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City of York Education Committee

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# ANNUAL REPORT

OF THE

PRINCIPAL

SCHOOL MEDICAL OFFICER

For the Year Ended 31st December, 1956

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Alderman G. T. ROGERS,  
Chairman

H. OLDMAN,  
Chief Education Officer

School Clinic,  
Rougier Street,  
York





City of York Education Committee

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Mr. Chairman, Ladies and Gentlemen,

This is the Golden Jubilee year of the foundation of the School Medical Service in York. The report opens, therefore, with a review of conditions as they existed fifty years ago, kindly contributed by Dr. Margaret Barnet.

The improved health of the school child is demonstrated by the dramatic fall in the mortality rate, and in better school attendance records. The average heights and weights of school children have also increased and are commonly cited as evidence of improved health, but this is not necessarily the case.

Many factors have contributed to the improvement in the health of our City's school children over fifty years. Environmental conditions have undoubtedly played a major part. The housing policy of Local Authorities giving better home conditions and consequent impetus to better care of the children by the parents—improved school buildings, furnishings and recreational facilities—the development of welfare schemes such as school meals, school milk, clothing and footwear schemes, school camps, convalescent holidays, the control of conditions of employment of school children, the steady improvement of facilities for treatment culminating in the National Health Service Act of 1946 have all played their part.

Measures aimed at specific illnesses rather than general hygienic measures, have met with most marked success. With the exception of vaccination against smallpox, these have all developed during the last twenty-five years. Diphtheria has been almost eradicated (there has been no case in York since 1949), the incidence and severity of whooping cough since the introduction of immunisation are on the wane, B.C.G. vaccination of school leavers against tuberculosis has become an established procedure, and the campaign for vaccination against poliomyelitis has been well received in this country. The response in York has been particularly good.

The major causes of illness (apart from the common cold) among school children today would appear to be measles, German measles, mumps, dysentery and the "tonsillitis-scarlet-fever" group. The last two are cited together because they are frequently manifestations of the same infection. Against all these common infections of childhood we have no specific weapons, and are unable to limit their spread by general hygienic precautions. Measles will often infect 80%-90% of an infant class, and it has been found impossible to control the spread of Sonné Dysentery in a modern infant school designed and built during the post-war years. These infections sweep through the infant classes, and the ease with which the average child combats them is a tribute to the high standard of care given by parents and consequent good health developed during the pre-school years.

Considerable importance is attached today to the health needs of the senior age groups, to protect them against certain illnesses which may develop in adult life. Tuberculosis and cancer of the lung are adult hazards which

may perhaps be combatted by adequate health education at school. The scheme for B.C.G. vaccination of school leavers is established, and the acceptance rate is rising. The first fifty years of the school health service has seen dramatic improvements in the health of the school child. The second fifty years will probably see the eradication of adult tuberculosis, in which B.C.G. vaccination of school leavers will have played an important part. Will it also see the eradication of deaths from cancer of the lung? The association between cigarette smoking and lung cancer has been established. The example of adults either by giving up, or cutting down smoking may prevent today's school children from becoming inveterate smokers in the future, and possibly from becoming victims of cancer of the lung in later life. Is it worth it?

The work of the School Medical Department could not have been maintained without the continued interest and help of the Chairman, Members of the Education Committee, the Chief Education Officer, and many others. To them all, and to Dr. F. B. Shevlin, Senior Assistant School Medical Officer, who has drafted the major part of this report, I tender my sincere thanks.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

C. B. CRANE,

*Principal School Medical Officer.*



# THE EDUCATION COMMITTEE

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*Deputy Education Officer :*

J. Threlfall, B.A.

**ANNUAL REPORT**  
of the  
**PRINCIPAL SCHOOL MEDICAL OFFICER**  
for the  
YEAR ENDED 31st DECEMBER, 1956.

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**STAFF OF THE SCHOOL HEALTH SERVICE**  
**DURING 1956**

---

*Medical Officer of Health and Principal 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.

*School Medical Officers:*

J. S. Robertson, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H., D.I.H.

Miss M. C. Barnet, M.B., Ch.B.

Mrs. M. C. Robertson, M.B., Ch.B. (temporary—left 21.7.56).

*Ophthalmic Consultant:*

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

*Orthopædic Consultant:*

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

*Principal School Dental Officer:*

G. Turner, L.D.S.

*School Dental Officers:*

J. K. Thornham, L.D.S. (resigned 10.7.56).

D. E. C. Weldon, B.D.S. (commenced 8.10.56—resigned 22.12.56).

*Anæsthetist to School Dental Officer:*

Miss J. Yuill, M.D. (London), M.R.C.P. (Eng.) (part-time from 14.9.56).

*Superintendent Nursing Officer:*

Miss M. Preston, S.R.N., S.C.M., H.V. Certificate.

*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., S.C.M., H.V. Certificate.

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

Mrs. J. M. Boaden, S.R.N. (temporary—commenced 1.11.56).

*School Nursing Sister in charge of Orthopædics:*

Miss B. M. Hall, S.R.N., S.C.M. (Orthopædic Certificate) (retired 31.10.56).

*School Nurse/Health Visitors:*

Miss G. I. Callon, S.R.N., S.C.M., H.V. Certificate.

Miss M. C. Kelly, S.R.N., S.C.M., H.V. Certificate.

*Dental Surgery Assistants:—*

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

Miss B. A. Tomlinson.

Miss H. R. Sawkill (resigned 1.5.56).

*Speech Therapist:*

Miss M. Dodson, L.C.S.T.

*Organisers of Physical Education:*

Miss O. M. Smith.

Mr. G. Rees.

*Lip Reading Tutor:*

Mrs. M. Adams (commenced 2.7.56).

*Chief Clerk:*

Miss D. J. Blaker.

*General Clerks:*

Miss M. Sowray.

Miss H. F. Milburn.

Miss C. M. Lonsdale.

Miss M. H. West (resigned 15.12.56).

Mrs. E. E. Hedinburgh (commenced 17.12.56).

*Clerical Assistants to School Medical Officers:*

Miss S. S. D. Starr.

Mrs. E. E. Hedinburgh (resigned 15.12.56).

Miss R. Waight (commenced 17.12.56).

---

STAFF OF CHILD GUIDANCE CLINIC.

*Psychiatrist:*

Dr. Irene Turgel, M.D. (resigned 15.10.56).

*Educational Psychologist:*

Miss E. M. Johns, M.A., Dip. Ed., A.R.C.M.

*Psychiatric Social Worker:*

Miss M. Monkley, M.A., Dip. Social Studies, Certificate of Psychiatric Social Work (Edinburgh).

*Secretary:*

Miss D. M. Snowball.

## GOLDEN JUBILEE

I am indebted to Dr. M. C. Barnet for the following review of 50 years' work of the service :—

This is an important date in the history and development of the School Health Service in York. 1956 is the Golden Jubilee of its foundation.

### INTRODUCTION

By the end of last century the Industrial Revolution had caused a great increase in the population of this country, particularly in the large cities. To accommodate them vast numbers of houses were built, many of sub-standard quality, and others unsuitable to a degree which is unbelievable today.

The Education Act of 1870 gave powers to the School Boards to make Bye-laws requiring the attendance at school of all children aged 5-10 years, and possibly to 13 years. The Act of 1880 made attendance compulsory. As a result of this, great numbers of children were coming to school for the first time, particularly from these slum areas.

Overcrowding, bad housing with lack of light and fresh air, bad sanitation and inadequate diet were doing their damage. Teachers, Attendance Officers and others realised only too well the terrible conditions under which so many children lived, and the handicaps under which they laboured. With the help of various charitable organisations and voluntary workers, attempts were made to help these children. Most important, these problems began to arouse the interest and attention of authorities. It was realised that many of the children were handicapped by disease, neglect and various difficulties so that they were not able to take advantage of the opportunities provided by schooling.

The South African War brought matters to a head. People were dismayed to learn that great numbers of would-be recruits had to be rejected by the Army because of defects which would not have existed had they received proper medical attention in their early years.

On 1st January, 1908, it became compulsory for Local Education Authorities to carry out medical inspections of school children. Certain Authorities, including York, had begun school medical schemes before this date, and only needed to legalise and expand the scheme already started.

### THE START OF THE SCHOOL HEALTH SERVICE IN YORK

In September, 1906, Dr. Lewis Williams was appointed as a "Pupil Assistant" working on a voluntary basis, to assist the Medical Officer of Health, Dr. Edmund Smith, in investigating the health of York school children as a preliminary to starting a School Health Service.

## “THE PUPIL ASSISTANT”

It was decided that although this doctor was fully qualified he should work for nothing in order to gain experience and insight into the work of the Corporation.

Fears were expressed that within a few months he would want a salary. The first report on the medical supervision of school children which Dr. Lewis Williams and Dr. Edmund Smith, the Medical Officer of Health, made to the committee was contained in the Annual Report of the Medical Officer of Health for the year 1906, which was published in 1907. In this report the following recommendations were made :—

“Children, mentally defective or epileptic, should be taught—handiwork chiefly, not brainwork—in separate schools or classes. If these would not be possible in every school, we venture to suggest that there should be a separate class for such children in each of four or five of the larger schools—say at Scarcroft or St. Clement’s, St. Paul’s Foundry, Park Grove and Fishergate—where such children would be supervised by teachers specially chosen for the purpose. These classes, if possible, should not form part of the ordinary school, and the children in them should have separate playtimes, etc., because there is no doubt that these unfortunate children are consciously or unconsciously, and even disastrously, imitated by the other children. It is far from wise for healthy and feeble-minded children to be mingled together in the same class or school.”

Between September, 1906, and January, 1908, 2,460 cases of infectious or contagious disease occurred in the schools, and Dr. Lewis Williams discovered at least 715 children who were in some way physically or educationally defective, and advised the parents how to obtain proper medical treatment for them.

370 parents were notified that their children had defective vision or defective teeth and were asked to secure treatment for them. Subsequent enquiry showed that 91 children had received treatment, 227 children had received no treatment, 52 children had left school.

At that time, apart from general practitioners, the only centres for treatment of defective vision and ear, nose and throat defects were the York Dispensary and the York County Hospital. Free treatment could be obtained on presenting a note of recommendation from a subscriber.

As a large percentage of parents were unable to pay for the necessary treatment, it was felt that special arrangements with existing charities would have to be made.

Regulations were drawn up and confirmed by the City Council on 1st October, 1906, “designed to give the maximum amount of help to teachers whilst endeavouring to secure sufficient periods of exclusion from school of children affected with infectious or contagious disease.” Three years were to elapse before an official memorandum on the subject was issued by the Ministry.

The Education (Administrative Provisions) Act, 1907, defined the powers and duties of a Local Education Authority "to provide for the medical inspection of children immediately before or at the time of entry to a public elementary school and on such other occasions as the Board of Education directs . . . for attending to the health and physical condition of the children educated in Public Elementary Schools". Dr. Lewis Williams left York in April, 1908, to take up a similar appointment in Bradford.

### THE SCHOOL MEDICAL INSPECTOR

When the Education Committee discussed the possibility of appointing a School Medical Officer it was suggested that they should follow the example of Bradford, who employed an experienced doctor at £300 per annum. After long discussions it was decided to appoint a Medical Officer at £200 per annum, in spite of alternate suggestions as to whether two young doctors receiving £100 per annum each would not give better value!

Another suggestion was to use a local private practitioner who might be willing to do the work for philanthropic motives!

On 1st June, 1908, the City Council adopted the following resolutions:—

1. That a whole-time Assistant Medical School Inspector be appointed at a salary of £200 per annum.
2. That two nurses be appointed at salaries of £75 per annum in addition to one now engaged by the Health Committee. These three nurses, one to each district, to act as combined Health Visitors and School Nurses.

There was considerable opposition in the City to the setting-up of a School Medical Service, mainly due to a lack of understanding of the nature of the work to be carried out. Two articles published by a Councillor in the "Herald" newspaper in August, 1908, explained very fully the purpose of school medical work, and helped to allay the fears of parents.

Here is an extract from one of the articles:—

*"Herald", August, 1908.*

There need be no fear of indelicacy. No children will need to be stripped of their clothing. A glance at the arms and neck, at the most the upper part of the chest, will be sufficient."

Dr. Ernest S. Galbraith was appointed Assistant School Medical Inspector and with Nurses Boston, Elmhurst and Simpson commenced duties in September, 1908.

A conference of head teachers, to which school managers were invited, was held in January, 1909, to discuss the nature and value of the work of the school medical department. The Chairman of the Education Committee presided and the Medical Officer of Health introduced the subject and took part in the discussion.

## SCHOOL MEDICAL REPORT, 1908

At first Dr. Galbraith focussed attention on the medical inspection and estimation of the problem of the ailing or handicapped child :—

“The vast majority of children examined have decayed teeth, hundreds are striving to learn reading and writing with poor eyesight. Many are deaf and hear little of what their teachers are saying. Large numbers are suffering from diseases which are curable. Many have been found with mental defects which make them quite unfit for ordinary schools.”

Having discovered this state of affairs, the difficulty was to know what to do with those children who required treatment. The following alternatives were available :—

1. Private Doctor—if they could afford his services.
2. Hospital—after obtaining a “Note” from a subscriber entitling free treatment.
3. Poor Law Public Assistance Dispensary—which conferred a stigma of poverty and was therefore unpopular.

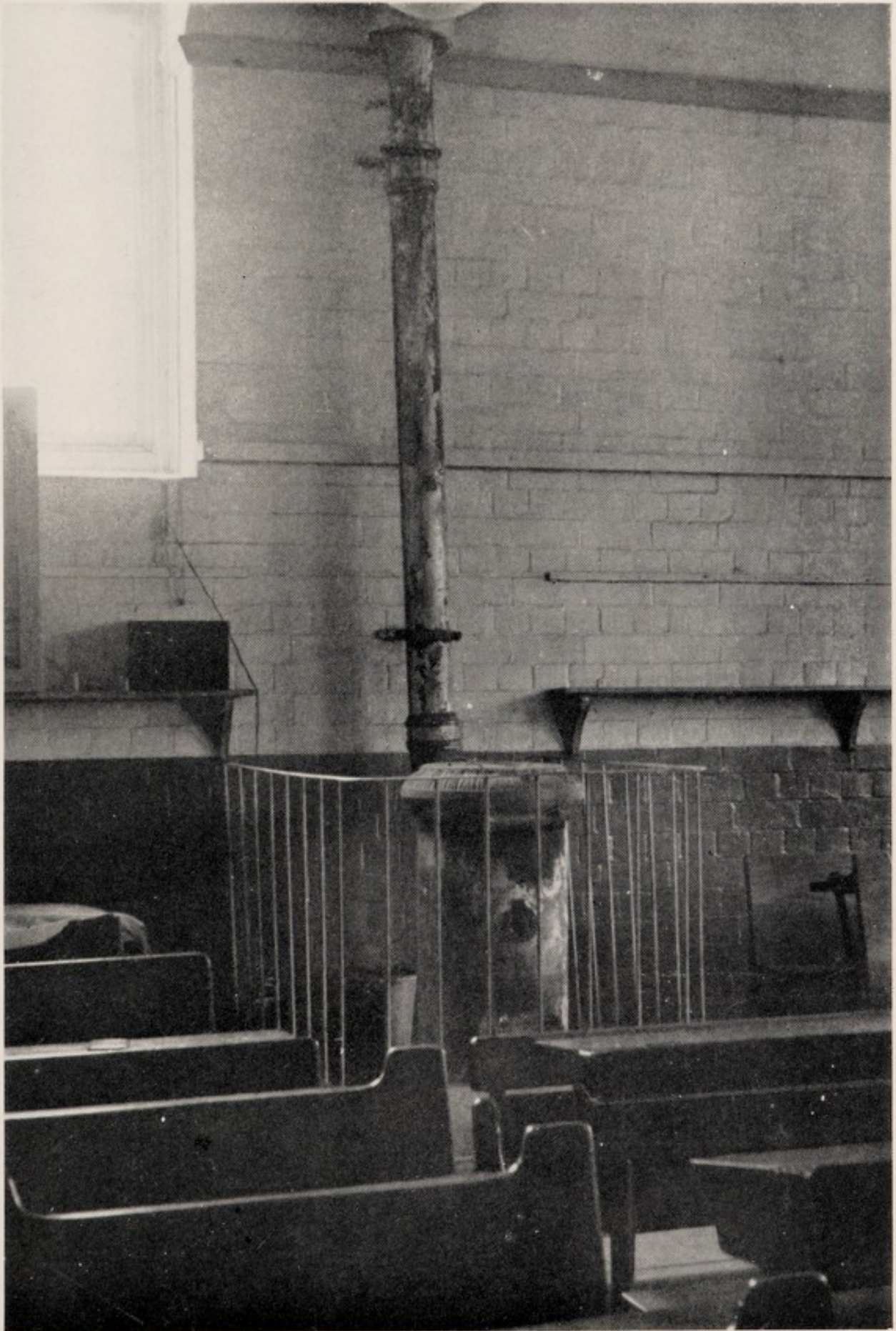
As a result, it was discovered that often nothing was being done, although the parents had been advised to obtain the necessary treatment. It was decided, therefore, to open a *school clinic* to treat the less serious conditions.

