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City of York Education Committee

ANNUAL REPORT

OF THE

PRINCIPAL

SCHOOL MEDICAL OFFICER

For the Year Ended 31st December, 1959

Alderman R. SCRUTON
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,

The purpose of an introductory letter is to spotlight the main points of interest in the report and to encourage the reader to read the whole publication. We hope that it will be of interest not only to members of the education authority but to parents and teachers of the children to whom it refers. What therefore are the main points of interest in this report?

1. *To Parents:*—

Five of the ten deaths among schoolchildren were due to accident or violence and therefore classified as "Preventable". It is a matter for congratulation that a record number of swimming medallions were won during the year (1,200) and that 20 children have passed proficiency tests compared with 8 the previous year. Our campaign to reduce the accident rate from all causes among our school children continues.

85% of parents attended with their children for the first school medical inspection, but comparatively few for the examination before leaving school. Is this because the teenagers discourage their parents from accompanying them, and if so is it really necessary for them to be so accompanied? Are we wasting time and money in inviting parents to be present at the school leaving examination?

What impression of the service do parents gather from the printed letters and questionnaires that go out to them from the School Clinic? For many parents this is the only contact they have with the School Health Service. Some of the statistics in this report are compiled from such returns made by parents. Our aim is to protect and improve the health of our schoolchildren, but it is very rarely that we receive practical suggestions from parents. Is this because they judge us by the forms we send out and think we are as impersonal as are the forms?

The report deplures the drop in the number of medical reports received from hospitals and general practitioners, and over the years has repeatedly emphasized the need for closer liaison between all responsible for the health of the school child. Reports are always gladly supplied on request but we have not yet reached the happy position in York where copies of hospital reports are automatically forwarded to the School Medical Officer on all schoolchildren treated. We also need to ask ourselves whether we tell parents as much as they would like to know about the health of their children or encourage them sufficiently to come to us with their problems.

There is still much to be learned about the optimum diet for school children and the adverse effect of excessive "extras". 30 children were found to be grossly overweight during the year — that is to say, more than 2 stones above the average weight for their age and 78% of children examined were dentally unfit.

2. *To Teachers:*—

Routine school medical inspections continued during the year, but many authorities have replaced these by selective examinations only. The advisability of this is discussed in the body of the report.

This is the first year in which no new case of tuberculosis has been notified in a school child. An achievement indeed, and due in no small part to the willing co-operation of the teachers in arranging B.C.G. vaccination sessions to be held in the schools, for school leavers over the past 5 years. Dr. Margaret Barnet has undertaken an investigation which shows that 40 years ago, 76 children out of 100 admitted to our Open Air School were suffering from tuberculosis in some form. Of the last 100 admissions there have only been 4, although 47% suffered from respiratory infections of some kind. A high proportion of attenders at the school are descendants of former pupils.

There were no cases of poliomyelitis notified during 1959, and our thanks again go to the staff for their willing co-operation in releasing children for vaccination.

General

Epidemics continue to sweep through our infant classes, notably measles and influenza and the building of new schools does not appear to have influenced this.

The building of the new Open Air School in Beckfield Lane commenced during the year, and we hope to transfer from the old 1914-18 wooden hutments, which house the school at present, during 1960. Better facilities will be provided here for our delicate children and more particularly a special physiotherapy unit which will cater for the needs of spastics and children with other orthopaedic defects.

The body of this report has been drafted by Dr. Shevlin and his staff and to them I tender my thanks for their continued help and loyalty during the year. Our thanks also go to the Chairman and Members of the Education Committee, to the Chief Education Officer and his staff and to all who have contributed to the maintenance of a high standard of health among our York schoolchildren.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

C. B. CRANE,

*Medical Officer of Health and
Principal School Medical Officer.*

THE EDUCATION COMMITTEE

Chairman:

Alderman R. Scruton, J.P.

Vice-Chairman:

Alderman G. S. Bellerby

Chairman of Special and Social Services Sub-Committee:

Councillor Miss L. M. A. Lacamp

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Councillor S. Palphramand, J.P.	(Resigned October)
Councillor Mrs. I. G. Wightman, B.A.	The Rev. Fr. P. McAniff
Councillor Mrs. I. Faulkner	The Rev. B. C. Norris, M.A.
	(Appointed November)

Chief Education Officer:

H. Oldman, M.A.

Deputy Education Officer:

J. Threlfall, B.A.

ANNUAL REPORT
of the
PRINCIPAL SCHOOL MEDICAL OFFICER
for the
YEAR ENDED 31st DECEMBER, 1959.

**STAFF OF THE SCHOOL HEALTH SERVICE
DURING 1959**

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:

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

F. C. McNelis, M.B., B.Ch., B.A.O., L.M., D.C.H. (resigned 31.3.59)

Mrs. I. M. Sutcliffe, M.B., Ch.B., D.P.H. (commenced 1.9.59)

Ophthalmic Consultant:

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

Principal School Dental Officer:

G. Turner, L.D.S.

School Dental Officers:

P. I. Townend, B.Ch.D. (part-time)

I. D. Forster, B.Ch.D. (part-time from 23.6.59 to 9.7.59)

Anæsthetist to School Dental Officers:

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

Superintendent Nursing Officer and Supervisor of Midwives:

Miss A. W. Mather, S.R.N., S.C.M., H.V. Certificate, Q.N.

School Nursing Sisters:

Mrs. S. Dalton, S.R.N., S.C.M. (retired 25.5.59: recommenced 27.5.59)

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

Miss M. Chetwynd, S.R.N.

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

Health Visitor/School Nurses:

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

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

Miss G. T. McAllister, S.R.N., S.C.M., H.V. Certificate.

Miss B. Hughes, S.R.N., S.C.M., H.V. Certificate, Q.N. (resigned 31.7.59)

Miss E. English, S.R.N., S.C.M., H.V. Certificate.

Mrs. H. Hawksby, S.R.N., S.C.M., H.V. Certificate (resigned 23.5.59)

Miss L. C. Brown, S.R.N., S.C.M., H.V. Certificate, Diploma Tropical Nursing (commenced 12.10.59)

Dental Surgery Assistants:

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

Mrs. G. Martin, N.N.E.B.

Speech Therapist:

Miss A. Nowell, L.C.S.T.

Organisers of Physical Education:

Miss O. M. Smith.

G. Rees.

Chiropodist:

Mrs. F. Frankland, S.R.N., S.C.M., M.Ch.S.

Lip Reading Tutor:

Mrs. F. M. Oloman, Qualified Teacher of the Deaf (resigned 13.5.59)

Mrs. W. Adams, Qualified Teacher of the Deaf (commenced 16.9.59)

Chief Clerk:

Miss D. J. Blaker.

General Clerks:

Miss M. Sowray.

Miss H. F. Milburn.

Miss C. M. Lonsdale.

Mrs. E. E. Hedinburgh.

Clerical Assistants to School Medical Officers:

Miss M. A. Robinson.

Miss J. K. Danby.

STAFF OF CHILD GUIDANCE CLINIC.

Consultant in Child Psychiatry:

C. H. Neville-Smith, B.M., B.Ch., D.C.H., D.P.M.

Psychiatrist:

Miss D. J. Galbraith, M.B., Ch.B., D.P.M.

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).

Child Psychotherapist:

Mrs. B. Kent, B.A.

Secretary:

Mrs. H. K. Keene.

GENERAL

Changes in Staff

Dr. F. C. McNelis resigned his appointment as School Medical Officer at the end of March to take up a paediatric appointment in a Birmingham hospital.

Following two unproductive advertisements for a male School Medical Officer to succeed Dr. McNelis, Dr. Isabella Sutcliffe was appointed and commenced duty on September 1st.

Mrs. S. Dalton retired on 25th May after 24 years' service as a School Nurse in the employ of the York Education Committee, and returned on 27th May as a temporary full-time nurse.

Miss Barbara Hughes resigned her post of Health Visitor/School Nurse on July 31st to take up similar work in Canada. Mrs. H. Hawksby also resigned on May 23rd from the post of Health Visitor/School Nurse in order to accompany her husband to Africa where he was taking up a new post. Miss L. C. Brown was appointed to fill one of the vacancies and commenced duty on October 12th. Mrs. L. Hawley was appointed a temporary school nurse to assist with the work of the department until a trainee Health Visitor would be available in the summer of 1960. Miss A. W. Mather, Superintendent Nursing Officer, was appointed non-medical Supervisor of Midwives in addition to her responsibility for Health Visitors, School Nurses and District Nurses.

Mrs. F. M. Oloman, who conducted classes in lip reading each week for the partially deaf, relinquished her post on becoming Lady Mayoress of York, and was succeeded by Mrs. W. Adams.

There were no changes among the office staff. Miss Spence, dental attendant, married during the year and became Mrs. Martin.

The staff of the Child Guidance Clinic was unchanged throughout the year.

The post of Orthopaedic Consultant to the York Education Committee has been discontinued as such. Following Mr. Crockatt's retirement at the end of September, 1958, and the death of one of the two Orthopaedic Consultants serving the York hospitals, the Leeds Regional Hospital Board, because of the big drop in the number of children requiring long-stay orthopaedic treatment in hospital, took the opportunity of re-arranging the orthopaedic services in the eastern part of the region. In future school children with orthopaedic complaints will be asked to attend the out-patient department of either of the York hospitals, whilst the monthly orthopaedic clinic hitherto held on School Clinic premises will be discontinued after old cases under the supervision of Dr. K. M. Adamson, the Senior Hospital Medical Officer of the Adela Shaw Orthopaedic Hospital at Kirbymoorside, have ceased to attend.

Courses and Meetings Attended.

Miss M. Monkley, M.A., Psychiatric Social Worker at the Child Guidance Clinic, attended the Child Guidance Inter Clinic Conference organised by the National Association of Mental Health, which was held in London on the 10th and 11th of April.

Miss E. M. Johns, M.A., Educational Psychologist attached to the Child Guidance Clinic, attended a Course concerning Hearing and Mental Assessment of the Deaf Child, which took place from the 27th to the 29th May.

Dr. M. C. Barnet represented the School Health Service at the monthly meetings of the co-ordinating Committee for the Care of Deprived Children.

Dr. F. B. Shevlin attended meetings of the Council of the School Health Group of the Society of Medical Officers of Health in London, and also a Civil Defence Course held at Sunningdale. He gave a talk on "Standards for School Medical Inspections" to a week-end Conference of County Borough Medical Officers of Health held in York under the Presidency of Dr. Crane.

Mr. Graham Turner, L.D.S., attended the Annual Conference of the British Dental Association in Torquay from the 25th to 29th May.

Houseparent Training Course

Following the success of the first year's pioneer course held in 1958, another was held in 1959 at which lectures were given by Dr. Crane, Principal School Medical Officer, Mr. Graham Turner, Principal School Dental Officer, Dr. Shevlin and Dr. Barnet. Miss Mather, Superintendent Nursing Officer, assisted with the training of the 21 students attending the Course.

Parent - Teacher Associations

Talks have been given to various groups of these associations by members of the staff of the School Health Service during the year.

Tuition outside School Premises

Fourteen York children, 9 from the North Riding, 6 from the East Riding and 2 from the West Riding, were provided with tuition in York hospitals during the year by the Local Education Authority. In addition 4 York children were given tuition at home.

Non-notifiable Infectious Diseases

At the beginning of the year, particularly in February, some of the schools experienced a low average attendance because of the children succumbing to feverish colds. There was no specific influenzal epidemic. A small attack of infectious hepatitis affected one school over the first three months of the year, four of the cases coming from one household. In another school a small epidemic of "pink eye" affected some 11 children in an infant department.

Recruitment of Professional Staff

Great difficulty is being experienced in recruiting medical, dental and nursing staff to fill vacancies in the Service as they occur. No applications were received in response to two series of advertisements for a male School Medical Officer. Repeated advertisements for School Dental Officers over a number of years only produced one applicant, who subsequently proved unsuitable for a full time appointment. Two temporary full time nurses help to keep the work of the department going, but great difficulty is experienced in recruiting either Health Visitors, or nurses willing to train as Health Visitors.

Comprehensive Health Centre

No progress was made during the year in the provision of a purpose built Health Centre to include the School Health Service. For over fifty years the School Health Service in York has been housed in temporary, makeshift accommodation, unsatisfactory both in regard to space and convenience. It is hoped that a building designed for the purpose to meet the needs of an expanding population will be erected in the near future.

Ministry of Education Circular No. 352

This Circular, issued on 24th March, replaced the School Health Service and Handicapped Pupils Regulations, 1953. One of the suggestions made in this Circular was that School Medical Officers might find it preferable to visit schools two or three times a term to see children brought to their attention by parents, teachers, or school nurse, instead of carrying out routine school inspections at long intervals. This has not been implemented in York, as school nurses already visit many schools twice a week for minor ailment clinics, and the central clinic is an easy bus ride from even the most distant school. Teachers also frequently refer children both to the nurse at school and the doctor at the School Clinic, when worried in any way about them. It is the opinion of our Senior Assistant School Medical Officer that to replace routine school medical inspections by something which already exists would at the present time be a retrograde step. The number of defects found at routine school inspections are fortunately decreasing, but we doubt whether the time has yet arrived when they can be discontinued. There are many defects found in school children by doctors during routine school medical inspections that have been missed by parents, teacher and nurse. Obvious defects requiring treatment by the family doctor come under the category of curative medicine and are usually detected by the parents. The School Health Service is still concerned mainly with the prevention of disease and the detection of early variations from normal. A routine check on the health of every school child at regular intervals is, in our opinion, still of great value. The number of defects found at 7 and 8 years of age is often greater than the number found either at 5 or 14 years, and in many instances unknown to either parent or teacher.

