there was very great confusion in the diagnosis between the two diseases, and German Measles seemed to predominate. Later on, it was

undoubtedly Morbilli which predominated, and the mortality was contributory evidence to that effect. So overwhelming was the double epidemic, at a time when we were very busy with the initiation of the venereal diseases scheme and other difficulties, and there was such a tremendous number of enquiries *re* soldiers on leave in connection with the epidemic, that there were some measures of control which we were unable to carry out in anything like a satisfactory manner, although a temporary health visitor (Nurse Burrow) was engaged for four or five months in helping in the visitation work. At three Sunday schools we called upon them to exclude the children under eight years of age, and the cinema theatre people were asked to exhibit a lantern slide warning the public not to bring young children into the picture palaces from infected houses.

The following are the statistics of the epidemic :—

(a) Table shewing the number of notifications of each disease in each month up to the end of August ;

(b) Table referring to the notifications ;

(c) Table shewing the age-periods affected.

(a) Number of notifications, January to August, 1917 :—

Notified as :—				Measles. German Measles.	
January	....	....	....	90	19
February	....	....	....	99	12
March	....	....	....	347	175
April	....	....	....	201	190
May	....	....	....	214	90
June	....	....	....	308	33
July	....	....	....	187	3
August	....	....	....	134	Nil.

A small proportion of these notifications turned out not to be measles.

During the period from 1st January to December 30th, 1917, 1,584 cases of Measles and 575 cases of German Measles were notified as follows :—

(b)	Measles.	German Measles.	Totals.
By Doctors	815	367	1,182
„ Householders	372	151	523
„ Head Teachers	397	57	454
Totals	1,584	575	2,159

It is satisfactory to note that of the total notifications, 1,182 were received from medical practitioners (viz., over 54 per cent.) which shews that medical attendance was being called in, as is so desirable in many cases; 523 notifications (25 per cent.) were received from householders.

The following statement tabulates the ages of cases notified from 1st January to 30th December, 1917:—

(c)	Under one year.	1 to 2	2 to 3	3 to 4	4 to 5	5 to 8	8 to 15	15 and over.
Measles	42	108	126	153	230	359	435	131
German Measles ..	7	10	11	16	20	154	198	159
Total ..	49	118	137	169	250	513	633	290
		304		419				

The proportion of children notified at ages 8—15, as Measles, was unusually high.

Whooping Cough.—The number of cases of this disease notified by the Head Teachers during the year was 190; 61 per cent. occurred in the second half of the year; 90·5 of the notifications were from the Infants' Departments. The Micklegate Ward Schools were those chiefly affected.

Below is a list of schools and classes which were closed for various periods in order to control the spread of measles and other diseases. These were closed for minimum periods, and, as far as possible, in accordance with the suggestions of the Principal Medical Officers of the Local Government Board and Board of Education.

List of School Closures during 1917.

School.	Dept.	Date Closed.	Until.	On account of.
Knivesmire	Girls' and Infants'	Jan. 15th	Jan. 22nd	Measles and German Measles.
Do.	Infants'	May 14th	May 21st	Measles, Mumps and Chickenpox.
Poppleton Road	Infants'	Feb. 19th	Feb. 26th	Measles.
St. Paul's	Do.	Mch. 5th	Mch. 12th	Do.
Do.	(Whole School)	Mch. 19th	Apl. 16th	Do.
Scarcroft	Infants'	Mch. 12th	Mch. 28th	Do.
Fishergate	(Mixed)	Apl. 12th	Apl. 23rd	Do.
Do.	(Std. I.)			
	Infants'	Apl. 2nd	Apl. 23rd	Measles, German Measles and other infectious diseases
Priory Street	Infants'	June 14th	June 25th	Measles.
Do.	Do.	Apl. 2nd	Apl. 16th	Measles, German Measles and other infectious diseases
Haxby Road	Do.	June 18th	July 2nd	Measles, Whooping Cough & Mumps.
Do.	Do.	Apl. 2nd	Apl. 23rd	Measles, German Measles and other infectious diseases
St. Clement's	Do.	Do.	Apl. 16th	Do. do.
Castlegate	Do.	Do.	Do.	Do. do.
St. Margaret's	Do.	Do.	Do.	Do. do.
St. Denys'	Do.	Do.	Do.	Do. do.
St. Thomas'	Do.	Do.	Apl. 23rd	Do. do.
Layerthorpe	Do.	Do.	Do.	Do. do.
Park Grove	Do.	Do.	Do.	Do. do.
Heworth	Do.	Do.	Do.	Do. do.
St. Lawrence's	Do.	Apl. 3rd	Do.	Measles.
Micklegate	Do.	Do.	Do.	Do.
Shipton Street	Do.	Do.	Do.	Do.
Do.	(Junior Mixed)	Do.	Do.	Do.
Bilton Street	Boys'	Do.	Apl. 16th	Do.
Do.	Girls'	Do.	Do.	Do.

There were large numbers of cases of "influenza," "sore throat," and "ophthalmia," which were investigated by the School Nurses. Most of the latter cases were treated at the School Clinic.

The Cinema Theatre and School Children.

The three indoor places in which children do most congregate are the day school, the Sunday school, and the cinema theatre. The latter seems to possess an inexhaustible interest for children, and I only wish that its fascination could be utilised more educationally. In my annual report for 1914 I set forth some of the reasons which cause much anxiety, however, to those who have the health and welfare of the children at heart—the thick atmosphere of tobacco smoke in these theatres, the fact that sunlight or diffused daylight gains little or no access thereto, the methods of ventilation and cleansing, the possibilities of the spread of infectious disease, the lateness of the hours for children, and the possible evils of eye strain and mental strain in watching the pictures by the hour together. (More than one leading ophthalmic surgeon has commented on the eye-strain.) These questions, along with the doubtful wisdom of children seeing much that is exhibited, have led during the last year or two to the consideration of some possible means of regulating the admission of children to these theatres. There has been much discussion on the matter in the more important newspapers, and during the year a Cinema Commission, instituted by the National Council of Public Morals, issued an important and interesting report which refers to the above questions. In York, prolonged consideration and negotiation have at last led to an agreement as to the following, among other, conditions for the licensing of cinematographs:—

“The Licensee shall give such notice as may reasonably be required by placard or other means fixed on or near each pay office, and so as to be easily visible to any person approaching such pay office, with a view to the non-admittance to the licensed premises of children excluded from any school for public health reasons.

If, in the event of a serious epidemic of infectious disease within the municipal area of the City of York, the Health Committee, on the recommendation of the Medical Officer of Health, by notice directing the Licensee so to do, the Licensee shall:—

(a) If the public elementary schools are closed in consequence of such epidemic, exclude from the licensed premises for such period as the Health Committee think fit, all children under the age of 14 years.

(b) If the public elementary schools are not closed, exhibit a notice shown as set out in the preceding condition, requesting parents and others not to bring any child under 14 years of age to the licensed premises, or to permit any such child to attend thereat.

All the windows and other means of ventilation in the licensed premises shall be kept open and utilized (weather permitting) for at least three hours daily in the morning for the admission of fresh air and diffused daylight or sunlight."

Among the many evil bye-products of the War have been the importations of *Scabies* (*Itch*) and other contagious diseases, and Ringworm demands unceasing efforts to keep it in check. Although the number of cases of Ringworm is still at a satisfactorily low figure (namely, 5 cases among 10,540 children, or 0.04 per cent.), yet the percentage of children affected with verminous conditions of the scalp (pediculosis) continues at an unsatisfactorily high figure (10 per cent.) (see below). These figures do not include those specially referred to the School Clinic (see post).

TABLE A, 1917.—The periodical investigations by the School Nurses throughout the York Elementary Schools, with a view to the detection of Scalp Ringworm, Nits, etc., yielded the following results:—

Both sexes, all ages.	1917.		Percentages in previous years.			
	Total cases.	Percent- age.	1916.	1915.	1914.	1909.*
Ringworm	5	0.04	0.22	0.04	0.03	3.0
Verminous con- ditions (Nits and lice)	1,064	10.0	8.52	7.8	8.1	31.0
Total number of children examined	10,540		12,889	12,323	12,148	10,653

*1909 was the first whole year of medical inspection.

1917:—		Ringworm.	Verminous conditions.	Total children examined.
Percentages among boys	....	0.02	1.3	3,781
" " girls	....	0.05	19.0	4,011
" " infant (boys)	....	—	2.1	1,409
" " " (girls)	....	0.1	16.5	1,339

Printed leaflets, as well as much verbal advice, regarding the prevention and cure of these conditions, are freely given to parents.