Of 1,926 children examined in 1908 as a result of the arrangements made under the Act, 22% were found to be badly nourished, 80% to 90% had one or two bad teeth, 18.8% over four decayed teeth, 90.3% showed signs of successful vaccination; 91% of parents completed the questionnaire in connection with the school medical inspection, but only 20.6% actually attended although invited to do so; 2.5% had ragged, dirty or insufficient clothing, 5.5% had bad footwear, 67.4% of the girls had nits or lice in their hair, 19.8% had bad vision even though a lower standard of eyesight was taken as sufficient in those days, 0.8% were blind in one eye, 2.1% had impetigo, over 1% had discharging ears, 1.4% had rickets, 1.55% were anæmic and debilitated.

The average heights and weights of those examined are compared in the following table with children of the same age inspected in 1956 :—

Age	BOYS				GIRLS			
	Height		Weight		Height		Weight	
	1908 ft. ins.	1956 ft. ins.	1908 st. lbs.	1956 st. lbs.	1908 ft. ins.	1956 ft. ins.	1908 st. lbs.	1956 st. lbs.
5	3 1.6	3 6.93	2 10.4	3 0.67	3 3.4	3 6.75	2 8.96	2 13.67
14	4 11.5	5 2.62	6 5.1	7 10.65	4 11.87	5 1.76	6 2.7	7 11.51

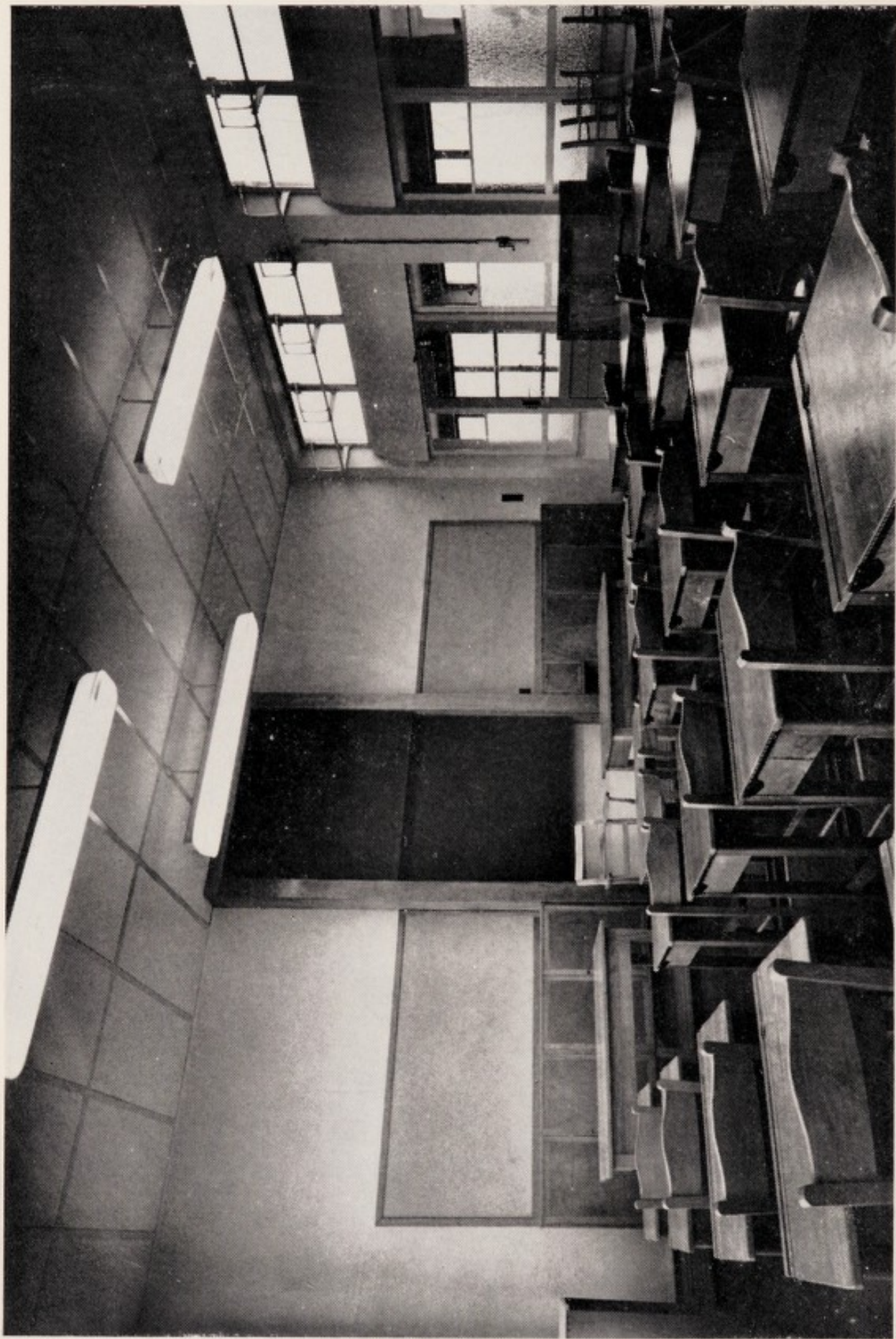
CLASSROOM



The Old



CLASSROOM



The New

## CONDITIONS EXISTING IN THE SCHOOLS

From the beginning, Dr. Galbraith had a wide concept of the duties of a School Medical Officer. He submitted highly critical surveys of conditions existing in many of the schools, together with suggestions for their improvement. Some of his ideas have taken a long time to materialise, but there is no doubt that he was a pioneer and far-sighted man to whom a great debt of gratitude is owed.

A few examples taken from his Reports of 1908 and 1909 give an idea of the changes which have taken place in 50 years.

### *School No. 1.*

"Fairly good buildings, but the site is cramped and hemmed in by dwelling houses and the City Walls. Internal walls are of rough brick and are very dirty. The desks are old and four-seated. The lighting is defective, coming from behind the pupils."

### *School No. 2.*

"Ventilators are blocked with rubbish; floors are uneven."

### *School No. 3.*

"The only cloakroom is a narrow staircase and passage."

### *School No. 4.*

"It is impossible for 200-300 children to wash in two or three handbasins in the few minutes at their disposal. There is only one W.C. for every 100 girls and infants. The drinking mugs are chipped."

### *School No. 5.*

"Is not kept clean. The playground is dangerously small. Galleries, some very steep, still prevail in certain rooms. In No. 3 classroom there are ancient backless fixed benches without desks."

## SUGGESTIONS FOR IMPROVEMENT OF CONDITIONS IN SCHOOLS

### *Cloakrooms.*

"Unless the pegs are separated there is a risk of spread of infection. There should be facilities for drying clothes for outdoor wear. Hot water ought to be available for handwashing, and hand-towels must be changed frequently."

### *Roller Towels.*

"At two schools one roller towel is used by 1,500 pairs of hands before it is changed. This is certainly a means of transmitting such diseases as impetigo, nits, ringworm, blepharitis, etc."

### *Cleaning and Decoration, etc., of Schools.*

"Schoolrooms must be cleaned daily.

Narrow windows, often obscured by coloured glass and tracery should be abolished, with clear glass substituted. Doors should open outwards, in case of fire. Light coloured furniture should be introduced. Rough walls must be painted in light pastel shades, ceilings white-washed. These will be pleasing to look at, and will reduce eyestrain."

### *Colours.*

While advocating the use of light and cheerful colours in schools, Dr. Galbraith condemns the use of red paint as it causes eyestrain. Even red painted pencils should be avoided!

### *Sanitation.*

A single excerpt from his report is sufficient to indicate the conditions prevailing in some schools :--

"Many schools have a trough system with a flush tank active once or twice in 24 hours, more or less as the caretaker thinks fit.

This is a bad system because it allows excremental deposits to remain for hours stagnating and polluting the atmosphere.

Substitution of the modern W.C. with individual flushing would remedy these evils and at the same time educate the children to a system which they will meet with throughout life."

### *Heating and Ventilation.*

It is noted that the temperature readings taken in a number of schools rarely lies within the Board of Education limits of 56-60° F. Ventilation is noted to be inadequate in many schools.

### *Seating and Desks.*

In 1912 "attention is drawn to worn, old-fashioned, long desks and forms still used in some schools; they may hold up to eight children. Such close proximity tends to spread vermin and infectious diseases. These desks have to accommodate all sorts and sizes of children who often have to distort themselves to fit the furniture, so producing permanent crippling defects."

### *Slates.*

It is interesting to note that York was one of the first authorities to ban the use of slates in schools. They were condemned on hygienic grounds in the 1909 report of the Medical Officer of Health.

## UNCLEANLINESS AMONG SCHOOL CHILDREN

In 1909 a survey of 10,653 children in York schools revealed that there were many cases of ringworm, and that large numbers were verminous.

### *Ringworm.*

<i>Boys.</i>				<i>Girls.</i>			
Upper Boys	...	3.0%		Upper Girls	...	2.3%	
Infants	...	5.3%		Infants	...	2.9%	

### *Verminous Conditions.*

<i>Boys.</i>				<i>Girls.</i>			
Upper Boys	...	7.8%		Upper Girls	...	52%	
Infants	...	11.2%		Infants	...	56%	

### *Comparison with 1956.*

Ringworm (Boys and Girls)	...	1908	...	3%	
		1956	...	No cases in school	
Lice and Nits (Boys and Girls)	...	1908	...	33.4%	
		1956	...	2.04%	

Ringworm was more prevalent among boys, but impetigo and lice among the girls. This difference was partly due to the greater length of the girls' hair. A factor leading to the spread among girls was the type of school desk at which several girls sat close together. As a rule they did not plait their hair or even tie it back with a ribbon so that it could fall over the shoulders and come into contact with the hair of their neighbours. The advantages of a single desk become obvious.

There is a comment on the fact that on the Continent schoolgirls have their hair worn in a single plait.

Ringworm was treated at the Education Office. Between 10th September, 1908, and 31st December, 1908, 92 cases were so treated. Children were not re-admitted to school until microscopic examination of hairs showed them to be free from infection.

For the year ended 31st July, 1909, the cost of the Ringworm Clinic was £5.

Sometimes it took months to clear a child of ringworm, and this lengthy absence from school caused difficulties, as the following letter of the period demonstrates :—

A letter to the local press about a child excluded for six months because of ringworm. When the child was allowed to return the mother took her back to school and wrote : "The teacher insulted me, he said her place had been filled and they could not keep places for children excluded because of diseases due to neglect and dirt. Mr. Editor, is this not enough to make a woman take a knife and cut the throats of all her children?—A Mother."

The Annual Report of 1908 states :—"In some towns they have commenced the use of X-ray treatment for persistent or chronic cases of ringworm. The apparatus is costly, but at Bradford they estimate that the cost of the apparatus will be compensated even in the first year by the increased grants resulting from the more rapid treatment and the consequent diminished absence from school."

After reading this account, questions were asked as to whether X-ray treatment was likely to damage the brain or cause nervous trouble.

The Children's Act, 1909, Section 122, gave authority to the School Nurse to examine a child suspected of being verminous or filthy. A "Notice to cleanse" was to be delivered to the parent or guardian. If after 24 hours nothing had been done the Nurse had authority to remove the child for cleansing.

Temporary arrangements were made for treatment at the Disinfecting Station at Foss Islands Road. The child was cleansed and the clothing treated by steam. Meanwhile, the Sanitary Authority arranged for the disinfection of clothing and the home.

Parents were liable to prosecution, but unfortunately no power existed to cleanse the other occupants of the house. In 1910, after repeated trouble the parents of fifteen children were prosecuted "with meagre and discouraging results". This was largely due to the lenient attitude of the magistrates, who were "most unco-operative".

## CLOTHING AND FOOTWEAR

In 1909, when 1.3% of children were noted as having ragged, insufficient or very dirty clothing, this was considered to be "a great improvement, showing that there is less parental neglect and indifference."

In 1912 every fourteenth child was badly clad, and every tenth child had defective footwear. During medical inspections at two schools six children were found to have no boots.

In 1913 the Annual Report observes that buttons and braces are often lacking, pins and string being used instead.

## SCHOOL ATTENDANCE

School attendance was of primary importance, as can be understood from the following extract from the 1907-08 Annual Report of the Education Committee: ". . . for every 1% increase in school attendance the sum of £284 is added to the grants paid by the Board of Education. Should the numbers on the registers increase, then the additional grant would also be larger."

Therefore, great attention was paid to the marking of the school registers, and school logbooks frequently had entries explaining and excusing absences. Various "unofficial" methods—not excluding bribery—were used to attempt to improve school attendance.

Extracts from a School Log Book for the time testify to this bribery. October, 1894: "Promised to allow all children who did not miss school for a week to draw a large picture." (A week later 20 children had this privilege!)

November, 1894: "Good attendance because we are learning new songs. Sweets were given."

1896: "Apples distributed to all classes who had no absence."

*Causes of Absences Noted 50 Years Ago.*

Poverty explains many cases of absence, also lack of shoes, protective clothing and even food.

Extracts from a school log book in regard to these matters:—

February, 1895: "Some children absent due to cold weather, having no clothes and no food."

October, 1896: "If shoes could be obtained there would be a much better record of attendance by the poorer children."

November, 1901: "Children sent home, as all are wearing soaked clothing."

December, 1907: "Children left school in a downpour, they will be soaked. The girls putting aprons over their heads, and the boys thin jackets."

On one occasion, as a result of a railway strike, there were no cinders for stoves to heat the schools, which had therefore to be closed. Less serious causes for poor attendance were visiting the Fairs, which seemed to be more frequent in those days, helping in the Market, and doing odd jobs of work.

1893 : 6th July : "A great number of children are away today to go to a tea party for the poor children in honour of the Royal Wedding."

(7th July : "Many children off today. They are sick!")

1894 : "Many boys absent helping to put up decorations in the streets in preparation for visit of the Duke and Duchess of York."

"Many boys absent, selling race-cards on Knavesmire."

Epidemics were often widespread necessitating closure of schools. Exclusion of children on account of regulations relating to infectious diseases, though very necessary, led to considerable criticism of the School Medical Service, largely because a certain amount of money was lost in grants. Dr. Smith, in his 1909 Annual Report, defended himself against these criticisms—"There is no doubt, however, that the children have benefitted by the steps taken, and that although a certain amount of money has been lost in grants, it is confidently anticipated that ultimately the Government grants will be larger as a result of the work being carried out in connection with the medical inspection of school children."

#### SCHOOL PRIZES FOR ATTENDANCE AT SCHOOL.

Dr. Galbraith soon insisted that these prizes should no longer be awarded, as this often meant that ill children were coming to school and spreading infection.