Some think that the number of defects being found at these routine inspections is now so small as to justify some change in the supervision of the health of our schoolchildren. The incidence of any particular defect as found by School Medical Officers in different parts of the country varies widely however, and it is possible that this is partly due to the personal factor of the examiner. The higher incidences are therefore probably nearer the true incidence than the lower. Research into these variations is being carried out by the School Health Group of the Society of Medical Officers of Health, our Senior Assistant being a member of the Council of this Group.

Co-ordination

There is considerable interchange of information between the School Medical Officers and the Hospital Consultants, Head Teachers and School Medical Officers, Opticians and Eye Clinic conducted by the School Health

Service, and between the School Health Office and the Offices of the Hospital Management Committee and the Executive Council. The Clinic also acts as an intermediary in procuring information for Consultants about children's behaviour in school. General Practitioners are also helpful by replying to requests for information, mostly concerning children absent from school for long periods. No child is referred to hospital to see a specialist without the family doctor being first consulted. The School Health Service is in a strong position for detecting the early stages of the outbreak of an epidemic disease and is of considerable help to the Health Department in this matter. The Infant Welfare Department informs the School Health Service of handicapped children when they reach the age of two years for special educational treatment as required. Infant Welfare Cards are forwarded to the School Health Department when children commence school. All this exchange of information helps in the smooth running of the department and in the promotion of the health of schoolchild and adult.

SCHOOL POPULATION AND ATTENDANCE

The return of enrolled children on the registers of primary, secondary and special schools for the month of December was 17,929, compared with 17,989 in the previous year. This is the first recession in the school population since the war. The number of children under five years admitted to school was 525.

The percentage attendance in the same month of December was 92% for children over five and 82% for those under five years.

HYGIENE IN SCHOOLS

Maintenance and repairs to school premises including decorations have proceeded in accordance with the Authority's programme. During the year under review, the Derwent Secondary Modern School was opened and the major part of the school brought into use. In addition, the major part of the second instalment of the Technical College housing, the Building Department, was opened.

TRANSFER OF SCHOOL MEDICAL RECORD CARDS

For the second year in succession, a high percentage of the school medical records of children who moved into York from other areas during the year, have not been available when requested. Out of 711 requests only 405 cards have been received. Deducting the number of children from private schools or from abroad, viz. 60, together with the number who were only living in York temporarily, a further ten, this leaves 236 children (33%) in respect of whom the school medical records had gone astray. In 1958 the percentage was 37%. York School Health Department received 668 requests for school medical records which were despatched in all but 30 cases (4.5%). In each of these 30 cases the children were in York for short periods and were not medically examined. This probably reflects the discontinuation of routine school medical inspections in other areas.

SCHOOL MEDICAL INSPECTIONS

The maximum number of children examined at school medical inspections at one session is 20. Allowing for the usual percentage of absentees (up to 10%) this number occupies the time of the examining doctor for the whole session. In the case of infants the usual sessional time is sometimes exceeded, but Head Teachers are very understanding on such occasions.

As in previous years the following groups have been examined:—

- (1) Entrants to the Infant Departments (about 5 years)
- (2) Entrants to the Junior Departments (about 8 years)
- (3) Leavers from the Junior Departments (about 11 years)
- (4) Leavers from the Senior Departments (about 14 years)
- (5) Leavers from the Technical College and the School of Art in the second year of their two year Courses, and in the Grammar Schools, the 13, 15 and 17 year old pupils.

Special inspections are made of children in respect of whom a teacher, nurse or parent has cause for anxiety about their health, mental or physical.

Re-inspections are made of all children found at previous school medical inspections or known otherwise to have remediable defects.

During the course of the year 7,913 children had full routine school medical inspections, a decrease from last year when there were 8,329. The number of special inspections was slightly lower at 5,972 compared with 6,385, whilst the re-inspections were 2,487, slightly less than the 2,722 of 1958.

PARENTS OR GUARDIANS PRESENT AT SCHOOL MEDICAL INSPECTIONS

Invitations are issued to parents or guardians in respect of each child due for routine school medical inspections. The appointments are made for each quarter of an hour so that no parent should have more than fifteen minutes to wait. 84.9% of parents attended the examination of their five year old children, but comparatively few for that of their fourteen year olds. Young teenagers often discourage their parents from attending. The percentage of parents or guardians who attended these school inspections for children of all ages was 55.2%.

GENERAL CONDITION

At school medical inspections throughout the year the number of children found to have an unsatisfactory physical condition was 127 representing 1.6% of those examined. This percentage compares with 1.64% found last year. The term "unsatisfactory" as applied to the physical condition is an appraisal of the child by the school doctor at the end of its school medical examination. It refers not to the nutritional state of the child alone, but to the sum total of its physical attributes. The other category into which children are placed is "satisfactory".

Among the 127 children considered unsatisfactory were eight boys and 24 girls who were considered so because of obesity.

AVERAGE HEIGHTS AND WEIGHTS OF CHILDREN EXAMINED
IN 1959

Nearly all the average heights of both boys and girls approximate closely to those of the last few years: the average weights of both the boys and the girls in the older age groups however appear to be rising slightly.

The following table gives the average heights and weights of children measured during the year. The children are weighed in their indoor clothes, without footwear, outside jackets, or bulky contents of pockets, by special clerks, who go round the schools and measure each child every year. Children who do not show any increase in weight over a period of a year are referred for special inspection. Clerks are employed for this routine work in order to economise in nursing personnel.

BOYS				GIRLS							
Age	Number Examined	Average Height		Average Weight		Age	Number Examined	Average Height		Average Weight	
		Ft.	Ins.	St.	Lbs.			Ft.	Ins.	St.	lbs.
2	5	2	11.7	2	4.00	2	7	3	0.32	2	3.60
3	19	3	2.04	2	6.72	3	32	3	2.52	2	7.70
4	291	3	5.57	2	12.00	4	252	3	5.48	2	11.35
5	514	3	7.25	3	1.21	5	522	3	6.79	2	13.71
6	39	3	9.70	3	6.78	6	55	3	9.09	3	4.03
7	375	4	0.37	3	12.4	7	384	4	0.07	3	11.25
8	361	4	2.09	4	2.34	8	345	4	1.48	4	0.68
9	38	4	3.85	4	5.71	9	32	4	3.46	4	7.9
10	487	4	6.85	5	4.08	10	420	4	6.85	5	3.65
11	500	4	8.09	5	8.45	11	534	4	8.52	5	10.66
12	70	4	9.35	5	13.25	12	68	4	10.49	6	2.5
13	243	5	1.02	7	3.35	13	261	5	1.96	7	9.6
14	539	5	3.5	8	0.7	14	576	5	2.11	8	0.02
15	307	5	6.12	8	13.5	15	338	5	3.37	8	8.61
16	59	5	7.99	9	10.67	16	73	5	3.39	8	8.81
17	60	5	8.94	10	1.34	17	95	5	4.43	9	1.44
18	7	5	9.25	9	10.46	18	4	5	5.63	8	12.94
						20	1	5	3.5	9	9.25

FINDINGS OF PERIODIC MEDICAL INSPECTIONS IN ALL SCHOOLS

The number of children examined in school during the year was 7,913 compared with 8,319 in 1958. The number of entrants examined was higher at 1,675 (1,518 in 1958); the number of leavers almost the same, 1,595 as opposed to 1,590. Only one school leaver was missed by the final school medical inspection. He was resident in York for a few months and left the town before his examination.

The percentage of children found with defects requiring treatment was 13.04% compared with 12.4% in the previous year. The percentage of children with defects found as a result of the extra examination of children carried out in their first year in the junior school, i.e. half way between their entrance to the infants department and their last year in the junior school was 11.6%. In our opinion this figure justifies the examination of this age group. The children have been subject to the effects of the epidemics of infectious disease which often sweep through infant departments.

VISION

It has not been possible to date to introduce the annual testing of vision, but we hope that next year a commencement may be made in the senior schools, where the visual acuity of children can change so rapidly within one year. This is usually due to the onset of myopia.

Vision testing has been carried out on children due for school medical inspection and on those already issued with glasses or referred for re-inspection because of their eyes.

All of the 1,675 entrants had their vision tested, with the exception of 18 children who failed to co-operate and will be examined later. Dr. Beale-Collins Picture Type Cards were used because of their simplicity and their appeal to young children. The "E" test, which is much more time consuming, is used in certain cases in the ophthalmological investigation of children at the School Clinic.

The percentage of school entrants found to need treatment because of defective vision was 2.15% compared with 2.3% last year. Those school entrants (5.9%) with vision of 6/9: 6/9 were recorded for observation and will be tested again next year to make sure that no deterioration in visual acuity has taken place. Usually vision of 6/9: 6/9 is regarded as normal. Children able to read have their vision tested with Snellen Test types. In 1959 the percentage of such children found with defective vision requiring treatment was 3.8% compared with 4.1% in the previous year; 12.7% needed to be kept under supervision. Altogether some 16.5% of the children examined needed ophthalmic care and, if we include children with squints, the total percentage amounts to 18.7%, equivalent to 7 or 8 children in a class of 40. Children's near vision is tested towards the end of their primary school life when they have learned to read fluently.

SQUINTS

Some 175 children (2.2%) among those examined had or were suspected of having squints. Of these, 29 either needed treatment or were receiving

treatment, the others to be kept under supervision. Fifty-six children (3.3%) among the school entrants were found with squints, 19 of whom were being treated or in need of treatment, the other 37 for supervision. Only five of the 19 entrants had never attended any ophthalmological department for investigation; three of them had recently moved into York. It is most important that children with squints should receive treatment as soon as the squint is noticed to prevent the vision of the squinting eye from deterioration.

EXTERNAL EYE DISEASES

Thirty-three of the 61 children found with external eye diseases had blepharitis of a mild type, only 12 of them actually needing treatment. Conjunctivitis was present in five children.

TONSILS AND ADENOIDS

Only 21 of the 223 children found at school medical inspections with enlarged tonsils or adenoids were thought to need operative treatment. Of all the children inspected, 668 boys and 624 girls had already had their tonsils and adenoids removed, i.e. 16.3%. The percentage who had them removed among the 14 year old group was 24.4% compared with 23.2% for the whole country in 1958.

The following table shows the percentage among the different age groups examined who had had their tonsils removed:—

Age Group Inspected (By year of Birth)	Number of children examined		Number of children found to have had tonsillectomy		Percentage found to have had tonsillectomy	
	Boys	Girls	Boys	Girls	Boys	Girls
1955 and later	133	134	5	2	3.76	1.49
1954	467	488	11	18	2.35	3.68
1953	254	229	20	13	7.87	5.67
1952	188	210	44	28	23.40	13.33
1951	405	379	50	45	12.34	11.87
1950	171	182	25	17	14.62	9.34
1949	228	175	52	31	22.81	17.71
1948	559	506	120	95	21.47	18.77
1947	265	310	49	61	18.49	19.68
1946	238	153	62	39	26.05	25.49
1945	215	277	51	69	23.72	24.90
1944 and earlier	791	956	179	206	22.63	21.55
Total	3,914	3,999	668	624	17.07	15.60

One child in four undergoes this operation in York sometime during its school career.

During the year Mr. Rene Thomas, York's E.N.T. Surgeon, left to take up a post in another part of the country. His successor, Mr. Charles Smith, took up duty after a lapse of some months. As only 80 hospital reports were received during the year in relation to removal of tonsils and adenoids in York school-children, the new E.N.T. Surgeon was asked to investigate the big drop in the number reported. 1956—270. 1957—215. 1958—245.

His investigation showed no diminution in the number of tonsil and adenoid operations performed. Altogether some 462 of these operations had been done at York hospitals, but this number included persons of all ages and from all districts around York, as well as the town itself.

Children referred to the hospital E.N.T. Department now have only a fortnight to wait before being seen, and those needing operation are usually admitted within a month.

EAR DISEASE AND DEAFNESS

Since the introduction of antibiotic drugs for the treatment of acute infections of the ears, the incidence of middle-ear disease, once a common complaint among schoolchildren, has reached a new low record. Only 9 children were found with middle-ear disease during the year, who were either being treated or needing treatment. Deafness, usually due to middle-ear disease, was found in 11 cases which required investigation. One hundred and one children were found who had had middle-ear disease successfully treated in the past, and 93 children had varying degrees of deafness mostly following previous ear infections. Ninety-six children were found with wax in their ears, which was removed by syringing. Only 4 of the school leavers were found with aural discharges needing active treatment, whilst another 22 required observation only. Three others were referred for investigation for deafness: 8 who were slightly deaf had already been investigated.

