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City of York Education Committee

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

For the Year Ended 31st December, 1952

Alderman R. SCRUTON,
Chairman

H. OLDMAN,
Chief Education Officer

School Clinic,
Rougier Street,
York

E-137

-17-



City of York Education Committee

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Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my report on the work of the School Health Service and School Dental Service for the year ended 31st December, 1952.

DEATH OF ALDERMAN HARGRAVE.

The School Health Service sustained a great loss in April by the death of Alderman J. Hargrave, J.P., who had been a member of the Education Committee since 1921 and had served as its Chairman from 1935 to 1949. We wish to record our appreciation of one who worked so long and so arduously for the welfare of the school children in York. He will be greatly missed.

INCREASING WORK OF SCHOOL HEALTH SERVICE.

The increase in the school population of recent years has meant considerable additional work for the School Health Department without a concomitant increase of staff. Integration of the school nursing and health visiting services would enable the nursing staff to cover more adequately the needs of this increased school population.

INFECTIOUS DISEASE.

The health of the York school children has been maintained during the year, but the opening of new schools with improved hygiene facilities has not lowered the infectious disease rate among children attending those schools. Florence Nightingale said in 1859: **"Now do tell us, why must a child have measles? If you believed in and observed the laws for preserving the health of houses, which inculcate cleanliness, ventilation, whitewashing and other means, as implicitly as you believe in the popular opinion that your child must have children's epidemics, don't you think that on the whole your child would be more likely to escape altogether?"* We can add very little to Miss Nightingale's basic reasoning beyond extending "houses" to include schools, cinemas and other places where children congregate, and to emphasise the risk of spread of infection from overcrowding in any building. New school buildings in themselves will do nothing to lower the incidence of infectious disease unless coupled with smaller classes, adequate use of available ventilation, constant vigilance on the part of both parents and teachers for early signs of infection and avoidance of unnecessary risk of infection out of school hours.

"SPASTIC" CHILDREN.

A voluntary association of parents of spastic children (cerebral palsied children) has been started in the City and the need for special facilities for these children is recognised. A new open-air school is planned and the original date for building as approved by the Minister in the Authority's Development Plan should be constantly before us. There is also need for an additional class at Fulford Road Special School for educationally sub-normal children in order to diminish the number of children in each class.

CO-ORDINATION.

The liaison between the School Health Service, the hospitals and the general practitioners has strengthened during the year and we are progressing towards our goal of a co-ordinated scheme for the care of the health of the school child.

NATIONAL SURVEY.

The department participated in a National Survey of the Health and Development of Children, conducted by the Institute of Child Health of the University of London and the Society of Medical Officers of Health.

My thanks are tendered to all who have helped in compiling this report, the greatest part of the work having been done by Dr. Shevlin and his staff. To them, to Mr. Oldman, Chief Education Officer, to the Committee, to staff and professional colleagues, without whose support the work of the School Health Service could not have been maintained, I tender my sincere thanks.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

C. B. CRANE,

*Medical Officer of Health and School
Medical Officer.*

Ref. : * "The Art of Nursing", Florence Nightingale—(Claud Morris).

EDUCATION COMMITTEE

Chairman :

Alderman R. Scruton.

Vice-Chairman :

Alderman G. S. Bellerby.

Committee :

The Rt. Hon. The Lord Mayor
(Alderman C. W. Wright).

Mr. Councillor J. P. Birch.

Mr. Councillor W. M. Brown.

Mr. Councillor R. A. Cattle.

Mr. Councillor W. H. C. Cobb, M.A.

Mr. Councillor L. Daley.

Mr. Councillor W. H. Darley.

Mr. Councillor A. L. Philipson.

Mr. Councillor G. T. Rogers.

Mr. Councillor W. Usher.

Mrs. Councillor I. G. Wightman,
B.A.

Mr. Councillor W. Ward.

Alderman The Rev. R. V. Bainton,
M.A.

Mr. L. L. Evans.

The Rev. P. J. Lamb, M.A.

Mr. H. B. Marston, B.Sc., A.R.I.C.

Rev. Fr. P. McAniff.

Miss E. Netherwood, B.A.

Miss H. C. Randall, B.Sc.

Chief Education Officer :

H. Oldman, M.A.

Deputy Education Officer :

E. E. Sharpe, M.A.

ANNUAL REPORT
of the
SCHOOL MEDICAL OFFICER
for the
YEAR ENDED 31st DECEMBER, 1952.

STAFF OF THE SCHOOL HEALTH SERVICE
DURING 1952

Medical Officer of Health and School Medical Officer:

Miss C. B. Crane, M.B., B.S., D.P.H. (London).

Senior Assistant School Medical Officer:

F. B. Shevlin, M.B., Ch.B.

Assistant School Medical Officers:

Miss N. M. Durcan, M.B., B.Ch., B.A.O.

G. F. Boyle, M.B., Ch.B., D.P.H. (resigned 2.5.52).

Miss L. J. Letty, M.B., B.S., D.C.H. (commenced 15.9.52—temporary).

J. S. Robertson, M.B., Ch.B., M.R.C.S., L.R.C.P. (commenced 6.10.52—temporary).

Ophthalmic Consultant:

J. Magnus, M.D., F.R.C.S. (Ed.), D.O.M.S.

Orthopaedic Consultant:

H. L. Crockatt, M.B., Ch.B. (Surgical Superintendent, The Adela Shaw Orthopaedic Hospital, Kirbymoorside).

Senior Dental Officer:

G. Turner, L.D.S.

Assistant Dental Officer:

Mrs. M. B. Barnitt, L.D.S.

School Nursing Sisters:

Mrs. S. Dalton, S.R.N., S.C.M.

Miss E. Stoddart, S.R.N., S.C.M.

Miss M. Chetwynd, S.R.N.

Miss D. A. Nairn, S.R.N., H.V.C.

Mrs. L. Reynolds, S.R.N.

School Nursing Sister in charge of orthopædics:

Miss B. M. Hall, S.R.N., S.C.M. (Orthopædic certificate).

Dental Surgery Assistants:—

Miss R. E. Glew (Dental Nurses' Certificate).

Miss C. M. Haycock (resigned 15.7.52).

Miss A. Pearson (commenced 31.10.52).

Speech Therapist:

Miss B. Z. Black, A.T.S.D.

Organisers of Physical Training:

Miss O. M. Smith.

Mr. G. Rees.

Chief Clerk:

Miss D. Blaker.

General Clerks:—

Miss M. Sowray.

Miss H. F. Milburn.

Miss C. M. Lonsdale.

Mrs. R. Stirk (resigned 29.11.52).

Miss M. H. West (commenced 15.12.52).

Clerical Assistants to Medical Officers:—

Miss A. Johnson (resigned 31.12.52).

Miss E. J. Farr (resigned 29.3.52).

Miss M. H. West (commenced 15.4.52; resigned 13.12.52).

Miss B. Ashford (commenced 15.12.52).

STAFF OF CHILD GUIDANCE CLINIC.

Psychiatrist:

Dr. Irene Turgel, M.D.

Psychologist:

Miss E. M. Johns, M.A., A.R.C.M., C.T.

Social Worker:

Miss A. Black (Diploma Social Science—resigned 30.9.52).

Secretary:

Miss M. Tindall (resigned 31.5.52).

Mrs. W. Howe (commenced 27.10.52).

GENERAL

Collaboration with Hospital Authority.

(a) An additional weekly out-patient session for a period of one month was granted to the two E.N.T. consultants in order to deal with the long waiting list of children. This followed a joint deputation to the Regional Hospital Board from the Hospital Management Committee, Local Medical Committee and Local Education Authority. The Senior Assistant School Medical Officer represented the Education Authority.

(b) The Hospital Management Committee have agreed to obtain a lamp for testing school children who are found to have defective colour vision when tested in school by the Ishihara method.

(c) The Leeds Regional Hospital Board have agreed to pay the salary of Dr. Turgel, Psychiatrist to the York Child Guidance Clinic, until such time as the Board is in a position to implement its regional scheme for consultant staffing of Child Guidance Clinics. This has prevented a threatened breakdown of the service following economy cuts.

(d) Four-elevenths of the salary of the Senior Assistant School Medical Officer is refunded to the York Education Committee by the Regional Hospital Board in respect of the eye work undertaken by him at the School Clinic.

(e) The Senior Assistant School Medical Officer is a member of the Technical Advisory Panel on Ophthalmology of the Leeds Regional Hospital Board. The policy of this panel is to have every child with defective vision examined by an ophthalmic medical practitioner. In the York area 71.5% of children under the age of sixteen years obtained their glasses through the Hospital Eye Service in the year ended 31st March, 1951, compared with 78% in the same period of the following twelve months. These figures compare favourably with those of the whole area of the Leeds Regional Hospital Board, which were 42.5% in 1951 and 66.1% in 1952.

The following points were also considered by the Panel:—

(i) Arrangements for pre-school children to be seen at hospital or school eye clinics.

(ii) Arousing interest among infant teachers so that simple games to test visual acuity might be included in the curriculum.

(iii) Expansion of the School Eye Service so that no child need wait longer than four weeks for investigation.

(iv) The need for a minimum of one session weekly per 5,000 children to deal satisfactorily with their ophthalmic requirements. At least 12½% of school children need supervision or treatment for defective vision apart from diseases of the eyes.

(f) We are pleased to record that the number of hospital reports received during 1952 were 66% higher than in 1951 and 300% more numerous than in 1950. The number is now only 40% lower than it was in 1948.

Tuberculin Testing of School Entrants.

Approval has been given to a scheme for tuberculin testing of school entrants in an endeavour to trace unknown sources of infection.

Collaboration with General Practitioners.