#### PERCENTAGE OF SCHOOL ATTENDANCE

There has been a steady improvement over the years of the attendance of pupils :—

1889	...	...	...	76%
1900	...	...	...	83%
1956	...	...	...	93%

Enforcing compulsory school attendance was a difficult task. Summons were only used if all other methods failed. The Annual Report of 1907-08 complains that "their efforts were useless unless they were supported by the Magistrates in cases which were referred to them. Often so trivial a fine is imposed that a parent finds that it pays to keep a boy off school, send him to work and pay the occasional small fine."

The worst cases were occasionally sent away to Truancy or Industrial Schools, where they remained until they were 16 years old. Then employment was found for them often at some distance from home, to prevent their return to unfavourable surroundings. The Report stated—"As a rule they develop into useful citizens."

Up to the appointment of a School Medical Officer it had been difficult to get convictions in cases of non-attendance at school because of the absence of definite medical evidence since the defence was usually one of ill-health. The plea of ill-health in one case in 1908 was rebutted by the evidence of the

School Medical Officer and the girl was sent to an industrial school. In 1908 there were 48 York children in industrial and truancy schools. In 1909 there were 11 children sent to industrial and truancy schools and there were 50 children already in them. This number was an improvement on 1895, when there were 90 children in them.

### SCHOOL POPULATION

The number of children on the school registers in York has increased considerably with the increasing population since the days when school attendance became compulsory :—

1890	1906	1956
10,186	14,088	17,754

The numbers in the early years of the century were bigger than one would have expected, because children below five years of age (1,320 in 1904, compared with 475 in 1956) were encouraged to go to school for more than one reason.

### PART-TIME EMPLOYMENT OF CHILDREN

An Employment Officer was appointed under the 1910 Act. The 1911 Annual Report revealed that 25 children worked more than 30 hours a week, and 57 were working after 9 p.m.

“It is evident that exhaustion does not allow them to benefit from their free education.”

By 1914 it was noted that there was an increase in the amount of part-time work being done by children.

1914 *Annual Report*.

187 children work more than 20 hours per week.

26 children work more than 30 hours per week.

1 child (12 years) works more than 40 hours per week.

1 child (9 years) works more than 30-40 hours per week.

During the following year the numbers increased :—

1915 *Annual Report*.

293 work more than 20 hours per week.

43 work more than 30 hours per week.

5 children work more than 40 hours per week.

3 work night-shifts 6 p.m.—midnight.

1 works midnight—5 a.m.

The most serious case discovered was a boy who worked from midnight to 5 a.m. He was employed as an assistant to his father, without the knowledge of the firm. His teacher reported that the boy got no proper sleep.

Again and again parents and employers were warned not to allow children to work such long hours. In 1919 a street trading officer was appointed to supervise the working of the City's Bye-laws, working hours, character of employment, clothing and footwear of these children.

CLOAKROOM



The Old



CLOAKROOM



The New

Bye-laws adopted in 1920 prohibited the employment of children in certain trades, street trading, etc., also the age and hours of work. This was a very necessary and desirable action in view of the abuses of the past, but it led to considerable criticism and annoyance by many who could not realise that such control was for the children's benefit.

### SCHOOL MEALS SERVICE

Fifty years ago the York newspapers contained many references to the need for providing food for children. Owing to unemployment there was considerable distress. There were various voluntary schemes working independently of each other, but they were not capable of dealing with the problem. It became obvious that the Education Committee would have to co-ordinate these schemes or provide a service of their own.

In February, 1907, the Education Committee distributed 60 quarts of milk (total cost £1) to children in certain parts of the town where the need was considered to be the greatest—especially in the Skeldergate area.

From this early effort, the scheme "Meals for Necessitous Children" developed. It gradually became the "School Meals Service" which we know today.

#### *Mea's for Necessitous Children.*

The Education Committee already had powers to levy a rate, not exceeding  $\frac{1}{2}$ d., to pay for the provision of meals, or they could raise money by subscription for this purpose.

It was estimated that 50-500 children needed feeding. As there was considerable opposition to the suggestion of using money from the rates, the Education Committee stated that apart from money to buy utensils and to pay for labour, all the money for food would be raised by public subscription, they hoped.

During the winter of 1908 it was realised that more children would have to be fed, and a subscription list was opened. By 23rd January £36 was raised, but owing to the distress caused by the recent severe weather this was insufficient. An editorial article in the "Herald" said that 800 children were being fed, but as voluntary funds were insufficient, it might be necessary to levy a rate. A few days later the City Council were urged to raise this rate to provide meals for necessitous children.

Matters were rapidly reaching a crisis as with more and more children needing to be fed, the money was becoming exhausted.

On 18th February, 1908, an article in "The Herald" described the scene at a meals centre. It referred to the excellent food provided and how the children, unlike Oliver Twist, could always come back for more. (By this time there was only enough money left in the fund to provide meals for another week.)

*Debates in Council and Committee—March, 1908.*

Many different views were expressed; some seem strange today; but it must be remembered that they represented some of the views held at that time, when state aid and social security were not considered necessary or desirable. "No one knows how many children are really malnourished, until they have been medically inspected."

"Levying a rate will make parents improvident."

". . . after school meals the ratepayers will next be asked to provide clothing and shoes for so-called necessitous children."

"York can subscribe hundreds of pounds for the entertainment of the British Medical Association, but gives nothing to starving children."

Eventually, after considerable discussion, and realising that the problem of providing school meals was increasing, the City Council decided to levy a  $\frac{1}{2}$ d. rate.

*The Start of the Official Meals Scheme.*

In the Autumn of 1909 this new service started. Breakfasts as well as dinners were provided at several centres in the City. Instead of these meals, the infants were to be given bread and milk. Sample menu, 1909 :—

*Breakfast:*

Porridge with milk, syrup or sugar.  
Bread and dripping.

*Dinner:*

One of the following :—

Soup and bread.  
Meat and potato pie.  
Meat and potato hash.

One of the following :—

Square of fruit cake.  
Tapioca pudding.  
Rice balls and fruit.  
Bread and butter pudding.

Whilst these meals were satisfying and reasonably nourishing, they would not today be considered to represent a well-balanced meal.

*Comparison of Costs.*

Perhaps the greatest difference to be noted is the price of these meals compared with present-day costs :—

1909—Breakfast, under 2d. per person.

Dinner, under 1½d. per person.

1956—Dinner (food 9.6, overheads 12.8), 22.40d. per person.

The following samples are of school dinners at the present time :—

Menu 1.

Braised Steak and Onions.  
Peas.  
Potatoes.  
Raspberry Buns.  
Custard.

Menu 2.

Cornish Pasty.  
Carrots and Turnips.  
Potatoes.  
Gravy.  
Milk Pudding.  
Rose Hip Syrup.

Menu 3.

Baked Fish.  
Carrots.  
Potatoes.  
Parsley Sauce.  
Steamed Apple Pudding.  
Custard.

Menu 4.

Cold Roast Meat.  
Salad.  
Potatoes—Baked and Mashed.  
Fruit Crumble.  
Custard.

*Malnutrition.*

In spite of the help given by these school meals, the School Medical Officer reported that in 1912 there were still 10% of children suffering from malnutrition, and large numbers were ill-fed. This figure has gradually decreased through the years, until now the very rare case of malnourishment is generally attributable to mismanagement or lack of interest in the child's well-being.

Although the Schools Meals Service had its origin in schemes to provide some nourishment for necessitous children in times of poverty and distress, it has now developed into a most important factor of school life, and is available to all children. There is no doubt that a nutritious and well-balanced meal has been an important factor in the improvement in health and development of the school child during the last 50 years.

1910—76,000 meals served (school population 14,549).

1931—104,000 meals served (school population 12,078).

1956—1,103,211 meals served (school population 17,754).

*Milk in Schools.*

In the early days milk was issued as an emergency measure to necessitous children, or with bread to the infants, instead of breakfasts and dinners. By 1931 it was being supplied in sealed one-third pint bottles at a cost of 1d. But it was noted that "unfortunately children who are in most need are unable to afford the milk." 1934 saw the introduction of the Milk in Schools Scheme. In 1938 free milk was issued to all children entitled to free dinners and to those recommended by the School Medical Officers. In 1936, 46% of children in school were having milk. The following year the percentage had increased to 52.6. By 1943 the figure had crept up to 78%, whilst in 1956 83% were having it. Before August, 1946, children paid for their milk; after this date it was supplied free to all children.

## INFECTIOUS DISEASE

At the beginning of the century infectious diseases such as measles, whooping cough, scarlet fever and diphtheria were very grave diseases, with an appreciable mortality rate amongst children under 5 years. In his report for 1909 the Medical Officer of Health states : "It is doubtful if it is justifiable to gather together in school young children under 5 years who are not bound to go to school."

In an effort to combat the epidemic of measles in the autumn term of 1909, a circular letter was sent to all head teachers, warning them of the epidemic and drawing their attention to the symptoms and signs of the disease so that suspect children could be sent home. The head teachers were asked to postpone all Christmas festivities until the outbreak had passed away. Two schools and four infant classes were closed. When the affected schools reopened, the school nurse of the district visited them and excluded any children not fit to be in school. The Medical Officer of Health stated in his report that "in one case class closure seemed to do good, but in the remainder its results proved disappointing, the epidemic continuing to spread. One difficulty is the refusal of the general practitioners to give medical certificates without a fee so that the nature of a child's illness is not known. Some towns pay at least a shilling. The matter will sooner or later have to be faced."

These remarks are interesting, as today schools are rarely closed for infectious disease; the only contacts of measles excluded from school are children under 5 years and general practitioners receive a fee for notifying cases of infectious disease to the Medical Officer of Health.

## GENERAL

### *Changes in Staff.*

Dr. J. S. Robertson, having obtained his D.P.H. and D.I.H. of the University of London, resumed duty as School Medical Officer at the end of July. His wife, Dr. Mary Robertson, had deputised for him during his ten months' leave of absence.

Mr. J. K. Thornham, L.D.S., resigned his appointment as School Dental Officer on 10th July, to set up in general practice in York.

Sister B. M. Hall, of the school nursing staff, who had given years of devoted service to the schoolchildren of York, particularly those with orthopædic and crippling defects, retired on 31st October. No applications were received following advertisement for a suitably qualified health visitor for the post. Temporary nursing help was therefore recruited. A further advertisement offering housing accommodation and a car allowance was more successful.

Mrs. Brown (née West) resigned on 15th December for domestic reasons following her marriage. Her place as office clerk was taken by Mrs. Hedinburgh, one of the clerical assistants doing the weighing and measuring in the schools. Miss Waight was appointed to the vacant post of clerical assistant.

After an interval of one year during which time it was impossible to get a successor to Mrs. Riley as a tutor to the lip reading class, Mrs. Adams, a retired teacher of the deaf living near York, took up duties on 2nd July.

Dr. Turgel, the part-time Psychiatrist to the York Child Guidance Clinic, resigned on 15th October to take up a full-time post in Bradford under the Regional Hospital Board. So far it has been found impossible to obtain a successor for the post, and the work is being carried on temporarily by three psychiatrists attached to The Retreat, a private mental hospital in York. Efforts to make a full-time appointment with a neighbouring authority were not successful, and a new approach is being made to the Leeds Regional Hospital Board for the services of a part-time psychiatrist.

Miss Sawkill, one of the dental attendants, resigned on 1st May to take up other work.

### *Courses and Meetings Attended.*

Miss M. Monkley, the Psychiatric Social Worker at the Child Guidance Clinic, attended the Inter-Clinic Conference organised by the National Association for Mental Health on 23rd and 24th March. Miss E. M. Johns, the Educational Psychologist to the Child Guidance Clinic, attended a Refresher Course for Psychologists organised by the British Psychological Society at Durham University from 30th July to 2nd August, and a follow-up Course organised by the Tavistock Institute of Human Relations from 20th to 24th August.

Dr. F. B. Shevlin attended a one-day Conference of the British Council for the Welfare of Spastics at Birmingham on 27th October, and a Refresher Course for Medical Officers, who had previously attended the Course on the Ascertainment of Educationally Subnormal Children and Mental Defectives from 29th October to 2nd November.

Dr. M. C. Barnet attended monthly meetings of the Co-ordinating Committee dealing with problem families on behalf of the School Health Service. Dr. Crane, the Medical Officer of Health and Principal School Medical Officer, presided over this Committee.

Dr. F. B. Shevlin also attended as a Committee member meetings of (1) The Council of the School Health Group of the Society of Medical Officers of Health, (2) The Technical Advisory Panel on Ophthalmology to the Leeds Regional Hospital Board, (3) The Supplementary Ophthalmic Services Subcommittee of the City of York.

Mr. Graham Turner, L.D.S., in his capacity as Chairman of the Yorkshire Branch of the Public Dental Officers Group of the British Dental Association, attended meetings of his Committee.

#### *Camps for Handicapped Children.*

Two children were sent at the expense of the Education Committee to a holiday camp organised by the British Diabetic Association. Other diabetic children were invited to go but did not accept.

#### *Tuition outside School Premises.*

York Education Committee was already carrying out the recommendations embodied in Circular 312 of the Ministry of Education issued on 11th September, concerning the education of patients in hospital. The two local general hospitals both have children's wards, and if a child is admitted who is likely to be a long-stay case, notice is sent to the School Health Department, and a recommendation made without delay for ward tuition to be provided. During the year tuition has been given to four York children in local hospitals. Other children coming from areas outside the jurisdiction of the Local Education Authority have also had tuition provided. In addition five York children have been given tuition at home.

There is a hospital special school attached to Fairfield Sanatorium which is maintained by the York Local Education Authority and whose patients are inspected each year by the school medical staff. There were four York children in this school on 31st January, 1957. Other York children to the number of eight were in other hospital special schools on the same date.

#### *School Mass Functions.*

It was agreed that the Voluntary First Aid Organisations should be asked to attend school mass functions, such as cinema shows, instead of the school nursing staff. On occasions such as school sports, when the presence of a trained nurse might be considered desirable, the school nursing staff will continue to attend.

### *Research.*

Assistance was given to the physician in charge of the Allergy Clinic at the York County Hospital, who was carrying out an investigation into the intradermal skin reaction to Poliomyelitis Vaccine in a group of allergic children, by obtaining with great difficulty a group of non-allergic children to act as controls. The difficulty lay in persuading parents to allow their healthy children to have intra-dermal injections and to have specimens of their blood taken to be tested for antibodies. After circularising three junior schools, the requisite number was eventually obtained.

### *Memorandum on the Closure of Schools and Exclusion from School on account of Infectious Illness.*

The recommendations contained in this memorandum were adopted by the Education Committee for use in York schools from September.

### *Circular 300.*

This circular dealt with the special educational treatment of physically handicapped children, especially those with cerebral palsy. A report was submitted in regard to the position of such handicapped children in York and recommendations made that (1) the case load was not sufficient to establish a special spastic educational unit, (2) that a physiotherapy unit should be included in the accommodation to be provided in the new open air school to be built in the future.

### *Attendance of Children at Spastic Centre.*

It was agreed by the Education Committee that attendance by school-children at the voluntary spastic centre for treatment should be regarded in the same way as attendance at the School Clinic or any other treatment centre.

### *Replacement of Old Weighing Machines.*

In view of the report that the older machines used for weighing children in schools could not be guaranteed as being accurate within two to three pounds, compared with the two ounces of the latest models, the Education Committee recommended that all the old machines, 14 in number, should be replaced in the coming year.

### *Medical Records of School Leavers.*

The recommendation contained in "The Health of the School Child" for 1954/55, that a summary of the school medical records of each school leaver should be forwarded to his or her general practitioner has been approved by the York Local Medical Committee. From Easter, 1957, onwards it is proposed to send such records in respect of children with defects needing treatment or observation together with any recommendations made to the Youth Employment Officer in regard to employment.