LYMPHATIC GLANDS

Three hundred and thirty-seven children were recorded as having glands large enough to merit recording, but only one was referred for treatment. Most of these cases of adenitis are associated with tonsillar infection.

SKIN DISEASES

Skin diseases are among the most frequent defects found at school medical inspections. Most of them are of a benign nature, but there are others of a contagious character which need urgent treatment. There were 107 children found to have Athlete's Foot, a condition characterised by skinning between the toes in its first stages, which if not checked, may spread over the foot. Verrucae or warts on the soles of the feet were found in 35 children. Because this complaint becomes painful, children usually seek treatment and do not wait for it to be discovered at school medical inspections. Both these complaints are likely to spread to others either at home or at school if not treated. Altogether 671 children were recorded as having skin diseases, of whom 349 needed treatment. Eczema was found in 45 children and acne vulgaris in 82.

Severe cases of this latter complaint are now referred to hospital where considerable improvement or complete cure is effected in the majority. Many children seem to be afflicted with ordinary warts on their hands and knees. Simple treatments are used in the minor ailment clinics in schools. If these measures are not successful the children are referred to the dermatological department at hospital for treatment with liquid nitrogen. One hundred and twenty-two children were found with warts when examined at school and 36 were treated at hospital. Only one case of impetigo was found at school medical inspections throughout the year. There were no cases of ringworm of the scalp or scabies found at school. At the Cleansing Centre only 2 schoolchildren were treated for scabies and 4 home contacts. One of these cases occurred in a girl living outside York but attending a York school.

ENURESIS

The number of bed-wetters found at school medical inspections was 93—59 boys and 34 girls. This represents 1·2% of those examined. The percentage among school entrants was 2·3%. In the past treatment of this defect has been in most cases very unsatisfactory. It is hoped however in the near future to organise an enuretic clinic which will have at its disposal six sets of an Electric Alarm Apparatus which has been favourably reported on in different parts of the country. It has already been tried out successfully on one or two children in York.

SPEECH

Twenty-nine children were referred for speech therapy. Four had stammers, 6 lisped and 19 had dyslalic speech. Seventy-seven other children were recorded for observation, but in most cases they were young children whose speech will automatically improve with time.

RHEUMATISM AND HEART DISEASE

No cases of rheumatism were found at school or reported from hospital. Only 3 medical certificates with the word "Rheumatism" on them were received during the year. No new cases of organic heart disease were discovered. There were 69 children noted as having cardiac murmurs, but apart from known heart cases, these murmurs were of functional origin.

DISEASE OF THE LUNGS

One hundred and seventy-eight children were found with clinical signs in the chest, but in most cases these were due to transient colds. In only 10 was it necessary to refer them to their private doctors for treatment. Forty-seven children of those examined had asthma: one child had bronchiectasis.

DEVELOPMENTAL DEFECTS

The number of defects registered under this heading was 368.

Undescended testicles

These were noted in 135 boys. Nearly all of these boys will be kept under observation until either the condition rectifies itself or the boy reaches the age

of eight years, when surgical treatment may be considered. Sixteen boys were referred to hospital. Reports were received from hospital in respect of 38 boys with this defect. Nine of these reports referred to boys sent before 1959, four others to boys referred by their general practitioners, and a few were in respect of children living outside York. Four boys were sent to hospital with other complaints such as herniae and found to have undescended testicles.

Obesity

The number of overweight children recorded was 82. These children are often about two stone above the average weight of children of their age, and it is impossible to get them to keep to a suitable diet for various reasons.

Herniae

Thirty children were seen who were suspected of developing early rupture. Six were referred to hospital for possible surgical treatment. Twelve reports were received from hospital in respect of children referred for herniae from all sources.

Circumcision

Only 7 of the 3,914 boys inspected were found to need surgical treatment for phimosis. In 17 other cases advice was given and the boys were recorded for re-inspection.

ORTHOPAEDIC DEFECTS

Many orthopaedic defects are seen among children inspected at school, but with few exceptions they are of a minor character. Out of 707 children found with such defects only 176 needed treatment. 208 had flat feet, of which they were for the most part unaware because they were not conscious of any discomfort or disability. All that is necessary in most of these cases is boot adjustments or the wearing of footwear specially made to correct the defect. In more serious cases remedial exercises are beneficial to loosen and strengthen those joints of the foot and ankle which are subjected to strain because of the low arch or the valgoid ankle. 166 children were seen with poor posture and 72 with a valgoid deformity of the ankles. The worst of these cases are also referred for remedial exercises. Slight knock-knee was noticed in 44 children but this condition usually rectifies itself as a child grows. Hallux Valgus or displacement of the big toe was recorded in 62 cases and deformities of other toes in 47.

NERVOUS DISEASES

There were 22 children suffering from epilepsy seen at school medical inspections. With the exception of one or two subject to frequent attacks of Petit Mal (Minor Epilepsy), the children were almost free from fits, receiving treatment from family doctors or hospital consultants. There are no York schoolchildren in residential epileptic schools or colonies: all the educable children with this complaint are accommodated in ordinary schools. Seventeen other children were seen with other less serious forms of nervous disease.

PSYCHOLOGICAL DEFECTS

The annual school medical inspection at the Fulford Road Special School (E.S.N.) accounted for most of the 111 children recorded under the developmental division of psychological defects. Under the stability division are 804 nail biters, 93 bed wetters, 57 thumb suckers, whilst some 143 exhibited other minor psychological disorder. Altogether 13.9% of children exhibited such defects. The number of children who bite their finger nails appears to be increasing.

VACCINATION AND IMMUNISATION

The following table showing the number of children protected by vaccination or immunisation against the common infectious or contagious diseases is compiled from questionnaires circulated to parents before school medical inspections.

It is gratifying to discover that 60% of children have been vaccinated against poliomyelitis and 54% of the school leavers against tuberculosis, but there is still room for improvement in these figures. The level of immunisation against diphtheria continues to reach the desirable minimum percentage of 75%.

Groups	Vaccination			Immunisation		
	Polio.	Smallpox	Tuberculosis	Diphtheria	Whooping Cough	Tetanus
	%	%	%	%	%	%
Entrants to Primary Schools	59.9	34.6	4.6	71.7	61.4	12.1
Others	58.4	42.6	9.3	75.9	39.5	13.5
Leavers from Secondary Schools	59.8	45.9	53.7	78.2	15.4	8.1

DEFECTIVE COLOUR VISION

Children are tested with the Ishihara book of plates towards the end of their primary school careers. Those who reveal signs of defective colour vision are referred to the hospital for a further testing by an Edridge-Green lantern in a dark room. Seventy-three children were so referred, of whom 43 were found to be unsafe for employments requiring normal colour vision. Twenty others were safe whilst 10 did not keep their hospital appointments. Among these 10 were 3 whose parents refused to co-operate. Knowledge of this defect, for which nothing can be done, prevents children, nearly always boys, from choosing careers for which they are not suited and so prevents disappointment later on.

UNCLEANLINESS AND VERMINOUS CONDITIONS

Routine head inspections are carried out by the Nursing Staff at the beginning of each term. Notices are sent to the parents of children found to be verminous, instructing them how to cleanse the hair. If these children

are still found to be verminous on the next visit of the School Nursing Staff some days later, the parents are invited to send their children to a special centre at one of the local hospitals to be cleansed. One hundred and two school-children were so dealt with out of the 369 found to be verminous. Eighty-six of these 102 children were verminous on two of the visits of the Nursing Staff, and 29 on three. These children, found to be verminous on nearly every occasion that a head inspection is carried out in the schools, come from families who must be chronically infested despite instruction leaflets, free issue of D.D.T. hair emulsion from the School Clinic, and every facility for cleansing by skilled operators at the centre maintained by the Health Committee. Most of these are problem families and the only hope of helping them is through such agencies as the Family Service Unit.

The following figures reveal the extent of infestation among York school-children:—

			<i>Girls</i>	<i>Boys</i>
Found to be verminous once	...	...	158	64
" " "	twice	...	67	19
" " "	three times	...	22	7
" " "	four or five times		21	4
" " "	six or seven times		6	1

Ten of the 56 departments inspected during the year had no cases of infestation.

CLASS FOR THE PARTIALLY SIGHTED

There were 14 pupils in this special class accommodated in the Day Open Air School, 2 of whom came from the North Riding.

They suffer from the following defects:—

Retrolental fibroplasia with nystagmus, Congenital dislocation of the lens in each eye, Myopic astigmatism of high degree, Toxoplasmosis, Congenital cataracts, Nystagmus (two cases), Optic neuritis, Heredo-macular degeneration with nystagmus, Retro-bulbar neuritis (two cases), Congenital coloboma of the optic disc, Congenital albinism, and Laurence-Moon-Biedl Syndrome.

All the children in this class come under review each year both for their eyes as well as their general condition. The class is conducted by Miss D. J. Noble, B.A., who holds the Teachers' Certificate of the College of the Blind.

ST. PAUL'S NURSERY SCHOOL

York's only nursery school has 40 places. There is always a considerable waiting list for vacancies. The demand for admission of boys is much greater than that for girls. Is this because mothers find it more difficult to cope with boys at home? The boys get bored more easily, particularly when there are no playmates living near, or when there is no playing space where they can spend their excessive energy.

The attendance during the winter term was not as good as usual due to a large intake of new pupils at the beginning of the term. These newcomers fall easy victims to the mild infections encountered for the first time when they enter school.

Miss Wilson, the Headmistress, reports that of the 40 children on the register at the end of the year, 22 were boys. The number on the waiting list at the end of the year was 50 boys and 32 girls, making 82 altogether.

THE OPEN AIR SCHOOL

Dr. M. C. Barnet, Medical Officer to the school, has kindly supplied the following report:—

Fifty years ago no special schools existed in York, although from the first report of the School Medical Officer it became apparent that they would fulfil a very great need in providing for those children who, by reason of mental or physical disability, were incapable of benefitting from the normal school routine. In 1910 the advantages of an Open Air School were outlined to the Education Committee after a survey of children seen at medical inspections, and found to have defects or to be delicate. It was noted that 26 children had died from Tuberculosis during the previous year.

In 1913 a temporary Open Air School was opened in Castlegate for 24 children, mainly suffering from Tuberculosis or contacts of the disease. Much time was spent in the open air, and the children continued to follow the ordinary school curriculum as much as possible. They had long rest periods and were provided with three meals daily.

In 1920 the school was moved to the present site at Fulford Cross to the existing wooden buildings. In 1935 the Class for Partially Sighted Children was transferred there from Castlegate Junior Mixed School.

Now that preparations are being made to transfer the school to new specially built premises, it is interesting to review the type of cases which have been admitted. The first admissions were made in August 1913, but until August 1917 details of the reason for admission are not shown, although it is known that they were mainly children suffering from tuberculosis. Figure 1 shows the main type of case per 100 admissions.

Changing Pattern of Admissions

In 1917-19 three-quarters of the children were suffering from the effects of tuberculosis in various, and often severe forms, which are rare today. In 1925-27 there was a marked drop in tuberculosis cases but more children suffering from malnutrition, debility, etc. were admitted. At present there are still too many children who are debilitated and malnourished, but the most noticeable feature has been the greatly increased numbers of children suffering from respiratory infections, who have been transferred to the Open Air School.

MAIN TYPE OF CASE PER 100 ADMISSIONS

	1917-19	1925-27	1935-37	1946-48	1956-59
Malnutrition, debility, anaemia, etc.	17	60	63	68	27
Tuberculosis	76	12	10	4	4
Respiratory Infections	3	6	5	8	47
Rheumatic Heart Disease, Chorea	—	9	8	2	—

As the pattern of the type of admission changes, it is noticeable that an increasing proportion are children with physical handicaps, or with structural changes in a particular organ, e.g. bronchiectasis, severe enough to make them unable to cope with ordinary school life.

When the last 100 admissions are considered in greater detail a wide variety of defects are noted.

Reasons for Admission of 100 cases—1956-59

Debility, Malnutrition, etc.	27
Respiratory Infections	47
Asthma	7
Bronchiectasis	4
Congenital deformities	6
Spastics	3
Post tuberculosis... ..	4
Epilepsy	2
Haemophilia	1
Pseudo-hypertrophic muscular dystrophy	1
Old Poliomyelitis with severe crippling	1
Paroxysmal Tachycardia	1
Kidney disease	2
Deafness and anaemia	1
Maladjustment and poor physique	3
Interstitial Keratitis	1

Environment

In earlier entries the majority of the children came from addresses within the city walls, from crowded homes often in streets long since demolished, or now only used as business premises:—

Hungate, Walmgate, Skeldergate, Beedham's Court—notorious in the past for being the focus of several epidemics, Shambles, Stonebow Lane, Long Close Lane, The Workhouse, Coffee Yard, etc.

Today about half the children in the Open Air School live in houses on new estates. Unfortunately, if the home management is poor it can have an adverse effect on the health of children who are not robust, but who, under other circumstances, could cope with ordinary school life.