The School Medical Officer and the Senior Assistant School Medical Officer met the Local Medical Committee by invitation in February, to discuss mutual problems. It was explained to the fifteen representatives of the general practitioners present that the School Medical Officer has a legal responsibility towards school children under the Education Act, 1944. It was agreed to continue to notify general practitioners of school children in need of specialist advice or treatment before referring them to hospital even though the figures for the previous year (eight out of 257) showed that most general practitioners are content for school doctors to refer such children direct. Two or three general practitioners requested that all their cases should be referred to them. This was agreed.

The subject of medical certificates, especially in relation to unsatisfactory families, was discussed and co-operation was promised by the representatives present. Other subjects discussed included the early notification of infectious diseases, the use of the Home Helps Scheme instead of keeping older children from school to look after sick relatives, and the reference by general practitioners of children requiring treatment at day or residential special schools for handicapped pupils. Those present welcomed this opportunity of frank discussion and agreed that much good would result from it.

Collaboration with Neighbouring Authorities.

There continues to be the closest co-operation of the York School Health Department with the corresponding departments of the three Riding Authorities. Children from all three Ridings attend Secondary Modern Schools, Grammar Schools and Special Schools in York and receive the same treatment as York children. The York School Medical Officers also examine the candidates for the teaching profession who live just outside the City boundary, by arrangement with the Education Authority concerned. North Riding children attending nearby schools not under the York Authority are treated at the York School Clinic. The York School Clinic is also used by the North Riding Authority once a week for orthopaedic consultations and treatment.

Closing of Acomb Nursery Class.

The closure of the Acomb Nursery Class as an economy measure has created a problem for mothers who are compelled to work to earn a living. There has always been a heavy demand for these places.

SCHOOL NURSING SISTERS

In view of the increase in the school population from 15,000 in 1947 to over 16,500 in 1952, and the increase in the amount and variety of the work performed by the School Nursing Sisters, an application was made for an increase in the establishment from the equivalent of seven to eight. The

recommended establishment is one school nursing sister for every 2,000 children. The average number over the whole country is one to 2,300. In York it is one to 2,400.

HEALTH EDUCATION

The most valuable health education work is that which is carried out by the doctors and school nursing sisters when parents are seen at the medical inspection of their children in school. The practice of presenting a copy of the pamphlet "Children's Shoes", issued by the British Boot, Shoe and Allied Trades Research Association, has been continued. It is hoped that many of the foot disorders and minor deformities caused by unsuitable shoes will be prevented.

EXAMINATION OF INTENDING TEACHERS

Fifty-five intending teachers were examined under the new regulations which came into force this year, and the completed medical forms despatched to the different training colleges. A few students attending independent schools would have preferred to go to their family doctors, but the new system created no real difficulties.

SCHOOL HYGIENE

New Buildings and General Maintenance.

The Westfield County Junior School was opened in September, 1952, and accommodates children from the large new housing estates in the area. Cloak-room, sanitary and medical accommodation are available in accordance with the building regulations of the Ministry of Education.

The maintenance and repair of school premises, including redecoration, have proceeded as far as labour and materials have permitted. A sum of £5,000 was allocated for the replacement of school furniture in all types of schools. The replacement of desks and chairs in some of the schools was long overdue.

Two additional windows in the medical staff rooms of the School Clinic, and a ventilating fan in the dental waiting room, were provided.

Sanitary accommodation at St. Lawrence's C.E. Primary School was improved by the Managers, and at St. Paul's C.E. (Controlled) Primary School by the Authority. Additional wash-basins and hot water were provided at Knavesmire Secondary and Primary Schools, at Acomb County Primary School and at St. Barnabas' C.E. (Controlled) Primary School.

SCHOOL ATTENDANCE

The number of children on the registers of the primary, secondary and special schools in December, 1952, was 16,253. Of these, 15,884 were over five years of age. The admission of children under five years has been restricted in certain schools, owing to lack of accommodation. In addition to the children in the primary, secondary and special schools, the School Health

Department carries out medical inspections in the Bar Convent Grammar School (direct-grant), the School of Art, and the Technical College. The total number of children covered is about 16,800.

MEDICAL INSPECTION

Medical inspection has been carried out on the same age groups as in previous years, viz. :—

- (a) entrants to the infant departments (usually about 5 years).
- (b) entrants to the junior departments (usually about 8 years).
- (c) leavers from the junior departments (usually about 11 years).
- (d) leavers from the secondary departments (usually about 14 years).

This is one additional examination to the number specified by the Ministry of Education.

In addition children have been examined whenever a request was made by parents or teachers.

Children found at previous inspections with defects have been re-examined to see if the defect has been remedied as advised.

During the year 6,738 children have been medically inspected compared with 6,626 in the previous year. The number of special inspections was 5,704 and the number of re-inspections 3,585.

GENERAL CONDITION

The health and physique of the York school child has been maintained. This is shown by the following table :—

	<i>Category.</i>		1950.	1951.	1952.
A	(Excellent)		45.1%	46.7%	46.6%
B	(Satisfactory)		50.9%	50.5%	50.6%
C	(Poor)		4.0%	2.8%*	2.8%

AVERAGE HEIGHTS AND WEIGHTS

The average eleven year old boys and girls in the primary schools were both slightly shorter and lighter than last year. The fourteen year old boys in the secondary modern schools were also slightly smaller and lighter in comparison with those in the same age group in 1951. In the Grammar Schools the thirteen year old boys were taller and heavier compared with last year's boys; the thirteen year old girls were lighter. The average weight of the fifteen year old girls was higher than last year.

**AVERAGE HEIGHTS AND WEIGHTS OF CHILDREN ATTENDING
PRIMARY AND SECONDARY MODERN SCHOOLS, 1952.**

BOYS						GIRLS					
Age	Number Examined	Average Height		Average Weight		Number Examined	Average Height		Average Weight		
3	1	Ft. 3	Ins. 5.00	St. 3	Lbs. 13.75	2	Ft. 3	Ins. 3.50	St. 2	Lbs. 13.00	
4	150	3	5.53	2	12.60	189	3	5.37	2	11.63	
5	635	3	7.06	3	1.10	568	3	6.70	2	13.34	
6	103	3	9.25	3	4.23	68	3	8.74	3	3.60	
7	37	4	0.27	3	9.31	38	3	11.79	3	10.65	
8	639	4	1.95	4	2.28	636	4	1.63	4	0.69	
9	70	4	4.00	4	6.97	85	4	2.98	4	4.00	
10	281	4	5.90	5	0.51	252	4	5.60	4	13.97	
11	384	4	7.23	5	4.44	382	4	7.35	5	4.75	
12	35	4	7.93	5	7.29	25	4	8.42	5	8.27	
13	37	4	9.79	6	1.14	41	5	0.10	6	13.20	
14	452	5	2.01	7	7.21	434	5	1.60	7	10.09	
15	99	5	2.75	7	9.74	89	5	2.48	8	0.47	
16	2	5	5.97	9	3.00	2	5	3.10	7	13.37	

**AVERAGE HEIGHTS AND WEIGHTS OF CHILDREN ATTENDING
GRAMMAR SCHOOLS, 1952.**

BOYS					GIRLS					
Age	Number Examined	Average Height		Average Weight		Number Examined	Average Height		Average Weight	
		Ft.	ins.	St.	lbs.		Ft.	ins.	St.	lbs.
10	2	4	10.25	4	13.50	2	4	8.00	5	6.25
11	34	4	9.05	5	8.55	30	4	9.22	6	0.46
12	10	4	10.10	5	13.22	41	4	11.82	6	12.33
13	159	5	1.11	7	1.29	151	5	1.17	7	5.27
14	16	5	3.64	7	13.11	37	5	3.15	8	1.52
15	159	5	6.02	8	13.50	173	5	3.28	8	8.37
16	43	5	7.01	9	7.71	46	5	3.20	8	9.84
17	29	5	8.72	10	1.26	56	5	4.21	9	3.84
18	6	5	8.29	10	1.11	4	5	1.37	8	4.93
19	—	—		—		1	5	2.50	7	2.25

FINDINGS OF MEDICAL INSPECTIONS IN ALL SCHOOLS

During the year 6,738 children have received periodic medical inspections. This includes 1,770 entrants to the primary schools, 1,357 leavers from the primary schools, 1,162 leavers from the secondary schools, and 2,449 at other ages, the majority being eight year olds.

22.8% of children were found with defects requiring treatment excluding dental defects and infestation.

VISION

The distant vision of each child is tested at medical inspections. Those who are too young to co-operate are tested the following year. The near vision is not tested until the last year at the primary school when the child can read. During the year 4.4% of those examined were found to need ophthalmic treatment, whilst another 7.9% had already received such treatment. A further 2.0% were found with squints, bringing the total percentage of children needing ophthalmic care to 14.3% (12.7% last year).

SQUINTS

Of 132 children found with squints, 43 were entrants to the primary schools. All except four had already been referred to an ophthalmologist by the Infant Welfare Department or by their family doctor.