Scabies.—Number of cases of scabies, notified by Head Teachers, or otherwise discovered, during 1917 :—

	Boys.	Girls.	
In upper schools	107	131	} Total 356
In infant schools	75	43	
	182	174	

Some of these cases were "contacts" who were also found to be victims. Great efforts were made to control the prevalence of the disease, and the co-operation of the military medical services was solicited *re* importations of the disease by soldiers on leave or discharged, and *re* the making of canvas bags, for army use, by the school children, such bags being possibly liable to infection. By personal contact, and by occupying infected beds, and so forth, the disease spreads more or less through all the members of a household. It is a parasitic disease of the skin, easily cured if attended to at once, but requiring some perseverance if allowed to become chronic. In this perseverance many persons fail, and hence the continuance of this very contagious disease, and the effect upon school attendance. In March, 1917, it was arranged to use a bathroom and adjacent room (as a dressing-room) at the School Clinic as a cleansing and treatment station for such cases of scabies as made little or no progress through home treatment. The caretaker was engaged to treat the cases. The affected child is given a daily hot bath, then rubbed over with sulphur ointment. The towels are boiled and disinfected, and the children are asked to change their underclothing as often as possible. Clothing and bedding are duly disinfected at Foss Islands Depot. Each child bathed is given a mug of hot milk before being sent home.

Total children so treated during the year	157
Total children still being so treated at end of year	6
Total treated at home or by private doctors	193
Total children re-admitted to school during 1917	350
Number of scabies clinics held	238
Average attendance at each clinic	9.3

SCABIES AND PEDICULOSIS :—

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

Number of houses inspected (of which 47 were dirty)	....	192
Number of houses where bedding was removed for steam disinfection	....	183

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 (body lice)	....	39
Number of children referred to the Medical Officer of Health since January 1st, 1917, as to disinfection of homes	....	39
Children cleansed at Cleansing Station	....	7
Number of children cleansed at home	....	32
Number of schools affected	....	13

“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 and others follow. (See Table B below.) Every case is given ample opportunity to consult its own chosen medical adviser.

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.

During the year 145 children were reported to the Secretary of the Education Committee for irregularity of attendance at the Clinic ; in 98 cases strong warnings were sent to the parents ; in 34 cases parents were interviewed by a Sub-Committee ; and 13 children were referred to the magistrates. Fines varying from 2/6 to 6/- were inflicted.

TABLE B.—TABULAR STATEMENT OF WORK DONE BY THE SCHOOL NURSES.

<i>Visits at Homes :—</i>	Nurse Simpson. Visits.	Nurse Grant. Visits.	Total.
Infectious and other Diseases notified by Head Teachers	3,166	3,516	6,682
Measles cases notified to Health Office	579	707	1,286
" Following-up " cases of Defects, and convalescents	290	343	633
Upon notifications of Ailing Children by Parents and Attendance Officers	138	327	465
Special Clinic cases	101	278	379
Physically Defective Children not in attendance at school	11	66	77
<i>At Schools :—</i>			
Re Infectious and Contagious cases, or Ailing Children, or Verminous Children	188	141	329
Open-air School	33	—	33
Miscellaneous cases	91	56	147
Totals	4,597	5,434	10,031
Assisting School Medical Officer at Inspections)	23 days	27 days	50
<i>At Clinic.</i>			
Inspection and Treatment	303 hrs.	483 hrs.	786
Dental	—	23 „	23
Cleansing Children at Cleansing Station (Sect. 122 of Children Act, 1908) : Number of Children	—	7	7
Number of hours spent by Nurse Burrow at Inspection and Treatment Clinics, and in visiting, May 19th to November 1st, 1917	.....	.....	310½

Nurse Burrow was engaged as a temporary helper during the stress of Measles and Scabies outbreaks.

Medical Treatment.—The facilities at the disposal of ailing or defective school children may now be stated as follows :—

- (1) The School Clinic (General, Ophthalmic and Dental) ;
- (2) Intractable ringworm of the scalp is X-rayed by the specialist at the County Hospital ;
- (3) The Tuberculosis Dispensary ; and the Open-air Class ;

- (4) The Open-air Wards at the Isolation Hospital ;
- (5) The York Dispensary, Duncombe Place, is available for the treatment of suitable cases ;
- (6) 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."

TABLE 4, APPENDIX A, sets forth the results of treatment and following-up. This work has increased so much that, at the urgent suggestion of the Board of Education, steps are being taken to engage a third School Nurse. In Table 4 it is satisfactory to note that all the cases of uncleanness of head and body, of external disease of the eye, and of non-plumony tuberculosis, obtained satisfactory treatment ; 96 per cent. of the cases of disease of the ear, 81·5 per cent. of skin affections, and 87 per cent. of defects of vision were also remedied. As the Clinic has not yet undertaken the operative treatment of cases of adenoids and enlarged tonsils, such cases are referred to the parents to obtain proper treatment privately or at the County Hospital ; so also with diseases of the nervous system. The exigencies of war time, and the unwillingness of parents to go to any trouble about such cases, accounts for the low percentages which have been treated. The same facts hold good with regard to the treatment of defective teeth. The extreme difficulty of carrying on the Dental Clinic at all accounts for heavy arrears of dental work yet to be carried out.

THE SCHOOL CLINIC.

Sessions of Clinics and Attendances in 1917.

	General Inspection.	Miscellaneous Treatment.	Ophthalmic.	Dental.	Totals for:—	
					1917.	1916.
Number of Clinic Sessions held	86	278	36	392	792	852
Average attendance per Session	86·2	50·6	14·7	9·4	32·4	34·9
Number of children who attended the Clinic ...	1,758	1,254	260	1,493	4,765	4,589
Number of attendances at the Clinic	7,413	14,063	530	3,712	25,718	29,810

The number of children who attended the "General 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, 1917 :—

	January to Midsummer.	Midsummer to December 31st.	Totals.	
	1917	1917	* 1917	* 1916
Number of children who attended the Clinics	1,637	1,375	3,012	2,908
Number of attendances	12,669	8,807	21,476	25,485
Number of children still attending	239	272	272	337

The following tabular statement classifies the children who attended the Clinic 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, 1917, with the undermentioned defects.	Totals.	
	1917	1917.		* 1917.	* 1916.
Scalp Ringworm	54	53	21	107	215
Body Ringworm	54	37	6	91	70
Pediculosis (Lice and Nits) ..	60	149	6	209	242
Impetigo ("Scab-head") ..	300	317	32	617	503
Eczema	58	67	6	125	78
Contagious Ophthalmia ..	243	101	16	344	831
Blepharitis ("Sore Eyelids")	18	23	6	41	40
Scabies (Itch)	339	112	28	451	212
Abscess	15	5	1	20	22
Otorrhœa (Discharging Ears)	104	136	89	240	181
Debility	9	8	..	17	23
Defective Vision and Squint	17	5	..	22	22
Various	601	492	63	1093	854
Total defects	1,872	1,505	274	3,377	3,293

* In these totals some cases are duplicated from the first half-year to the second.

The experiment referred to in last year's annual report whereby Mrs. Potter (formerly Head Mistress of Castlegate Girls' School) was engaged to control the crowds of children in the waiting-room on Tuesday and Friday mornings, the times when the School Doctor attends the miscellaneous Clinic, has been so successful that since last August Mrs. Potter's services, which had previously been paid for by the York Health and Housing Reform Association, have been taken over to be paid by the Education Committee. Prior to the commencement of her work it proved exceedingly difficult to keep order in the waiting-room—now the waiting children sit enthralled by the stories which she tells them and the lecturettes which she gives them. Her influence with children is most remarkable, and we are most grateful to her for undertaking this difficult and most helpful work.

Otorrhœa.—During the year 169 children suffering from Otorrhœa 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 89.

Four cases of suspected Heart Disease were referred by Head Teachers to the School Medical Officer during 1917 for advice as to curriculum and physical exercises and games.

Scalp Ringworm (Tinea Tonsurans).

76 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 113, as follows :—

Amongst children notified by Head Teachers on		
Forms A and C	60	
Amongst children medically inspected	2	76
Discovered by School Nurses	5	
Amongst children brought to the clinic by parents, etc.	9	
Carried over from 1916 (37 children who were still under treatment)	37	
Total	113	

91 of the above children were re-admitted to school during 1917 as cured, as follows :—

After X-ray treatment at Hospital	52*
„ private treatment	16
„ treatment at School Clinic (Chemically)	16
„ treatment from other sources	7
Total re-admitted to school as cured	91
Left School before cure was effected	7

The remaining 21 children were still in receipt of treatment at the close of 1917, two of whom were re-admitted to school early in 1918.

The ages of the above 113 children were as follows :—

Age-periods.				No. of Children.	
Under 5 years of age	7
5-7	"	"	44
7-11	"	"	50
11-14	"	"	12
Total				..	113

* Arrangements were made whereby the X-ray Surgeon should keep in closer touch with the School Clinic.