### *Use of Plimsolls in Schools.*

An enquiry amongst the most recently built schools in the City elicited the fact that in three of them the children were encouraged to change into plimsolls or other soft shoes on entering school and to stay in them all the rest of the school day. This practice has nothing to recommend it except that it helps to preserve the cleanliness and appearance of the polished floors. The foot under natural conditions would sink slightly into the ground on walking or running, but when on hard floors it needs the support of well-made footwear to prevent it from becoming strained.

### *Accommodation in Schools for Medical Inspection.*

An investigation into the accommodation provided in York schools for school medical inspections and other activities of the School Health Department, revealed the inadequacy on the whole of the facilities available. The following statistics reveal the position during 1956 :—

	<i>Built prior to 1939</i>	<i>Built after 1939</i>
Total number of school departments ... ..	49	13
Number with 2 rooms for medical purposes (i.e., one used as a waiting room or for undressing, the other for the use of the School Medical Officer) ... ..	—	8
Number with 1 room for medical purposes ...	3	4
Number with room large enough to allow private conversation with parent whilst the next child is undressing ... ..	—	4
Number with room long enough in any direction to allow for testing vision (20 to 22 ft.) ...	—	11
Number of schools with no medical room ...	46	1
Number of schools with no medical room where accommodation can be provided for school health purposes ... ..	15	1

In regard to vision testing in the schools, only 11 departments had special facilities for this to be done. In some schools it had to be carried out in corridors; in others in the school hall or library. Often the lighting is unsatisfactory, sometimes the place is draughty, and occasionally the passing of other children is a distraction.

## HEALTH EDUCATION

The routine teaching in schools, and school medical inspections still constitute, in our opinion, the chief opportunities for the promotion of the individual health of the child. The doctor and the school nursing staff are able to discuss with mothers personal problems relative to their children at inspections, the nursing staff are frequently in the schools, and the co-operation of the staff in health education matters is of a high order.

## SCHOOL POPULATION AND ATTENDANCE

The number of children enrolled at Primary, Secondary and Special Schools for the month of December was 17,754. Of this number 475 were under the age of five. The total number for the corresponding month in the previous year was 17,508. The attendance of the over fives was 93% and of the under fives 84%.

## MEDICAL INSPECTION

The number of children invited to be examined during one session is twenty. In the case of the five year old entrants, this number is high, but as there is often an absentee, the examinations are usually completed before school closes.

The following groups have been inspected:—

- (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).

Children who are admitted to school before their fifth birthday are examined three years later, i.e., whilst still seven when they enter the junior departments, rather than wait until they have turned eight years of age as formerly. Thus every schoolchild comes under review every three years as a routine procedure.

Most children of eight years of age have had the common infectious diseases, and it is important to look for untreated sequelae in this group. Special inspections have also been made at the request of parent, teacher or school nursing staff of any children thought not to be in good health. Children with defects found at previous inspections have been re-inspected.

During the year 7,966 children were inspected compared with 7,640 in the previous year. The number of special inspections was 6,583 (6,333) and the number of re-inspections 3,124 (3,118).

## GENERAL CONDITION

The percentage of children assessed by the examining doctors as having poor physical condition in 1956 was 2.03. This figure compares with that of 2.1% for 1955.

## AVERAGE HEIGHTS AND WEIGHTS

The average heights of the children approximate closely to those of last year, except in the cases of the 14 year old boys whose average height has increased by 0.36 inches and the 15 year old boys whose average has declined by 0.63 inches. With the average weights four groups, viz., the 4 year old girls and boys, the 8 year and 11 year old boys are almost the same as last year. In the case of the 5 and 11 year old groups of girls, and the 14 year old boys the average weights have increased, whilst in six groups (the girls of 8, 14 and 15, and the boys of 5, 10 and 15) the average weight has decreased.

These decreases range from 0.40 lbs. in the case of the 5 year old boys to 1.7 lbs. in the 15 year old girls. In view of the varying standards of accuracy in the weighing machines, little importance is attached to slight variations.

Every schoolchild is now weighed and measured each year by the clerical assistants who go around the schools. Any child who does not show an increase in weight is referred for a special inspection. In 1956 41 children were so referred. No serious disease was found amongst them.

AVERAGE HEIGHTS AND WEIGHTS OF CHILDREN EXAMINED  
IN 1956  
(ALL MACHINES)

Age	BOYS				GIRLS					
	Number Examined	Average Height		Average Weight		Number Examined	Average Height		Average Weight	
		Ft.	Ins.	St.	Lbs.		Ft.	Ins.	St.	lbs.
3	1	3	1.75	2	7	3	3	1	2	3.25
4	255	3	5.68	2	12.66	253	3	5.17	2	11.35
5	474	3	6.93	3	0.67	396	3	6.75	2	13.67
6	72	3	8.61	3	4.26	64	3	8.71	3	3.13
7	259	4	0.4	3	12.12	230	3	11.92	3	10.49
8	902	4	2.26	4	3.31	847	4	1.9	4	2.14
9	110	4	3.29	4	5.35	105	4	3.17	4	4.54
10	426	4	6.4	5	1.93	368	4	6.15	5	2.42
11	419	4	7.74	5	7.28	485	4	8.12	5	9.29
12	38	4	9.4	5	13.76	74	4	11.45	6	9.55
13	191	5	1.25	7	4.3	217	5	1.45	7	5.99
14	539	5	2.62	7	10.65	499	5	1.76	7	11.51
15	256	5	5.11	8	10.46	251	5	3.18	8	7.37
16	37	5	7.14	9	5.64	76	5	3.78	8	10.95
17	54	5	9.51	10	9.89	54	5	3.70	8	11.59
18	4	5	8.63	9	8.25	6	5	4.83	9	5.42
19	—	—	—	—	—	1	5	5.25	9	3.00

## FINDINGS OF PERIODIC MEDICAL INSPECTIONS IN ALL SCHOOLS

Of the children inspected during the year 1,376 were entrants and 1,567 leavers from primary schools, compared with 1,566 and 1,465 respectively in the previous year, 1,438 leavers from secondary schools, 1,850 children in the 8 year old group, and 1,735 others, including children at the Technical College, the Open Air School and the Grammar Schools.

14.7% of children were found with defects requiring treatment compared with 16.7% in the previous year. From the number of entrants and leavers from the primary schools, it is apparent that "the post-war bulge" is in the process of leaving the primary schools, and that the school population will reach its peak in about 4 to 5 years.

### VISION

The distant vision of all schoolchildren is tested in schools at regular intervals of not longer than three years. Entrants to the infant schools are tested by means of Dr. Beale Collins' Picture Cards, which have been preferred to the "E" test because of their greater appeal to the children, the ease and quickness in their use by the nursing staff, who can work single-handed, and the fact that they discover when used with proper precautions, all entrants who need to be referred for a complete ophthalmic investigation. Only 20 entrants from amongst the 1,376 examined failed to co-operate and will be done later. With the older children the Snellen Type Cards are used. The near vision is tested during a child's last year at the primary school, when children can usually read. Children previously found with defective vision are tested annually and a check made to see that any glasses ordered are being worn.

During the year 4.3% of those examined were found to need ophthalmic treatment, whilst another 10.5% needed supervision only, making 14.8% altogether, or 16.9% if squints are included. Amongst the entrants there were 32 found to need treatment and 54 already treated needed supervision only, giving a percentage of 6.3 needing ophthalmic care, or 10.03 if squints are included.

### SQUINTS

Of 161 children with squints all but 4 had already been detected and sent for investigation. A small number were found on ophthalmic examination not to have true squints. 52 entrants were suspected of having squints but all with the exception of 3 had already been sent to the hospital for investigation and treatment, by the Infant Welfare Department or their general practitioners. The percentage of children found with squints was 2.02 compared with 1.91 in the previous year. In the case of the entrants the percentage found with squints was 3.8 compared with 2.9 and 3.7 in the years 1955 and 1954 respectively.

### EXTERNAL EYE DISEASES

69 children were found with external eye diseases, 43 of whom needed treatment; 33 were suffering from mild blepharitis and 8 from conjunctivitis.

## TONSILS AND ADENOIDS

296 children were seen at school medical inspections with enlarged tonsils or adenoids or both. 42 of these were thought to need operative treatment, i.e., 0.5% of those inspected. 1,259 children out of the 7,966 inspected (i.e., 15.8%) had had their tonsils or adenoids or both removed. Amongst the entrants the percentage was 3.6; the 8 and 9 year olds 15.5; the 10 and 11 year olds 19.8; the 14 and 15 year olds 19.5.

Reports have been received from hospital in respect of 270 children who have had their tonsils and adenoids removed during the year. This number compares with 274 in the previous year. Except in the case of emergencies, there is a waiting period of 3 weeks before children referred to the E.N.T. Consultant at hospital can be seen at the Out-patient Department. The average waiting period before admission to hospital for in-patient treatment is 4 months.

## EAR DISEASE AND DEAFNESS

Of 390 children found with ear trouble, 24 with middle ear disease and 26 with deafness were requiring treatment. Of 269 requiring observation, 118 were for old middle ear disease and 103 for deafness. 98 children with wax in their ears were referred for syringing. Amongst the 1,438 school leavers there were 6 requiring treatment and 13 observation only for middle ear disease, whilst 2 were referred for treatment and 14 others noted for supervision because of deafness. This last number included children who had had middle ear disease, mastoid disease and meningitis, whilst in 4 cases no cause could be found for the deafness.

## LYMPHATIC GLANDS

289 children were found to have enlarged neck glands mostly of slight degree: only 8 needed to be referred for treatment.

## SKIN DISEASES

525 children were found with skin diseases. The commonest conditions seen were acne vulgaris 73, epidermophytosis 70, warts 65, eczema 37, urticaria 31, verrucae 19, and impetigo 19. 4 cases of scabies were discovered at school, but altogether there were 26 cases and 17 contacts treated at the cleansing centre. 11 families were involved. No cases of ringworm of the scalp were seen and only 1 case was reported from hospital throughout the year.

## ENURESIS

154 children—81 boys and 73 girls—were stated by their parents to be bed-wetters. This number represents almost 2% of those inspected (3.1% of the entrants). It is known from other sources that these percentages are much lower than the actual incidence.

## SPEECH

6 of the 22 children found with speech defects requiring treatment were stammerers: the other 16 had defective articulation of varying types. 97 other children needed observation.

## RHEUMATISM

No child was found at school medical inspections with rheumatism. Of 9 medical certificates received during the year for children absent with rheumatism, 2 had rheumatic fever. 6 reports were received from hospital relating to children suffering from rheumatism; in addition 4 had rheumatic fever.

## HEART DISEASE

Although there were 170 children noted as needing observation because of some heart murmur or other condition, no new cases of organic disease were encountered necessitating a hospital investigation.

## DISEASES OF THE LUNGS

27 of the 325 children found with diseases of the lungs were requiring treatment—14 had bronchitis and 1 asthma. 63 children suffering from asthma were seen at school medical inspections; 7 had bronchiectasis. The majority had bronchial colds or slight catarrh.

## DEVELOPMENTAL DEFECTS

Amongst the 442 children found with developmental defects, 98 had undescended testicles. One of these 98 boys was in the school leaver group. Undescended testicles gradually undergo a change in their structure about the age of eight years, so that it is important that such children should receive treatment before this age. Hospital reports in respect of 16 boys seen at hospital for undescended testicles were received.

112 children were found to be obese. The average weights of these children compared with those of the same age and sex are shown in the following table:—

AGE	BOYS				GIRLS			
	<i>Obese</i> Average Weight		Average Weight for 1956		<i>Obese</i> Average Weight		Average Weight for 1956	
	st.	lbs.	st.	lbs.	st.	lbs.	st.	lbs.
5	—	—	—	—	4	7.65	2	13.67
8	6	12.36	4	3.31	6	1.51	4	2.14
10	7	10.20	5	1.93	7	5.20	5	2.42
11	8	12.25	5	7.28	8	9.03	5	9.29
14	10	10.95	7	10.65	11	6.5	7	11.51

Most of these children are obese due to hormonal influences and hereditary factors.

63 children were noted as having herniae. 46 of these were of such a slight nature that they were recorded as only needing supervision : 17 of them were referred to hospital. As only 18 children were seen at hospital out-patient departments throughout the year for herniae, the school medical officers must be discovering almost all the cases. During the year 21 children were operated on for herniae.

*Phimosis* (Cases needing circumcision).

During the year medical officers have noted whether boys seen at school inspections have been circumcised. Since a considerable number of them are unaccompanied by a parent, especially amongst the 14 and 15 year olds, it has not been possible to ascertain the exact age when the circumcision was carried out. Amongst the boys examined, 4,037 in number, 504 or 12.5% were found to have been circumcised : amongst the entrants only 6.6%.

The statistics shown in the following table suggests that the operation is not being done so frequently as in past years, when it was often carried out when the boy was a few weeks old.

Age when inspected	No. of boys examined	No. circumcised	% circumcised
4	255	17	6.7
5	474	31	6.5
7	259	31	12.0
8	902	123	13.6
10	426	66	15.4
11	419	58	13.8
14	539	69	12.8
15	256	42	16.4

Only 6 of the 4,037 boys examined were thought to require treatment for phimosis and referred to hospital; another 47 were to be kept under observation. These 47 will be kept under regular supervision until the medical inspection in the last year at the primary school, when those in whom the condition has not resolved by natural means, will be referred to hospital for circumcision.

### ORTHOPÆDIC DEFECTS

970 children were found with orthopædic defects, only 230 of whom needed treatment. The commonest deformities were postural defects (292), flat foot (168), knock-knee, mostly of a mild degree (81), valgus deformity of the ankle (90), hallux valgus (63), and deformed toes (80).

## NERVOUS DISEASE

26 children with epilepsy were seen at routine school medical inspections. All appeared to be receiving adequate medical treatment. 13 other children were seen with nervous complaints mostly of a minor character.

## PSYCHOLOGICAL DEFECTS

120 educationally subnormal children were inspected at school. For the most part these children were in the special school (E.S.N.). 450 children were found to be biting their finger-nails: 154 were stated to be bed-wetters: 43 were thumb suckers. Children exhibiting other minor psychological disorders amounted to 65. Altogether 10.3% of those examined were afflicted with such complaints.

## VACCINATION AND IMMUNISATION

Below in summary form are given the percentages of children vaccinated against smallpox and tuberculosis, and immunised against diphtheria, whooping cough and tetanus at the different age levels. These statistics are based on the information given by the parents at the time of the school medical inspections.

Groups	Vaccination		Immunisation		
	Smallpox	Tuberculosis	Diphtheria	Whooping Cough	Tetanus
Entrants to Primary Schools	35.5%	2.6%	68.5%	46.9%	7.5%
Eight year olds ...	45.4%	3.0%	77.2%	25.8%	5.2%
Leavers from Primary Schools	49.6%	2.1%	79.4%	12.9%	5.8%
Leavers from Secondary Schools ...	39.7%	11.2%	78.4%	9.2%	5.1%
Others ...	40.5%	5.4%	76.6%	18.8%	6.3%

*Smallpox.* The percentage of entrants who had been vaccinated against smallpox did not show any further decline but rather a slight increase compared with last year.

*Tuberculosis.* The big increase in the percentage of school leavers who had received B.C.G. vaccination was attributable to the scheme for the 13 year olds introduced last year.

*Diphtheria.* The percentage of children seen at school medical inspections who were stated to have been immunised against diphtheria showed a welcome increase from 71.3 to 76. Amongst the entrants the percentage went up from 66.9 to 68.5.

*Whooping Cough.* Amongst the entrants the percentage of children protected against whooping cough has gone up from 33.3 to 46.9. It is



five years since the last big epidemic of whooping cough occurred in York and the third year in succession that the total number of cases throughout the year has been under 100. There is reason to think that the increase in the percentage immunised accounts for the decreased incidence of the disease during recent years.

*Tetanus.* Again a slight increase in the percentage immunised is shown but this information is dependent on the mother's knowledge of whether a triple antigen has been used and so may not be accurate. Immunisation against tetanus is not undertaken by the Local Authority.