Following the reported increasing incidence of squint amongst school-children, the records for York were investigated. The average percentage of children found with squints for the five year period 1931 to 1935 was 1.7%. During the same period the average number of children attending the Eye Clinic for all defects of vision was 331 (2.76% of the school population). Towards the end of 1936 the staff of the Eye Clinic changed and for the next five years (1937 to 1941) the average attendance at the clinic was 965 (*i.e.*, 7.1% of the school population), whilst the average percentage of school-children found with squints at school medical inspections rose to 2.6%. It remained at this average during the years 1947 to 1951, but now shows a tendency to fall. It was 2% in 1952. It was also felt that there was a need for an orthoptic clinic in York, and negotiations following the appointment of a new ophthalmic consultant resulted in an orthoptic clinic being opened in 1939; a grant of £300 was made by the York Education Authority. In the same year 3% of the children inspected in school were found to have squints, whilst 19.2% of the children attending the Eye Clinic were similarly affected. A possible explanation of this big increase is that school medical officers were becoming more squint conscious and therefore discovering more cases. Whether this explanation is sufficient to account for the general rise over the whole country is doubtful inasmuch as there is a hereditary factor to be taken into account, and this may be responsible for local variations from the general incidence. Two procedures which help to discover non-obvious cases of squint in schoolchildren are (i) the testing of the vision of entrants at the age of five years, and (ii) the testing of all children by means of the cover test. The first test reveals amblyopia not suspected by the parent or teacher; the second

test reveals the latent squint. Infant Welfare Departments are well aware today of the necessity of having squints in pre-school children treated at the earliest opportunity.

EXTERNAL EYE DISEASES

80 children were found with external eye diseases, 47 of whom needed treatment; 37 were suffering from mild blepharitis.

DEFECTIVE COLOUR VISION

77 children were found at school medical inspections, by means of the Ishihara Test, to have some degree of colour blindness.

EAR DISEASE AND DEAFNESS

Of 371 children found with ear trouble, 24 with middle ear disease and 35 with deafness were requiring treatment; 172 were requiring observation, and of the remainder, 156 had wax in their ears.

AUDIOMETRIC TESTING

No audiometric surveys have been carried out during the year.

TONSILS AND ADENOIDS

526 children seen at school medical inspections had enlarged tonsils and, or, adenoids, but only 124 (1.8%) required treatment. During 1952 the number of children reported as having their tonsils and adenoids removed in hospital was 406 compared with 324 in the previous year. The waiting time for an appointment in the E.N.T. out-patient department is now only seven days, but there is still a delay of two to eight months if admission to hospital is needed for operative treatment.

ENLARGED CERVICAL GLANDS

332 children were found with enlarged neck glands but only 12 needed specialist treatment.

ENURESIS

66 children were stated by their parents to be bed-wetters—37 boys, 29 girls. 7 of the children attended senior schools. 1.8% of the entrants to primary schools were enuretics.

SPEECH

6 of the 40 children found with speech defects requiring treatment were stammerers; the other 34 had defective articulation of varying types. 59 other children needed observation.

RHEUMATISM

No children seen at school medical inspections were receiving treatment for rheumatism. 22 certificates with diagnoses of rheumatism were received from general practitioners. Only 1 report was received from hospital of a child treated for rheumatism.

HEART DISEASE

15 children with heart murmurs were referred to hospital for further investigation. In 11 cases there was no organic disease. Of the other 4, 1 had mitral stenosis, 2 had interventricular septal defect, and 1 aortic diastolic murmur. 8 other children with organic disease of the heart were seen but these were already under supervision.

DISEASES OF THE LUNGS

64 of the 384 children found with diseases of the lungs were requiring treatment—24 had bronchitis and 19 asthma. 61 children suffering from asthma were seen at school medical inspections; 11 had bronchiectasis. The majority had bronchial colds or slight catarrh.

ORTHOPÆDIC DEFECTS

1,240 children were found with orthopædic defects, only 371 of whom needed treatment. The commonest deformities were flat foot (341), postural defects (388), knock-knee mostly of a mild degree (120), hallux valgus (94), valgus deformity of the ankle (53) and deformed toes (54).

DEVELOPMENTAL DEFECTS

Of 456 children found with developmental defects, 97 had undescended testicles, 56 were obese, 52 had phimosis, 77 had defective colour vision, 28 nævi, and 61 herniæ. In only 7 hernia cases and 46 other cases was treatment thought to be necessary.

PSYCHOLOGICAL DEFECTS

570 children were found to have signs of psychological disturbance. The biggest number, 387, were addicted to biting their finger-nails, 66 were enuretic, 28 were classed as nervous children, whilst 15 were given to thumb-sucking. If these nervous traits are a sign of tension in the schoolchild, then at least 8.5% of the school population are affected.

TUBERCULOSIS

One child was found who required further treatment for tuberculosis of the spine. 5 children with non-pulmonary tuberculosis (2 of glands, 2 of hip, 1 of spine) were seen but the disease was quiescent and the children already under the supervision of the Chest Physician. In the school attached to Fairfield Sanatorium, 13 children were inspected—12 with lung infection, 1 with disease of the right hip. During the year 5 boys have been notified as suffering from pulmonary tuberculosis and 8 children (3 boys, 5 girls) from non-pulmonary tuberculosis. 27 schoolchildren received B.C.G. vaccination.

SCABIES

No children were found at school medical inspection suffering from scabies and no children were treated for scabies at the cleansing centre.

This is the first year that there have been no recognised cases of scabies amongst York's schoolchildren.

SKIN DISEASES

579 children were found with skin diseases. The commonest conditions were :—

Epidermophytosis	...	...	...	...	88
Warts	...	...	...	...	81
Acne Vulgaris	...	...	...	...	49
Urticaria	...	...	...	...	49
Eczema	...	...	...	...	35
Verrucae	...	...	...	...	30
Ichthyosis	...	...	...	...	20

No case of ringworm of the scalp was found for the second year in succession and there were only 9 cases of ringworm of the body. Impetigo was found in 5 cases. Fungus diseases of the feet (epidermophytosis and verrucae) are the commonest skin conditions found nowadays amongst schoolchildren. There is reason to believe that both these diseases may be spread by the use of common footwear or by the bare feet of infected children at the swimming baths. In some cases it is necessary for one pair of gym. shoes to be worn by more than one child, but it is hoped that an adequate supply of gym. shoes will be available in future to obviate this.

VACCINATION

44.6% of the children seen at school medical inspections showed vaccination marks. Amongst the different age groups the percentages were :—

Entrants to Primary Schools	...	...	50.8%
Eight year olds	...	...	49.2%
Leavers from Primary Schools	...	...	40.1%
Leavers from Secondary Schools	...	...	35.2%
Pupils at Grammar Schools	...	...	43.7%

IMMUNISATION

77.6% of all children medically inspected during the year were reported to be immunised against diphtheria. Amongst the different groups the percentages were :—

Entrants to Primary Schools	...	...	72.9%
Eight year olds	...	...	80.2%
Leavers from Primary Schools	...	...	75.7%
Leavers from Secondary Schools	...	...	73.2%
Pupils at Grammar Schools	...	...	89.7%

PARENTS OR GUARDIANS PRESENT

61.2% of parents or guardians attended the school medical inspection of their children during the year. For the different groups the percentages were :—

Entrants to Primary Schools	...	...	89.2%
Eight year olds	...	...	81.5%
Leavers from Primary Schools	...	...	68.6%
Leavers from Secondary Schools	...	...	20.2%
Pupils at Grammar Schools	...	...	19.2%

NURSERY SCHOOLS

St. Paul's is the only remaining school of this type in the City. It has accommodation for 40 pupils but the demand for places is much greater than the accommodation available. Furthermore the restriction in the admission of the under fives to certain infant departments has reduced the number of such pupils from 645 in 1951 to 369 in 1952.

UNCLEANLINESS AND VERMINOUS CONDITIONS

The percentage of children classed as verminous declined from 4.8% in 1951 to 2.9% in 1952, *i.e.*, 409 children compared with 641 in the previous year. This includes children found with perhaps only one nit. The following figures illustrate how a comparatively small number of families act as a reservoir and through their children infest others coming into close contact with them.

		<i>Girls.</i>	<i>Boys.</i>
Verminous once	...	168	39
„ twice or three times	...	130	33
„ four or five times	...	29	2
„ six or seven times	...	4	—
„ eight or nine times	...	4	—
Total	...	335	74

THE OPEN AIR SCHOOL

I am indebted to Dr. L. J. Letty, temporary Assistant School Medical Officer, for the following report :—

The Open Air School accommodates about a hundred children who by reason of general poor health or specific infection or physical handicap are unable fully to participate in, or benefit from the curriculum of an ordinary school. There is also a special class for partially sighted children.

During 1952, 41 children were admitted, and 49 were discharged. The average length of stay of the leavers had been two years nine months, the longest being five years seven months, and 2 being discharged after less than a year. It was considered in the Report on the Health of the School Child,

1950 and 1951, that a child would not benefit by a stay of less than a year. The number of children attending rose from 88 in January to 96 in December. These 96 were made up as follows :—

	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Bronchiectasis	4	3	7
Asthma	10	4	14
Other chronic respiratory infections...	9	7	16
Tuberculosis contacts	4	5	9
Heart disease	—	3	3
Tuberculous joints	3	1	4
Other physically handicapped children	2	5	7
General debility	20	16	36

The term General debility included children suffering from chronic mastoiditis, convalescent from debilitating infections, anæmia, Hodgkin's disease, and a number of immature and maladjusted children.

The school day is planned so that the task of improving the child's health is carried on concurrently with his education. Free transport by private bus is provided to and from school. During the day each child consumes two-thirds of a pint of milk, his main meal of the day at mid-day dinner, a drink and light refreshment before going home and vitamin supplement. All possible activities are carried on in the open air. In the Winter, gardening and games and forty-five minutes daily rest are held out of doors; in the Summer, all lessons take place in the open. A close watch is kept on the medical progress of the children. A nurse attends twice a week to take a minor ailments clinic, and the doctor attends once or twice a week. All children are weighed and measured regularly and completely examined once a term. During the Winter months ultra-violet light treatments are given twice weekly: 61 children received 534 treatments from October to December, 1952. These sessions are enjoyed by the children. Since June, 1952, daily breathing exercises for the 14 asthmatic children have been given at the school by the head teacher, helped and advised by the physical training instructor. There has already been definite improvement in some of the children's breathing and chest mobility, although it is early yet to assess the effect on the general condition of the child.