The Dental Clinic.

*Dentist (part time) :—*MR. T. E. CONSTANT, M.R.C.S., L.D.S., who devotes about 15 to 20 hours per week to the work.

The children of five to eight years of age form the special care of the Clinic, according to the policy of the Board of Education of saving the teeth at the critical period of the commencement of eruption of the permanent or second teeth. Owing to the pressure of other work, and the repeated loss of his assistants, Mr. Constant has had great difficulty in keeping the Clinic going during the greater part of the year. More than once it has almost collapsed, and we actually owe its continued existence to the zeal of Mr. Constant. Nevertheless, much good work has been accomplished, and the progress in the matter of " fillings " has been very satisfactory.

Dental work done at the School Clinic during the year 1917 :—

The number of Clinics held during the year was 392.

The total number of children invited to attend the Dental Clinic was 1,406 (665 boys and 741 girls). The following is an account of the number of those who attended the Clinic :—

Children of 5 to 8 years of age	449	1,493
" Followed-up " cases of previous years	..	..	..	814
Urgent cases (same ages)	..	..	..	230
Number of children who were fully treated	374	779
Number of children inspected only	..	..	..	298
Number of children who refused treatment	..	..	..	42
Number of children still under treatment at end of year	..	..	..	779
Total				..	1,493

The above figures include the following concerning children of ages five to eight years :—

Total children examined by Mr. Constant in the schools during 1917	242
Number who required dental treatment	232
Number of the above who attended the Clinic for treatment during 1917	51
Number of the above who attended the Clinic for treatment during January, 1918	77
*Total	128

* Equal to a percentage of 55.

Dental work done during the year :—

Inspections	593
Fillings	2,637
Dressings	1,298
Regulations	122
Extractions	1,159

Every available hour of the School week was occupied by sessions of the Dental Clinic, totalling about 20 hours per week.

In addition to the above new cases there were the arrears of "material" ascertained by Mr. Constant's special investigation in the schools in 1914—1915 (see his special report of April, 1916). There is never any lack of material at the Clinic sessions, as a surplus of children is always notified to be present in case some do not turn up. Considering the difficulties of the times and the increasing limitations of our rooms, the Dental Clinic has done the maximum amount of work possible during 1917, and it is becoming increasingly popular.

The Ophthalmic Clinic.

The Ophthalmic Assistant School Medical Officer attends to such cases as have not been dealt with by private practitioners. The contractors during most of the year, for the supply of spectacles as prescribed by the Ophthalmic Medical Officer for the elementary school children, were Messrs. Charles Ledsham & Co., Stonegate, York. The Committee paid the contractor for the spectacles on a fixed scale of charges, ranging from 2/- to 3/3 per pair for ordinary glasses, and 4/- and 5/6 for extreme cases.

Cases of squint and other cases which need operation are referred to the York County Hospital. Thirty-three cases of squint were successfully rectified during the year.

All cases of myopia are automatically re-examined at intervals.*

Work performed by the Ophthalmic Assistant School Medical Officer (Peter Macdonald, M.D.) during the year 1917:—

Total number of Ophthalmic Clinics held	....	....	....	36
Total number of new cases seen during the year	....	....	....	252
Total number of attendances of children	....	....	....	530
Number (average) of children who attended each Clinic	....	....	....	14.7

ROUTINE CASES—		Boys.	Girls.	Total.	
5—7 years of age	....	17	15	32	} 122
12—14 years of age	....	47	43	90	
NON-ROUTINE CASES—		Boys.	Girls.	Total.	
5—7 years of age	....	14	23	37	} 130
8—14 years of age	....	62	31	93	
				Total	.... 252

“ Routine ” cases are those discovered in school during medical inspection

“ Non-routine ” cases are those which have been discovered otherwise or have been referred by Head Teachers, or School Managers, or by the County Hospital.

Total children :—

For whom spectacles were prescribed	....	....	....	142
Who were prescribed for otherwise than by spectacles	....	....	....	73
Whose present spectacles were found to be correct	....	....	....	28
Refused treatment (subsequently obtained glasses from a private source)	....	....	....	1
Still under treatment 31st December, 1917	....	....	....	8
Total				.... 252

Number of cases of Squint examined during 1917	....	....	....	58
Ditto in which glasses were prescribed	....	....	....	33
Ditto in which operation was advised	....	....	....	13
Ditto in which glasses were not considered necessary	....	....	....	12

Exact Defects of Vision :—

Hypermetropia (long sight)	....	....	....	65
Hypermetropic Astigmatism	....	....	....	61
Mixed Astigmatism	....	....	....	33
Myopia (short sight)	....	....	....	14
Myopic Astigmatism	....	....	....	50
				223

In combination with these were 58 cases of Strabismus (Squint)—

Convergent Strabismus	....	....	....	55
Alternating	..	....	....	3

* Dr. Macdonald believes that greater use might be made of the Ophthalmic Clinic if parents of children about to leave school who suffer from eye defects would consult him as regards the occupation the children are to enter. Several parents have consulted him during the year, but greater advantage might be taken of his services in this respect.

Other Defects of Visual Apparatus :—

Leucomata of Cornea	...	...	...	1	
Cataract	...	...	...	1	
Spasm (eye strain)	...	...	...	10	
				—	12
Defects not needing Spectacles	...	...			17

During the year prescriptions for spectacles have been issued to the contracting opticians as follows :—

Sphericals	...	...	...	55
Cylindricals	...	...	...	20
Sphero-Cylindricals	...	...	...	41
Combinations of these	...	...	...	26
Total	...			142

				£	s.	d.
The total cost of the above glasses was	...	...	...	21	13	0
The total amount recovered from parents was	...	...	...	17	7	6
Amount still owing on 31st December, 1917	...			4	5	6

Percentage of costs recovered = 80·2.

In 81 cases the spectacles were paid for in full ;

In 23 cases the spectacles were paid for in full by instalments ;

In 25 cases the spectacles were being paid for by instalments ;

In 3 cases the amount was remitted by the Education Committee ;

In 10 cases no attempt at payment had been made up to the 31st December.

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
" " " 1916	...	...	...	588	1	7
" " " 1917	...	...	...	566	12	1

(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
" " " 1916	...	...	...	126	0	0
" " " 1917	...	...	...	240	0	0

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

				£	s.	d.
For year ending March 31st, 1915	...	...	...	65	16	10
" " " 1916	...	...	...	180	0	0
" " " 1917	...	...	...	180	0	0

THE SPECIAL SCHOOLS.

There are at present :—

Eight children at Special Schools for the Deaf and Dumb—six being at the Doncaster School, and two at Boston Spa.

Four children at Special Schools for the Blind—three of whom are at the York Blind School and one at Liverpool.

Five epileptics inmates of residential schools—two at Much Hadham, two at Starnthwaite, and one in the Soss Moss Institution, Manchester.

Forty-five educable mentally defective boys attend the the temporary Special School at Holgate Bridge, York, one is at Hopwell Hall Home, Derby, and one at Pontville ; also a girl at the Allerton Priory R.C. Special School for Mentally Defective Girls. At present no local special provision for the education of educable mentally defective girls, under the above-mentioned Act, exists ; 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. We have a number of crippled, delicate and ill-nourished children for whom a larger open-air school would be a great boon.

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

Total boys on register, September 30th, 1916	....	....	49
Number of new boys admitted October 1st, 1916, to September 30th, 1917	....	....	8
Number of boys who were removed from the school register October 1st, 1916, to September 30th, 1917	....	....	12
Total boys on register September 30th, 1917	....	....	45

Reasons for leaving :—

Left school for employment (at ages 14—15)	....	9*
Left York (at age 7)	....	1
Arrived at age-limit (16)	....	1
Transferred to Epileptic Institution	....	1
Total	....	12

* Four of these boys went into employment in glassworks, one in farming, one with a butcher, one with a grocer, one with a joiner, one as an errand boy.

We are now getting only the truly defective type of case into the school. Amongst the boys are 9 affected with stammering or other forms of defective speech ; 3 with defective hearing ; 2 with adenoids. In 3 cases the clothing was very defective.

The children have been thoroughly examined as to their mental and physical condition by the A.S.M.O. during the year. In addition, numerous visits have been paid by the School Medical Officer and the Assistant S.M.O. to see how the school was being conducted.