#### PARENTS OR GUARDIANS PRESENT AT SCHOOL MEDICAL INSPECTIONS

62.4% of parents or guardians attended the school medical inspection of their children during the year.

The percentages in age groups were :—

Entrants to Primary Schools	...	...	88.7%
Eight year olds	...	...	82.0%
Leavers from Primary Schools	...	...	74.6%
Leavers from Secondary Schools	...	...	14.1%
Additional Periodics	...	...	49.6%

#### DEFECTIVE COLOUR VISION

59 children were referred to the County Hospital to have lantern tests.

The results were as follows :—

Number of children found to be unsafe for certain employments	51
Number of children found to be safe for any employment	...
Number of children who failed to attend	...
	7

#### ST. PAUL'S NURSERY SCHOOL

The demand for admission to this nursery school which accommodates 40 children and which is the only one in the city remains unabated. The provision of milk has been reduced from two-thirds to one-third of a pint a day for each child in accordance with the amended regulations governing the scheme. There was no school epidemic of infectious or contagious disease during the year. A school medical inspection was carried out during each term.

#### TUBERCULOSIS

6 children were notified during the year as suffering from tuberculosis. 2 had pleural effusions; 2 cervical glands; and 2 infection of other glands.

#### PREVENTION OF TUBERCULOSIS

In the campaign to eradicate tuberculosis, 59 teachers and others whose work brings them into contact with schoolchildren, have been X-rayed on appointment. In addition 40 student entrants to training colleges have been X-rayed. No active tuberculosis was found.

At the Chest Clinic 42 schoolchildren, contacts of known cases of tuberculosis, have received B.C.G. Vaccination. With the 554 in the maintained schools and the 104 in the independent schools, this makes 700 schoolchildren altogether who received B.C.G. Vaccination.

The statistics in relation to the B.C.G. Vaccination Scheme in the schools are as follows :—

No. of parents or guardians of 13 year olds circularised (boys 836; girls 764) ... ..	1,600
No. of parents or guardians who gave their consent (boys 549; girls 535) ... ..	1,084
Consent Rate (in 1955—58.9%) ... ..	67.75%
No. of children Mantoux tested (boys 517; girls 492) ...	1,009
No. of children not Mantoux tested ... ..	75
Reasons : Absent from school ... ..	71
Left school ... ..	1
Consent withdrawn ... ..	1
Active eczema ... ..	1
Incomplete form ... ..	1
No. of children who gave POSITIVE reaction to Mantoux test ... ..	329
Percentage of children who gave Positive reaction (29.6% in 1955) ... ..	32.6%
No. of children who gave NEGATIVE reaction to Mantoux test ... ..	666
Percentage of children who gave Negative reaction (70.4% in 1955) ... ..	66%
No. of children (negative reactors) who were vaccinated (boys 334; girls 325) ... ..	659
No. of children (negative reactors) who were not vaccinated	7
Reasons : Absent from school ... ..	6
Left school ... ..	1
No. of children who showed satisfactory reaction on arm 8 weeks later ... ..	642
(There were 13 absentees and 4 doubtful positives amongst those vaccinated.)	
No. of children (included in above figures) who belong to non-maintained schools (boys 87; girls 86) ... ..	173
Susceptibility Rate ... ..	66%

The details of the scheme are as recorded in last year's report. This time we did not exclude the children giving a history of tuberculosis in the family from the Mantoux test, so that the percentage of children who gave a positive Mantoux was slightly higher than in 1955. Children who gave a Positive Mantoux test were encouraged to visit the miniature Mass Radiography Unit.

## POLIOMYELITIS

The following figures summarise the work done during the year in regard to the protection of children against poliomyelitis. This work was shared by the Infant Welfare and the School Health Departments.

No. of children in respect of whom parents requested vaccination ... ..	6,376
No. of children vaccinated (boys 371; girls 343) ... ..	714
No. of children in each age group vaccinated :	

<i>Date of Birth</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
1947	36	38	74
1948	41	36	77
1949	32	48	80
1950	39	34	73
1951	76	45	121
1952	47	51	98
1953	55	59	114
1954	45	32	77

No. of children who were refused vaccination for medical reasons, e.g., allergy, etc. ... ..	19
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No. of children who received the first injection but not the second (boys 10; girls 4) ... ..	14
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No child who had been vaccinated against poliomyelitis contracted the disease during the year.

In a follow-up of children who had been certified and confirmed as suffering from poliomyelitis during the last five years, it was found that in 8 of the 15 cases there was some paralysis noted at the time of the illness, as follows :—

In 1952 there were 9 reported cases; 4 with paralysis.

In 1953 there were 4 reported cases; 2 with paralysis.

In 1954 there were no reported cases.

In 1955 there was 1 reported case; 1 with paralysis.

In 1956 there was 1 reported case; 1 with paralysis.

Of these 8 cases with paralysis, 1 died, 1 is left with a general and respiratory paralysis and still has to use an artificial lung, 1 was left with a paralysis of the left external rectus muscle, whilst the remaining 5 regained the use of the paralysed muscles.

## UNCLEANLINESS AND VERMINOUS CONDITIONS

At hair inspections which are carried out by the nursing staff at least once a term without the children being warned, the presence of one nit causes the child to be recorded for statistical purposes as verminous. The percentage of individual children found at these inspections to be verminous amounted to 2.04 compared with 2.3 in the previous year.

The following figures reveal that nearly half of those found to be verminous are verminous on more than one occasion and probably belong to families where a chronic state of infestation exists despite the provision of free D.D.T. hair emulsion if they would only come to collect it. This emulsion would prevent any infestation if used regularly each week.

				<i>Girls</i>	<i>Boys</i>
Found to be verminous once	...	...		150	37
" " " twice	...	...		67	19
" " " three times	...			48	13
" " " four or five times				19	4
" " " six or seven times				5	—

If a verminous child is not cleansed when the school nursing staff pay a return visit to the school, arrangements are made for the child to be cleansed at a centre established by the Health Committee. During the year 110 school-children were treated at this centre. The nurse in charge of the centre tries to encourage the whole family to attend at the same time as the schoolchild is cleansed, but is not always successful.

During the year 11 departments out of 57 did not have a single case of infestation.

#### THE OPEN AIR SCHOOL

I am indebted to Dr. M. C. Barnet, who looks after the school, for the following report :—

The Open Air School offers special school facilities for those children whose health prevents them from obtaining the full benefit from the normal school curriculum. Added to poor physical health many of these children lack confidence, or are maladjusted in various ways.

Children are brought to school by special transport. The curriculum is planned to provide for their educational needs, whilst endeavouring to improve their health. The classes are small, giving a friendly atmosphere in which the teachers can give more individual guidance. The length of the lessons is shorter and there is a daily rest of 45 minutes after dinner.

Special facilities include two-thirds of a pint of milk daily, dinner, vitamin supplements, with a drink and light refreshment before going home. The School Nursing Sister holds a minor ailment clinic twice weekly. The Medical Officer also visits the school twice a week, and every effort is made to give Ultra Violet Light treatment regularly to all those children who are considered to need it. Each child is weighed monthly and at the end of term has a medical examination in the presence of the parents, in order to assess its progress, discuss various problems of management, etc., and to determine whether it is ready to return to normal school.

The staff of the school are most patient and understanding with the children, providing a happy atmosphere. There is close co-operation between the School Medical Officer and the Consultant Pædiatrician to the local

hospitals, especially in respect of those children at the school who are under his care.

It is unfortunate that in a small number of cases parents who have been advised to allow their children to be transferred to this school refuse. This is largely a result of misunderstanding its functions and aims, confusing it with the neighbouring special school for educationally subnormal pupils. Unfortunately these were invariably children who through bad housing, poor physique and bad home management would have benefitted most by the open air school routine.

It is not satisfactory to have to report that a small number of children appear to be coming to school without having had a suitable breakfast; some are inadequately clothed, and their standard of cleanliness leaves much to be desired, and many go to bed late. Where there is a lack of interest in the child's welfare the benefits of the open air school curriculum are largely counteracted.

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Attendances in 1956 :			
No. of children on register, 1st January ...	47	45	92
No. of children on register, 31st December ...	50	37	87
Admissions during 1956 ... ..	18	11	29
Discharges during 1956 ... ..	16	18	34

#### CLASS FOR THE PARTIALLY-SIGHTED

There were 15 children (1 from the West Riding) in this class, which is accommodated in the Open Air School, during the year.

The children had the following defects :—

High myopia or myopic astigmatism ... ..	3
Nystagmus ... ..	4
Heredo-macular degeneration ... ..	2
Bilateral optic atrophy ... ..	1
Congenital dislocation of lens ... ..	2
Retrobullar optic neuritis ... ..	2
Congenital cataract in each eye ... ..	1
Retro-lental fibroplasia ... ..	1
Toxoplasmosis ... ..	1

Some of the children had more than one defect.

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

The number of children at this school at the end of the year was 99, including 1 West Riding, and 11 North Riding children. 13 boys (including 3 from the North Riding) and 6 girls were admitted during the year, and 10 boys (including 2 from the North Riding), and 10 girls (including 2 from the North Riding) were discharged.

Children leaving this school either because they are considered ineducable or have reached school leaving age, are recommended for either statutory or voluntary supervision. During the year 3 boys and 4 girls were recommended for statutory supervision, and 3 boys and 6 girls for voluntary supervision. This supervision is carried out by the Mental Welfare Department of the Health Committee.

## HANDICAPPED CHILDREN

December, 1956

*Blind.* 1 girl and 1 boy were in residential schools because of blindness.

*Partially-sighted.* 8 boys (including 1 West Riding) and 7 girls were in the Day Class for the Partially-sighted.

*Deaf.* There were 5 boys and 5 girls in residential schools, and one boy with the multiple defects of spasticity, educationally subnormal, and marked deafness in both ears, awaiting admission to a residential school. At present he is in an orthopaedic hospital school.

*Partially deaf.* There were no children in residential schools and none waiting for admission, but 3 boys and 4 girls attend York day schools and use hearing aids.

*Delicate.* There were 53 boys and 42 girls, including 5 children from the North Riding, and 1 child from the East Riding, at the Day Open Air School.

*Diabetics.* 2 girls and 3 boys known to have diabetes attend ordinary schools. There were no children with this complaint at residential schools.

*Educationally Subnormal.* 53 boys and 44 girls, including 11 from the North Riding, 1 from the West Riding, were in attendance at the Day Special School (E.S.N.). In addition 5 boys and 3 girls were in residential schools.

*Epileptics.* 18 girls and 20 boys with epilepsy attended day schools in York. 3 were at the Open Air School; 5 at the Special School (E.S.N.); the remainder at ordinary schools.

*Maladjusted.* There were 3 boys in residential schools for maladjusted children.

*Physically handicapped.* There were 3 boys and 1 girl in a residential school.

*Defective speech.* 148 children attended the Speech Therapy Clinic during the year.

## INFECTIOUS DISEASES

The following table shows the monthly incidence of infectious diseases during 1956, with comparative totals for the previous five years.

Month	Diphtheria	Scarlet Fever	German Measles	Measles	Chicken-pox	Whooping Cough	Mumps	Poliomyelitis
January	—	5	—	—	26	11	6	1
February	—	9	1	—	15	9	1	—
March	—	9	3	—	5	2	1	—
April	—	10 } 5 }	4	—	7	5	—	—
May	—		8	1	9	10	1	—
June	—	6	11	1	11	10	—	—
July	—	5 } 5 }	7	15	13	6	—	—
August	—		—	3	—	24	—	—
September	—	2	3	1	—	6	3	—
October	—	5	3	1	3	3	—	—
November	—	5	2	2	12	2	3	—
December	—	2	4	3	8	5	1	—
Total, 1956	—	58	46	27	109	93	16	1
„ 1955	—	86	11	1,054	31	74	35	1
„ 1954	—	113	5	109	275	38	154	—
„ 1953	—	202	213	181	94	107	15	4
„ 1952	—	199	84	1,111	197	182	237	9
„ 1951	—	179	1	801	132	467	41	5

There was no epidemic of any magnitude during the year, and again the absence of diphtheria is noteworthy. There has not been a case in York since 1949. Unfortunately the 1 case of poliomyelitis that occurred left the child with a residual paralysis.

The introduction of the new regulations contained in the Memorandum on the Closure of Schools and Exclusion from School on account of Infectious Disease, whereby the contacts in cases of scarlet fever, German measles, mumps, chicken-pox, measles (over 5 years), whooping cough (over 7 years), was implemented in October.

### PHYSICAL EDUCATION—REMEDIAL CLASSES

Miss O. M. Smith and Mr. G. Rees, the Organisers of Physical Education, hold remedial classes each week, the former for infants and girls, the latter for boys.

I am indebted to them for the following reports on their work :—

*Remedial Classes for Infants and Girls.*

The two most encouraging facts to note about 1956 have been firstly the excellent percentages of attendance. These have never been better, the record being attained during the summer term with 89%. Secondly, fewer children were in need of remedials this year than last, so that this year's total was 124 against last year's 156.

These totals fluctuate but it is always pleasing to note a decrease when this does occur. Five classes were taken, instead of six, during the autumn term, the duration of each being increased by about five minutes.

Some parents ask how long the treatment will continue. This is not easy to predict as so much depends on the degree of handicap and the care and persistence with which the child will practise daily at home. This practising needs continuous encouragement from the parent and in most instances is usually forthcoming. Of children who were treated during 1956 50% were discharged in one term or less, 25% were discharged in 2 terms or less, and 7% in 3 terms. The remainder are not yet discharged and will take either 2 or 3 terms.

Six parents refused to allow their children to have treatment, four children left before treatment was completed to attend their own specialists, and five infants could not come as their parents were unable to bring them. Their names are noted and these cases will no doubt be reviewed at their next medical inspection.

The detailed summary of figures for the year are tabulated below.

Term	No. on Roll for Posture	Discharged	No. on Roll for Flat Feet	Discharged	Attendance Percentage
Spring ... ..	30	9	15	9	87½
Summer ... ..	23	17	18	10	89
Autumn ... ..	23	14	20	14	86

*Remedial Classes for Boys.*

Classes have been held for boys in need of remedial treatment at the St. George's Secondary Modern School on Thursday mornings throughout 1956.

Remedial exercises for flat feet were given to a total of 55 boys of ages ranging from 8 to 15 years. Of this number 30 yielded successfully to treatment and were subsequently discharged from the classes by the School Medical Officers. Of the remainder, 2 left on attaining school leaving age, 2 moved from the city, and 2 were transferred to grammar schools, where further treatment is being continued. Two children refused to attend for exercises.



Of the total of 37 boys who attended for remedial treatment for mal-posture, 19 were successfully treated and discharged from the class during the year. One child refused treatment, 2 left school on reaching school leaving age, and 3 were transferred to other schools where further treatment is still being given.

### SCHOOL CAMPS

The following camps were held during the year:—

- (1) *York Children's Holiday Camp* (Hon. Secretary : A. R. Farnworth).

The Camp, this year, visited The Bogle Hole Youth Hostel at Robin Hood's Bay, and was attended by 49 children selected by Head Teachers. It was again under the care of Mr. C. S. Baxter, assisted by seven volunteers. The week spent proved most enjoyable and the Warden at the Hostel was very complimentary to the children on their cleanliness, tidiness and general behaviour throughout the week, so much so that since the Youth Hostels Association stated that they would be prepared, in future, to grant the benefit of the special concessionary rates, which normally apply only to school journey parties taken during term time. There were no accidents and the health of the party was good. The beach and Robin Hood's Bay were the centre of activities, but many outings and rambles including visits to Ravenscar and Whitby were arranged.

A grant of £48 was made by the Education Committee towards the expenses of running this camp under the provisions of Section 53 of the Education Act, 1944.

- (2) *Haxby Road School Camp* (Hon. Secretary : J. Huscroft).