Debility, Malnutrition

New housing, good home management	3 cases
New housing, poor home management	10 „
Old house, good home management	3 „
Old house, poor home management	11 „

Respiratory Infections

New housing, good home management	7 cases
New housing, poor home management	13 „
Old housing, good home management	5 „
Old housing, poor home management	22 „

Family History

It is perhaps significant that a considerable number of the children have relatives, who are either at the school now, or have attended previously.

- 24 siblings at present in school.
- 5 children have had a brother or sister at the school.
- A sister and brother have a cousin who attended the school.
- 1 child had 2 brothers who attended the school.
- 1 child had 3 brothers who attended the school.
- 1 child had 3 brothers and 1 sister who attended the school.
- 3 children had an aunt and uncle who attended the school.
- 1 child had 2 aunts who attended the school.
- 1 child had a father who attended the school.
- 1 child had a mother who attended the school.
- 1 child had a mother and an aunt who attended the school.
- 1 child had a father and an aunt who attended the school.
- 1 child had 2 uncles who attended the school.
- 1 child had 1 stepsister, 1 uncle and an aunt who attended the school.
- 1 child had a mother, aunt and a sister who attended the school.
- 1 child had a cousin and an uncle who attended the school.
- 1 child had a mother, an aunt and 2 uncles who attended the school.
- 1 child had a cousin in school.
- 1 child had a stepbrother and a cousin who attended the school.

This family incidence may be a legacy from the cases of tuberculosis admitted in earlier years.

Undoubtedly there will continue to be a number of children who, by reason of being delicate or physically handicapped, will benefit by transfer to this school for long or short periods.

TESTING FOR MENTAL SUBNORMALITY

During the course of the year 87 children have been tested by the School Medical Officers because of a suspicion by a teacher or some other person in each case that the child was mentally retarded. The results of the testing was as follows:—

Recommended for notification to the Local Authority under Section 57 (5)	...	...	...	...	...	...	10
Recommended for notification to the Local Authority under Section 57 (3)	...	...	...	...	...	...	10
Recommended for Day Special School (E.S.N.)	...	...	...	...	...	...	18
Recommended for admission to residential school for educationally subnormal children	...	...	...	...	...	...	1
Recommended for admission to school for maladjusted children	...	...	...	...	...	...	2
Recommended to remain at Day Special School (E.S.N.)	...	...	...	...	...	...	4
Recommended for retest on reaching school age	...	...	...	...	...	...	3
Recommended for admission to the Day Open Air School	...	...	...	...	...	...	4
Recommended to remain at the Day Open Air School	...	...	...	...	...	...	1
Recommended to remain at ordinary school	...	...	...	...	...	...	34

Children with I.Q.'s near the lower border line, i.e. about the 50 mark, are invariably given a trial period in the Special School (E.S.N.). In one case a young boy of seven who could not co-operate in the testing, but whose general behaviour was quite good, otherwise, was given a trial in the Special School. He had been two years in an infant department without much progress, but without causing any nuisance. The trial period was extended at the parent's request, but when ultimately it was found possible to carry out intelligence tests on him, his I.Q. was estimated to be 30. He was notified as ineducable. This case constituted the first appeal to the Ministry of Education by a parent in York and was subsequently withdrawn. At his re-examination and using the alternative group of Terman Tests, his Intelligence Quotient was found to be 28.

EDUCATIONALLY SUBNORMAL CHILDREN

The Fulford Road Day Special School (E.S.N.) has a hundred places and it is always full. Requests for admission from the Ridings for educationally subnormal children living on the outskirts of York are acceded to whenever possible, but on the whole the places are easily filled by York's own educationally subnormal children.

Of the 94 on the register at the end of the year, 55 were boys and 39 girls. 12 of these children had been admitted from the North Riding over the years, two during 1959. 12 boys and 6 girls were admitted during the year and 7 boys and 6 girls left school. 5 of the 7 children who left school at the age of sixteen (2 boys and 3 girls) were recommended for statutory supervision and 2 (1 boy and 1 girl) for voluntary supervision. Of the other 6 children who left school, 2 were notified as ineducable after a trial period, 1 left York, 1 went to a residential school, 1 boy from the North Riding was permitted to have home tuition, and 1 was transferred to the Class for the Partially Sighted. Of the 7 children who left school at the age of sixteen, 6 (3 boys and 3 girls) found employment. One girl was unemployable and has attended the Occupation Centre since leaving school. Voluntary supervision of these children is carried out by the Mental Health Officers in the same way as for children recommended for statutory supervision, but usually only for a limited period until it is seen if they are able to manage for themselves.

Evening classes under the regulations of Further Education are provided on two nights per week for students who are former educationally sub-normal pupils. These are staffed by members of the Fulford Day Special School, including the Headmaster. The classes are held on school premises and take the form of both educational and recreational subjects. There is no fee for pupils up to 18 years of age; after this age five shillings a session is charged. The number who enrolled for the last term of 1959 was 25.

The present school has been housed in a converted building since 1923. New premises are planned in the 1961/62 building programme on the present site so that the present buildings of the Open Air School may be utilised during the building of the new school. It is hoped that the Open Air School will be rehoused in the new building in the Autumn of 1960.

SUPERVISION OF HANDICAPPED SCHOOL LEAVERS

Supervision of mentally handicapped children whether ineducable or not is under the control of the Health Committee once they pass out of the care of the Education Committee. Blind and partially-sighted children are registered with the Welfare Department as soon as the Forms B.D.8 have been issued by the Consultant Ophthalmologists. The Welfare Department continues to exercise supervision of these children after they leave school. Deaf and dumb children are well catered for in York, by both statutory and voluntary organisations. In the case of physically handicapped children, if the degree of deformity or defect is such that it will be difficult for any particular child to obtain or retain employment on leaving school, besides filling in a Form Y9 and Form Y10 for the guidance of the Youth Employment Officer, the parent is asked to sign a consent form which gives the examining school doctor permission to reveal the nature of the defect to the Welfare Department of the Corporation, which has many different forms of help to offer. These include financial help, transport facilities, social amenities, and handicraft centres.

HANDICAPPED CHILDREN

Handicapped schoolchildren known to the School Health Department at the end of December were as follows:—

Blind

2 boys in residential schools.

Partially Sighted

8 boys (including 2 from the North Riding) and 6 girls in the Class for the Partially Sighted at the York Day Open Air School.

Deaf

5 boys and 3 girls in residential schools.

Partially Deaf

1 boy in a residential school. 3 boys and 5 girls in ordinary schools but using hearing aids.

Delicate

2 boys in residential schools. 40 boys and 44 girls at the York Day Open Air School including three from the North Riding.

Diabetic

None in residential schools and none awaiting admission. 5 boys and 3 girls are under their family doctors for treatment and attend ordinary schools.

Educationally Subnormal

5 boys and 1 girl in residential schools and 1 girl awaiting admission to a residential school. 55 boys and 39 girls including 12 children from the North Riding in the York Day Special School (E.S.N.)

Epileptic

None in residential schools and none awaiting admission. 17 girls and 15 boys attend day schools in York. Included in these numbers are 3 at the Special School (E.S.N.), 1 at the Open Air School, 1 in the Class for the Partially Sighted. The rest go to ordinary schools.

Maladjusted

3 boys in residential schools: 1 boy awaiting a place.

Physically handicapped

4 boys and 2 girls in residential schools.

Defective Speech

123 attended the Speech Therapy Clinic during the course of the year.

TUBERCULOSIS

Notification

For the first time since the School Health Service was established over fifty years ago there was no York child notified as having tuberculosis in 1959. This must be one of the landmarks in the history of preventive medicine in the City.

Prevention

The scheme for B.C.G. Vaccination of the thirteen year olds in both maintained and independent schools in York has been carried out by School Medical Officers working for the Health Committee.

The following statistics summarise the work done under this scheme:—

No. of parents or guardians circularised	...	...	...	2,233
No. of parents or guardians who gave consent	...	...	...	1,605
Consent Rate	...	...	...	71.9%
No. of children Mantoux Tested	...	...	...	1,561
No. of children not Mantoux Tested	...	...	...	44
Reasons: Absent from school	...	...	...	35
Left school	...	...	...	8
Consent withdrawn	...	...	...	1
No. of children who gave POSITIVE reaction to Mantoux Test	...	...	...	264
Percentage of children who gave POSITIVE Mantoux Reaction	...	...	...	16.9%
No. of children who gave NEGATIVE reaction to Mantoux Test	...	...	...	1,297
Percentage of children who gave NEGATIVE Mantoux Reaction	...	...	...	83.1%

No. of children (negative reactors) who were vaccinated	...	1,297
No. of children who showed satisfactory reactions on arm eight weeks later	... ..	1,297
No. of children (included in above figures) who attend non-maintained schools	... ..	158
Susceptibility Rate	... ..	83.1%

In addition to the thirteen year old children vaccinated in school, 23 school-children, who were contacts of known cases of tuberculosis, were vaccinated at the Chest Clinic.

The following statistics concerning the B.C.G. Scheme since its inception in 1955 reveal the continuing success of the campaign to eradicate tuberculosis among schoolchildren, shown by both the consent rate to the vaccination (nearly 72% in 1959) and the decreasing percentage of children found to be Mantoux positive, i.e. already developing their own immunity in response to minimum doses of infection found in the environment.

B.C.G. Scheme	1955	1956	1957	1958	1959
No. of parents circularised	1,516	1,600	1,824	2,889	2,233
Consent Rate	58.9%	67.75%	70.6%	45.5%	71.9%
Percentage Mantoux Positive	29.6%	32.6%	34.5%	22.2%	16.9%
Susceptibility Rate	64.8%	66.0%	66.3%	77.8%	83.1%

Mass Radiography Scheme

181 children—95 boys and 86 girls—had their chests X-rayed under this scheme. They were those thirteen year olds who had shown a strongly positive reaction to the Mantoux Test when done in school under the B.C.G. Vaccination Scheme. Only 2 of them were recalled to have a large film taken. No case of active tuberculosis was discovered or any other defect.

POLIOMYELITIS

There were no cases of poliomyelitis among schoolchildren during the year. The fight against this terrible disease has gone on unabated and the following statistics relating to the prevention of the disease by vaccination during 1959 show how successful the campaign has been.

No. of requests from parents for children to be vaccinated	4,350
No. of children who received a first injection	4,296
No. of children who received a second injection	4,184
No. of children who received a third injection	8,550

No. of children who were refused vaccination for medical reasons such as allergy	...	...	...	...	—
Since the inauguration of the scheme:-					
No. of children who have received two injections	...	...	...	...	18,284
No. of children who have received three injections	...	...	...	...	8,750
No. of individual children vaccinated since the inauguration of the scheme	...	...	...	...	18,284

These statistics refer to children born between 1943 and 1959.

Poliomyelitis vaccination was extended to all children up to the age of 15 years during the year.

INFECTIOUS DISEASES

The following table shows the monthly incidence of infectious diseases during 1959 compared with 1958. Apart from a slight increase in the incidence of Scarlet Fever and the tail of the Measles epidemic carried over from the end of 1958, there has not been anything outstanding to note. The complete absence of poliomyelitis is gratifying and the absence of diphtheria is now almost taken for granted.

Month	Scarlet Fever	German Measles	Measles	Chicken-pox	Whooping Cough	Mumps	Poliomyelitis
January ...	21	1	313	3	1	—	—
February ...	10	—	92	4	—	1	—
March ...	24	2	43	—	1	1	—
April ...	5	—	3	3	—	—	—
May ...	19	1	1	5	—	1	—
June ...	19	—	—	9	—	—	—
July ...	22	—	—	2	2	—	—
August ...	9	—	2	—	1	—	—
September ...	3	—	—	2	13	—	—
October ...	15	2	2	1	3	1	—
November ...	9	—	—	9	6	—	—
December ...	21	1	—	3	7	—	—
Total, 1959 ...	177	7	456	41	34	4	—
Total, 1958 ...	58	9	612	64	12	26	3

At the beginning of the year, particularly in February, there was a high absentee rate—over 20%—in some departments due to coughs and colds. There was no epidemic of influenza. In one school during the first three months of the year, there was a small epidemic of infective hepatitis, whilst in October an infant department in another part of the town had a small outbreak of pink eye.

REMEDIAL CLASSES FOR MINOR ORTHOPAEDIC DEFECTS

The two Organisers for Physical Education to the York Education Authority hold classes each week for the amelioration of such defects as flat feet and postural abnormalities among schoolchildren.

Mr. G. Rees, who takes the classes arranged for junior and senior boys at the gymnasium attached to St. George's Secondary Modern School has kindly submitted the following report:—

Two classes have been held on Thursday mornings, one for boys with defects of the foot, and one for boys suffering from poor posture.

From a total of 39 boys in the flat foot class, 19 were discharged by the School Medical Officer after successful treatment, whilst 4 failed to continue with their attendances, and 4 left on attaining school leaving age before treatment was completed.

In the smaller posture class, of 16 boys, 8 were successfully treated and subsequently discharged by the School Medical Officer.

Miss O. M. Smith is responsible for boys in the infants' schools and girls in all the schools, and holds her classes at the School Clinic each Wednesday morning. She kindly writes as follows:—

Remedial classes, two for flat feet and two for posture have been held as usual for girls, infants and young juniors. This year a total of 68 came for treatment, 43 for flat foot exercises, and 25 for posture. 30 were successfully treated and discharged from the foot classes, and 19 from the posture groups. Most of the children were cured in two terms only, 3 or 4 having three terms. Only one parent refused treatment for her daughter and one infant left York before his treatment could be completed.