Teaching includes daily physical training. Classes are smaller than at other schools, giving greater opportunity for the teacher to understand and solve the problems of the individual child. This is particularly noticeable in the case of immature and maladjusted children, and those who, through mismanagement at home, or long absences through illness, are unable to tackle the work required of them at ordinary schools. In the absence of competition they are able to find their own level and soon become happier and more contented, with a corresponding improvement in their work. There are few children who do not make good weight gains after admission. With open air conditions there is less likelihood of cross-infection and the impression is that there is less upper-respiratory infection than at other schools. There has never been a serious epidemic at the Open Air School.

Unsolicited testimonials have been given to the School by parents who were old scholars and wish to send their own children there, by friends or siblings of pupils who ask for admission, by old pupils discharged to other schools who beg to return, and by reports of progress by the head teachers of schools to which children return.

During the year 4 boys and 1 girl have been provided with boots or clothes from the "H. R. Morrell" Fund, in addition to provision under Section 5 of the Education Act, 1948. As this fund has now ceased, this opportunity is taken of thanking the executors of the late H. R. Morrell for their help to the children of this School, over many years.

CLASS FOR THE PARTIALLY-SIGHTED

This class is accommodated in the Open Air School. The 6 boys and 2 girls who attend have the benefit of special illumination, and furniture as well as the mounted, adjustable lenses, referred to in previous reports, which enable the senior children to use ordinary text books without further detriment to their vision. They receive an ophthalmic examination once a year or more often if necessary. These children are now on the register of partially-sighted, so that supervision will be continued by the Welfare Authority after they leave school. The class can accommodate more if necessary.

FULFORD ROAD SPECIAL SCHOOL (E.S.N.)

The number of children at this school at the end of the year was 100 (53 boys and 47 girls), including 14 North Riding and 3 West Riding children. 5 boys and 11 girls were admitted during the year and 7 boys and 9 girls discharged.

The number of notifications to the Local Authority during 1952 totalled 22, of which 9 were under Sub-section 3, para. 57 of the Education Act, 1944, and 13 under Sub-section 5.

HANDICAPPED CHILDREN

December, 1952

Blind. 1 boy and 3 girls were in residential schools for the blind. In addition, 1 boy was in the Rudolf Steiner School, and 1 girl trainee in the Yorkshire School for the Blind.

Partially-sighted. (See report on class for partially-sighted.)

Deaf. There were 14 children (7 boys and 7 girls) in residential schools for the deaf.

Partially deaf. 5 schoolchildren (3 girls and 2 boys) are using hearing aids and attending ordinary schools.

Delicate. There were 52 boys and 44 girls attending the Day Special School (Del.), including 3 children from the North Riding.

Diabetics. 5 children with diabetes attend ordinary schools.

Educationally subnormal. 53 boys and 47 girls were attending the York Day Special School (E.S.N.) at the end of the year. In addition 3 boys were

in residential schools and 1 boy was awaiting admission. 14 of the children in the Day Special School came from the North Riding and 3 from the West Riding Education Committees.

Epileptics. 1 boy has been admitted to a residential school during the year. 31 children (18 girls, 13 boys) attend the ordinary schools and receive medical treatment from their family doctors.

Maladjusted. There are 3 boys in residential schools for maladjusted children.

Physically handicapped. There are 4 children in residential schools for physically handicapped children (3 boys and 1 girl). 1 other boy received home tuition whilst 5 others (4 boys, 1 girl) who might benefit from residential treatment at present attend the Open Air School.

Defective speech. There was 1 boy in a residential school because of aphasia, but he was discharged during the year. 114 others attended the York Speech Therapy Clinic during 1952.

INFECTIOUS DISEASES

The following table shows the monthly incidence of infectious diseases during 1952, with comparative totals for the previous four years.

Month	Diph- theria	Scarlet Fever	German Measles	Measles	Chicken- pox	Whoop- ing Cough	Mumps
January ...	—	24	1	1	21	14	40
February ...	—	24	4	1	54	6	96
March ...	—	18	11	3	27	15	93
April ...	—	35	17	2	1	13	28
May ...	—	13	23	8	15	3	12
June ...	—	13	10	1	19	24	9
July ...	—	23	6	26	11	13	2
August ...	—	14	—	16	—	16	—
September ...	—	14	4	29	3	12	—
October ...	—	14	3	126	7	19	—
November ...	—	22	2	550	25	31	3
December ...	—	12	3	348	14	16	4
Total, 1952	—	199	84	1111	197	182	287
„ 1951	—	179	1	801	132	467	41
„ 1950	—	215	6	1485	111	238	33
„ 1949	3	177	4	1154	106	386	2
„ 1948	4	249	18	434	239	108	542

MASS RADIOGRAPHY SURVEY

As in previous years school leavers were examined by the Mass Radiography Unit. Of 1,417 children filmed, 30 were subsequently sent for a clinical examination. 8 cases of healed primary pulmonary tuberculosis were discovered, and 4 cases of cardiac abnormality. 5 cases were referred to the Chest Clinic to be kept under observation for possible tubercular infection. 4 cases of bronchitis and asthma were detected. No case of open tuberculosis was discovered amongst those examined.

PHYSICAL TRAINING IN SCHOOLS

I am indebted to Miss O. M. Smith and Mr. G. Rees, Organisers of Physical Education, for the following reports :—

Report on Remedial Classes for Infants and Girls.

During 1952, 120 children have received treatment. 90 were discharged, 64 from foot classes and 26 from posture classes. Of the remainder, 18 continue for further treatment, 3 were transferred to hospital, 3 transferred to Grammar Schools, and 6 left before treatment could be completed. Comparing with last year's total, 27 fewer children were treated, but of these 75% were discharged, compared with 65% discharged the previous year. There was an additional class for the treatment of flat feet during the Spring and Summer terms this year.

A greater number of parents are becoming interested in securing early remedial treatment for their children. This is encouraging, as the sooner postural defects can be treated the shorter is the time required to effect improvement. The value of exercises practised regularly at home is also appreciated. It is this "little and often practice" which brings results. Attendances are very similar to those of 1951, although in the Spring term only 68% attended compared with last year's 75%. The Summer and Autumn term figures are the same, 77% and 79% respectively.

During the Summer term a class for breathing exercises was started at the Open Air School for the benefit of children suffering from asthma, bronchitis, and similar respiratory affections. The work has been supervised by the Headmistress in co-operation with the School Medical Officers and the Physical Education Organiser. It is too early to report on this experiment, but it can be said that a satisfactory start has been made, and that, given time, this treatment should produce some very beneficial results.

Report on Remedial Classes for Boys.

Through the school medical inspections conducted by Dr. F. B. Shevlin and his staff, boys suffering from mal-posture or flat feet were sent to the St. George's Secondary School each week for curative physical treatment under the supervision of the Organiser of Physical Education.

Most of the boys attended consistently and showed, in more than 50% of the cases, sufficient improvement to warrant discharge from the class after a further inspection by the Senior Assistant School Medical Officer. There is a need for the boys to pursue the prescribed physical activities at frequent intervals in their own out-of-school hours, in order to effect, and maintain, a

100% cure. More parents have attended for at least one session during the past year, to acquire a knowledge of this treatment in order to supervise the boys in their exercises at home. In the class for boys suffering from flat feet, 51 were successfully treated out of a total of 91. Of the remainder, 6 boys left the class on reaching the age of 15 years, whilst 1 child refused treatment. From the class for posture training, 21 boys improved, whilst 3 left from a total of 42.

SCHOOL CAMPS

Three camps were held during the year.

(1) Haxby Road School Camp, at Robin Hood's Bay, for one week in August. 31 boys and 3 men teachers attended.

(2) York Children's Holiday Camp at Staithes. 40 necessitous boys and girls nominated by head teachers from all the schools were given a week's holiday.

(3) York Family Service Unit Camp at Airton for the children of their problem families during the four weeks of August. 37 children each stayed one week.

In addition 2 children were sent to the first special camp for diabetics to be held at Pateley Bridge. These camps are a new venture organised by the Diabetic Association.

PROVISION OF MEALS

The percentage of York schoolchildren having their midday meal at school during December, 1952, was 39.1%. The number of meals supplied free in 1952 was 15% of the total.

The following tables show the demand for meals in the different types of schools throughout the year, and the number of free meals provided.

SCHOOL MEALS

Average number supplied daily

1952	All Schools (except Grammar)		Grammar Schools.		Total.
	Paid.	Free.	Paid.	Free.	
January ...	3816	886	835	41	5578
February ...	3742	906	807	40	5495
March ...	3727	910	748	38	5423
April ...	3727	903	769	41	5440
May ...	3834	805	745	38	5422
June ...	3771	761	723	40	5295
July ...	3795	771	688	35	5289
August ...	—	—	—	—	—
September ...	4115	680	915	37	5747
October ...	4247	648	912	35	5842
November ...	4101	651	903	34	5689
December ...	4062	665	878	34	5639

Number of meals supplied on payment in 1952 ... 924,546

Number of meals supplied free in 1952 ... 169,351

MEALS SUPPLIED DURING SCHOOL HOLIDAYS

Holiday Periods, 1952	Percentage of Usual Demand.		Number of dinners served.	
	Paid.	Free.	Paid.	Free.
Easter	1.3	27.9	599	2630
Whitsuntide ...	1.6	24.2	278	777
Summer	0.8	24.1	1127	5627
October	1.0	21.8	255	748
Christmas	0.6	21.5	254	1203

Percentage of children in attendance taking School Meals during December, 1952 :—

(a) At all schools	39.1%
(b) At all schools (excluding Grammar)	37.3%

PROVISION OF MILK

Percentage of children, in attendance, at all schools taking a bottle of milk in school daily at the end of 1952 87.26%

Percentage of children, in attendance, at all schools (excluding Grammar schools) 91.99%

MILK CONSUMPTION

Average number of bottles of milk ($\frac{1}{8}$ pint) supplied free daily

1952	Primary Schools	Secondary Modern Schools	Grammar Schools	Further Education	Totals
January	8974	2448	938	108	12468
February	8835	2364	900	108	12207
March	8688	2359	885	108	12040
April ...	8835	2285	878	103	12101
May ...	9006	2260	941	105	12312
June ...	9164	2238	962	105	12469
July ...	9258	2210	908	105	12481
August	34	—	—	—	34
September	9448	2748	1079	104	13379
October	9374	2763	989	103	13229
November	9130	2716	928	101	12875
December	8830	2665	926	102	12523

PROVISION OF CLOTHING AND FOOTWEAR

Clothing and footwear are provided for schoolchildren under Section 5 of the Education (Miscellaneous Provisions) Act, 1948.