38 boys attended the first week of this camp and 29 girls the second week at Robin Hood's Bay. The camp was run by nine volunteer teachers assisted by some Fishergate Old Boys. Activities included walks, rambles, games, and as much time as possible was spent on the beach and bathing, though bad weather prevented this more than in previous years. There were no cases of illness. Three children received grants from the Education Committee under the Special Expenses Scheme towards the cost of attending this camp.

- (3) *Family Service Unit Camps.*

Using equipment loaned by the City's Youth Organiser, 13 children attended a camp at Robin Hood's Bay and 25 children had a holiday in a hutted camp at Osmotherley Young Friends' Hostel.

### CONVALESCENT HOLIDAYS

16 schoolchildren were sent away to Convalescent Homes for periods varying from two to six weeks by the Health Committee under Section 28 of the National Health Service Act.

## PROVISION OF MEALS

The percentage of children having their midday meal at school during December was 33.2 compared with 34.7 at the corresponding time in the previous year. The percentage of meals provided free to necessitous children during the course of the year was 12 compared with 13.6 in 1955. During school holidays the percentage of children entitled to free meals who attended varied from 15.2 in the Christmas period to 27.1 during the Easter recess. The following tables show the demand for school meals during the year and during the holiday periods.

### SCHOOL MEALS Average number supplied daily to children All Schools

1956	Paid	Free	Total
January ... ..	5,184	633	5,871
February ... ..	4,832	633	5,496
March ... ..	5,050	701	5,751
April ... ..	5,092	705	5,797
May ... ..	4,870	694	5,564
June ... ..	4,807	678	5,485
July ... ..	4,742	679	5,421
September ... ..	5,002	596	5,598
October ... ..	5,037	579	5,616
November ... ..	5,046	579	5,625
December ... ..	4,918	612	5,530

Number of meals supplied on payment in 1956 ... ..	970,289
Number of meals supplied free in 1956 ... ..	132,922

### MEALS SUPPLIED DURING SCHOOL HOLIDAYS

Holiday Periods, 1956	Percentage of Usual Demand.		Number of meals served.	
	Paid.	Free.	Paid.	Free.
Easter ... ..	·6	27·1	263	1,719
Whitsuntide ... ..	·7	23·8	142	659
Summer ... ..	·3	20·0	381	3,950
October ... ..	·4	21·2	97	613
Christmas ... ..	·4	15·2	123	675

Percentage of children in attendance taking school meals during December, 1956 ... ..	33.2%
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## PROVISION OF MILK

The percentage of children having a  $\frac{1}{2}$  of a pint of milk daily at the end of 1956 was 83.15. The following table shows the average number of bottles of milk supplied free daily.

1956	Primary Schools	Secondary Modern Schools	Grammar Schools	Further Education	Totals
January	1,0000	2,763	873	130	13,766
February	9,687	2,650	978	135	13,450
March	10,051	2,680	1,014	135	13,880
April	10,376	2,641	1,106	135	14,258
May	10,099	2,608	1,188	137	14,032
June	10,345	2,640	1,139	138	14,262
July	10,273	2,564	1,067	138	14,052
August	29	—	—	—	29
September	10,012	3,224	1,274	124	14,634
October	8,943	3,124	2,255	128	14,448
November	9,040	3,009	1,210	127	14,186
December	9,641	2,960	1,139	127	13,867

## PROVISION OF CLOTHING AND FOOTWEAR

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

	1956	1955
No. of children reported by Head Teachers and others as suffering educationally by lack of suitable clothing	318	341
No. of families involved ... ..	185	190

Of these 185 families, 4 were found to have an income above scale and 5 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>
Overcoats ... ..	50	45
Jackets ... ..	48	—
Trousers ... ..	76 pairs	—
Underclothing ... ..	3	31
Dresses, tunics, blouses, etc ... ..	—	85
Footwear ... ..	204 pairs	168 pairs
	381	329
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The gross cost of this provision totalled approximately £1,116 (£1,025 in 1955). An average expenditure of £3 10s. 3d. per child (£3 in 1955).

## 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—5-30 p.m., Monday to Friday; 9—12 noon, Saturday; except Bank Holidays.

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

Defective vision and squint; ear, nose and throat diseases; orthopædic defects; skin diseases, including ringworm of the scalp; emotional, educational and character abnormalities (Child Guidance Clinic); dental troubles, including orthodontic defects; verminous conditions; foot defects needing chiropody; and speech defects.

## MINOR AILMENT CLINICS

It has been found from experience that teachers are reluctant to send children, especially young children, out of school to minor ailment clinics unless the ailment is of an urgent character. Since the policy of treating minor ailments in those schools which have special suites of medical rooms was adopted, more children are being treated and they are being seen when the ailment is really minor. The school nursing staff are competent to treat most minor ailments, but when they encounter some condition about which they would like a doctor's opinion, the child is asked to attend the central clinic, preferably with a parent. This policy of treating children in schools finds favour both with mothers who can ill afford the time to wait in doctors' surgeries, and with teachers who are relieved of the anxiety of sending children along busy streets to a central clinic. Furthermore it prevents waste of educational time of the child. It has also been found that these medical rooms if only used on rare occasions, such as for school medical inspections, tend to be brought into regular use for educational purposes, and after a time are no longer regarded as primarily for the use of the School Health Service.

A total of 2,130 complaints or diseases were attended to at the central clinic during the year. They were composed of the following :—

Ringworm of the body 9, Scabies 5, Impetigo 91, Warts 209, Other Skin Diseases 187, Minor Eye Defects 156, Ear Defects 213, Miscellaneous 1,260. The miscellaneous group comprised sprains, cuts, abrasions, septic conditions, sore throats, chills, etc.

The number of children attending both the central clinic and the minor ailment clinics in the schools showed slight decreases compared with last year. In those schools with medical accommodation suitable for holding minor ailment clinics, the school nursing staff attend twice a week. Any child needing more frequent attention is sent to the central clinic where a doctor

and nursing staff are available every weekday. The following table shows the attendance at minor ailment clinics since 1948 when the National Health Service was introduced :—

Year	No. of Attendances at the Central Clinic	No. of Attendances at Minor Ailment Clinics in the Schools	Total Attendances
1948	12,897	1,079	13,976
1949	8,897	3,414	12,311
1950	8,288	4,276	12,564
1951	7,997	4,520	12,517
1952	9,408	6,994	16,402
1953	8,378	6,237	14,615
1954	7,432	8,404	15,836
1955	6,343	10,265	16,608
1956	6,099	9,986	16,085

## DETAILS OF THE VARIOUS MINOR AILMENT CLINICS

	Number of Sessions held	Average Attendance per Session	Number of Children Attending Clinic	Number of Attendances
Central Clinic ...	304	20.1	1,752	6,099
Acomb Secondary Modern School	65	9.8	110	638
Beckfield Secondary Modern School	59	9.9	106	588
Burnholme Secondary Modern School	60	9.2	136	551
Burton Stone Secondary Modern School	50	17.3	152	864
Carr Infants' School	67	11.0	104	738
Carr Junior School ...	67	9.9	93	665
Danesmead Secondary Modern School	70	7.4	91	520
Derwent Junior School	66	16.2	189	1,068
Fulford Special School	72	8.6	57	622
Hob Moor Infants' School	60	5.6	91	336
Hob Moor Junior School	56	4.9	69	276
Open Air School ...	73	14.7	94	1,078
St. George's School ...	67	22.4	214	1,501
Westfield Infants' School	53	6.8	76	361
Westfield Junior School ...	43	4.2	52	180
<b>Total Attendances</b>				<b>16,085</b>

### OPHTHALMIC CLINIC

This clinic is conducted by the Senior Assistant School Medical Officer, who is a recognised ophthalmic medical practitioner, under arrangements with the Regional Hospital Board. The Board reimburse the Education Authority for his services.

During the year 1,461 children attended, making 3,013 attendances. A post-mydratic test is made on each child refracted. 1,129 children were refracted. 753 children had spectacles ordered for them, 563 only needing a change of lenses. No spectacles were necessary for 168 children. 37 children

did not need to continue wearing spectacles. 44 children with squints were referred to the Orthoptic Clinic, and 12 were referred to the Ophthalmologist at the hospital. When a child has an obvious squint it is now referred to the hospital for refraction as well as for orthoptic treatment.

During 1956, 737 children obtained spectacles ordered through the School Clinic. 4 children examined required a reserve pair of glasses because of the serious nature of their visual defect. These were obtained after reference to hospital. 9 children were referred to the Consultant Ophthalmic Surgeon for a second opinion.

After refraction at the School Clinic the parents are given the option of obtaining the child's glasses from any optician in York. Children who break their glasses (435 in 1956) are sent to the School Clinic for a repair form. They are tested with their old lenses, and unless their vision is satisfactory, are referred for refraction again. The staff in charge of the Eye Clinic is available most afternoons after school to deal with such breakages.

In 1956, reports were received in respect of 270 schoolchildren refracted at the hospital. Good relations exist between the personnel of the School Eye Clinic, the local ophthalmic consultants, the local opticians and the administrative staffs of the local hospital and local executive committees. Information concerning the children is readily exchanged so that smooth working exists amongst all concerned in looking after the visual needs of the schoolchildren.

#### EAR DISEASES

During the year 211 children have attended the minor ailment clinic, 42 of them having been referred from school medical inspections. 63 of these had discharges from one or both ears; 12 were deaf, 36 had earache, 69 needed syringing for wax, 11 had furunculosis, 7 had catarrhal deafness, and the remainder various complaints. Of the 63 with aural discharges, 25 were successfully treated at the clinic, 10 were transferred to their private doctors, 2 left school, 2 ceased to attend, 4 were referred to hospital, 1 left York, and the remaining 19 were still receiving treatment at the end of the year. Of the 12 children seeking treatment for deafness, 2 were successfully treated at the clinic, 5 referred to hospital, 1 referred to the private doctor, and 4 were found to have normal hearing.

In all 1,066 attendances were made by children for ear defects.

#### ORTHOPTIC CLINIC

Owing to three changes of orthoptists during the year, it has been impossible to get accurate figures from the hospital of the work done during the year.

#### CHILDREN WITH MULTIPLE DEFECTS

Excluding children who are both deaf and dumb, there are 11 York schoolchildren with more than one serious defect or deformity:—

E.S.N. with epilepsy (2 cases), E.S.N. with hemiplegia, E.S.N. with blindness, E.S.N. with epilepsy and right-sided hemiparesis, E.S.N.

with deafness and cerebral palsy, E.S.N. with dysarthria and cerebral palsy, Hemiplegia with partial-sightedness, Epilepsy and left hemiplegia, Hydrocephalus, spina bifida and spastic paralysis of both legs, Epilepsy with right-sided hemiparesis.

### MENTAL TESTING

60 children have been investigated during the year, with the following results :—

Recommended for notification to Local Authority under Section 57 (5) ... ..	15
Recommended for notification to Local Authority under Section 57 (3) ... ..	11
Recommended for Day Special Schools (E.S.N.) ... ..	14
Recommended for admission to residential school for mal-adjusted children ... ..	1
Recommended for admission to residential school for physically handicapped children ... ..	1
Recommended for admission to residential school for the deaf	1
Recommended to remain at ordinary school ... ..	17

### ORTHOPÆDIC CLINICS

Mr. Crockatt (or his deputy), of the Adela Shaw Orthopædic Hospital, Kirbymoorside, held 11 clinics at monthly intervals at Rougier Street during the year. There were 169 new cases seen and 300 attendances made.

22 schoolchildren were admitted during the year to the hospital for treatment. Reports have been received from two local hospitals in respect of 131 children seen for orthopædic defects, 28 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 in schoolchildren. 280 children made 1,120 attendances. 45 clinics were held altogether.

The details of the clinic are as follows :—

<i>Complaint</i>	1956	1955	1954
Verrucae ... ..	227	214	227
Corns ... ..	29	32	39
Other defects ... ..	25	44	80
	—	—	—
	281	290	346
	—	—	—

### EPILEPSY

There are 38 schoolchildren known to be or suspected to be suffering from epilepsy (20 boys and 18 girls). One boy whose fits were increasing in frequency was referred back to hospital, with the consent of the family doctor, for adjustment of his drug treatment.



### CEREBRAL PALSY (SPASTICS)

There are 45 cases of cerebral palsy affecting children between the ages of 2 and 16 years known to the department—22 are boys and 23 are girls.

20 of them attend ordinary schools; 1 attends the Day Special School for delicate children; 1 boy attends the Class for the Partially-sighted; 3 attend the Day Special School for educationally subnormal children; 4 are at home; 2 are at a residential school for physically-handicapped children; 1 is at a special school for blind children with other handicaps; 2 are at hospital special schools; 11 have been notified to the Local Authority as ineducable.

### MISCELLANEOUS EXAMINATIONS

Number of staff examined ... ..	137
Number of entrants to Training College ... ..	65
Children examined re part-time employment ... ..	319
Children examined before going to camp ... ..	140
Children examined before boxing tournaments ... ..	140
Children examined prior to admission to residential schools, etc. ...	57

### BACTERIOLOGICAL INVESTIGATIONS

16 swabs were taken from schoolchildren during the year; of these 5 showed the presence of haemolytic streptococci, 2 staphylococci pyogenes, and 1 streptococcus haemolyticus.

### SCHOOL-LEAVING MEDICAL REPORTS

At the last periodic school medical inspection, usually in a child's last year at school, advice is given in regard to any occupation that is likely to prove unsuitable because of some defect which cannot be remedied. For instance, an epileptic child is warned to avoid any occupation that brings him into close contact with moving machinery; a child with bad vision even when glasses are worn, is recommended not to take up a post where normally acute vision is required. In the course of the year 97 children received such advice and the Youth Employment Service informed of the type of occupations that they should avoid. 45 of this number suffered from defective colour vision.

### PART-TIME EMPLOYMENT

319 children were examined before being given permission to take up part-time jobs such as newspaper delivery, errand boy, shop assistant, etc. The local byelaws governing this type of employment do not permit any child below the age of 14 years to work. No schoolchild above the age of 14 years is allowed to be employed on school days for more than two hours between the hours of 4 p.m. and 6-30 p.m. and for more than four hours on Saturdays between the hours of 8-0 a.m. and 6-30 p.m.

SUMMARY OF WORK DONE, 1956

Periodic Medical Inspections ... ..	4,381
Additional Periodic Inspections ... ..	3,585
Special Inspections ... ..	6,583
Re-Inspections ... ..	3,124
Total ... ..	17,673

Periodic Dental Inspections ... ..	4,018
Special Dental Inspections ... ..	1,916
Number of children treated by School Dental Surgeons ...	1,979
Number of attendances at Clinics :	
Minor Ailments (at Rougier Street) ... ..	5,033
Chiropody Clinic ... ..	1,120
Dental Clinic ... ..	7,964
Ear Clinic ... ..	1,066
Mental Testing ... ..	60
Ophthalmic Clinic ... ..	3,013
Orthopædic Clinic ... ..	300
Acomb Secondary Modern School Clinic ... ..	638
Beckfield Secondary Modern School Clinic ... ..	588
Burnholme Secondary Modern School Clinic ... ..	551
Burton Stone Secondary Modern School Clinic ... ..	864
Carr Infants' School Clinic ... ..	738
Carr Junior School Clinic ... ..	665
Danesmead Secondary Modern School Clinic ... ..	520
Derwent Junior School Clinic ... ..	1,068
Fulford Road Special School Clinic ... ..	622
Hob Moor Infants' School Clinic ... ..	336
Hob Moor Junior School Clinic ... ..	276
Open Air School Clinic ... ..	1,078
St. George's School Clinic ... ..	1,501
Westfield Infants' School Clinic ... ..	361
Westfield Junior School Clinic ... ..	180
Total ... ..	28,542

Number of inspections by School Nursing Staff for uncleanliness	45,876
Number of home visits made by Nursing Staff ... ..	652
Number of visits to schools by Nursing Staff ... ..	2,093
Number of "follow-up" cases ... ..	2,958

## SCHOOL DENTAL SERVICE

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

We were unfortunate during 1956 in that Mr. J. K. Thornham, L.D.S., resigned to enter private practice. This left only the Principal School Dental Officer to carry on the service. Some help was forthcoming from the temporary appointment of Mr. D. E. C. Weldon, B.D.S., who assisted for eleven weeks towards the end of the year. Miss Judith Yuill, M.D., M.R.C.P.Eng., has acted in the capacity of anæsthetist during the latter half of the year. The shortage of staff led to Cornlands Road Dental Clinic being closed except for two afternoons each week.