The attendance average of 74.7% while still reasonably good, was not as high as last year's record of 80%. This may have been due to a larger proportion of younger children, who have to be brought by their parents. They are more susceptible to childish ailments than older children and occasionally the mother cannot bring the child owing to other home commitments.

In schools where there were fully trained gymnasts, the form that remedial work took was varied. At only one school was a special period allotted to remedials, and here there was an average of 15 children having exercises, about a quarter of whom were having flat foot treatment. Elsewhere, remedial work was either dealt with during the normal gymnastic lessons, when special references were made to the individual children concerned, to help them to overcome their postural difficulties, or, special exercises were given to the girls to practise in their spare time.

HOLIDAY CAMPS

York Children's Holiday Camp

This camp was held at Saltburn Youth Hostel for one week and was attended by 50 children selected by Head Teachers from schools throughout the City. Mr. C. S. Baxter acted as Chief Officer and was assisted by Messrs. Wareham, Woodall and Farnworth, and the Misses Passman, Sykes and Nicholson—all teachers.

The beach at Saltburn provided an ideal centre for games of cricket, rounders, football, stoolball, etc. whilst rambles and visits to neighbouring places of interest were arranged. There was no sickness among the children and the holiday proved very enjoyable due in no small measure to the efforts of the Warden and his wife who worked indefatigably in producing tasty meals and assisting in the entertainments each evening.

Under Section 53 of the Education Act, 1944, a grant of £48 was given by the Education Authority towards the cost of 48 children attending the camp.

Haxby Road Holiday Camp

This camp was held for two separate weeks, July 28th to August 4th and August 4th to August 11th at Robin Hood's Bay under canvas. Forty-five children attended the first week and 48 children, including seven who stayed on, the second week. Thus 86 children aged 10 to 14 years were given a holiday. Seven teachers from three York schools assisted by seven old boys of the school ran the camp. The weather was good but sea fret interfered with the enjoyment towards the end of the second period. Activities included games on the beach, swimming, walks over the moors and local rambles. There were no accidents or cases of sickness.

Family Service Unit Holidays

33 children went on holiday arranged by the Unit and eight children were taken on a Youth Hostelling week-end.

Camps for Handicapped Children

Both the British Epilepsy Association and the British Diabetic Association sent particulars of holiday camps being organised for children handicapped by these defects. The parents of all suitable children were circularised about these camps, but no applications for places were received.

CONVALESCENT HOLIDAYS

Mrs. Johnson, Welfare Officer to the Health Department, arranged holidays at Convalescent Homes under the provisions of Section 28 of the National Health Service Act, for 6 boys and 7 girls, between the ages of six and 16 years.

6 children were sent away for two weeks (one returned after a stay of one week); 6 for four weeks, whilst 1 boy had one week. 3 children went to Scarborough: three to Bridlington: seven to Colwyn Bay. These children benefitted considerably by these convalescent holidays.

PROVISION OF MEALS

The percentage of children taking school meals during December was 36.32%. This percentage continues to show a slight increase over the last few years. In 1957 it was 32.93% and the following year 34.04%.

The percentage of meals supplied free to necessitous children was 13·03% compared with 13·3% in 1958 and 12·6% in 1957. Arrangements are made for these children to continue this mid-day meal during school holidays. Under 25% of the necessitous children take advantage of this provision however.

The following tables show the demand for school meals from a school population of approximately 18,000 during the course of the year and during holiday periods.

SCHOOL MEALS SERVICE

Average number of meals supplied daily

1959	Primary, Secondary Modern and Grammar Schools and Further Education		Total
	Paid	Free	
January	5,012	663	5,675
February	4,817	675	5,492
March	4,632	697	5,329
April	4,993	747	5,740
May	4,632	699	5,331
June	4,629	719	5,348
July	4,449	696	5,145
September	5,272	690	5,962
October	5,261	680	5,941
November	5,410	677	6,087
December	5,499	671	6,170
Number of meals supplied on payment in 1959			953,418
Number of meals supplied free in 1959			142,834

MEALS SUPPLIED DURING SCHOOL HOLIDAYS

Holiday Periods, 1959	Percentage of Usual Demand.		Number of meals served.	
	Paid.	Free.	Paid.	Free.
Easter	·2	27·6	94	1,650
Whitsuntide	·2	24·0	53	824
Summer	·2	22·2	282	5,258
October	·2	22·4	65	758
Christmas	·1	19·8	60	1,328

Percentage of children in attendance taking school meals during December, 1959 36·32%

PROVISION OF MILK

The percentage of children taking a third of a pint of milk in school each day at the end of the year was 80·95%. This figure reveals a further slight decrease from last year when the percentage was 82·08%. In 1957 it was 82·23%.

The following table shows the average number of bottles of milk supplied daily to the different types of schools:—

1959	Primary Schools	Secondary Modern Schools	Secondary Grammar Schools	Further Education	Totals
January	8,927	3,141	1,233	181	13,482
February	9,032	3,053	1,175	182	13,442
March	8,746	3,063	1,185	182	13,176
April	9,762	2,999	1,316	184	14,261
May	9,501	3,065	1,368	186	14,120
June	9,529	2,925	1,301	188	13,943
July	9,437	3,060	1,067	189	13,753
September	9,140	3,815	1,403	256	14,614
October	8,907	3,807	1,377	248	14,339
November	8,905	3,648	1,320	248	14,121
December	8,769	3,450	1,295	240	13,754

PROVISION OF CLOTHING AND FOOTWEAR

Necessitous children are provided with clothing and footwear on the recommendation of Head Teachers and others. Children whose education is likely to suffer because of the lack of these essentials are helped under Section 5 of the Education (Miscellaneous Provisions) Act, 1948. The income scale for assessing children for free meals is employed for this purpose also.

The number of children, the articles provided for them and the total cost during the year are shown by the following figures:—

No. of children reported by Head Teachers and others as suffering educationally by lack of suitable clothing	...	...	...	...	...	401
No. of families involved	...	...	...	...	...	214
<i>Items</i>					<i>Boys</i>	<i>Girls</i>
Footwear	...	...	...	...	240	170
Overcoats	...	...	...	...	41	38
Jackets	...	...	...	...	56	—
Trousers	...	...	...	...	102	—
Underclothing	...	...	...	...	10	2
Dresses, tunics, blouses, etc.	...	...	...	...	—	55

The gross cost of this provision totalled £1,080 (£1,100 in 1958); an average expenditure of £2 13s. 10d. per child (£2 15s. 10d. in 1958).

MINOR AILMENT OR CONSULTATION CLINICS

Minor ailment clinics are held twice weekly by the school nursing staff in all new schools (some 17 in number), where there are special medical rooms. This is in addition to the central clinic and the arrangement has several advantages. The children are treated on the spot and do not waste educational time in travelling to a central clinic; defects are treated when they are small or trivial—a mother will only take time and trouble to bring her child to a central clinic when a defect has become rather more serious; teachers in infants schools cannot send children to a Central Clinic without their mothers. School medical officer's time is not wasted seeing minor ailments that are well within the competence of a qualified nurse to treat. Children needing daily dressings or medical attention can always be asked to attend the Central Clinic with a parent.

As a result of this policy the number of children seen at the Central Clinic decreases each year whilst those seen in school keeps about the same, giving an overall decrease.

The following tables show the total attendances at minor ailment clinics since 1948 when the National Health Service was introduced and the attendances at the different clinics both central and at the schools during the year.

Year	School Population	No. of Attendances at the Central Clinic	No. of Attendances at Minor Ailment Clinics in the Schools	Total Attendances
1948	15255	12,897	1,079	13,976
1949	15624	8,897	3,414	12,311
1950	15779	8,288	4,276	12,564
1951	15896	7,997	4,520	12,517
1952	16253	9,408	6,994	16,402
1953	16638	8,378	6,237	14,615
1954	17060	7,432	8,404	15,836
1955	17508	6,343	10,265	16,608
1956	17754	6,099	9,986	16,085
1957	17766	5,081	8,124	13,205
1958	17989	3,765	8,116	11,881
1959	17929	3,612	8,120	11,732

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 ...	301	12.0	1,284	3,612
Acomb Secondary Modern School	48	4.8	46	231
Ashfield Secondary Modern School	64	4.3	88	277
Beckfield Secondary Modern School	58	14.9	140	867
Burnholme Secondary Modern School	65	6.7	106	433
Burton Stone Secondary Modern School	49	15.9	102	783
Carr Infants' School	57	11.6	123	662
Carr Junior School ...	59	9.2	66	542
Danesmead Secondary Modern School	54	4.8	59	261
Derwent Junior School	67	13.4	202	900
Fulford Special School	59	6.1	60	359
Hob Moor Infants' School	58	3.6	99	210
Hob Moor Junior School	64	7.3	123	466
Open Air School ...	66	6.5	63	430
Our Lady and English Martyrs' Primary School	51	6.1	68	313
St. George's School ...	64	12.3	143	785
Westfield Infants' School	49	4.6	59	226
Westfield Junior School ...	55	6.8	88	375
Total Attendances				11,732

ARRANGEMENTS FOR TREATMENT

Children are referred to the School Health Service for investigation and treatment by parents, teachers, general practitioners and others. Many children are treated as a result of the defects found at school medical inspections. At present only children attending maintained or voluntary aided schools are eligible for free treatment, but enquiries continue to be made by parents of children attending private schools who as ratepayers feel that their children are entitled to treatment in the School Clinic.

The School Clinic is open daily except on Sundays and Bank Holidays and a minor ailment clinic is held every morning at 9-0 a.m. The greater number of children being dealt with at the minor ailment clinics held in the schools themselves and the consequent smaller number attending the central clinic does not justify a School Medical Officer being available at every clinic. One attends, therefore, on Mondays, Wednesdays and Fridays instead of every morning.

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

Defective vision and squint; ear, nose and throat diseases (including audiometry); orthopaedic defects (including those needing remedial treatment); emotional, educational and character abnormalities (Child Guidance Clinic); dental disease including orthodontic defects: verminous conditions; foot defects, including those needing chiropody; speech defects.

Mothers of children found with defects at school medical inspections, who would like to discuss at greater length some problem in connection with the child, are invited to come to the School Clinic to do so.

OPHTHALMIC CLINIC

The Ophthalmic Clinic is conducted at the Central School Clinic by the Senior School Medical Officer as part of the Hospital Eye Service.

During the year 1,422 children made 2,720 attendances. 1,016 children were refracted compared with 1,067 in the previous year. A post mydriatic test is done on every child on whom cyclogyl drops are used to facilitate the refraction. 735 children had spectacles ordered for them, 495 only needing a change of lenses. 147 children were found not to need glasses. 25 children had their spectacles discontinued. 73 children with squints were referred to the Orthoptic Clinic and 10 children without squints to the Consultant Ophthalmic Surgeon at hospital for advice or treatment.

The names and addresses and prescriptions of spectacles ordered for every school child seen under the hospital eye service or the supplementary eye scheme are sent to the School Clinic as a routine throughout the year. Opticians send copies of prescriptions issued to York schoolchildren seen privately whenever requests are made for them. Thus every child with defective vision or needing ophthalmic care is kept constantly under review.

The Hospital Board sends at regular intervals the names and addresses of all York Schoolchildren who have been approved by it for the issue of spectacles. During the course of the year the names of 656 children were received.

Under all the schemes available 1,358 children had spectacles prescribed for them in 1959—735 at the School Clinic; 189 at the Hospital and 434 under the Supplementary Ophthalmic Scheme.

Parents of children refracted at the School Clinic are shown the range of free spectacles available under the Hospital Eye Scheme as well as other frames which are provided at part cost. They are also given a list of all the ophthalmic and dispensing opticians in the city and given free choice of supply.

All children seeking free repair to their spectacles come to the School Clinic for the necessary form. The Sister in charge of the Eye Clinic issues the repair form after satisfying herself that the child's vision has not deteriorated since the glasses were issued. If the child does not see so well, an appointment is made for another refraction by the person who last ordered the spectacles for the child. During the year 598 children broke their glasses.

When the lenses are heavy it has been found that the ordinary frames do not stand up very well to ordinary wear and tear and there is an inordinate demand for repairs. In these cases special frames (C.521) are recommended as clinically necessary.

The closest co-operation exists between doctors, opticians and staffs of all departments dealing with the ophthalmic care of York's schoolchildren.

EAR DISEASES

181 ear complaints were treated, 72 being referred from school medical inspections. 23 children had ear discharges; 7 were deaf; 35 complained of earache; 93 needed their ears syringing for wax; 3 had furunculosis, 5 catarrhal deafness, the remainder various complaints.

Of the 23 children with ear discharges, 11 were successfully treated at the School Clinic, 4 were referred to their family doctors; 1 left school; 2 failed to attend; the remainder were still receiving treatment at the end of the year. Of the 7 children seen because of deafness, 5 were discharged after treatment at the School Clinic; 1 was recommended for a School for the deaf; 1 was referred for an audiometer test.