Number of boys admitted since the commencement					
of the school to September 30th, 1917					
.....	.....	.....	.....	.....	118
Number re-admitted					
.....	.....	.....	.....	.....	5
Boys left school in 1912-13 (October to September)					
					16
"	"	"	1913-14	"	14
"	"	"	1914-15	"	8
"	"	"	1915-16	"	18
"	"	"	1916-17	"	12
					68

The staff consists of:—A Head Mistress, with two assistant female teachers (one certificated, one uncertificated) ; male manual instructor (part time) in woodwork and gardening ; two women are engaged in connection with the dinners and subsequent kitchen work ; bath attendant (three half-days per week). School Nurse Simpson visits the homes of the boys, when they are sick or there are other reasons, as required.

Manual Occupations:—36 varieties, including advanced woodwork (8 pupils) ; kitchen gardening (11 pupils). We should like to add cobbler's work, but it is still impracticable.

Excellent mid-day dinners are provided at the school, of which provision an average of 21 per week availed themselves during the year, an average of 210 pennies per week being paid towards the cost ; the remainder have their meals free of cost. About 32 of the boys receive a warm slipper bath at the school every week, under the supervision of a matronly bath attendant.

This school is hardly getting fair play during the war ; every truly defective boy ought to be detained according to the special laws until he is 16, but it has been very difficult to insist upon that in face of the extra demand for boy labour and in the absence of more advanced trade-training.

Idiots, imbeciles, and certain border-line cases are notified to the recently constituted Local Control Authority. There is a small number of cases of educable mentally defective

children (not being idiots or imbeciles) for whom a *residential* school is necessary. The most pressing need at present is for accommodation (residential) for epileptic children.

The boys leaving the Special School between 14 and 16 years of age are notified to the Special Committee appointed under the Mental Deficiency Act.

The Reformatory at Cattal is now utilised as a County Institution for those affected by the Mental Deficiency Act, but no cases under 16 years of age are admitted.

It was arranged during the year to form an After-Care Sub-Committee, consisting of members appointed by the Special Schools Sub-Committee and by the Yorkshire Supervision Committee, for the following-up, during and after their school life, of mentally defective or backward children who cannot be certified into a special school, particularly all children between the ages of 13 and 16 years. The following were appointed on the Sub-Committee for the first year:—Mrs. Wilkinson, Councillor Petty, and Dr. D. Sanderson Long.

Sir George Newman, in his Annual Report for 1916, says *re* :—

" Dull and Backward Children.—In previous Reports, and particularly in the Report for 1913, recommendations were made for selecting children two or three years, but not more, behind their age in intellectual capacity and dealing with them in special classes or schools on open-air lines. Relatively little new work has been done in this direction in 1916, but of its practical importance there can be no question, for the group is very large and much time and money is now being wasted in attempting to educate such children with others to the detriment of both."

The Temporary Open-air School (Castlegate Temporary Council School) for Tuberculous Children

is held in the garden behind the Tuberculosis Dispensary, and is approved by the Board of Education as a special school for 20 physically defective children; it continues to maintain its recognised usefulness. The school has been established for definitely tubercular cases for the most part, but anæmic, weakly, and other possibly pre-tubercular children are admitted, according to accommodation.

The curriculum comprises ordinary school work, practical lessons in general hygiene, gardening, organised games, raffia,

beadwork, needlework, modelling, and other handiwork, with periods of reclining rest and Swedish exercises. Gardening is a prominent feature.

As the maintenance of nutrition is as important as the open-air life, the children receive three meals per day, per the Provision of Meals Sub-Committee of the Education Committee. Most of the parents now repay half the cost of these meals ; an average of four necessitous children per week received all meals free.

The school-work is conducted by one lady teacher.

The certifying of children into the school and the general supervision is carried out by the School Medical Officers, assisted by the School Nurse and Tuberculosis Nurse. Special supervision and treatment as to *tubercular* conditions is carried out by the Tuberculosis Officer. A certain number of the scholars are under tuberculin treatment. Dr. Norah Kemp inspected the children six times during the year and scheduled the results. There were 64 children on the roll for varying periods during 1917 (38 boys and 26 girls). Most of those discharged during the year now attend ordinary schools.

Totals of children who have passed through the school during 1917 :—

	Boys.	Girls.	Total.
Admitted	24	17	41
Discharged	26	12	38
On Roll 31st December, 1917.....	12	12	24

Average length of stay in the school per pupil, 161 days.

The tubercular cases were as follows :—Neck glands, 20 ; lungs, 14 ; tracheo-bronchial glands, 2 ; skin, 2 ; hip joint, 7 ; other joints, 1 ; tibia, 1 ; spine, 1 ; abdomen, 3 ; chronic pneumococcal infection, 1 ; tubercular abscesses, 1. The remaining 11 cases were weakly children, contacts of tubercular cases.

	Stones.	Lbs.	Ozs.
Average weight on admission to the school	4	0	1
Average weight on discharge from the school	4	5	11

The *average increase* in the boys was 4 lbs. 6 ozs., and in the girls 8 lbs. 12 ozs.

The value of *classes held in playgrounds* and public open spaces for all children, especially for those suffering from malnutrition or other physical defects, and the value of seaside and other school journeys, and of holiday camps and night

camps, has been demonstrated in various districts. And the open-air class rooms at Knavesmire School (which receive honourable mention in Sir George Newman's Annual Report for 1916), and at New Earswick School, are forward steps in "the demonstration of the fundamental issue that all elementary schools should be so constructed or managed as to provide the advantages of the open-air system," which we hope it will be possible to multiply, even in the older schools, in the years to come.

Medical Inspection of Pupils attending the Municipal Secondary School for Girls.

The desirability of such inspection was suggested in Circular No. 779 of the Board of Education, dated June, 1911, particularly with regard to the fitness of the pupils for participating in gymnastic exercises and in such vigorous games as tennis and hockey. The first inspection of the pupils took place in the autumn of 1915.

The medical history, general health, and physique of each pupil and their fitness for vigorous physical exercises is noted. The examination and filling up of the form is carried out by the pupil's own medical advisor, or by the Assistant S.M.O., as preferred by the parents. No compulsion is involved, but the response of parents has been most gratifying. There were no refusals during 1917.

The results of the 1917 inspection may be summarised as follows:—In all, forms were returned for 233 pupils, 113 examined for the first time, 120 for the second or third time, and were filled in in 37 cases by private medical practitioners (of whom one was a lady practitioner), and in 196 cases by the temporary lady Assistant School Medical Officer. There were 332 pupils in the school.

Particulars regarding 113 girls examined for the first time:—

Medical History.—The main facts were that 63 had at some time suffered from measles, 12 from scarlet fever, and 31 from whooping-cough; 1 from tuberculosis; 2 rheumatic fever; 7 pneumonia, and 10 diphtheria.

Family History.—In seven instances history of tubercular disease was obtained.

Normal Children.—68 of the girls appeared to be absolutely normal in health and physique apart from defects of teeth.

Deformities.—Three of the girls had some deformity, of slight degree, of spine or legs.

Vision.—In 92 cases no defect of vision was recorded. In five cases there was defective vision (myopia or astigmatism), for which suitable spectacles were being worn; in 15 cases of defective vision no spectacles were being worn, and in one case those worn were unsuitable or doubtful as to their suitability. (Total cases of defective vision, 21.) There was one case of corneal opacity.

Hearing and Speech.—Only one case of slight deafness, due to enlarged tonsils.

Adenoids.—Eleven girls had more or less enlarged tonsils, in one case accompanied by adenoids. (In all 6·8 per cent. of the total children were thus affected.) In ten girls enlarged tonsils or adenoids had been already removed.

Teeth.—39 of the girls appeared to have entirely sound sets of teeth. Amongst the remainder (74) decaying teeth varied in number from one to nine per head. In 55 pupils the carious teeth were under four per head: in 19 there were from four to nine per head.

Miscellaneous Defects.—There were two cases of anæmia, four of heart defects, two of enlarged thyroid glands, five of enlarged neck glands, 1 of pulmonary catarrh, one of bronchial catarrh, and one of tonsilitis.

Gymnastic Exercises and Games.—Limitation of physical exercises and games was recommended in five instances, for heart trouble or debility.

Particulars regarding 120 girls examined for the second or third time:—

Seventy-one girls had decaying teeth, varying in number from one to ten. (20 had evidently received some dental treatment since the first inspection).

Twenty-three girls were noted as having defective vision, ten of whom were wearing suitable spectacles, eight were not provided with glasses, and in five cases the glasses worn were unsuitable.

Five girls had enlarged tonsils (one of whom had adenoids as well), and one had slight talipes valgus.

Statements *re* above defects were referred to parents per the Principal.

Total new and re-examined cases who were weighed and measured :—

Age-period.	Total Girls.	Average height. inches.	Average weight. lbs.
7—8	1	48·5	56·75
8—9	5	48·85	50·75
9—10	4	51·18	59·93
10—11	14	53·67	64·89
11—12	15	55·03	71·18
12—13	43	57·3	76·36
13—14	50	59·15	85·73
14—15	39	60·19	93·15
15—16	21	60·7	98·05
16—17	14	62·23	110·75
17—18	4	64·62	114·25

Provision of Meals for Necessitous Children.