Until a full staff can be appointed the number of children for whom the remaining dental officer is responsible must be curtailed. It will probably be preferable to exclude children by age rather than by school. One of the main difficulties has been the treating of emergency cases. 1,443 general anæsthetics were administered, whilst in 1955 the total was 1,442. This means that whilst the same amount of time was devoted to extractions, there was a smaller staff attempting to stem the mounting tide of emergency patients. The number of casual visits increased from 1,618 in 1955 to 1,916 in 1956, a rise approaching 20%. This, of necessity, leaves less time for routine conservative treatment, and when the staff is reduced to one it may even be necessary to refer children, in pain, to private practitioners.

The Cornlands Road Clinic with its excellent lighting, good ventilation and storage space compares very favourably with the poorer Rougier Street Clinic accommodation. The possibility of replacing the Rougier Street Dental Clinic should be considered as an urgent matter. It is impossible to maintain the high standard of cleanliness necessary in the practice of dentistry in these premises.

*Inspections.* During the year 5,934 children were inspected, 4,018 in school, and 1,916 casual inspections at the clinic. 4,590 were found to require treatment. This is equivalent to 78% as compared with 72% in 1955 and 64% in 1954.

*Treatment.* 1,979 children were treated and 3,067 fillings were inserted in permanent teeth. 250 fillings were inserted in temporary teeth. Temporary teeth are filled only where a parent particularly asks for this or occasionally when doing work on the permanent dentition.

Five gold inlays, 3 bridges, one crown and 35 dentures were fitted.

*Orthodontics.* 55 new cases were seen. 34 removable appliances were fitted and 22 children had fixed appliances made in the clinic.

## THE CHILD GUIDANCE CLINIC

Dr. Irene Turgel, Psychiatrist to the Child Guidance Clinic, resigned on 15th October to take up a full-time post under the Leeds Regional Hospital Board. There were no applications in response to an advertisement to fill the vacancy. The Governors of the Retreat, a private mental hospital in York, generously permitted the three psychiatrists on their staff each to give one or two sessions a week so that the work could be carried on pending other arrangements being made. An approach is being made to the Leeds Regional Hospital Board to provide a child psychiatrist to fill the vacancy caused by Dr. Turgel's resignation.

The following summary of work is divided into two parts. Section A gives the figures relating to the work of the Child Guidance Clinic. Section B gives the figures relating to the work in the School Psychological Service done by Miss Johns, the Educational Psychologist. None of the children enumerated in Section B is included also in Section A.

## SECTION A.

FIGURES FOR YEAR ENDED 31<sup>ST</sup> DECEMBER, 1956

CASES INTERVIEWED:	YORK			ELSEWHERE			TOTAL 1956	TOTAL 1955	TOTAL 1954
	Boys	Girls	Total	Boys	Girls	Total			
Brought forward from 1955	133	53	191	2	—	2	193	153	165
Registered during 1956 ...	91	61	152	1	1	2	154	603	436
Closed during 1956 ...	115	53	171	3	1	4	175	563	447
Carried forward on 31.12.56	109	63	172	—	—	—	172	193	153
Waiting List 31.12.56									
Not yet investigated ...	31	7	38	—	—	—	38	33	17
Under investigation ...	66	42	108	—	—	—	108	112	60
<b>NEW REGISTRATIONS:</b>									
School Medical Dept. ...	20	8	28	—	—	—	28	64	46
Hospitals, Medical Practitioners ...	14	13	27	—	—	—	27	13	15
Education Dept. ...	—	1	1	—	—	—	1	4	9
Head Teachers ...	28	13	41	—	—	—	41	436	303
Prob. Officers, etc. ...	8	3	11	—	—	—	11	42	25
Children Department	2	1	3	—	—	—	3	6	5
Parents ...	15	14	29	—	—	—	29	16	17
Speech Therapist ...	1	2	3	—	—	—	3	—	—
Others ...	4	7	11	—	—	—	11	22	16
<b>TOTAL</b> ...	92	62	154	—	—	—	154	603	436
<b>CLOSURES:</b>									
Psychological and Social Service ...	26	8	34	—	—	—	34	Not known	known
Social Service only ...	32	18	50	—	—	—	50	46	27
Consultation ...	11	11	22	—	1	1	23	24	73
Treatment by Psychiatrist ...	46	18	64	—	—	—	64	54	61
Treatment by Psychologist ...	3	1	4	—	—	—	4	8	16
<b>TOTAL</b> ...	118	56	174	—	1	1	175		
<b>INTERVIEWS IN SCHOOLS, CLINIC AND REMAND HOME</b> ...							2042	2518	2599
<b>VISITS OF ENQUIRY PAID TO HOME AND SCHOOLS:</b>							452	486	389
<b>PUBLIC ENGAGEMENTS (Meetings, Lectures, etc.)</b>							74	58	48 (since 1.7.54)

Additional cases, not included in Section A, seen only by Educational Psychologist :—

	YORK		ELSEWHERE		TOTAL
	Boys	Girls	Boys	Girls	
Cases brought forward 31.12.55 ... ..	Not known				
Cases registered during 1956 ... ..	147	67	14	—	228
Closed during 1956 ... ..	141	64	14	—	219
Cases passed on to Psychiatric Social Worker for further investigation ...	6	3	—	—	9
<i>Newly Registered Cases: Sources of Referral</i>	Boys	Girls			TOTAL
School Medical Officer ... ..	4	4			8
School Medical Officer, for Speech Therapist ... ..	4	3			7
Remand Home ... ..	14	—			14
Head Teachers ... ..	8	1			9
Others ... ..	2	1			3
<i>Reading Survey Referrals</i>					
Head Teachers ... ..	129	58			187
	YORK		ELSEWHERE		TOTAL
	Boys	Girls	Boys	Girls	
<i>Closed Cases: Type of Service Given</i>					
Educational Test only ... ..	117	49	—	—	166
Intelligence Test only ... ..	17	8	14	—	39
Psychological and Social Service ...	7	7	—	—	14

Total Interviews in Clinic, Schools and Remand Home ... 232

The number of York schoolchildren treated at the Child Guidance Clinic during 1956 was as follows :—

*Psychiatrist:*

Brought forward from 1955 ... ..	64
Attending not more than 3 times ... ..	13
Treated over a period ... ..	57

*Psychologist:*

Treated over a period ... ..	19
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Total ... .. 153

In addition to these 153 children, there were many others who were investigated by the Educational Psychologist and the Psychiatric Social Worker and who were not seen by the Psychiatrist.

### SPEECH THERAPY CLINIC

I am indebted to Miss Dodson, L.C.S.T., for the following report on the work of the Speech Therapy Clinic :—

On 31st December, 1956, after discharges had been made there were 65 children on the register including three Dyslalics whose cases had been investigated and deferred. This was as a result of intelligence testing when they were found to be too young mentally to have regular treatment.

70 school visits have been made but these include regular visits made to one school weekly where six children have received treatment, and in some cases Infants and Junior Departments of the same school.

At the beginning of the year there were 53 names on the waiting list; on 31st December, 1956, there were 43. As well as referrals from the School Clinic, names are added to the waiting list when the Therapist visits schools to see children who may need treatment. Conversely, names are taken off for the following reasons :—

- (1) Spontaneous improvement since a child was referred.
- (2) "Speech Defect" was a misnomer for lazy pronunciation and poor diction.
- (3) Failure to attend the clinic when a child has been sent for twice and after further investigation (often made by Health Visitors) has been unsuccessful.
- (4) If teachers give a report of such a difficult combination of circumstances contributing to family background that attempts on the part of the Speech Therapist could not help a child.

Attendances should be better. Some children are kept attending only by dint of constant reminder cards sent to parents and investigations made by teachers. Regular attendance during term time plus co-operation of parents does make a great difference to speed and steadiness of improvement, especially with dyslalics. Provided that there are no accompanying emotional difficulties too severe for the Speech Therapist to deal with, progress in these cases is almost invariably assured.

Many mothers are very co-operative. Unless it is inadvisable, they come into the room for part of the child's treatment time, so that they may know how to help him with his practice and exercises until he comes again the following week.

Attendances during school holidays are never good, but it would seem that a rest from attending the clinic at these times may be a good thing, as in some cases considerable improvement in a child's attitude and defect is noticed when he returns. It is sometimes considered advisable on therapeutic grounds for a child to have a rest after he has been attending regularly for a long period: recently the improvement that has taken place in two children—one a stammerer, the other a stammerer with mild spastic dysarthria—after an interval of three months' rest, has been very marked.

Poor regular attendances during the summer holidays gave an opportunity for children whose names were on the waiting list to be sent for, so that they could be reviewed and placed in some order of urgency. Very few mothers failed to bring their children.

During the year six children have had Intelligence Tests at the Child Guidance Clinic and three others have been referred there for treatment because of emotional or personality difficulties. One dyslalic child is receiving treatment at the Child Guidance Clinic and also continuing at the Speech Clinic on the advice of the Psychiatrist. The parents of one very shy, inhibited child, who could talk but wouldn't, refused to take her to the Child Guidance Clinic. However, she is now very much improved; becoming more talkative and friendly and nearly ready for discharge. In turn three children, after receiving treatment at the Child Guidance Clinic, have been referred to the Speech Clinic.

Four children have had tonsils or tonsils and adenoids removed and one child with a hearing difficulty has been referred to the lip reading class after examination by the E.N.T. Consultant.

Two children gave up treatment at the Speech Clinic to receive orthodontic attention from the dentist, and one other child, relieved of his lisp and thumb sucking, was referred after discharge.

In August the clinic was equipped with a Ferrograph Tape Recorder which is a great asset. Even the shyest child likes to speak through the microphone, and the machine has proved most useful.

	<i>Treated</i>	<i>Still under attention</i>	<i>Discharged cured or improved</i>	<i>Discharged Defaulted or unable to benefit</i>	<i>Ref. C.G.C.</i>	<i>Orthodontic treatment</i>	<i>Lip-reading class</i>
Stammerers ...	34	13	12	7	2	—	—
Dyslalics ...	98	42	22	31	—	2	1
Cleft Palates ...	4	1	—	3	—	—	—
Stammer and Dyslalia ...	7	4	1	1	1	—	—
Dysphonia ...	1	1	—	—	—	—	—
Stam. and very slight spastic Dysarthria ...	1	1	—	—	—	—	—
Alalia ...	1	1	—	—	—	—	—
Dyslalia and Dysphonia ...	1	1	—	—	—	—	—
Can talk but won't shyness and inhibition ...	1	1	—	—	—	—	—
<b>Total</b>	<b>148</b>	<b>65</b>	<b>35</b>	<b>42</b>	<b>3</b>	<b>2</b>	<b>1</b>

Average appointments kept weekly at clinic ...	38
Average appointments kept weekly at school ...	5
No. of children on waiting list at beginning of year ...	53
No. of children on waiting list at end of year ...	43
No. of children under treatment at end of year ...	65
No. of children discharged cured or improved during year	35
No. of children discharged for other reasons ...	42



## YORK FAMILY SERVICE UNIT

I am indebted to Miss A. Dyer for the following report :—

Miss I. Hort, the case work organiser, has resigned to take up social work in another sphere. Her successor had not been appointed when this report was requested.

The Family Service Unit has continued to work with Problem Families and for half the year the establishment was up to strength with three case-workers. The figures for the year are :—

Families open at 1st January, 1956	...	...	22
Families opened during year	...	...	14
			(3 were old cases reopened)
Families closed during year	...	...	8
Families open at 31st December, 1956	...		28
Contacts for the year with the families	...		2,339
Contacts for the year with the officials	...		1,071

At the end of the year there were 73 children of school age in the current cases. 2 of these children attend the Open Air School and 2 Fulford E.S.N. School.

13 children attended a canvas camp at Robin Hood's Bay using equipment hired from the City's Youth Organiser.

25 children went to a hutted camp at Osmotherley Young Friends' Hostel. Many children attended outings and parties given by friends of the Unit and 2 six-year-old boys had a holiday with a private hostess in Scotland who responded to an F.S.U. press appeal for help of this type.

Co-operation with various departments of the Corporation is very good.

### DEATHS AMONGST SCHOOLCHILDREN

There were 6 deaths amongst schoolchildren during 1956. The causes were as follows :—

Rheumatic Carditis—Acute Rheumatic Fever	...	...	1
Drowning (Accidental—Coroner's Inquest)	...	...	1
Tumour of the Cerebellum	...	...	1
Cerebellar Hæmorrhage	...	...	1
Pyonephrosis—Generalised Toxæmia—Rt. Nephrectomy...	...	...	1
Hodgkins' Disease	...	...	1
			—
Total	...	...	6
			—

The deaths for the previous 5 years were :—

1955—8; 1954—3; 1953—5; 1952—6; 1951—4.

### · N.S.P.C.C.

There has been no resident inspector of the Society in York for most of the year. Inspector G. H. Pateman, who has recently retired, is continuing to supervise an area embracing York and surrounding parts of the three Ridings.

He travels from Scarborough most days until another inspector is appointed to York. I am indebted to him for the following statistics relating to York cases only :—

Neglect	...	...	...	...	...	...	...	68
Ill-treatment	...	...	...	...	...	...	...	16
Assault	...	...	...	...	...	...	...	2
Cases persons seeking Advice concerning their children								24
Total number of cases								110
<hr/>								
Number of Parents warned or advised	...	...	...	...	...	...	...	181
Number of children dealt with	...	...	...	...	...	...	...	245
Number of supervision visits made in connection with these cases	...	...	...	...	...	...	...	298
Prosecutions	...	...	...	...	...	...	...	3
Juvenile Court Cases	...	...	...	...	...	...	...	2

#### REMAND HOME

The School Health Service is responsible for all the medical services provided at Ashbank Remand Home, which is under the care of the Children Committee. Each boy is medically inspected within 24 hours of both admission and discharge. The Educational Psychologist and the Psychiatrist attached to the Child Guidance Clinic see boys at the request of magistrates and others, and so assist in decisions in regard to the disposal and treatment of these young delinquents.

During the year 121 boys were admitted, 38 of them being from York, the remainder from other towns within a radius of about 50 miles. The average length of stay was 22 days; the longest stay 133 days. The I.Q. range of some 43 boys tested at the home during the course of the year was as follows :—

I.Q.	No. of Boys
40- 50	1
51- 60	1
61- 70	2
71 -80	6
81- 90	8
91-100	10
101-110	12
111-120	2
121-130	1

The offences or reasons for being committed to the Remand Home were :—

Larceny 57, breaking and entering 20, Children Act cases 16, breach of probation 4, housebreaking 4, indecent assault 4, shop-breaking 3, taking away motor car without owner's consent 2, non-attendance at school 2, assault 1, beyond control 1, shoplifting 1, robbery with violence 1, grievous bodily harm 1, in need of care and protection 1, wilful damage 1, arson 1, indecent exposure 1.

### YORK SCHOOLS' ATHLETIC ASSOCIATION

The following is an abstract from the Annual Report of the York Schools' Athletic Association :—

There are now 12 sections, each responsible for organising its own branch of sport. These sections comprise association football, rugby football, swimming, cricket, hockey, boxing, whilst in netball, rounders and athletics there are both junior and senior sections.

In swimming the trophies given to the schools with the highest percentage of children able to swim one length of the bath was won with a percentage of 92 amongst the boys' schools and 78 amongst the girls'. 28 children competed in the County Championships whilst some reached inter-city and even national level.