Altogether 607 attendances were made by children for ear conditions.

AUDIOMETRY

Children are referred to the Central Clinic for audiograms when they have been found at school medical inspections or elsewhere to be deaf by means of the whispering test or some other simple measure. Thirty-eight children had audiograms during the year using a Peters pure tone audiometer. This number is much smaller than that of the previous year because this testing used to be carried out for the most part by Dr. McNelis who resigned in March, and his successor did not take up duty until September.

Of the 38 children subjected to audiometry, the hearing was found to be satisfactory in 13 and not satisfactory in 25. Of these 25 children, 8 were referred to the E.N.T. Dept. at the hospital, 13 were asked to return for another audiogram, 3 were referred to their family doctors, and 1 was recommended for a favourable position in class.

Of the 8 children sent to hospital, 3 had their tonsils and adenoids removed; 1 had an antral washout in addition to the removal of tonsils and adenoids; 2 with, in each case, 1 ear normal were not given any treatment; 1 had removal of a polyp and 1 failed to attend.

Of the 13 children who were recommended for a further audiogram, 1 was found to be normal on retesting; 3 were recommended for a third test; 9 are still to be done.

ORTHOPTIC CLINIC

This clinic is held at the York County Hospital and is conducted by Miss J. Cowell to whom I am indebted for the following statistics which summarise her work for York school children during the year:—

No. of new cases referred in 1959	...	...	...	...	...	51
No. of attendances	...	...	...	...	...	217
No. of patients seen	...	...	...	...	...	96
No. of patients discharged cured						
With operation	...	...	...	...	2	} 17
Without operation	...	...	...	...	15	
No. of patients discharged cosmetically cured:						
With operation	...	...	...	...	2	} 5
Without operation	...	...	...	...	3	
No. of patients in respect of whom orthoptic treatment was not required or was unsuitable	...	...	...	...	...	18
No. of patients who ceased to attend	...	...	...	...	...	2
No. of patients transferred to another clinic	...	...	...	...	...	1
No. of cases carried over to 1960	...	...	...	...	...
On treatment...	...	...	...	...	7	} 45
On occlusion	...	...	...	...	11	
Under observation	...	...	...	...	27	
On waiting list for treatment	...	...	...	...	...	—
On waiting list for operation	...	...	...	...	...	—

CHILDREN WITH MULTIPLE DEFECTS

There are 9 schoolchildren in York with more than one serious defect or deformity apart from deaf mutes. Their handicaps are as follows:—

Epilepsy with educational subnormality 3, cerebral palsy, dysarthria and educational subnormality 1, Hemiplegia and partial sightedness 1, epilepsy and left hemiplegia 1, epilepsy and hydrocephalus 1, hemiplegia, partial sightedness and hydrocephalus 1, epilepsy and partial sightedness 1.

ORTHOPAEDIC CLINICS

Since the retirement of the Medical Superintendent of the Adela Shaw Children's Orthopaedic Hospital at Kirbymoorside, Dr. Kathleen M. Adamson, a senior hospital medical officer, has continued to hold an orthopaedic clinic once a month at the Central Clinic.

Recently it was decided because of the rarity of serious bone disease amongst schoolchildren to make other arrangements with the Hospital Board so that the comparatively few children being referred usually with minor orthopaedic defects will be seen at the beginning of any of the orthopaedic out patient clinics held at either of the two local hospitals. The monthly clinic will continue for a time to keep the old cases under review until discharged. Dr. Adamson held 11 clinics during the year at which 161 children were seen. The number of attendances was 313.

The following list of 61 new cases reveals the changing character of orthopaedic disease:—

Overlapping toes, 9 ; flat feet, 10; hammer toes, 3; hallux valgus, 8; knock knee, 3; kyphosis, 1; pes cavus, 4; scoliosis, 3; valgoid ankles, 5; tenosynovitis, 1; old poliomyelitis deformity, 1; talipes equinus varus, schlatter's disease, 1; miscellaneous, 11.

The number of children admitted to the Adela Shaw Orthopaedic Hospital, Kirbymoorside was 17.

From the two York hospitals, reports concerning 64 children seen for orthopaedic conditions were received. Children with fractures and other acute orthopaedic conditions are dealt with at these two hospitals. Three children were admitted for treatment.

CHIROPODY

A chiropody clinic for schoolchildren is held once a week at the Central Clinic by Mrs. Frankland. In all 45 sessions were held, attended by 371 children who made 1,438 attendances. The average attendance at each session of two hours duration was 32. There is usually a small waiting list but children with verrucae begin treatment within a fortnight. They are excluded from P.E. classes and swimming classes until the condition is cleared up, as it is infectious.

The following figures summarise the work of the clinic for the year with those of the previous year in brackets.

No. of children treated for verrucae.	270	(298)
No. of children treated for corns	39	(33)
No. of children treated for other miscellaneous complaints (bursitis, deformed toes, etc.) ...	62	(40)

EPILEPSY

There are 32 schoolchildren known to the School Health Department as epileptics —15 boys and 17 girls. There are no epileptic children from York in residential schools. With one or two exceptions these childrens' fits are well controlled by drug treatment and with the willing co-operation of their class teachers, they are taught with ordinary schoolchildren without giving rise to any great difficulties.

CEREBRAL PALSY (SPASTICS)

Excluding those who have been certified as ineducable previously, there are 24 children (15 boys and nine girls) over the age of two years suffering from cerebral palsy, known to the department.

15 of them attend ordinary schools, 3 the Open Air School, 1 the Class for the partially sighted, 1 the E.S.N. School, 2 attend residential schools for physically handicapped children, 1 a residential school for E.S.N. pupils.

During the year one spastic child has been notified to the Local Authority as ineducable.

MISCELLANEOUS EXAMINATIONS

Number of Corporation staff on appointment	139
Number of Entrants to Training Colleges	62
Number of children for part-time employment	315
Number of children prior to camp and holidays	176
Number of boys prior to boxing tournaments	110
Number of children prior to admission to residential schools, etc. ...	23

BACTERIOLOGICAL INVESTIGATIONS

3 rectal swabs were taken in connection with suspected Sonne Dysentery. They were all negative. 3 throat swabs and 3 nasal swabs were also taken from 3 different children. 1 of these children was a contact of a case of diphtheria in a residential school. No diphtheria bacilli were found but there was an abundant growth of streptococci. The other swabs were negative except for organisms usually found in catarrhal conditions.

YOUTH EMPLOYMENT MEDICAL REPORTS (Forms Y9 and Y10)

Medical Reports are sent to the Youth Employment Offices at the end of each term in respect of every child with a handicap who needs special placing in employment. On the Form Y.9 the child's disease or defect is not revealed but a recommendation is made regarding employment, e.g., that a child should

not be employed near moving machinery if the child is epileptic. Fifty-eight of these forms were issued, 23 of which were in respect of boys with defective colour vision.

Form Y.10 is used when the parents do not object to the child's defect being revealed to any prospective employer. Such forms are usually used for children going on the Disablement Register. None were issued during 1959.

PART-TIME EMPLOYMENT

Under York bye-laws children are allowed to take up remunerative employment after they have attained the age of 14 years. The duration of the work must not exceed two hours between the hours of 4 p.m. and 6-30 p.m. on a week-day or four hours between the hours of 8 a.m. and 6-30 p.m. on a Saturday. The employment usually undertaken is newspaper or goods delivery, and assisting in a shop or multiple store. Three hundred and fifteen children were examined for this purpose. None were rejected on medical grounds.

GENERAL PRACTITIONER MEDICAL REPORT

Medical reports in respect of 309 school leavers were sent to their family doctors. These reports were in respect of children with diseases or defects needing supervision after leaving school or children in whose case there was some medical information of value to the family doctor, e.g., B.C.G. Vaccination, Myopia.

REFERRALS TO HOSPITAL BY SCHOOL MEDICAL OFFICERS

Letters were sent to family doctors in respect of 132 children recommending that the children be seen by hospital consultants and stating that in the absence of any reply hospital appointments would be made direct. No replies were received. The School Health Department now knows the names of the few family doctors who wish to see children who are patients on their lists before they are sent to hospitals and their wishes in this matter are always respected. In addition, 58 letters were sent notifying family doctors that children had been sent to hospital because of squints or other ophthalmic conditions.

HOSPITAL REPORTS

The number of reports received from the two local hospitals in respect of York schoolchildren examined or treated showed a marked decline in 1959. Many reports were only received after written requests had been made for them. Compared with 1948 when the Local Education Authority paid for the hospital treatment of all York children in respect of whom reports were received the number received in 1959 was only 40%.

Very few medical certificates are received from general practitioners in respect of treatment given to schoolchildren, so that statistics combining the number of children known fairly accurately to have been treated by the School Health Department with those reported from hospital and general practitioners, as requested by the Ministry of Education under "Number of cases known to have been treated", bears no relationship to the actual number treated.

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

	Total No. of cases	No. of out-patients	No. of in-patients
SKIN DISEASES			
Warts	36	36	—
Other conditions	23	23	1
Total	59	59	1
EAR, NOSE and THROAT DISEASES			
Tonsils and adenoids	223	146	80
Ear conditions	40	40	1
Nasal conditions	21	20	1
Other conditions	49	45	6
Total	333	251	88
MEDICAL CONDITIONS			
Asthma	3	3	—
Cardiac disease	22	22	—
Chest complaints	8	8	—
Epilepsy	1	1	—
Other conditions	73	68	6
Total	107	102	6
SURGICAL CONDITIONS			
Injuries (casualties, etc.)	12	11	2
Orthopaedic conditions	64	62	3
Cysts	1	1	—
Herniae	12	10	2
Undescended testicles	38	36	4
Other conditions	16	10	6
Total	143	130	17
EYE CONDITIONS			
Eye diseases	25	23	2
Refractions	264	264	—
Squints	101	95	12
Total	390	382	14
Totals 1959	1032	924	126
1958	1555	1327	335
1957	1780	1405	450
1956	1439	1175	519
1948	2576	1960	616

SCHOOL DENTAL SERVICE

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

The pattern of previous years has unfortunately been repeated, i.e., an inadequate staff struggling to treat too large a number of children most of whom are inflicted with a high decay incidence. It is a measure of the poor state of dental health that 78% of children examined were dentally unfit. Had the children been examined in a dental surgery instead of in school where conditions are often inadequate the rate would possibly have been 5% higher. We were able to examine 10% more children in school than during the previous year. The number of children treated fell by 25% but the number of fillings increased. In other words fewer children are treated each year because each child needs more treatment. It is common to find children needing 10 or 12 fillings a year and only three perfect mouths were seen during the year.

There is a connection between the quantity of fermentable carbohydrates such as domestic sugar or glucose eaten and the caries rate. During both World Wars the caries rate declined when the consumption of sugars was cut.

The continually rising consumption of sweets can only lead to an increase in the decay rate. This problem is rendered more difficult by the sale of sweets and biscuits to raise money for school funds. At the end of the year two-thirds of the Secondary Schools in the City were selling carbohydrates of one kind and another. The result is that the children are encouraged to keep their teeth clogged up with carbohydrates, and it is difficult to carry out diet and hygiene education at the clinic when many schools encourage the sale of carbohydrates. Alternative and acceptable foods would be nuts and raisins. One school, Beckfield Secondary Modern, has voluntarily stopped the sale of sweets at school.

The air turbine drill was brought into use in the autumn and proved very popular with the majority of the children. Many children, who had previously been difficult, behaved very well when their fillings were prepared with the air turbine drill. It proved particularly valuable in preparation of prophylactic fillings where its high cutting speed often enabled this type of work en passant during other conservative operations. Many more children managed without a local anaesthetic when this drill was used.

Once again, orthodontic treatment and the filling of temporary teeth have been severely curtailed in order to concentrate on the conservation of the permanent dentition.

I have been helped greatly by the co-operative attitude of the Head Teachers and staffs.

CITY OF YORK CHILD GUIDANCE CLINIC

I am indebted to Dr. C. H. Neville-Smith, Consultant in Child Psychiatry, Leeds Regional Hospital Board, for the following report:—

For the Child Guidance Clinic at York, 1959 could be described as a year of consolidation. The very heavy flow of new referrals experienced in the earlier part of the previous year reverted to a rate nearer that of the current five year average, and since we have had the services of a Child Psychotherapist

(Mrs. Kent) for four sessions a week and have been able to retain a weekly session from Dr. D. J. Galbraith of The Retreat, this has meant that we have been able to offer regular treatment to a much greater proportion of the children seen here who have stood in need of this. In addition, there has been a corresponding reduction in the time children have had to wait before regular psychotherapy could begin. Urgent cases can be fitted in within a few weeks. Less urgent cases wait six to nine months after their diagnostic interview, in contrast to the almost indefinite waiting time experienced in many clinics today.

Thanks to the liberal-minded attitude towards Child Guidance of York Corporation, both in the past and at the present time, York is able to raise a full clinic team which in proportion to the population it serves, just satisfies the "realistic minimum" demanded in a recent report on Child Psychiatry issued by the Royal Medico Psychological Association. Few other such clinics in the region can make this claim.