Your School Medical Officer, when possible, attends the meetings of the Sub-Committee dealing with this matter. 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 are referred to the Committee. It has been impossible for the Medical Staff to keep closely in touch with this work as one would have desired. Dinners were provided, even in the holidays, in the Central Mission Hall, and in accordance with the wishes of the Board of Education.

There is nothing further to record, except that the numbers of children receiving dinners greatly declined in 1916 and 1917, the average weekly number fed having fallen from 395 in 1914 to 177 in 1916. In 1917 an average of 75 were fed during the summer months, 101 in the winter months, and 52 during the holidays. The quality of the dinners was well maintained. No children were in receipt of free breakfasts, only dinners were provided. The scale of household income, upon which necessitousness was usually judged, was 5/3 per week per parent and 3/6 per child, but numerous cases were admitted upon their particular merits.

Food Economy.—Hundreds of the Board of Education's booklets have been sold to householders by the Health Visitors and School Nurses, and hundreds of other shorter leaflets have been distributed free.

The Care of Infants under School Age and the School for Mothers.*

This work is being carried on by the York Infants' Welfare Association and the Corporation Health Visitors, working in co-operation. This Association receives grant from the Board of Education as a School for Mothers, and from the Corporation, and its rooms form the "Maternity Centre" within the scheme of the Local Government Board. The rooms are at No. 22, St. Saviourgate, and at No. 74, Stamford Street, Leeman Road. Staff:—Honorary Medical Officers; Superintendent, Miss Follows; Assistant Nurse, Miss M. Swanson. Practical instruction is given in the care of infants and young children, in domestic and personal hygiene, home nursing, the making of clothing, etc. The institution serves also as a dispensary for the granting of detailed advice to expectant and nursing mothers, and for the young children. The mothers are visited at their homes. There are sewing meetings, a thrift club, and other detailed means of help.

Education Grant received :—1913–1914, £66 16s. 7d.

1914–1915, £96 0s. 6d. 1916, £116. 1917, £154 12s. 10d.

Total children between 1 and 5 years of age supervised	....	711
„ attendances at Clinics	....	4,324
„ visits paid	....	2,961

Mothers now often bring up two or three children to the Clinics and these are inspected, and in visiting babies enquiries are also made about the health of the older little ones, whose welfare is being increasingly kept in mind. Records of the pre-school-age children are kept so as to be passed on to the School Clinic in due course.

Under the Circular of the Board of Education (No. 879) grants are now received towards the cost of working the Crèche conducted for young children by the Sisterhood of St. Vincent de Paul, in Fishergate, which has satisfactory accommodation for 15–20 babies and young children.

Teaching of Infant Management in the Elementary Schools in York.

At nine Domestic Centres a three years' course of instruction in cookery, laundry, and housewifery is given to the senior girls in the elementary schools, and, in the last year, at Haxby Road

* See also section *re* "The Teaching of Mothercraft" in Appendix B.

Special Centre, a month's practical course of teaching in general and infant hygiene, (including housewifery, etc., "combined domestic course"), *i.e.*, the necessities of early childhood, natural and artificial feeding, the formation of habits in infancy, etc. On nine occasions, during 1917, one of the Health Visitors has attended to give a demonstration 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. There is room for further development of this teaching of growing girls even in our elementary schools, and, still more so, in our continuation classes. Some of the children who attend the Domestic Centre do not give evidence of having had any appreciable teaching in physiology, general hygiene and dental hygiene, such as is desirable in the elementary schools. Some schools appear to give a little first-aid teaching. The amount and character of all this teaching appears to vary very much, probably according to the personal interest of the teachers. When better days return, if not before, it will be desirable to try to extend this class of teaching, and make it more systematic throughout the senior girls' classes of elementary schools.

*Physical Education.**

The School Medical Office continues to be of service as a bureau of reference regarding children for whom certain physical exercises might be unwise or dangerous. During the year eleven children suffering from heart disease were specially excluded from drill, and instructions were sent to the Head Teachers accordingly. We view with satisfaction the movements for the organisation of outdoor games, the Boy Scout movement, the work of the Schools' Athletic Association, the increased facilities for learning swimming for both boys and girls, the use of playing fields, and the development of play centres (in Poppleton Road and Bedern). Physical training is thus brought into pleasant practical use and made more interesting to the children. Play centres are very desirable in such districts as Walmgate, Layerthorpe and the Groves.

Regulations with reference to the organisation and supervision of physical training in public elementary schools were issued by the Board of Education in the spring of 1917. The Board is of opinion that some of the teaching of physical exercises as prescribed in the Syllabus of 1909, is by no means as effective

* See also Special Section in Appendix B.

as it might be, and hopes that special attention will be given to the future formulation of schemes and the selection of organisers,* who should work in close conjunction with the School Medical Service. In previous reports we have emphasised the importance of physical training of children, and the importance and value of the close association of that work with the School Medical Service; however, the stress of work created by the organisation of the School Clinic, etc., has prevented the School Medical Service getting into such close relation with this feature of child training as is desirable, and, of course, such relationships cannot be developed until we have our full (and extended) medical staff back at work again.

The Control of Juvenile Employment.

This continues a difficult but very important problem. We fear that notwithstanding all local action to the contrary, there is still much exploitation of school children, to their present or ultimate physical detriment. A long section of the Annual Report of the Chief Medical Officer of the Board of Education for 1916 was devoted to the subject, and the following is a summary of some of its principal conclusions, with quotations:—

In England and Wales, children are now working 5 to 30 hours per week, or more, in addition to $27\frac{1}{2}$ hours of schooling, bringing up the total hours of work per week to adult standard; over 50 per cent. are employed in unskilled work, not conditioned by adequate safeguards for health or social efficiency, many being spoilt physically, morally, and mentally. On the whole it appears that no gross or immediate physical injury is resulting from premature or excessive employment, but very few employed children have been medically inspected, and a perusal of reports "will reveal a steady and almost unfailing stream of facts which lead inevitably to the conclusion that the strain of premature, prolonged, or uncontrolled employment, combined with schooling, cannot be supported by the child's body without a grave undermining of its physical health." Dr. Thomas (London County Council) found "that a moderate amount of

* Sir George Newman's Reports for 1916—and also 1914 and 1915—enter into details about the work and qualifications of such organising superintendents and teachers. The organising superintendents should also direct the remedial treatment for deformities (such as spinal curvature, round shoulders, club foot, contracted chest, etc.), most valuable work now carried on in connection with the School Clinics at Bradford, Plymouth, and elsewhere. This is an important branch of work which we should provide for soon after the war, if not before.

light work up to 20 hours weekly, if fairly distributed over the week, does no perceptible harm, but that above this, signs of ill-health begin to show themselves. If, however, most of the work is done upon one day, less than 20 hours weekly may result in ill-health." The records of 1916 revealed that:—

- (1) a very large number of children are being prematurely employed ;
- (2) many pass through the strain apparently uninjured, but it must be remembered that, as a rule, it is the stronger children who are employed, they earn good wages and can therefore get more food, and their work is often in the fresh air ;
- (3) the physical injury which manifests itself is invidious and inconspicuous but far-reaching, *e.g.*, malnutrition, anæmia, signs of muscular fatigue, signs of nerve-strain and heart-strain, deformities such as wry-neck, flat foot, spinal curvature, etc. These things "do not catch the eye of the casual observer, but they lay the foundations of disease and undermine growth at a critical juncture in life," and the child degenerates from the standard of its age and its future potentialities ;
- (4) it is the conditions rather than the character of employment which tend to injure the child, *e.g.*, long hours, unsuitable hours, interference with sleep and meals, ill-ventilated rooms, lifting heavy weights, prolonged standing. Long hours are the worst. It is the continuous strain which kills. The younger the children the more severe the results as a rule. Lack of sufficient sleep is especially marked among newspaper boys and milk boys.

How far York children have been affected we have had little time or chance to find out, under the pressure involved in "carrying on" at all, but we dread the results in children carrying, and leaning with, the weight of heavy baskets, and hurrying about on bicycles.

What should be done to anticipate and curtail mischievous results ?

"The medical care of the school child, properly exercised and appropriately utilised, is a proposition which is sound and economical in the best sense of the term—for it is nothing less than the physical equipment and preparation of the child for its industrial life. It was the absence of such supervision which in former times led to gross neglect, and much cruelty, in connection with the factory employment of children. Recent enquiries have furnished abundant evidence of the fact that numbers of children employed for the first time after leaving school break down physically from heart weakness, tuberculosis, nervous conditions and general debility."