Games, competitions, galas and athletic meetings are arranged for different ages and different sized schools and great credit is due to the teachers who give freely of their leisure time to promote these healthy pursuits.

### COST OF SCHOOL HEALTH SERVICE

I am indebted to Mr. B. Littlefair, the City Treasurer, for providing the following information concerning the cost of the School Health Service for the year :—

	£
Gross cost of School Health Service ...	24,378
Government Grant ... ..	14,628
Net cost to Rates ... ..	9,750
Amount produced by 1d. Rate ... ..	5,100
Net cost to Rates in terms of 1d. Rate ...	1.91d.

# SCHOOL HEALTH SERVICE STAFF AND SCHOOL CLINICS

RETURN MADE TO MINISTRY OF EDUCATION  
POSITION ON 31ST DECEMBER, 1956

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

Principal School Medical Officer : DR. CATHERINE B. CRANE.

Principal School Dental Officer : GRAHAM TURNER.

	Number of Officers	Numbers in terms of full-time Officers employed in the School Health Service
(a) Medical Officers (including the Principal School Medical Officer):—		
(i) whole-time School Health Service	3	3
(ii) whole-time School Health and Local Health Services ... ..	1	0.10
(iii) General Practitioners working part-time in the School Health Service ... ..	—	—
(b) Physiotherapists, Speech Therapists, etc.		
Speech Therapist ... ..	1	1
(c) (i) School Nurses ... ..	9	7.2
(ii) Number of the above who hold a Health Visitor's Certificate ...	4	—
(d) Nursing Assistants ... ..	2	2

	Officers employed on a Salary basis		Officers employed on a Sessional basis	
	Number of Officers	Numbers in terms of full-time Officers employed in the School Dental Service	Number of Officers	Numbers in terms of full-time Officers employed in the School Dental Service
(e) Dental Staff:—				
(i) Principal School Dental Officer ...	1	1	—	—
(ii) Dental Officers ...	—	—	—	—
(iii) Orthodontists ...	—	—	—	—
TOTAL ...	1	1	—	—
			Number of Officers	Numbers in terms of full-time Officers employed in the School Dental Service
(iv) Dental Attendants ... ..			2	2
(v) Other Staff ... ..			—	—

II. NUMBER OF SCHOOL CLINICS ... .. 2

A certain amount of minor ailment treatment is carried out in the Medical Inspection Rooms at 15 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 ... ..	16	—
(b) Dental ... ..	2	—
(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 the Organisers of Physical Education ... ..	2	—

IV. CHILD GUIDANCE CENTRES.

Number of Child Guidance Centres provided by the Authority: 1

	Number	Aggregate in terms of the equivalent number of whole-time officers
Psychiatrists ... ..	3	0.45
Educational Psychologists ... ..	1	1
Psychiatric Social Workers ... ..	1	1
Pædiatricians, Play Therapists, Social workers, etc. (excluding Clerks) ... ..	—	—

The Psychiatrists are employed by the Authority.

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

	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally sub-normal (8) Mal-adjusted		(9) Epileptic	TOTAL (1) - (9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the calendar year ended 31st Dec., 1956 ...										
A. Handicapped Pupils newly placed in Special Schools or Boarding Homes ...	-	2	-	-	28	-	15	2	-	47
B. Handicapped Pupils newly assessed as needing Special educational treatment at Special Schools or in Boarding Homes	-	2	1	-	31	1	11	-	-	46
On or about January 31st 1957, number of Handicapped Pupils from the Authority's area who										
C. (i) were on the register of Special Schools as—										
(a) Day Pupils ...	-	13	-	-	95	1	87	-	-	196
(b) Boarding Pupils	2	-	8	-	1	4	8	3	-	26
(ii) were on the register of independent schools under arrangements made by the Authority ...	-	-	-	-	-	-	-	-	-	-
(ii) were boarded in Homes and not already included under (i) or (ii)	-	-	-	-	-	-	-	-	-	-
TOTAL C ...	2	13	8	-	96	5	95	3	-	222

	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally sub-normal (8) Mal-adjusted		(9) Epileptic	TOTAL (1) - (9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
<b>D. were being educated under arrangements made under Section 56 of the Education Act, 1944—</b>										
(i) in hospitals	-	-	-	-	2	-	-	-	-	2
(ii) in other groups (e.g. units for spastics, convalescent homes)	-	-	-	-	-	-	-	-	-	-
(iii) at home	-	-	-	-	-	-	-	-	-	-
<b>E. were requiring places in special schools</b>										
<b>(i) TOTAL</b>										
(a) day	-	1	-	-	-	-	4	-	-	5
(b) boarding	-	-	1	-	-	1	-	-	-	2
Please state how many pupils are <b>included</b> in the totals above:—										
<b>(ii) who had not reached the age of 5:—</b>										
(a) awaiting day places ... ..	-	1	-	-	-	-	-	-	-	1
(b) awaiting boarding places	-	-	-	-	-	-	-	-	-	-
<b>(iii) who had reached the age of 5 but whose parents had not consented to admission to a special school:—</b>										
(a) awaiting day places ... ..	-	-	-	-	-	-	-	-	-	-
(b) awaiting boarding places	-	-	-	-	-	-	-	-	-	-

F. were on the registers of hospital special schools ... .. 12

G. During the *calendar* year ended 31st December, 1956, number of children reported to the local health authority—

(a) under Section 57(3) (excluding any returned under (b) )	...	11
(b) " " 57(3) relying on Section 57(4)	...	—
(c) " " 57(5)	...	13

of the Education Act, 1944

H. During the *financial year* ended 31st March, 1956, amount spent on arrangements under SECTION 56 of the Education Act, 1944, for the education of handicapped pupils otherwise than at school ... ..

£505 0s. 0d.

# MEDICAL INSPECTION RETURNS

Year ended 31st December, 1956.

TABLE I.

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

## A.—PERIODIC MEDICAL INSPECTIONS.

Age Groups inspected and Number of Pupils examined in each:—

First Age Group	...	...	...	...	...	1376
Second Age Group	...	...	...	...	...	1567
Third Age Group	...	...	...	...	...	1438
			Total	...	...	4381
Additional Periodic Inspections	...	...	...	...	...	3585
			Grand Total	...	...	7966

## B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	...	6583
Number of Re-Inspections	...	...	...	...	...	3124
			Total	...	...	9707

## 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).

Age Groups Inspected.	For defective vision (excluding squint).	For any of the other conditions recorded in Table III.	Total Individual Pupils.
(1)	(2)	(3)	(4)
First Age Group ...	32	128	154
Second Age Group ...	84	171	246
Third Age Group ...	83	183	257
Total ...	199	482	657
Additional Periodic Inspections	142	394	512
Grand Total ...	341	876	1169



D.—CLASSIFICATION OF THE PHYSICAL CONDITION OF PUPILS INSPECTED IN THE AGE GROUPS RECORDED IN TABLE IA.

Age Groups Inspected. (1)	Number of Pupils Inspected. (2)	Satisfactory		Unsatisfactory	
		No. (3)	% of Col. 2 (4)	No. (5)	% of Col. 2 (6)
First Age Group ...	1376	1365	99.2	11	0.8
Second Age Group ...	1567	1539	98.21	28	1.79
Third Age Group ...	1438	1409	97.98	29	2.02
Additional Periodic Inspections ...	3585	3491	97.38	94	2.62
Total ...	7966	7804	97.97	162	2.03

TABLE II.

INFESTATION WITH VERMIN.

(i) Total number of individual examinations of pupils in schools by the school nurses or other authorized persons ...	45,876
(ii) Total number of individual pupils found to be infested ...	362
(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 III.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1956.

## A. PERIODIC INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS				TOTAL (including all other age groups inspected)	
		Entrants		Leavers		Requir- ing Treat- ment (7)	Requir- ing Observ- ation (8)
		Requir- ing Treat- ment (3)	Requir- ing Observ- ation (4)	Requir- ing Treat- ment (5)	Requir- ing Observ- ation (6)		
4	Skin ... ..	32	29	89	59	303	222
5	Eyes—						
	a. Vision ...	32	54	83	206	341	841
	b. Squint ...	16	36	—	13	26	135
	c. Other ...	4	4	9	4	43	26
6	Ears—						
	a. Hearing ...	5	28	2	14	26	103
	b. Otitis Media	4	27	6	13	24	118
	c. Other ...	4	13	19	6	71	48
7	Nose and Throat ...	26	155	4	36	64	543
8	Speech ... ..	3	44	2	3	22	97
9	Lymphatic Glands ...	5	68	—	19	8	281
10	Heart ... ..	1	41	2	28	7	170
11	Lungs ... ..	14	62	1	28	27	298
12	Developmental—						
	a. Hernia ...	7	15	1	—	17	46
	b. Other ...	5	61	2	58	33	346
13	Orthopaedic—						
	a. Posture ...	4	22	21	45	91	201
	b. Feet ...	4	60	19	54	94	277
	c. Other ...	4	53	8	32	45	262
14	Nervous System—						
	a. Epilepsy ...	—	4	—	1	—	26
	b. Other ...	—	3	—	1	1	12
15	Psychological—						
	a. Develop- ment ...	—	10	—	—	—	120
	b. Stability ...	5	157	5	121	26	792
16	Abdomen ... ..	2	8	3	6	11	49
17	Other ... ..	1	29	4	36	17	168

**TABLE III—continued.**  
**B. SPECIAL INSPECTIONS**

Defect Code No.	Defect or Disease	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
(1)	(2)		
4	Skin ... ..	352	37
5	Eyes—a. Vision ... ..	740	483
	b. Squint ... ..	89	24
	c. Other ... ..	126	6
6	Ears—a. Hearing ... ..	10	17
	b. Otitis Media ... ..	62	16
	c. Other ... ..	113	39
7	Nose and Throat ... ..	103	173
8	Speech ... ..	25	44
9	Lymphatic Glands ... ..	4	59
10	Heart ... ..	2	88
11	Lungs ... ..	6	74
12	Developmental—		
	a. Hernia ... ..	4	24
13	b. Other ... ..	11	125
	Orthopaedic—		
	a. Posture ... ..	30	42
	b. Feet ... ..	83	85
14	c. Other ... ..	75	151
	Nervous System—		
	a. Epilepsy ... ..	1	12
15	b. Other ... ..	—	4
	Psychological—		
	a. Development ... ..	1	7
16	b. Stability ... ..	13	152
	Abdomen ... ..	1	8
17	Other ... ..	671	67

TABLE IV.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

GROUP 1—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases dealt with	
	by the Authority	otherwise
External and other, excluding errors of refraction and squint ... ..	301	48
Errors of refraction (including squint) ...	—	2083
Total	301	2131
Number of pupils for whom spectacles were prescribed ... ..	—	1262

GROUP 2—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been treated	
	by the Authority	otherwise
Received operative treatment		
(a) for diseases of the ear ... ..	—	10
(b) for adenoids and chronic tonsillitis ...	—	270
(c) for other nose and throat conditions ...	—	4
Received other forms of treatment ... ..	324	716
Total	324	1000
Total number of pupils in schools who are known to have been provided with hearing aids ... ..		
(a) in 1956 ... ..	—	3
(b) in previous years ... ..	—	5

GROUP 3—ORTHOPÆDIC AND POSTURAL DEFECTS

	by the Authority	otherwise
Number of pupils known to have been treated at clinics or out-patient departments ...	272	307

GROUP 4—DISEASES OF THE SKIN (excluding uncleanliness, for which see Table II)

	Number of cases treated or under treatment during the year by the Authority
Ringworm—(i) Scalp ... ..	—
(ii) Body ... ..	12
Scabies ... ..	5
Impetigo ... ..	138
Other skin diseases ... ..	1049
Total	1204

GROUP 5—CHILD GUIDANCE TREATMENT.

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority ... ..	153
--	-----

GROUP 6—SPEECH THERAPY.

Number of pupils treated by Speech Therapists under arrangements made by the Authority ... ..	148
---	-----

GROUP 7—OTHER TREATMENT GIVEN.

(a) Number of cases of miscellaneous minor ailments treated by the Authority ...	2771
(b) Pupils who received convalescent treatment under School Health Service arrangements ... ..	—
(c) Pupils who received B.C.G. vaccination ... ..	700
(d) Other than (a), (b) and (c) above (specify)	
1. Chiropody ... ..	280
2. UVL Treatment ... ..	66
Total (a)-(d) ...	3817

**TABLE V.**  
**DENTAL INSPECTION AND TREATMENT CARRIED OUT**  
**BY THE AUTHORITY**

1. Number of pupils inspected by the Authority's Dental Officers:—							
(a)	At Periodic Inspections	...	...	...	...	...	4,018
(b)	As Specials...	...	...	...	...	...	1,916
						Total (1)	5,934
2. Number found to require treatment							4,590
3. Number offered treatment							4,464
4. Number actually treated							1,979
5. Number of attendances made by pupils for treatment, including those recorded at heading 11 (h) overleaf							7,964
6. Half-days devoted to:—							
	Periodic (School) Inspection	...	...	...	...	...	16
	Treatment	...	...	...	...	...	842
						Total (6)	858
7. Fillings:—							
	Permanent Teeth	...	...	...	...	...	3,067
	Temporary Teeth	...	...	...	...	...	250
						Total (7)	3,317
8. Number of Teeth filled:—							
	Permanent Teeth	...	...	...	...	...	2,777
	Temporary Teeth	...	...	...	...	...	232
						Total (8)	3,009
9. Extractions:—							
	Permanent Teeth	...	...	...	...	...	994
	Temporary Teeth	...	...	...	...	...	2,170
						Total (9)	3,164
10. Administration of general anæsthetics for extraction							1,443
11. Orthodontics:—							
(a)	Cases commenced during the year	...	...	...	...	...	55
(b)	Cases carried forward from previous year...	...	...	...	...	...	4
(c)	Cases completed during the year	...	...	...	...	...	8
(d)	Cases discontinued during the year	...	...	...	...	...	1
(e)	Pupils treated with appliances	...	...	...	...	...	24
(f)	Removable appliances fitted	...	...	...	...	...	34
(g)	Fixed appliances fitted	...	...	...	...	...	22
(h)	Total attendances	...	...	...	...	...	517
12. Number of pupils supplied with artificial dentures...							30
13. Other operations:—							
	Permanent teeth	...	...	...	...	...	257
	Temporary teeth	...	...	...	...	...	1
						Total (13)	258

MENTAL  
TREATMENT AND THERAPY  
BY THE ALIENIST

1. The first principle of mental treatment is to understand the nature of the disease. This is done by a careful history and physical examination. The patient's mental state is also noted. The treatment is then based on the results of these examinations.

2. The second principle is to remove the patient from the influence of the disease. This is done by placing the patient in a quiet, comfortable environment. The patient should be kept away from any excitement or stress.

3. The third principle is to give the patient a regular routine. This includes regular meals, sleep, and exercise. The patient should be encouraged to engage in simple, pleasant activities.

4. The fourth principle is to give the patient a sense of purpose. This is done by assigning the patient simple tasks that are within their ability. The patient should be encouraged to complete these tasks and to feel a sense of accomplishment.

5. The fifth principle is to give the patient a sense of security. This is done by treating the patient with kindness and respect. The patient should be reassured that they are safe and that they will be cared for.

6. The sixth principle is to give the patient a sense of hope. This is done by explaining to the patient that their condition is treatable and that they will eventually be able to live a normal life.

7. The seventh principle is to give the patient a sense of control. This is done by involving the patient in their own treatment. The patient should be encouraged to express their own views and to make decisions about their care.

8. The eighth principle is to give the patient a sense of dignity. This is done by treating the patient as a person, not just as a patient. The patient should be encouraged to maintain their own identity and to participate in their own care.

9. The ninth principle is to give the patient a sense of self-worth. This is done by praising the patient for their efforts and achievements. The patient should be encouraged to believe in their own ability to overcome their illness.

10. The tenth principle is to give the patient a sense of belonging. This is done by treating the patient as a member of the community. The patient should be encouraged to interact with other patients and staff members.