Despite our relatively fortunate position in staffing, we have still a long way to go before we feel we can offer York a truly adequate Child Guidance Service. At present the deficiencies are two-fold. Firstly, we can offer only a basic service in out-patient treatment, delays in treatment are still too long, and we cannot afford much time for follow-up work and research. Secondly, there is an absolute lack locally of suitable provision for the inpatient treatment of acutely disturbed children and adolescents. Such children are sometimes well nigh unmanageable at home and put a very heavy strain on their families. It is, in my view, totally inappropriate to place such children in the wards of an adult mental hospital, yet this is at present sometimes the only way of relieving a situation at home which can be intolerable for the family and sometimes dangerous for the child itself.

York has proved itself something of a pioneer in the field of Mental Health. It would be a great thing for the City and the Region as a whole if it could take up this new challenge.

TABLE 1
NEW CASES SEEN BY PSYCHIATRISTS BY AGE AND SEX

Age	Boys	Girls	Total
Pre-School	5	2	7
5—7	7	5	12
8—10	9	2	11
11—13	10	9	19
14 and over	5	6	11
Total	36	24	60

TABLE II

PRINCIPAL PRESENTING SYMPTOM, AS ASSESSED AT FIRST INTERVIEW BY PSYCHIATRISTS, OF 60 CHILDREN SEEN IN 1959

Group	Definition	Boys	Girls	Total
I	Maladjustment in relation to society, (i.e. pilfering, truanting, lying, destructiveness, wandering)	12	2	14
II	Maladjustment in relation to school, (i.e. poor work despite good intelligence, behaviour problems)	4	5	9
III	Maladjustment in relation to home life, (i.e. aggressive, attention-seeking, inhibited behaviour)	11	11	22
IV	Neuroses (i.e. anxiety, phobias, conversion hysteria, compulsive rituals)	4	6	10
V	Psycho-Somatic and Somatic-Psychic disorders, (i.e. disordered bodily function associated with emotional disturbance)			
	(a) Wetting and Soiling	7	4	11
	(b) Allergies, Tics, Speech Defects	1	—	1
	(c) Emotional disorder secondary to organic disease, (i.e. from Epilepsy, Gross backwardness, Tuberculosis)	2	1	3
VI	Sexual difficulties	—	—	—
VII	Psychotic Disturbance, (i.e. children not fully in touch with their surroundings)	1	1	2
	Total ...	42	30	72

Note:—It will be observed that the number of "presenting symptoms" exceeds the number of children seen. Children were classed in one category as far as possible, but when *two* complaints appeared to be of almost equal importance (as, for example, pilfering and soiling) both were listed. No child appears in more than two groups.

TABLE III
INTELLIGENCE RANGE OF PSYCHIATRISTS' NEW CASES—1959

I.Q.	Description	No. of Boys	No. of Girls	Total
130 +	Highly intelligent children—the top 4%	2	—	2
129—110	Bright children—the next 25% ...	11	8	19
109— 90	“Average” children—the middle 46%	13	12	25
89— 70	Dull children—the lower 22% ...	5	1	6
Under 70	Seriously retarded children—the bottom 3%	2	—	2
Untested	Mostly very young children ...	3	3	6
	Total ...	36	24	60

TABLE IV
STATE ON DISCHARGE OF THE 49 CHILDREN ON REGULAR TREATMENT WHOSE CASES WERE CLOSED IN 1959.

A. State on Discharge		B. Reason for Discharge	
Greatly improved, cured	7	Satisfactory adjustment	22
Definite improvement	27	Left School or district	9
Little change	15	Parents' wish	15
		Transfer to other agency	3
Total	49	Total	49

SPEECH THERAPY CLINIC

This Clinic is conducted by Miss A. Nowell L.C.S.T., who has sent the following report concerning its activities:—

The Speech Therapy Clinic has had a busy and rewarding time during 1959. Treatment for speech defects and advice on management of children handicapped by poor or unformed speech has been given both at the clinic and at Tang Hall and Hob Moor Junior and Infant Schools.

Attendances generally have been good, and most parents show both a concern for the welfare of their children and an appreciation of their particular difficulties.

Treatment in schools is convenient and time saving—but it is not to be recommended for every child. The more intimate atmosphere of the clinic, and the greater choice of toys, books and equipment, still make it the ideal treatment centre. It should be emphasised however, that Speech Therapy is not a subject in which the therapist gives “lessons”—it is treatment for those handicapped by their speech—aimed at helping the whole individual to relate more efficiently to the particular society to which he belongs. Speech defective children very often display either aggressive tendencies caused through frustration at their inability to communicate satisfactorily with their contemporaries, or excessive shyness caused through embarrassment experienced at their former attempts at expressing themselves. It can be seen therefore, that treatments must go much deeper than tongue exercises or vowel practice.

There are five children with cleft palates attending the clinic—the youngest age three. They are all making good progress, after excellent plastic operations. The children with this condition are taken for treatment early in life so that good speech habits are acquired and there are no bad habits formed.

It is very regrettable that speech therapists are so scarce, and that between appointments there seem always to be lapses of several months. Much harm is done in this time.

I would like to thank all those people, both in the Education Offices, the Schools and the Health Service who have assisted and advised me during my appointment in York.

The following figures summarise the work of the clinic for the year:—

Number of children on waiting list at beginning of year	...	14
Number of children on waiting list at the end of the year	...	43
Number of children discharged as cured or improved	...	47
Stammers	... ..	12
Dyslalics	... ..	28
Others	... ..	7
Number of children who failed to attend	... ..	14
Number of children under treatment or supervision at end of year	... ..	85
Number of visits paid to schools	... ..	144
Total number of attendances at schools and clinic	... ..	1,990

LIP READING CLASS

I am indebted to Mrs. W. Adams for the following report on her work with the partially-deaf children:—

There are seven deaf children attending the lip-reading class at the Central Clinic. The hearing impairment of these children varies from slight to severe, and their hearing needs to be supplemented by watching the facial movements—that is by lip or speech reading.

The children are divided into two groups, and each group receives tuition lasting one hour one day in the week. Owing to impaired hearing, five of these children have also slight speech defects, such as the distortion of certain sounds, lack of clearness and precision. The lip reading also assists them to improve their speech, as the children are required to speak so that their lips may be easily read by other children.

Five of the children have been supplied with a hearing aid, but only one child wears it regularly.

Lip reading requires constant practice and repetition, but there is improvement in each child. All are becoming more alert and interested as the lessons proceed. It is most important that parents and teachers should co-operate when speaking to a deaf child by facing him squarely, using a normal voice, and speaking slowly and distinctly, without distorting the mouth to form words.

N.S.P.C.C.

I am indebted to Inspector Hindmarsh for the following statistics relating to his work among York schoolchildren during the year:—

Cases of neglect	...	...	...	...	...	...	46
Cases of Ill-treatment	...	...	...	...	...	...	7
Cases of Moral Danger	...	...	...	...	...	...	2
Case of Abandonment	...	...	...	...	...	...	1
Persons seeking advice concerning their children	...	...	...	...	...	...	41
Number of parents warned or advised	...	...	...	...	...	...	119
Number of children dealt with	...	...	...	...	...	...	228
Number of supervision visits in connection with children	...	...	...	...	...	...	528
Miscellaneous visits	...	...	...	...	...	...	737
Prosecutions	...	...	...	...	...	...	2
Juvenile Court case	...	...	...	...	...	...	1

Prosecution was resorted to in one case, but it was dismissed on the grounds of insufficient evidence.

REMAND HOME

York Remand Home is under the medical care of the School Medical Service with Dr. Margaret Barnet as its visiting physician.

Both examination and treatment are given, each boy being examined within twenty-four hours of admission and discharge. Boys with acute illnesses are isolated in the sick bay.

Boys remanded by the Magistrates for psychiatric reports are seen by hospital psychiatrists of the Regional Board or by Dr. C. H. Neville-Smith, the Regional Board Child Psychiatrist attached to the York Child Guidance Clinic. Psychological examinations are carried out by Miss E. M. Johns, M.A., the Educational Psychologist to the York Education Committee. The Warden of the Home is Mr. E. J. P. Cother and his wife is Matron. They are assisted by three male full-time assistants, one female full-time assistant and two part-time female domestic helpers.

Mr. Cother has kindly provided me with the following information in statistical form, which gives some idea of the type of offences being committed, and the range of intelligence of the boys committing them:—

The number of York boys admitted during the year was the same as last year, viz 40, but the number of boys from outside York increased by some 34%. There is accommodation officially for 15 boys, but because of the increasing pressure for places up to 22 boys have been housed at one time. Many requests for admission have to be refused.

Number of boys admitted during 1959	...	...	249
Number of York boys	...	...	40
Number of other boys	...	...	209
Average length of day	...	...	19.7 days
Longest stay	...	...	60 days
Shortest stay	...	...	1 day

<i>Offences or reason for being in Remand Home</i>	<i>No. of Boys</i>
Larceny	115
Breaking and entering and larceny	60
Shop breaking and larceny	17
Driving away a motor vehicle without owner's consent	12
Housebreaking and larceny	8
Absconding	7
Breach of probation	5
Beyond control	4
Children Act cases	4
Indecent assault	3
Arson	2
Assault	2
Robbery with violence	2
Shoplifting	1
Carrying an offensive weapon	1
Obtaining money under false pretences	1
Non-attendance at school	1
Gross indecency	1
Wilful damage	1
Indecent exposure	1
Receiving stolen property	1

Intelligence quotient range of some 103 boys admitted in 1959:—

	<i>Range</i>	<i>No. of Boys</i>
Below	60	3
	61—70	16
	71—80	17
	81—90	18
	91—100	23
	101—110	16
	111—120	6
Over	120	4

YORK FAMILY SERVICE UNIT

Mr. Philip Seed, M.A. the Casework Organiser of the Unit has kindly supplied the following report on the year's work:—

Owing to the stabilised personnel position, with no staff changes throughout the year, the Family Service Unit has increased its case-load of families needing long-term support from 36 to 41. There were 2,986 contacts with families (Home Visits and Unit interviews), and 1,718 contacts with other agencies on the families' behalf.

During the year 16 cases were closed, and in 11 of these very satisfactory progress can be reported. Though not all "problem free", these families have learnt to make good use of the normal social services provided. In two of the cases where little progress was made, children finally had to be admitted to Care. Even here, the Unit may still have played a useful part.

There have been many direct activities with children during the year—87 of whom were of school age. For example, 33 children went on holidays arranged by the Unit, in addition to eight children who were accompanied on a Youth Hostelling week-end. During the Christmas period over 70 children have been invited to parties provided by local organisations supporting the Unit, 13 children were taken to the pantomime, and toys which were given to the Unit were distributed to over 130 children. Throughout the year the Cookery Group for about a dozen girls has continued to meet weekly.

These children's activities are organised as part of the plan for total rehabilitation, where possible, of the families to which the children belong. In this, the Unit aims to work in close co-operation with the statutory services, from whom so much assistance is received.

DEATHS AMONGST SCHOOLCHILDREN

Ten schoolchildren died during the year. The following list shows the causes of death:—

1. Acute myeloblastic leukaemia.
2. Accidental death due to blow from cricket stump whilst playing rounders.
3. Cerebral haemorrhage and congenital abnormality of cerebral blood vessels.
4. Bronchopneumonia.
5. Inanition and multiple lung abscesses due to inhalation of food due to congenital defects of the brain.
6. Accidental death due to a fall onto the highway whilst riding a pedal cycle.
7. Coal gas (domestic) poisoning. (Wilful murder by known person).
8. Uraemia; Chronic nephritis; Disseminated lupus erythematosus.
9. Motor vehicle accident.
10. Accidental death (drowning as a result of falling into a pond).

YORK SCHOOLS' ATHLETIC ASSOCIATION

I have received from Mr. E. W. Coleman, the General Secretary, a copy of the 46th Annual Report of this Association, which records continued progress in all and new and successful activities in several of the Associations' Sections. More of the York's schoolchildren are being catered for and enjoyment of and enthusiasm for the various physical activities offered is resulting in higher standards of attainment being reached.

Nine different forms of sport are organised, several of them having both Junior and Senior sections. They are Association Football, Rugby Football, Swimming, Athletics, Boxing, Netball, Cricket, Hockey and Rounders.

Over 1,200 children gained Swimming medallions during the year, more than in any previous year and 20 children passed the Proficiency Test compared with eight last year.

The trophy for the school with the highest percentage of swimmers was won in the Boy's Section with 91.5% and in the girls 88.7%.

In Boxing four York boys became County Champions, three others reached the final bouts.

The whole work of this Association is carried out by teachers voluntarily.

The great benefit both physically and mentally to children taking part in these activities is a considerable contribution to the health of York's schoolchildren.