The School Medical Officer could help considerably, as I have emphasised in previous reports, by examining and reporting upon leavers as to fitness for employment, and upon the health of employed children and the suitability of their employment.

"Speaking generally there is but one remedy, namely, (a) that no child under 14 years of age should be exempted from education, half-time or whole-time for purposes of employment for profit; (b) that no child attending school shall be employed out of school hours except at prescribed hours and for prescribed periods; and (c) that the employment of all young persons from 14 to 18 should come under medical supervision and control. Such requirements would not exclude the use of vocational employment as part of the education of the child, nor employment for reasonable periods under suitable conditions out of school hours, but they would terminate the present exploitation of the child, and they would provide for proper after-care to 18 years of age."

"If we are to husband the resources of the child, and its physique is to be fortified rather than undermined, there can be no doubt that the conditions of juvenile employment must be controlled."

ENGLAND AND WALES :—

Total leavers from Elementary Schools, per annum, at age 14	...	...	400,000
" " with labour certificates	...	...	200,000
" " half-timers at any one time	...	...	30,000
" " employed out of school hours	...	...	*250,000

* (Largely increased during the war, "a difficult problem of unprecedented magnitude.")

The School Medical Service is prepared to do whatever is possible to help the York Education Committee in the control of the employment of children. Arrangements exist whereby the Juvenile Employment 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.

THE HYGIENIC ARRANGEMENTS OF THE SCHOOL BUILDINGS.

School Cleansing.—In order to save labour now-a-days, it has been proposed that some of the requirements as to the cleansing of school floors should be waived in future. I gave it as my opinion that it would be unwise and unsafe to forego any part of such very necessary sanitary work in our schools, especially in winter, and especially in war-time, when it is so desirable to maintain the maximum health of the children and teachers. Rather should such cleansing be carried out *more* frequently than less so. It has been resolved, on the other hand, to give the cleansing preparation called "Dusmo" a good trial in some of the schools during 1918.

There have been complaints at Poppleton Road and some other schools as to difficulties in warming the schools adequately, but it seems almost impossible to get such matters properly remedied at the present time.

Park Grove Council School.—It was very regrettable that this school should have had to move temporarily into such comparatively inferior quarters as Centenary Chapel School and Brook Street School, owing to ever-pressing military requirements. Some improvements were effected, upon my suggestion, as to ventilation, etc., in Centenary School, and in the Monkgate Chapel Schoolroom, to which the Infants' School had to be transferred. The inadequacy of the water-closet accommodation (two water-closets for 340 boys), and the insufficiency of the urinal accommodation, at Centenary School, are very deplorable, but these defects are to be improved to some extent. Two of the class-rooms are insufficiently lighted.

Some ventilation improvements were also effected at Layerthorpe Infants' School.

MISCELLANEOUS.

Pupil Teachers Examined.—Sixteen 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.—Thirteen boys and girls about to be sent to truant schools or industrial schools were also medically examined, and all passed the test.

Microscopical Work.—During the year, 21 swabs, taken from the throat or nose of suspected, convalescent or "contact" school cases of diphtheria were bacteriologically examined.

Ringworm hairs: 154 microscopical examinations were made of hairs taken from the heads of children suspected to be suffering from ringworm of the scalp, or recovering therefrom.

(Signed) EDMUND M. SMITH,

May, 1918.

School Medical Officer.

THE BOARD OF EDUCATION TABLES.

(For Table I, see page 4 of text of Report.)

Abbreviated Form of Table 2.—RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION IN 1917.

DEFECT OR DISEASE.		SPECIAL CASES.		Percentages of total defective children inspected.
		Number referred for treatment.	Number requiring to be kept under observation, but not referred for treatment.	
Skin ..	Malnutrition ..	—	175	24.8
	Uncleanliness—Head	138	—	—
	Body	65	—	—
..	Ringworm—Head	2	—	—
	Body	3	—	—
	Scabies	5	—	—
..	Impetigo	8	—	—
	Other Disease..	9	—	—
	Defective Vision and Squint	141	11	21.5
Eye ..	External Eye Disease	12	3	—
..	Defective Hearing	44	—	9.9
	Ear Disease ..	26	—	82.1
Teeth ..	Dental Disease	398	180	12.5
Nose and Throat	Enlarged Tonsils	59	—	7.1
	Adenoids	19	—	—
	Enlarged Tonsils and Adenoids	10	—	—
Heart and Circulation	Defective Speech	—	50	—
	Heart Disease—Organic	11	—	—
	Functional ..	—	—	—
Lungs ..	Anæmia	6	11	—
	Pulmonary Tuberculosis—Definite..	2	—	—
	Suspected	2	—	—
Nervous System	Chronic Bronchitis	23	47	—
	Other Disease ..	7	—	—
	Epilepsy ..	1	—	—
..	Chorea	—	20	—
	Other Disease	8	—	1.2
	Non-Pulmonary Tuberculosis—Glands	1	—	—
Rickets	Bones and Joints	—	—	—
	Other Forms	—	—	—
	Deformities ..	—	40	5.6
Other Defects or Diseases	..	—	67	9.5
	..	29	10	—

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

		Boys.	Girls.	TOTAL.
BLIND.	Attending Public Elementary Schools (partially blind—6/60 or less)	19	30	49
	Attending Certified Schools for the Blind	2	2	4
	Not at School	—	—	—
DEAF AND DUMB.	Attending Public Elementary Schools (partially deaf—5 ft. or less)	22	24	46
	Attending Certified Schools for the Deaf	6	2	8
	Not at School	—	—	—
MENTALLY DEFICIENT.	Attending Public Elementary Schools	—	7	7
	Attending Certified Day Schools for Mentally Defective Children	45	—	45
	Residential	2	1	3
	Notified to the Local Control Authority during the year	†	1	1
IMBECILES.	At School	—	—	—
	Notified to Local Control Authority during the year	—	—	—
	Not at School	—	1	1
IDIOTS.	Notified to Local Control Authority during the year	—	—	—
EPILEPTICS.	Attending Public Elementary Schools	12	7	19
	Attending Certified Schools for Epileptics	2	3	5
	Not at School	1	3	4
PULMONARY TUBERCULOSIS.	Attending Public Elementary Schools	2	6	8
	Attending Certified Schools for Physically Defective Children (passed through in 1917)	6	5	11
	Not at School	5	7	12
OTHER FORMS OF TUBERCULOSIS.	Attending Public Elementary Schools	15	22	37
	Attending Certified Schools for Physically Defective Children (passed through in 1917)	27	15	42
	Not at School	11	7	18
CRIPPLES OTHER THAN TUBERCULAR.	Attending Public Elementary Schools	20	32	52
	Attending Certified Schools for Physically Defective Children	—	—	—
	Not at School	7	4	11
DULL OR BACKWARD.*	Retarded 2 Years	210	233	443
	Retarded 3 Years	86	71	157

* Judged according to age and standard.

† One boy recommended to Local Control Authority as a suitable case to be placed under guardianship on leaving the special school at 16 years of age.

TABLE 4.—TREATMENT OF DEFECTS OF CHILDREN DURING 1917.

	No. of defects found for which treatment was considered necessary		No. of defects for which no report is available, 1916-1917	1916 and 1917 cases :—		1916 and 1917 cases :—	
				Results of treatment.		No. of defects not treated.	Percentage of defects treated.
	Untreated from previous year, 1916.	New cases (1917).	Total.	Remedied.	Improved.	Unchanged.	
Clothing ...	—	25	25	—	—	—	—
Footgear ...	—	57	57	—	—	—	—
Cleanliness of Head ...	—	138	138	138	—	—	100-0
Cleanliness of Body ...	—	65	65	65	—	—	100-0
Nutrition ...	—	—	—	—	—	—	—
Nose and Throat ...	34	88	122	13	17	—	90†
External Eye Disease ...	—	12	12	9	3	—	100-0
Ear Disease ...	1	26	27	13	13	—	96-3
Teeth ...	302	398	700	36	118	—	441*
Heart and Circulation ...	3	17	20	7	7	1	22-0
Lungs ...	1	27	28	19	2	—	75-0
Nervous System ...	1	8	9	—	—	1	11-1
Skin ...	—	27	27	22	—	—	81-5
Rickets ...	—	—	—	—	—	—	—
Deformities ...	—	—	—	—	—	—	—
Tuberculosis (non-pulmonary) ...	—	9	9	2	7	—	100-0
Speech ...	—	50	50	—	—	—	—
Mental Condition § ...	—	245	245	—	—	—	—
Vision and Squint... ...	28	141	169	39	94	14	10*
Hearing ...	13	44	57	13	19	1	57-9
Miscellaneous ...	2	29	31	20	5	—	80-6
Total ...	385	1,406	1,791	396	285	17	574
				698			—
				142‡			—

* A number of these will be treated during 1918. † Some of these cases were slight; many could not get operative treatment because of war conditions.