For the year ended 31st December, 1952, the figures were as follows :—

	1952.	1951.
No. of children reported by Head Teachers and others as suffering educationally by lack of suitable clothing	363	407
No. of families involved	226	231

Of these 226 families, 11 were found to have incomes above scale and 15 children concerned were supplied with clothing and footwear on promise to refund the cost to the Authority.

<i>Items.</i>	<i>Boys.</i>	<i>Girls.</i>
Boots	226 pairs	—
Shoes	—	138 pairs
Overcoats	14	10
Jackets	60	—
Trousers	74 pairs	—
Dresses, Tunics, Blouses, etc.	—	41
Socks	10 pairs	7 pairs
Underclothing	25 articles	27 articles
	<hr/> 409 <hr/>	<hr/> 223 <hr/>

The gross cost of this provision totalled approximately £990 (£1,115 in 1951); an average expenditure of £2 14s. 6d. per child (£2 14s. 9d. in 1951).

ARRANGEMENTS FOR TREATMENT

The School Health Service under the Education Act provides medical treatment for all schoolchildren in maintained or voluntary aided schools, except in those cases where domiciliary or hospital treatment is required. The Authority works in close co-operation with the family doctor and with the hospital.

The School Clinic is open from 9—6 p.m., Monday and Tuesday; 9—5.30 p.m., Wednesday to Friday; 9—12 noon Saturday, except on Bank Holidays.

In addition to the treatment of minor ailments, the following defects are dealt with at special clinics :—

1. Defective vision and squint.
2. Ear, nose and throat diseases.
3. Orthopædic defects.
4. Skin diseases, including ringworm of the scalp.
5. Emotional, educational and character abnormalities (Child Guidance Clinic).
6. Dental troubles including orthodontic defects.
7. Verminous conditions.
8. Foot defects needing chiropody.
9. Speech defects.

HOSPITAL TREATMENT

There has been no change in the arrangements for the hospital treatment of schoolchildren during 1952.

The following table gives particulars relating to those children seen at hospital, in respect of whom reports have been received by the School Health Department during 1952 :—

	Total No. of cases	No. of out- patients	No. of in- patients
SKIN DISEASES.			
Ringworm of scalp	—	—	—
Ringworm of body	2	2	—
Warts	34	34	—
Other diseases	35	35	—
TOTALS ...	71	71	—
EAR, NOSE AND THROAT DISEASES.			
Tonsils and Adenoids	710	460	406
Ear conditions	41	34	11
Nasal conditions	34	33	1
Other conditions	65	65	—
TOTALS ...	850	592	418
MEDICAL CONDITIONS.			
Asthma	10	10	—
Cardiac Disease	36	36	—
Chest investigations	72	72	—
Epilepsy	5	5	—
Rheumatism	1	—	1
T. B. cases	4	2	2
Other conditions	182	173	11
TOTALS ...	310	298	14

		Total No. of cases.	No. of out- patients.	No. of in- patients.
SURGICAL CONDITIONS.				
Injuries (casualties, etc.)	...	56	50	6
Orthopædic conditions	...	209	209	4
Glands	...	1	1	—
Cysts	...	1	1	—
Herniæ	...	32	23	13
Undescended testicles	...	13	10	5
Septic conditions	...	8	8	—
Other conditions	...	56	30	29
TOTALS	...	376	332	57
EYE CONDITIONS.				
Eye Diseases	...	21	17	4
Refractions...	...	260	260	—
Squints	...	95	89	7
TOTALS	...	376	366	11
TOTALS, 1952	...	1,983	1,659	500
TOTALS, 1951	...	1,106	890	371
TOTALS, 1950	...	847	609	238
TOTALS, 1949	...	1,378	1,096	282
TOTALS, 1948	...	2,576	1,960	616

MINOR AILMENT CLINIC

The following table shows the incidence of complaints seen or treated at the Minor Ailment Clinic in Rougier Street during the year.

Only 2 cases of ringworm of the scalp were seen, and the incidence of scabies, ringworm of the body, and impetigo continue to decline despite the fact that skin diseases in general are more prevalent.

Disease or Defect	1952	1951	1950	1949	1948	1947
Ringworm of the scalp	2	—	2	7	2	10
Ringworm of body ...	15	7	14	23	28	23
Scabies ...	2	4	8	1	29	73
Impetigo ...	29	49	93	79	163	182
Other Skin Diseases	572	636	518	469	520	462
Minor Eye Defects ...	234	210	223	245	274	249
Minor Ear Defects ...	259	343	286	298	233	260
Miscellaneous ...	2147	2117	2102	2169	3332	2510
Totals ...	3260	3366	3246	3291	4581	3769

The miscellaneous group is made up of such conditions as abrasions, septic conditions, injuries, sore throats, contacts of infectious diseases, chills, etc.

In addition to the minor ailment clinic held at the central premises, clinics are held twice weekly in the new schools with medical units as well as in the Special Schools. Doubtful cases or any case needing more frequent dressings are referred to the central clinic for treatment or advice.

DETAILS OF VARIOUS MINOR AILMENT CLINICS

The following table shows the number of children attending minor ailment clinics throughout the City. The central clinic has a doctor in attendance.

	Central Clinic	Open-Air School	Fulford Special	Derwent	Burnholme	St. George's	Carr Infs.	Carr Jnr.	Beckfield	Westfield
Number of sessions held	308	77	72	70	69	69	59	58	61	39
Average attendance per session ...	30.5	14	12.3	16	11.9	18.9	9.9	9	6.7	6.3
Number of children attending Clinic	2575	100	83	215	232	219	127	94	110	66
Number of attendances ...	9408	1082	890	1125	821	1310	584	527	408	247

OPHTHALMIC CLINIC

The Senior Assistant School Medical Officer, who is a recognised ophthalmic medical practitioner, conducts this clinic by arrangement with the Regional Hospital Board.

During the year 1,174 children have attended making 2,373 attendances. A post-mydriatic test is made on each child refracted. 623 children had spectacles ordered for them, 377 only needing a change of lenses. No spectacles were necessary for 100 children. 7 children did not need to continue wearing spectacles, 70 children with squints were referred to the Orthoptic Clinic. When a child has an obvious squint, it is now referred to the hospital for refraction as well as orthoptic treatment. By this means the eye work in the School Clinic has been relieved of a certain amount of pressure.

During 1952, 551 children obtained spectacles ordered through the School Clinic; 83 children seen at school medical inspections needing an ophthalmic investigation, preferred to go to opticians. 39 children examined required a reserve pair of glasses because of the serious nature of their visual defect. These were obtained after reference to hospital. 14 children were referred to Mr. Magnus, the Consultant Ophthalmic Surgeon, for a second opinion.

In York there is close co-operation between ophthalmologist, opticians, the Hospital Management Committee, and the School Eye Service. The prescriptions for glasses for schoolchildren ordered at the hospital are sent to the School Clinic for record purposes, and opticians are willing to send their prescriptions when asked for them. After refraction at the School Clinic, the parents are given a list of all the opticians in York and informed that they can obtain their child's glasses at any one of them. Children who break their glasses (434 during 1952) are sent to the School Clinic for a repair form. Before this form is given, they are tested with their old lenses, and unless their vision is satisfactory, they are referred for refraction again.

This arrangement means much additional work for the sister in charge of the Eye Clinic, who is available most evenings after school to deal with such breakages. In 1952, 355 schoolchildren were refracted at hospital: the remainder at the School Clinic. There are many advantages in keeping the supervision and treatment of visual defects amongst schoolchildren centred at the School Clinic. It would be a further advantage if opticians attended such centres to measure children for their glasses and then later for the School Oculist to distribute the glasses after checking them.

It is our practice to inform the general practitioner whenever a child on his list is sent to hospital for an ophthalmic investigation.

EAR DISEASES

During the year 323 children have attended the Minor Ailment Clinic with ear complaints. 101 of these had discharges from one or both ears; 16 were deaf, 55 had earache, 104 needed syringing for wax, 16 had furunculosis, 14 had catarrhal deafness, and the remainder various complaints. Of the 101 with aural discharges, 40 were successfully treated at the clinic, 14 were

referred to hospital, 19 were transferred to their private doctors, 6 left school, 3 ceased to attend, and the remaining 19 were still receiving treatment at the end of the year. Of the 16 children seeking treatment for deafness, 7 were successfully treated at the clinic, 8 were referred to hospital, and 1 was referred to the private doctor.

In all 2,177 attendances were made by children for ear defects.

CONVALESCENT HOLIDAYS

During 1952, 8 children have been sent to convalescent homes by the Health Committee, under Section 28 of the National Health Service Act.