SUMMARY OF WORK DONE, 1959

Periodic Medical Inspections	...	...	...	...	...	...	7,913
Special Inspections	...	...	...	...	...	...	5,972
Re-inspections	...	...	...	...	...	...	2,487
						Total	16,372
Periodic Dental Inspections	...	....	...	...	...	...	4,448
Special Dental Inspections	...	...	...	...	...	...	1,081
Number of children treated by School Dental Surgeons	...	...	...	...	...	...	1,074
Number of attendances at Clinics:							
Minor Ailments at Rougier Street Clinic	...	...	...	...	...	...	3,005
Chiropody Clinic	...	...	...	...	...	...	1,438
Dental Clinic	...	...	...	...	...	...	5,946
Ear Clinic	...	...	...	...	...	...	607
Mental Testing	...	...	...	...	...	...	87
Ophthalmic Clinic...	...	...	...	...	...	...	2,720
Orthopaedic Clinic...	...	...	...	...	...	...	313
Acomb Secondary Modern School Clinic	...	...	...	...	...	...	231
Ashfield Secondary Modern School Clinic	...	...	...	...	...	...	277
Beckfield Secondary Modern School Clinic	...	...	...	...	...	...	867
Burnholme Secondary Modern School Clinic	...	...	...	...	...	...	433
Burton Stone Secondary Modern School Clinic	...	...	...	...	...	...	783

Carr Infants' School Clinic	...	...	...	...	...	662
Carr Junior School Clinic	...	...	...	...	...	542
Danesmead Secondary Modern School Clinic	...	...	...	...	...	261
Derwent Junior School Clinic	...	...	...	...	...	900
Fulford Road Special School Clinic	...	...	...	...	...	359
Hob Moor Infants' School Clinic	...	...	...	...	...	210
Hob Moor Junior School Clinic	...	...	...	...	...	466
Open Air School Clinic	...	...	...	...	...	430
Our Lady and English Martyrs' School Clinic	...	...	...	...	...	313
St. George's School Clinic	...	...	...	...	...	785
Westfield Infants' School Clinic	...	...	...	...	...	226
Westfield Junior School Clinic	...	...	...	...	...	375
Number of inspections by School Nursing Staff for uncleanliness	...	...	...	...	...	46,196
Number of home visits made by Nursing Staff	...	...	...	...	...	722
Number of visits to schools by Nursing Staff	...	...	...	...	...	1,866
Number of "follow-up" cases	...	...	...	...	...	2,861

SCHOOL HEALTH SERVICE STAFF AND SCHOOL CLINICS

RETURN MADE TO MINISTRY OF EDUCATION

Return for 31st December, 1959

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) Speech Therapists	1	1
(c) (i) School Nurses	11	7.20
(ii) Number of the above who hold a Health Visitor's Certificate ...	6	—
(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 ...	—	—	1	0.18
(iii) Orthodontists (if not already included in (e) (i) or (e) (ii) above	—	—	—	—
TOTAL ...	1	1	1	0.18
			Number of Officers	Numbers in terms of full-time Officers employed in the School Dental Service
(iv) Dental Attendants ...	...	...	2	2
(v) Other Staff ...	...	...	—	—

2. NUMBER OF SCHOOL CLINICS 2

A certain amount of minor ailment treatment is carried out in the Medical Inspection Rooms at 17 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	18	—
(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 CLINICS.

- (1) Number of Child Guidance Clinics provided by the Authority : 1
 (2) Staff of Clinics :

	Number	Aggregate in terms of the equivalent number of whole-time officers
Psychiatrists	2	0.54
Educational Psychologists	1	1
Psychiatric Social Workers	1	1
Pædiatricians, Play Therapists, Social workers, etc. (excluding Clerks) (Specify) :—		
Psychotherapist	1	0.36

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

During the calendar year ended 31st Dec., 1959	(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)
A. Handicapped Pupils newly placed in Special Schools (other than hospital special schools) or Boarding Homes ...	1	2	-	1	25	3	18	-	-	50
B. Handicapped Pupils newly assessed as needing Special educational treatment at Special Schools or in Boarding Homes	-	2	3	1	25	3	17	1	-	52
On or about January 22nd 1960, number of Handicapped Pupils from the Authority's area who										
C. (i) were on the register of										
1. Maintained Special School—										
(a) as Day Pupils										
(b) as Boarding Pupils										
2. Non-maintained Special School										
(a) as Day Pupils										
(b) as Boarding Pupils										
(ii) were on the register of independent schools under arrangements made by the Authority ...										
(iii) were boarded in Homes and not already included under (i) or (ii)										
TOTAL C ...	2	12	10	1	80	10	91	3	-	209

	(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)
D. were being educated under arrangements made under Section 56 of the Education Act, 1944—										
(i) in hospitals	-	-	-	-	-	4	-	-	-	4
(ii) in other groups (e.g. units for spastics, convalescent homes)	-	-	-	-	-	-	-	-	-	-
(iii) at home	-	-	-	-	-	3	-	-	-	3
E. were requiring places in special schools										
(i) TOTAL										
(a) day	-	-	-	-	-	-	-	-	-	-
(b) boarding	-	-	1	-	-	-	2	1	-	4
Pupils included in the totals above:—										
(ii) who had not reached the age of 5:—										
(a) awaiting day places	-	-	-	-	-	-	-	-	-	-
(b) awaiting boarding places	-	-	1	-	-	-	-	-	-	1
(iii) who had reached the age of 5 but whose parents had refused consent to their admission to a special school:—										
(a) awaiting day places	-	-	-	-	-	-	-	-	-	-
(b) awaiting boarding places	-	-	-	-	-	-	-	-	-	-

F. were on the registers of hospital special schools 3

G. During the *calendar* year ended 31st December, 1959, number of children reported to the local health authority—

(a) under Section 57(3) (excluding any returned under (b)) ... 5

(b) " " 57(3) relying on Section 57(4) -

(c) " " 57(5) 11

of the Education Act, 1944

MEDICAL INSPECTION AND TREATMENT RETURNS

Year ended 31st December, 1959.

Number of pupils on registers of maintained primary and secondary schools (including nursery and special schools) in January, 1960 as in Form 7, 7 m and 11 Schools...17,733

PART I.

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

TABLE A
PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		No.	% of Col. 2	No.	% of Col. 2
		(3)	(4)	(5)	(6)
1955 and later	267	264	98.88	3	1.12
1954	955	948	99.27	7	0.73
1953	483	472	97.72	11	2.28
1952	398	392	98.49	6	1.51
1951	784	776	98.98	8	1.02
1950	353	344	97.45	9	2.55
1949	403	392	97.27	11	2.73
1948	1,065	1,037	97.37	28	2.63
1947	575	559	97.22	16	2.78
1946	391	389	99.49	2	0.51
1945	492	484	98.37	8	1.63
1944 and earlier	1,747	1,729	98.97	18	1.03
Total	7,913	7,786	98.40	127	1.60

TABLE B
PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL
INSPECTIONS

(Excluding Dental Diseases and infestation with Vermin)

Age Groups Inspected (By year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total individual pupils (4)
1955 and later	2	16	18
1954	25	63	85
1953	9	38	43
1952	9	28	35
1951	32	75	102
1950	14	26	39
1949	22	41	59
1948	41	124	160
1947	27	73	94
1946	12	53	64
1945	23	49	69
1944 and earlier	88	188	264
Total	304	774	1,032

TABLE C.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	...	5972
Number of Re-Inspections	...	...	...	...	...	2487
			Total	...	...	8459

TABLE D.—INFESTATION WITH VERMIN.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	...	...	46,196
(b) Total number of individual pupils found to be infested	...	...			369
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	...	...	...	...	—
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	...	...	...	...	—

PART II

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

TABLE A
PERIODIC INSPECTIONS

Defect Code No.	Defect or Disease (-)	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		Total	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
4	Skin	20	65	105	84	224	173	349	322
5	Eyes—								
	a. Vision ...	36	99	74	276	194	629	304	1,004
	b. Squint ...	19	37	1	17	9	92	29	146
	c. Other ...	3	16	4	3	11	24	18	43
6	Ears—								
	a. Hearing	1	40	3	8	7	45	11	93
	b. Otitis								
	Media	—	23	4	22	5	56	9	101
	c. Other ...	6	38	28	21	63	149	97	208
7	Nose and Throat ...	19	184	2	40	21	266	42	490
8	Speech	13	42	3	4	13	31	29	77
9	Lymphatic Glands	—	129	—	19	1	188	1	336
10	Heart	1	19	1	13	2	33	4	65
11	Lungs	4	37	4	22	2	109	10	168
12	Developmental—								
	a. Hernia ...	2	15	2	3	2	12	6	30
	b. Other ...	8	94	3	44	27	192	38	330
13	Orthopaedic—								
	a. Posture ...	1	12	8	47	22	76	31	135
	b. Feet ...	17	43	29	47	64	146	110	236
	c. Other ...	9	43	3	27	23	90	35	160
14	Nervous System								
	a. Epilepsy	1	5	—	2	2	12	3	19
	b. Other ...	—	3	—	3	—	11	—	17
15	Psychological—								
	a. Development	—	3	—	11	—	97	—	111
	b. Stability	1	157	—	238	3	700	4	1,095
16	Abdomen	2	11	1	11	2	20	5	42
17	Other	—	9	2	10	1	31	3	50

TABLE B—SPECIAL INSPECTIONS

Defect Code No.	Defect or Disease	Special Inspections	
		Pupils Requiring Treatment (3)	Pupils Requiring Observation (4)
(1)	(2)		
4	Skin	199	58
5	Eyes—	681	1,156
	a. Vision	92	23
	b. Squint	57	3
	c. Other	13	35
6	Ears—	22	18
	a. Hearing	93	27
	b. Otitis Media	42	128
	c. Other	23	31
7	Nose and Throat	3	46
8	Speech	—	21
9	Lymphatic Glands	3	43
10	Heart	—	—
11	Lungs	7	6
12	Developmental—	9	123
	a. Hernia	16	23
	b. Other	66	104
13	Orthopaedic—	45	83
	a. Posture	1	13
	b. Feet	—	3
	c. Other	—	—
14	Nervous System—	—	8
	a. Epilepsy	2	188
	b. Other	—	—
15	Psychological—	—	—
	a. Development	2	188
	b. Stability	—	—
16	Abdomen	—	2
17	Other	312	19

PART III
TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND
SECONDARY SCHOOLS
(Including Nursery and Special Schools)

TABLE A
EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	282
Errors of refraction (including squint)	1,815
Total	2,097
Number of pupils for whom spectacles were prescribed	1,358

TABLE B
DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment:—	
(a) for diseases of the ear	1
(b) for adenoids and chronic tonsillitis	80
(c) for other nose and throat conditions	7
Received other forms of treatment	831
Total	919
Total number of pupils in schools who are known to have been provided with hearing aids:—	
(a) in 1959	2
(b) in previous years	9

TABLE C
ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	394
(b) Pupils treated at school for postural defects	40
Total	434

TABLE D
DISEASES OF THE SKIN
(Excluding uncleanliness, for which see Table D of Part 1)

	Number of cases known to have been treated
Ringworm—(a) Scalp	—
(b) Body	7
Scabies	3
Impetigo	53
Other skin diseases	1,326
Total	1,389

TABLE E
CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	245

TABLE F
SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists	123

TABLE G
OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	2,118
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccina- tion	1,162
(d) Other than (a), (b) and (c) above Please specify:	
Chiropody	371
UVL Treatment at the Open Air School	94
Total (a) — (d)	3,745

PART IV
DENTAL INSPECTION AND TREATMENT CARRIED OUT
BY THE AUTHORITY

1. Number of pupils inspected by the Authority's Dental Officers:—							
(a)	At Periodic Inspections	...	...	...	...	...	4,448
(b)	As Specials...	...	...	...	...	...	1,081
						Total (1)	5,529
2. Number found to require treatment							4,263
3. Number offered treatment							4,260
4. Number actually treated							1,074
5. Number of attendances made by pupils for treatment, including those recorded at heading 11 (h)							5,946
6. Half-days devoted to:—							
(a)	Periodic (School) Inspection	...	...	...	...	...	13
(b)	Treatment	...	...	...	...	...	504
						Total (6)	517
7. Fillings:—							
(a)	Permanent Teeth	...	...	...	...	...	3,229
(b)	Temporary Teeth	...	...	...	...	...	50
						Total (7)	3,279
8. Number of Teeth filled:—							
(a)	Permanent Teeth	...	...	...	...	...	3,076
(b)	Temporary Teeth	...	...	...	...	...	47
						Total (8)	3,123
9. Extractions:—							
(a)	Permanent Teeth	...	...	...	...	...	690
(b)	Temporary Teeth	...	...	...	...	...	764
						Total (9)	1,454
10. Administration of general anæsthetics for extraction							728
11. Orthodontics:—							
(a)	Cases commenced during the year	...	...	...	...	...	54
(b)	Cases brought forward from previous year	...	...	...	...	...	21
(c)	Cases completed during the year	...	...	...	...	...	7
(d)	Cases discontinued during the year	...	...	...	...	...	—
(e)	Pupils treated with appliances	...	...	...	...	...	9
(f)	Removable appliances fitted	...	...	...	...	...	26
(g)	Fixed appliances fitted	...	...	...	...	...	2
(h)	Total attendances	...	...	...	...	...	335
12. Number of pupils supplied with artificial teeth							15
13. Other operations:—							
(a)	Permanent teeth	...	...	...	...	...	317
(b)	Temporary teeth	...	...	...	...	...	—
						Total (13)	317