‡ Many of these were "leavers" and had left school when "followed-up." § All dull and backward except five mentally defective girls, and five mentally defective boys.

Many parents promised to get medical treatment for their children "as soon as circumstances permit."

TABLE 5.—INSPECTION, TREATMENT, ETC., OF CHILDREN DURING 1917.

(1).	The total number of children medically inspected (whether Code Group, special or ailing child, but not including the children attending the Open-air School or Holgate Bridge Special School for mentally defective boys) ..	704
(2).	The number of children in (1) suffering from defects (other than uncleanness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment)	141
(3).	The number of children in (1) who were referred for treatment (excluding uncleanness, defective clothing, etc.)	535
(4).	The number of children in (3) who received treatment for one or more defects (excluding uncleanness, defective clothing, etc.)	260

Table C.—1917.—Cases of Disease notified to the Office by Head Teachers under "The Regulations regarding Contagious Diseases" (per Forms A and C) during the year.

Disease or Condition.	Absentees notified by Head Teachers.		Suspects sent Home from School by Head Teachers in 1917.		TOTAL ABSENTEES AND SUSPECTS.	
	Upper Dept.		Infants' Dept.			
	1917	1916	1917	1916	1917	1916
Scarlet Fever ..	7	27	9	10	18	40
Diphtheria ..	—	2	1	3	1	5
Sore Throat ..	62	111	25	30	116	181
Mumps ..	85	18	235	30	377	63
Measles ..	339	79	738	225	1218	332
Whooping Cough..	17	26	181	179	218	225
Chickenpox ..	27	30	184	146	226	189
Influenza or Cold ..	136	154	250	183	421	367
Pneumonia ..	8	—	5	—	13	—
Ophthalmia or Sore Eyes ..	43	144	54	113	132	325
Blepharitis (sore eye-lids) ..	1	1	5	2	7	7
Ringworm ..	31	36	63	36	119	100
"Sore head" ..	—	—	—	—	—	—
"Dirty head" ..	—	—	—	—	—	—
Impetigo ..	113	108	145	107	363	307
"Eczema" ..	—	—	—	—	—	—
Head Lice ..	6	20	15	3	41	39
Body Lice ..	1	2	5	—	15	8
Scabies (Itch) ..	76	36	49	10	160	66
Enlarged Glands ..	21	19	65	21	105	46
Tubercular Conditions ..	11	4	3	4	16	8
Various ..	571	383	700	272	1427	757
Totals ..	1,555	1,200	2,732	1,374	4,993	3,065

1917 :—8 cases of Scarlet Fever, 6 Sore Throat, 72 Mumps, 152 Measles, 28 Whooping Cough, 15 Chickenpox, 89 Cold, 29 Scabies, 2 Pneumonia, 49 Enlarged Glands, 12 Ophthalmia, 18 Ringworm, 9 Impetigo, and 6 Tubercular Suspects turned out to be some disease or condition different from that suspected or notified by the Head Teachers, but most were worthy of investigation.

APPENDIX B.

THE TEACHING OF MOTHERCRAFT.

We quote from the chapter in Sir George Newman's Annual Report for 1916 :—

" The health and proper care of the child depend primarily upon Motherhood. It would be difficult to exaggerate the importance, and even urgency, of the teaching of Mothercraft to girls and young women. If every woman understood the ordinary care and management of herself and her baby, much discomfort, malnutrition, sickness and even subsequent mortality would be avoided, and the burden of maternal suffering would be immensely relieved. The more unsatisfactory and unwholesome the housing conditions the more necessary is it for a working mother to know how to keep her baby in reasonably good health, partly for its personal well-being, but also for her own sake, so that in her over-full life she may be spared the avoidable anxiety and trouble caused by sickness due to improper care of herself and her child. We cannot compel her to put knowledge into practice, but we can at least see that she has had ample opportunity of learning the first principles of maternity and of realising the suffering to herself and her children which neglect of certain observances may cause."

" Whilst there is need for various types of institution for promulgating this gospel of healthy infancy—infant-welfare clinics, schools for mothers maternity centres, and the School Medical Service—the evidence is accumulating, in spite of prejudice or ill-informed criticism, in favour of the application of educational methods and the spread of knowledge. Ignorance—(1) of the principles and practice of maternal hygiene, (2) of the common causes of disease, (3) of the means of prevention, and (4) of the adaptation and adjustment of conditions of environment to the individual child, remains the principal operating factor, in the vast majority of cases, in the production of preventable disease."

" The teaching of Mothercraft may be divided conveniently into three periods :—

- (1) Instruction to elder girls at the Elementary Schools.
- (2) Instruction to girls from 14—18 years of age.
- (3) Instruction to married women."

" If the school girls of this generation are to become the wise mothers of the next they must be taught the elements of Mothercraft."

" The teaching of Mothercraft should be available for all elder girls without exception, for the backward as well as the more clever, and it should be introduced during the last years of their school life. The subject is eminently suitable for these elder girls, because practically all these elder girls have had first-hand experience of handling and caring for babies in their own homes, and the subject is therefore not new to them."

Practical teaching in housewifery and elementary hygiene should commence in the lower classes of ordinary elementary schools and undergo

a gradual development to meet the needs of elder girls between 12 and 14 years of age. The teaching should introduce as much practical work as possible, and should be given with the simplest possible equipment such as is used in working-class homes. Wherever a teacher, preferably the headmistress or other senior teacher, is found willing and able to take charge of the lessons, that is by far the best arrangement. Failing a really suitable member of the staff an expert visiting teacher should be employed. At Manchester two whole-time nurses have been appointed for the purpose of instructing elder girls in elementary schools in Infant Care and Management. Each school is visited once in $2\frac{1}{2}$ —3 years. Children from Standards 5, 6 and 7 are eligible for instruction, but not more than 30 are taken together for this subject."

Sir George Newman's Report gives some details of courses of instruction in elementary schools in various districts. These courses are on such lines as the following :—First year, simple physiology and elementary hygiene ; second year, first-aid and housewifery (including house furnishing, selecting family dinners, needlework, darning and mending, domestic economy, keeping a diary, making porridge, jam, coffee, tea, etc.); third year, infant care and home nursing (washing, weighing, dressing and feeding the baby, making its clothing, putting it to bed, objects of danger such as long-tube bottles, "comforters," and unsuitable toys, the simpler ailments, etc.). Large dolls are used by the children in this practical work, and finally live babies. The importance of breast feeding is emphasised. Such courses of instruction create much interest and develop self-reliance, absence of self-consciousness, and a serious attitude towards home life, and often markedly stimulate the backward girls. In some districts this teaching is followed up by attendance and practical work at Day Nurseries, even for a whole week at a time.

Secondary Schools and Day Continuation Classes.—"There is just as much need to teach Mothercraft to Secondary as to Elementary School girls. They know just as little, often, indeed, far less, and although the well-to-do mother is able to obtain good nurses and expert advice for her baby, it is equally desirable that she should herself understand its proper management. In the case of the elder girls in continuation classes, not only the care of the normal infant, but its common ailments and their prevention can be explained, and also some questions of maternity generally. Here also Mothercraft should be combined with housewifery and practical work and demonstration at Schools for Mothers, etc. Such training in Mothercraft for all girls up to 18 opens up an invaluable sphere of national education."

THE NECESSITY FOR AND THE METHODS OF PHYSICAL EDUCATION.

(*The quotations are from Sir George Newman's Annual Report for 1916.*)

"One of the lessons which the war has emphasised and brought home to us is the necessity to secure the full physical development of the child, not only for his own personal benefit and happiness, but also from the point of view of his value to the State. One way in which this can be done is by making suitable physical training an effective part of the education of every boy and girl, not merely for military reasons. The Board's business is rather to produce physically fit children and adolescents ready for military, industrial, or domestic duties as the case may be. The Board of Education must provide not only for healthy boys but also for girls, and the weaklings of both sexes. They have the further responsibility of fitting the child for his duties as a citizen. Physical education should be designed not to create gymnasts or acrobats, but to render healthy children stronger and give to those who are delicate or under-developed an opportunity of removing or reducing their disabilities. The extension of the elementary school age until the age of 14 or over, and of continuation classes, should lead to an expansion of more organised, more uniform, more comprehensive, and more effective physical training, not only in formal physical exercises (such as in the Swedish system), but in the provision of adequate facilities for outdoor and indoor play and sports, including such rhythmic exercises as dancing—the formal training leading up to the more free and joyous developments.* The bulk of the teaching in Elementary Schools must be carried out by the ordinary teachers, though a certain amount of specialising, particularly in large schools, can and should be arranged. Physical education is so intimately related to mental education that there are many advantages in making the class teacher responsible for it. The proportion of teachers possessing special training is rapidly increasing, and this fact, together with the individual assistance given by organising superintendents will make it possible in future to leave much more to their personal initiative and judgment."