ORTHOPTIC CLINIC

Miss B. Balfour, who succeeded Mrs. M. Breare as Orthoptist, has kindly furnished me with the following particulars relating to York schoolchildren referred to the Orthoptic Clinic. This clinic is conducted in association with the Ophthalmic Out-Patient Department at the York County Hospital:—

Number of new cases referred in 1952	45
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Total number of attendances	439
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Number of patients seen	119
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Number of patients discharged cured:—

With operation	6
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Partial cure with operation	3
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Without operation	10
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Partial cure without operation	5
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Number of patients discharged cosmetically cured:—

With operation	13
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Without operation	6
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Number of patients refused:—

Test only—No orthoptic treatment required	16
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Unsuitable	12
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<i>Number of patients who ceased to attend</i>	7
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Number of cases carried over to 1953.

31st December:—

On treatment	2
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On occlusion	7
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Under observation	28
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On waiting list for treatment	3
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On waiting list for operation	1
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CHILDREN WITH MULTIPLE DEFECTS

Excluding children who are both deaf and dumb, there are in York 15 schoolchildren with more than one serious defect or deformity.

The combination of defects are as follows :—

- (1) E.S.N. with oxycephaly causing deafness.
- (2) E.S.N. with partial-sightedness.
- (3) E.S.N. with hemiplegia (four cases).
- (4) E.S.N. with congenital spastic paralysis.
- (5) E.S.N. with blindness (two cases).
- (6) Hemiplegia with partial-sightedness.
- (7) Congenital heart disease and paraplegia.
- (8) Epilepsy and left hemiplegia (two cases).
- (9) Hydrocephalus, spina bifida and spastic paralysis of both legs.
- (10) Epilepsy with right-sided hemi-paresis.

2 of these children are accommodated in the class for the partially-sighted, 5 in the Day Special School (E.S.N.), 2 in a residential school (E.S.N.), 1 in an orthopædic hospital school, 2 in the Day Special School (Del.), 1 is at home, and 2 attend ordinary schools.

EXAMINATIONS OF EDUCATIONALLY SUBNORMAL CHILDREN

The intelligence of 78 children has been tested during the year. 17 of these were recommended for admission to the Day Special School for educationally subnormal children, 18 children were tested before leaving the special school (E.S.N.), and 13, including 3 from the Ridings, were notified to the Local Authority as needing supervision after leaving school. 9 children who had never attended any school were notified to the Local Authority under Section 3, para. 57, of the Education Act. 2 children were notified under Section 57(4). 3 were recommended for admission to residential Open Air Schools; 1 was recommended to a residential school for Physically Handicapped children; 1 child was recommended to a residential school for E.S.N. children. 3 of the children tested had to remain at the Special School. The 24 other children tested did not require special educational treatment and were returned to their ordinary schools.

Great assistance has been given by Miss Johns, the educational psychologist, in testing children in schools, in the Child Guidance Clinic and in the Remand Home. Children in whose case a Form 2 H.P. has to be completed for statutory purposes are referred to Miss Johns for completion of Part II of the Form relating to performance tests.

ORTHOPÆDIC CLINICS

Mr. Crockatt, of the Adela Shaw Orthopædic Hospital, Kirbymoorside, held 14 clinics at monthly intervals at Rougier Street during the year.

There were 211 new cases seen and 385 attendances made.

34 children were admitted during the year to the Adela Shaw Hospital for treatment. Reports have been received from the two local hospitals in respect of 209 children seen for orthopædic defects, 4 of whom were admitted for in-patient treatment.

CHIROPODY

Miss F. Long, S.R.N., S.C.M., M.Ch.S., held a weekly clinic for the treatment of chiropodial defects. The number of children treated approximates to that of last year.

<i>Complaint.</i>	1952.	1951.
Verrucaë	164	151
Corns	27	50
Other defects	96	86
Total	287	287
Number of children attending	270	276

EPILEPSY

There are 31 schoolchildren known to be or suspected to be suffering from epilepsy (13 boys and 18 girls). All the children attend York schools and receive treatment from their own doctors and very few fits take place in school.

CEREBRAL PALSY

There are 34 cases of cerebral palsy affecting children between the ages of 2 and 16 years known to the department—13 are boys and 21 are girls.

18 of them attend ordinary schools: 3 attend the Day Special School for delicate children: 1 boy attends the Myope Class: 4 attend the Day Special School for educationally-subnormal children: 1 is at home: 1 is at a hospital school: 1 is at a residential school for physically-handicapped children: 5 have been notified to the Local Authority as ineducable.

POLIOMYELITIS EPIDEMIC

9 cases amongst schoolchildren were reported; 4 had residual paralysis.

MISCELLANEOUS EXAMINATIONS

Number of teachers, etc., examined	100
Number of entrants to Training College	55
Boys examined prior to Boxing Tournaments	49
Children examined for the Child Guidance Clinic	2
Children examined re part-time employment	273
Children examined before going to camp	41
Children examined before being boarded out	12
Number examined before admission to School for Deaf	13
Children examined prior to admission to Residential Schools, etc.	21

Employment of Young Persons. Medical history of 42 children recorded for use of Youth Employment Officer.

BACTERIOLOGICAL INVESTIGATIONS

27 swabs were taken from 24 children during the year; of these 15 showed the presence of hæmolytic streptococci. Scales from 5 children were sent for pathological examination. Only 1 showed animal ringworm.

REMAND HOME

The Ashbank Remand Home, under the control of the Children Committee, has medical services provided by the School Health Department, the Children Committee reimbursing the Education Committee.

Each boy is medically inspected within twenty-four hours of admission and discharge. The Educational Psychologist tests each boy before the magistrates decide on his disposal, and in some cases the psychiatrist attached to the Child Guidance Clinic interviews the boys and submits a report for the guidance of the Court. Of 102 boys admitted during the year, 58 belonged to York. The average length of stay in the Home was 29 days; the longest stay 135 days.

Analysis of crimes committed or reason for detention in Remand Home.

Offence.

Larceny	...	...	...	...	60
Care and protection	...	...	...	...	7
Housebreaking	...	...	...	...	5
Shopbreaking	...	...	...	...	5
Breaking and entering	...	...	...	...	6
Assault	...	...	...	...	3
Running away from home	...	...	...	...	3
Absconding	...	...	...	...	3
Robbery with violence	...	...	...	...	2
Beyond control	...	...	...	...	2
Arson	...	...	...	...	2
Burglary	...	...	...	...	2

I.Q. range of 48 boys tested at the York Child Guidance Clinic who have been to Ashbank during 1952.

<i>I.Q. Ranges.</i>	<i>No.</i>
61-70	5
71-80	3
81-90	6
91-100	17
101-110	11
111-120	6

The good health combined with the good discipline found in the Home are largely due to the efforts of the Warden and his wife, who work unremittingly for the good of their charges.

THE CHILD GUIDANCE CLINIC

Despite threat of closure in the early part of the year for reasons of economy, the Child Guidance Clinic has had another very successful year from the point of view of the work it has accomplished.

In the following table is summarised the work of the year.

FIGURES FOR THE YEAR ENDED 31st DECEMBER, 1952

	YORK			ELSEWHERE			TOTAL 1952	TOTAL 1951
	Boys	Girls	Total	Boys	Girls	Total		
A. CASES INTERVIEWED:								
Brought forward from 1951	47	35	82	1	—	1	83	106
Registered during 1952 ...	175	89	264	20	—	20	284	257
Closed during 1952 ...	147	75	222	19	—	19	241	280
Carried forward on 31.12.52	75	49	124	2	—	2	126	83
On Waiting list 31.12.52	81	50	131	—	—	—	131	119
B. NEW REGISTRATIONS:								
School Medical Officers	18	20	38	—	—	—	38	41
Hospitals and General Practitioners ...	6	5	11	1	—	1	12	7
Chief Education Officers	3	3	6	—	—	—	6	3
Head Teachers ...	125	50	175	—	—	—	175	35
Prob. Officers, etc. ...	13	2	15	19	—	19	34	36
Children's Department	2	3	5	—	—	—	5	5
Parents ...	5	5	10	—	—	—	10	10
Others (including Psychologist) ...	3	1	4	—	—	—	4	120
TOTAL ...	175	89	264	20	—	20	284	257
C. CLOSURES:								
Psychological only ...	107	49	156	13	—	13	169	190
Consultation only ...	2	—	2	3	—	3	5	13
Treatment ...	38	26	64	3	—	3	67	77
TOTAL ...	147	75	222	19	—	19	241	280
D. APPOINTMENTS KEPT:								
Clinic, Schools and Remand Home ...	2192			53			2245	2282
E. VISITS OF ENQUIRY PAID TO HOME AND SCHOOLS:	370			—			370	495

Dr. Turgel, the Psychiatrist, has seen 71 boys and 51 girls during the year for disturbances which she has classified as follows according to the main symptoms.

ANALYSIS OF 122 CASES (71 boys and 51 girls) SEEN BY
PSYCHIATRIST DURING 1952

Classification according to Main Symptom.	C/fwd. from		Admitted		Total.
	1951.		in 1952.		
	Boys.	Girls.	Boys.	Girls.	
1. Delinquency (lying, stealing, sex mis- demeanour)	6	3	16	4	29
2. Truancy (refusal to go to school) ...	1	—	2	2	5
3. Behaviour disorders (out of control, aggressiveness, negativistic) ...	6	10	9	8	33
4. Backwardness and/or general immaturity	3	2	3	3	11
5. Nervous and neurotic manifestations ...	6	5	3	3	17
6. Psychosomatic disorders (functional pains, fainting attacks, etc., asthma, enuresis, soiling, stammer)	8	4	7	3	22
7. Inadequate personalities	1	2	—	2	5
Total ...	31	26	40	25	122

It should be remembered that most of the children seen showed more than one symptom, *e.g.*, bedwetting was often found in combination with behaviour disorders and nervous manifestations.