"It is to be hoped that before long a *daily lesson* in physical training of not less than 20 minutes in duration may become the rule throughout all elementary schools. When this is the case, two of the lessons may suitably be devoted wholly to games, dancing, or recreative exercises. Far too little time has hitherto been allotted to physical activities in the elementary schools, and yet if children in secondary schools need a considerable amount of time for games and exercise, how much more is this required by the children in the elementary schools."

There is very great need to organise and direct games for children, even in the playing fields (in summer) and play centres (in winter), otherwise such games do not fully benefit the children; they get bored and quarrelsome. They need teaching and directing how to play and what to play,

* "Assuming that we are in a position to survey the training from the age of 7-18 it may be said broadly (a) that formal exercises are most important from the age of 9 or 10 years onwards, and that the nature of the exercises, especially when apparatus is used, should be less strenuous and exacting in the case of girls than in the case of boys; (b) that suitable games are needed for both sexes throughout the training; that for younger children games should predominate over formal exercises, while team games are particularly useful for girls over 12 or 13 years; and (c) that dancing, though chiefly studied by girls, should also be taught in some varieties to boys, especially to younger boys."

especially such team games as are commended in the Carnegie Trust Report on the Physical Welfare of Mothers and Children issued in 1917, and are encouraged by the Education Authorities at Manchester, Plymouth, etc. Sir George Newman says, "I should like to make a special appeal to Local Authorities to allocate to children playing fields in parks and other open spaces far more generously than has been done in the past, and not only to provide the ground but also to make sure that there is suitable and sufficient equipment for the games."

Play Centres.—"One great difficulty at present is to secure competent superintendents and assistants. It is not always desirable that play centres should be in charge of the ordinary staff teachers of the school. It is good for the children to come in contact with fresh people as well as fresh occupations when they return to school for their evening play, while it is placing too great a strain on the teachers if they give two or three evenings a week to play centre activities after a long day's work. On the other hand it is not satisfactory to attempt to organise the centre with a purely voluntary staff. The superintendent at least should be a paid officer who possesses some special experience or training and who should be made responsible for the proper order and discipline of the centre as a whole."

"The occupations followed may be either (a) quiet occupations such as handwork, painting, sewing, reading, story-telling, etc., or (b) active games or exercises, including singing games and dancing. There should be little or no attempt to teach the quiet occupations. Children should be helped if they ask for assistance, but otherwise left mainly to their own devices as if they were in a nursery at home. The games, however, should be taught. They need careful supervision and direction and a proper adherence to rules should be expected. Both types of occupation are valuable as many children are tired and do not desire to play or run about all the evening. But though quiet occupations are extremely useful, it is to the organisation of the games that most attention should be paid on account of the physical and mental training which result."

Dancing for both boys and girls (national, folk, country and classical dances, and eurhythmics, "a corollary to the training in rhythm"), "one of the oldest means of self-expression, is needed to complete the physical education. It adds grace and lightness to the controlled though formal exercises of the gymnasium, and to the free but often not beautiful movements and attitudes of the playing-field."

"If physical training is to be continued up to 18, more specialised equipment and consequently more expert teaching must be available, as the lessons should be made interesting as well as progressively more difficult. A fully equipped gymnasium may not be practicable in all cases, but the aim should be to provide at least a hall or gymnasium of sufficient size fitted with the minimum of apparatus. Eventually it should be possible to give older boys and youths an advanced course of gymnastics together with facilities for games of various kinds. Girls should also receive a course of regular gymnastics, though in their case games, and particularly dancing of a suitable type, might occupy a larger part of the programme. Various organisations for the social and physical welfare of growing boys and girls should be closely associated with the scheme of physical training. Such, for example, are the Boy Scouts, Girl Guides, Clubs, Boys' Brigades, etc. The development of summer camps, as well as country walks and rambles, is greatly to be encouraged."

For all these degrees of training three types of teachers may be employed, viz., the ordinary class teacher who has received some special training, the expert teacher with a limited training, and the fully trained expert gymnast. Wanted:—more of such trained teachers, more facilities for training, and an expert, well-paid, organising superintendent, as employed by some of the larger cities and counties. "The Board have been so deeply impressed with the value of these expert organising instructors that with a view of encouraging the appointment of such officers they recently issued Regulations* under which they are prepared to pay 50 per cent. of the salaries of all approved organisers."†

NURSERY SCHOOLS.

During the year there has been considerable discussion of this subject. At a Conference held at Manchester in June the following resolutions were submitted:—

- "(1) That further provision should be made for the education of children under five.
- (2) That this education should be given in small centres closely connected with the children's homes.
- (3) That all efforts for the care of children under school age should be co-ordinated by the establishment of Child Welfare Centres, including Schools for Mothers, Day Nurseries, and Nursery Schools.
- (4) That it is important to preserve the continuity of the education of the children during the various periods of development.
- (5) That Nursery School teachers should be trained specially for the work."

It is very much to be desired that Nursery Schools should, ultimately, not only provide for children under 5 years of age, but that they *should supplant infant schools altogether*, because the present large infant schools, in spite of all the care of the teachers, constitute extensive and ever-recurring spreading grounds for epidemics of measles, whooping-cough, diphtheria, and other infectious diseases. I find that other School Medical Officers are of the same opinion. I sent the following opinions on the subject to the Manchester Conference:—

If children under seven years of age must be taken charge of outside the home and of the presence of the mother, it should be in small Nursery Schools accommodating not more than 50 children. Thus they could come under the close individual supervision of specially selected teachers or

* See Medical Grant Regulations for 1917, Part 3.—The organisation and supervision of Physical Training in Public Elementary Schools. Also Circular 976 which deals with Grants in aid of the organisation and supervision of the teaching of physical training in Public Elementary Schools.

† The Board have approved organisers in the following areas:—Aberdare, Berks., Birmingham, Bolton, Bournemouth, Bradford, Bucks., Croydon, Cumberland, Huddersfield, Mountain Ash, Newcastle-on-Tyne, Norwich, Sheffield, Suffolk East, Suffolk West, Surrey, West Bromwich, Wolstanton United, and Yorkshire (West Riding).

guardians, one at least of whom in each Nursery School had had some training in the ailments and sick nursing of children. Thus outbreaks of infectious disease would be limited and could be circumscribed much more readily.

Fairly large existing houses, or two combined cottages, with good garden, isolation room, kitchen for supplying meals, etc., would do quite well for this type of school, as a rule.

Such schools could be situated in the midst of the children's homes, with obvious advantages as to distance from home in bad weather and in sickness, etc. And they could be in close touch with the District Child Welfare Centre and School for Mothers.

I am not much in favour of "Day Nurseries"; I think that babies and "toddlers" should remain at home with the mother, and it would pay the State to pay the mothers of the poor to stay at home to look after them, and not to have to go out to work. A Day Nursery is chiefly, if not only, justifiable as a place where a poor mother can leave her young children occasionally in safety whilst she leaves home for purposes of business, (shopping, etc.), or recreation.

The Conference was impressed by the great importance of avoiding large institutions since these cannot be closely connected with the children's homes. It was felt that the Nursery Schools should work with and through the homes. The essentials to keep in mind are that such schools should be small, a good garden should be the main feature, the schools should be, as far as possible, open-air schools, the nursery element should predominate even up to six years of age. The school should be in close co-operation with the School Medical Department and its Nurses, who should pay daily visits. Such schools of course are primarily required for, and would be especially serviceable for, children with unsatisfactory home conditions. Therefore a good mid-day meal, after-dinner sleep, periodical bathing, etc., should form special features in the care of the children therein. To quote from the helpful special chapter in Sir George Newman's Annual Report for 1916:—

"The purpose of the school is not to teach 'the three Rs,' but by sleep, food and play, to provide the opportunity for little children to lay the foundations of health, habit, and a responsive and receptive personality."

"One reason for the provision of Nursery Schools is indeed to reduce the large numbers of preventable defects now observed in entrants to the Public Elementary School, and the associated educational handicap and resulting incapacity. For several years past these Reports have recorded the degree and character of defects prevalent among children on their first admission to the elementary schools, defects which also reveal a widespread degree of low physical condition in children under five. Collateral evidence of various kinds has shown that these children under school age suffer principally from respiratory disease, rickets, malnutrition, debility, measles, decayed teeth, and diseases of the eye, ear and throat."