Of these 122 children, 60 have been discharged and 62 have been carried forward to 1953. Of the 60 discharged:—

STATUS ON CLOSURE.

Children.

Seen only once or twice, and not taken on for treatment	3
Improved	27
Very well adjusted	3
Little or no improvement	4

Discontinued.

(a) Lack of co-operation (either parent or child)	8
(b) Moved to other districts	5
(c) Transfer to Special or Approved Schools ...	6
(d) At work	4

Total ... 60

Besides work with disturbed children the staff of the Clinic have collaborated with the Leeds University Institute of Education in enabling

teachers studying for the Diploma in Primary Education to take an active part in remedial work with backward readers.

Dr. Turgel, the Psychiatrist, read a paper on the Psychopathology of Delinquency to the Leeds Regional Psychiatric Association.

SPEECH THERAPY CLINIC

Miss B. Z. Black, A.T.S.D., has been in charge of this clinic throughout the year.

The following figures summarise her work :—

No. of children referred to clinic	...	...	...	72
by Assistant School Medical Officers	...	22		
by Teachers	...	...	48	
by Infant Welfare Dept.	...	...	2	
No. of children under treatment at end of year	...	...	58	
No. of children on waiting list at end of year	...	...	66	
No. of appointments kept each week	...	...	73	
No. of children treated	...	...	114	

The results of treatment are shown in the following table :—

		<i>Treated.</i>	<i>Still attending.</i>	<i>Dis-charged cured.</i>	<i>Dis-charged other reasons.</i>
Stammerers	...	42	25	7	10
Dyslalics	...	62	25	26	11
Cleft Palates	...	7	6	1	—
Undeveloped Speech		3	2	—	1
Total	...	114	58	34	22

The other reasons for discharge besides cure were (1) left school, (2) left York, (3) non co-operation by both parents and children.

During the long summer vacation children who are keen to obtain normal speech have been encouraged to attend daily if possible.

2 children with very bad speech due to cleft palates have received daily treatment throughout the year.

Only the more severe types of dyslalia are treated once or twice a week; the vast majority make progress with a monthly visit and home exercises to be done under the supervision of their mothers.

2 cases of undeveloped speech have shown remarkable progress and are now able to speak.

The collaboration of the Chief Dental Officer has been sought in the treatment of 3 cases of dyslalia marked by interdentalism. Dental plates have been made to break down the infantile sucking reflex, which is a contributory factor in this type of dyslalia.

Morning sessions are now held in one of the larger primary schools where at least ten children require treatment. By this means it is hoped to be able to treat more children.

FAMILY SERVICE UNIT

This unit has continued to do good work amongst the problem families of the City. The truly preventive nature of its activities is seen in the preservation of family units in danger of disintegration and the re-education of their members into acceptable citizens.

The number of families supervised during the year was 30, involving 113 children, of whom 73 attended school.

Help and advice have been given to mothers on matters affecting health food, accommodation and many other aspects of family life and practical assistance has been afforded to enable them to look after the general well-being of their husbands and children.

A Summer camp was organised for the children who, besides enjoying the holiday, benefited from the change in feeding and sleeping habits.

I am indebted to Mr. Edwin Clarke, the Field Case Work Organiser, for these notes.

BOXING TOURNAMENTS

Boxing tournaments are held amongst the boys of the senior schools, and also between youth clubs. Inter-city competitions in these two groups are also staged. School Medical Officers examine each boy before he enters the ring and provide first-aid treatment to any casualties.

DEATHS AMONG SCHOOL CHILDREN

There were 6 deaths among schoolchildren during 1952. The causes were as follows:—

- Nephritis.
- Bronchitis.
- Motor Vehicle Accident.
- Peritonitis—Appendix abscess.
- Non-Pulmonary Tuberculosis.
- Shock due to extensive burns.

SUMMARY OF WORK DONE, 1952

Periodic Medical Inspections:

Primary and Secondary Modern School Children	...	4,289	
		—	4,289

Other Periodic Inspections:

Primary and Secondary Modern School Children	...	1,450	
Grammar School Children	... ..	999	
		—	2,449

Other Inspections:

Special Inspections	...	...	...	...	...	5,704	
Re-Inspections	...	...	...	...	...	3,585	
							9,289
					Total	...	16,027

Periodic Dental Inspections	...	...	...	...	5,767
Special Dental Inspections	...	...	...	...	1,525
Number of children treated by School Dental Surgeons	...	...	...	...	3,505

Number of Attendances at Clinics:

Minor Ailments (at Rougier Street)	...	...	...	7,231
Open Air School Clinic	...	...	...	1,082
Fulford Road Special School Clinic	...	...	...	890
Derwent Clinic	...	...	...	1,125
Burnholme School Clinic	...	...	...	821
St. George's School Clinic	...	...	...	1,310
Carr Infants' School Clinic	...	...	...	584
Carr Junior School Clinic	...	...	...	527
Beckfield School Clinic	...	...	...	408
Westfield School Clinic	...	...	...	247
Eye Clinic	...	...	...	2,373
Ear Clinic	...	...	...	2,177
Ringworm Contacts	...	...	...	46
Orthopædic Clinic	...	...	...	385
Orthodontic Clinic	...	...	...	480
Dental Clinic	...	...	...	6,881
Chiropody Clinic	...	...	...	940
Examination of backward children	...	...	...	78
				<hr/> 27,585
				<hr/>
	Total	...	...	27,585

Number of Inspections by School Nursing Sisters for uncleanliness	35,802
Number of home visits made by School Nursing Sisters	512
Number of visits to schools by School Nursing Sisters	1,304
Number of "follow-up" cases	2,679

COST OF SCHOOL HEALTH SERVICE

	£
Gross Cost of School Health Service	16,555
Government Grant	9,933
Net Cost of School Health Service to Rates	6,622
Amount produced by 1d. Rate	2,958
Net Cost to Rates in terms of a penny rate	2.24d.

REPORT ON THE SCHOOL DENTAL SERVICE

I am indebted to Mr. Graham Turner, Senior Dental Officer, for the following report:—

Whilst the staffing problem of the School Dental Clinic was not solved during the year a large volume of work was completed. One application for the post of assistant dental officer was received, but the Education Committee decided not to appoint at that stage. Later in the year the Committee agreed to the original establishment of three, and advertised the post. No suitable applications were received.

The dental service was inspected in July by Dr. Wynne, of the Ministry of Education. In her report following this inspection the Minister urged the Authority to take immediate steps to secure additional dental officers; she considered that a minimum of four full-time dental officers was essential. Various other suggestions were made including the provision of a medical anaesthetist, a spot welding machine for the fabrication of orthodontic appliances and also improvements to the lighting and ventilation of the surgeries.

Negotiations were carried on during the year between representatives of the Local Dental Committee and representatives of the Education Committee with the aim of integrating more closely the Authority's and the National Health Dental Services, in order to cover more completely the children's needs. A scheme was drawn up to bridge the gaps left by the Authority's scheme owing to shortage of staff. Parents were reminded on the notification following dental inspection that they had the option of taking their children to the School Dentist or their private dentist for treatment. The Local Dental Committee agreed to make regular returns by private dentists to the Education Authority of children treated. It is too early at present to comment on the working of this scheme.

A larger volume of work was completed than in the previous year, due partly to internal re-organisation and partly to the fact that fewer casual patients required urgent treatment. It was found impossible to complete the inspection of all the schools, and unless more dental officers are appointed it will continue to be impossible to inspect and treat each child yearly. A yearly inspection is inadequate for the majority of children.

The percentage of inspected children needing treatment was 71% as compared with 78% in the previous year. The acceptance rate following inspection was 62.7%.

The ratio of permanent teeth conserved to permanent teeth extracted improved from 3 to 2 in 1951 to almost 2 to 1, which is a satisfactory trend. The work of the orthodontic clinic increased and 120 plates and appliances were fitted. 25 dentures were fitted during the year mostly in children who had broken anterior teeth—gold inlays were also made. Some assistance was given to the Speech Therapist by the provision of appliances to children suffering from cleft palates and various undesirable oral habits. During the year the X-ray unit proved of great help in rapid diagnosis.

It is satisfactory that more dental surgeons are entering the School Dental Service since the Whitley Council Award. Every effort should continue to be made to obtain recruits to our own service until we are in a position to inspect and, if necessary, treat each school child every six months. With an inadequate staff the problem of dental disease grows like a snowball, and must inevitably affect the general health of the school child.

SCHOOL HEALTH SERVICE STAFF AND SCHOOL CLINICS

RETURN MADE TO MINISTRY OF EDUCATION FOR
YEAR ENDED 31ST DECEMBER, 1952

I. STAFF OF THE SCHOOL HEALTH SERVICE (excluding Child Guidance).

School Medical Officer: DR. CATHERINE B. CRANE.

Chief Dental Officer: GRAHAM TURNER.

	Number	Aggregate staff in the service of the L.E.A. in terms of the equivalent number of whole-time officers. (Please express in decimals)
(a) Medical Officers (including the School Medical Officer)		
(i) whole-time School Health Service	3	3
(ii) whole-time School Health and Local Health Service ...	1	0.10
(iii) general practitioners working part-time in the School Health Service ...	—	—
(b) Dental Officers (including the Chief Dental Officer)	2	1.73
(c) Physiotherapists, Speech Therapists, etc. (specify)		
Speech Therapist	1	1
(d) School Nurses	6	6
No. of the above who hold a Health Visitor's Certificate	1	—
(e) Nursing Assistants	2	2
(f) Dental Attendants	2	2

II. NUMBER OF SCHOOL CLINICS 1

A certain amount of minor ailment treatment is carried out in the Medical Inspection Rooms at 9 schools.

III TYPE OF EXAMINATION AND/OR TREATMENT PROVIDED.

Examination and/or treatment (1)	Number of School Clinics (i.e. premises) where such treatment is provided	
	directly by the Authority (2)	under arrangements made with Regional Hospital Boards or Boards of Governors of Teaching Hospitals (3)
(a) Minor ailment and other non-specialist examination or treatment	10	—
(b) Dental	1	—
(c) Ophthalmic	—	1
(d) Ear, Nose and Throat	—	—
(e) Orthopædic	1	—
(f) Pædiatric	—	—
(g) Speech Therapy	1	—
(h) Others (Specify) :—		
Chiropody... ..	1	—
Remedial exercises carried out by Organisers of Physical Education	2	—

IV. CHILD GUIDANCE CENTRES.

(i) Number of Child Guidance Centres provided by the Authority : 1

	Number	Aggregate in terms of the equivalent number of whole-time officers (Please express in decimals)
Psychiatrists	1	0.55
Educational Psychologists	1	1
Psychiatric Social Workers	Post vacant 31/12/52	Full-time Psychiatric Social worker appointed to take duty as from 1/1/53
Pædiatricians, Play Therapists, Social workers, Clerks, etc. (Specify)		
Clerical Assistant	1	1

The Psychiatrist is employed by arrangements with the Regional Hospital Board.

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES.

Year 1952

	(1) Blind (2) Par- tially sighted		(3) Deaf (4) Par- tially Deaf		(5) Delicate (6) Physi- cally Handi- capped		(7) Educa- tionally sub- normal (8) Mal- adjusted		(9) Epi- leptic	TOTAL (1) — (9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the calendar year ended 31st Dec., 1952										
A. Handicapped Pupils <i>newly</i> <i>placed</i> in Special Schools or Board- ing Homes ...	—	—	1	—	39	7	15	—	1	63
B. Handicapped Pupils <i>newly</i> <i>ascertained</i> as requiring educa- tion at Special Schools or boarding in Homes	—	—	—	—	37	7	17	—	1	62
C. Number of Handi- capped Pupils from the area—										
(i) attending Special Schools as—										
(a) Day Pupils ...	—	7	—	—	82	14	87	—	—	187
(b) Boarding Pupils	4	—	14	—	—	3	3	2	—	26
(ii) attending independent schools under arrangements made by the Authority ...	1	—	—	—	—	—	—	1	—	2
(iii) Boarded in Homes and not already included under (i) or (ii)	—	—	—	—	—	—	—	—	—	—
TOTAL (C) ...	5	7	14	—	82	14	90	3	—	215

	(1) Blind (2) Par- tially sighted		(3) Deaf (4) Par- tially Deaf		(5) Deli- cate (6) Physi- cally Handi- capped		(7) Educa- tionally sub- normal (8) Mal- adjusted		(9) Epi- leptic	TOTAL (1)–(9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944—										
(i) in hospitals	—	—	—	—	—	—	—	—	—	—
(ii) elsewhere ...	—	—	—	—	—	1	—	—	—	1
E. Number of Handicapped Pupils from the area requiring places in special schools (including any such unplaced children who are temporarily receiving home tuition) ...	—	—	—	—	—	1	1	—	—	2

Amount spent on arrangements under Section 56 of the Education Act, 1944, for the education of handicapped pupils otherwise than at school in the financial year ended 31st March, 1952 £322 5s 6d.

Number of children reported during the year:—

(a) under Section 57(3) (excluding any returned under (b))	9
(b) „ „ „ relying on Section 57(4)	2
(c) „ „ 57(5)	11
of the Education Act, 1944	

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1952.

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (including Special Schools).

(This return refers to a complete calendar year)

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups:—

Entrants	...	...	...	...	...	...	1770
Second Age Group	...	...	...	...	...	...	1357
Third Age Group	...	...	...	...	...	...	1162
Total							4289
Number of other Periodic Inspections							2449
Grand Total							6738

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	...	5704
Number of Re-Inspections	...	...	...	...	...	3585
Total						9289

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group.	For defective vision (excluding squint).	For any of the other conditions recorded in Table IIA.	Total Individual Pupils.
(1)	(2)	(3)	(4)
Entrants ...	48	312	346
Second Age Group ...	50	214	257
Third Age Group ...	70	255	309
Total (prescribed groups) ...	168	781	912
Other Periodic Inspections ...	130	514	622
Grand Total ...	298	1295	1534

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1952.

Defect Code No.	Defect or Disease.	Periodic Inspections		Special Inspections	
		No. of Defects		No. of Defects	
		Requiring treatment.	Requiring to be kept under observation but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.
	(1)	(2)	(3)	(4)	(5)
4	Skin	371	208	389	18
5	Eyes—				
	a. Vision	298	535	641	138
	b. Squint	61	71	44	18
	c. Other	47	33	122	6
6	Ears—				
	a. Hearing... ..	35	26	15	11
	b. Otitis Media	24	74	102	4
	c. Other	120	72	164	10
7	Nose or Throat	222	690	218	160
8	Speech	40	59	26	20
9	Cervical Glands	12	320	26	71
10	Heart and Circulation	21	156	6	38
11	Lungs	64	320	48	71
12	Developmental—				
	a. Hernia	7	54	3	20
	b. Other	46	349	18	41
13	Orthopædic—				
	a. Posture	89	299	30	40
	b. Flat Foot	169	172	148	44
	c. Other	113	398	168	123
14	Nervous System—				
	a. Epilepsy	8	14	2	—
	b. Other	—	17	1	1
15	Psychological—				
	a. Development	1	98	3	10
	b. Stability	16	554	11	63
16	Other	49	218	793	40

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS.

Age Groups.	Number of Pupils Inspected.	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	1770	820	46.3	888	50.2	62	3.5
Second Age Group	1357	594	43.8	726	53.5	37	2.7
Third Age Group	1162	508	43.7	619	53.3	35	3.0
Other Periodic Inspections	2449	1219	49.7	1175	48.0	55	2.2
Total	6738	3141	46.6	3408	50.6	189	2.8

TABLE III.

INFESTATION WITH VERMIN.

(i) Total number of examinations in the schools by the school nurses or other authorized persons	...	...	...	...	...	35,802
(ii) Total number of individual pupils found to be infested	...	...	...	...	...	409
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	...	...	...	...	...	—
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	...	...	...	...	...	—

TABLE IV.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)
GROUP 1—DISEASES OF THE SKIN (excluding uncleanliness, for which see Table III).

	Number of cases treated or under treatment during the year	
	by the Authority	otherwise
Ringworm—(i) Scalp	2	1
(ii) Body	18	2
Scabies	2	2
Impetigo	37	15
Other skin diseases	1321	94
Total	1380	114

GROUP 2—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases dealt with	
	by the Authority	otherwise
External and other, excluding errors of refraction and squint	403	73
Errors of refraction (including squint)	—	1309
Total	403	1382
Number of pupils for whom spectacles were:—		
(a) prescribed	—	853
(b) obtained	—	781

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

	Number of cases treated	
	by the Authority	otherwise
Received operative treatment		
(a) for diseases of the ear	—	11
(b) for adenoids and chronic tonsillitis ...	—	406
(c) for other nose and throat conditions ...	—	1
Received other forms of treatment	596	1116
Total	596	1534

GROUP 4—ORTHOPÆDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals	38	
	by the Authority	otherwise
(b) Number treated otherwise, e.g. in clinics or out-patient departments	542	209

GROUP 5—CHILD GUIDANCE TREATMENT.

	Number of cases treated	
	In the Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics	147	—

GROUP 6—SPEECH THERAPY.

	Number of cases treated	
	by the Authority	otherwise
Number of pupils treated by Speech Therapist	114	—

GROUP 7—OTHER TREATMENT GIVEN.

		Number of cases treated	
		by the Authority	otherwise
(a)	Miscellaneous minor ailments ...	3421	81
(b)	Other than (a) above (specify)		
1.	Chiropody ...	270	—
2.	Medical Conditions ...	—	2220
3.	Surgical Conditions ...	—	170
4.	U.V.L. Treatment ...	83	—
5.	Orthodontic ...	104	—
Total		3878	2471

TABLE V.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

1.	Number of pupils inspected by the Authority's Dental Officers:—							
	(a)	Periodic	...	...	...	...	...	5,767
	(b)	Specials	...	...	...	...	...	1,525
							Total (1)	7,292
2.	Number found to require treatment ...							5,213
3.	Number referred for treatment ...							5,213
4.	Number actually treated ...							3,505
5.	Attendances made by pupils for treatment ...							6,881
6.	Half-days devoted to:—							
	Inspection	...	...	...	...	...	...	18
	Treatment	...	...	...	...	...	...	616
							Total (6)	634
7.	Fillings:—							
	Permanent Teeth	...	...	...	...	...	...	2,930
	Temporary Teeth	...	...	...	...	...	...	106
							Total (7)	3,036
8.	Number of Teeth filled:—							
	Permanent Teeth	...	...	...	...	...	...	2,634
	Temporary Teeth	...	...	...	...	...	...	99
							Total (8)	2,733
9.	Extractions:—							
	Permanent Teeth	...	...	...	...	...	...	1,456
	Temporary Teeth	...	...	...	...	...	...	6,773
							Total (9)	8,229
10.	Administration of general anæsthetics for extraction ...							2,864
11.	Other operations:—							
	Permanent Teeth	...	...	...	...	...	...	999
	Temporary Teeth	...	...	...	...	...	...	38
							Total (11)	1,037