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City of York Education Committee

ANNUAL REPORT

OF THE

PRINCIPAL

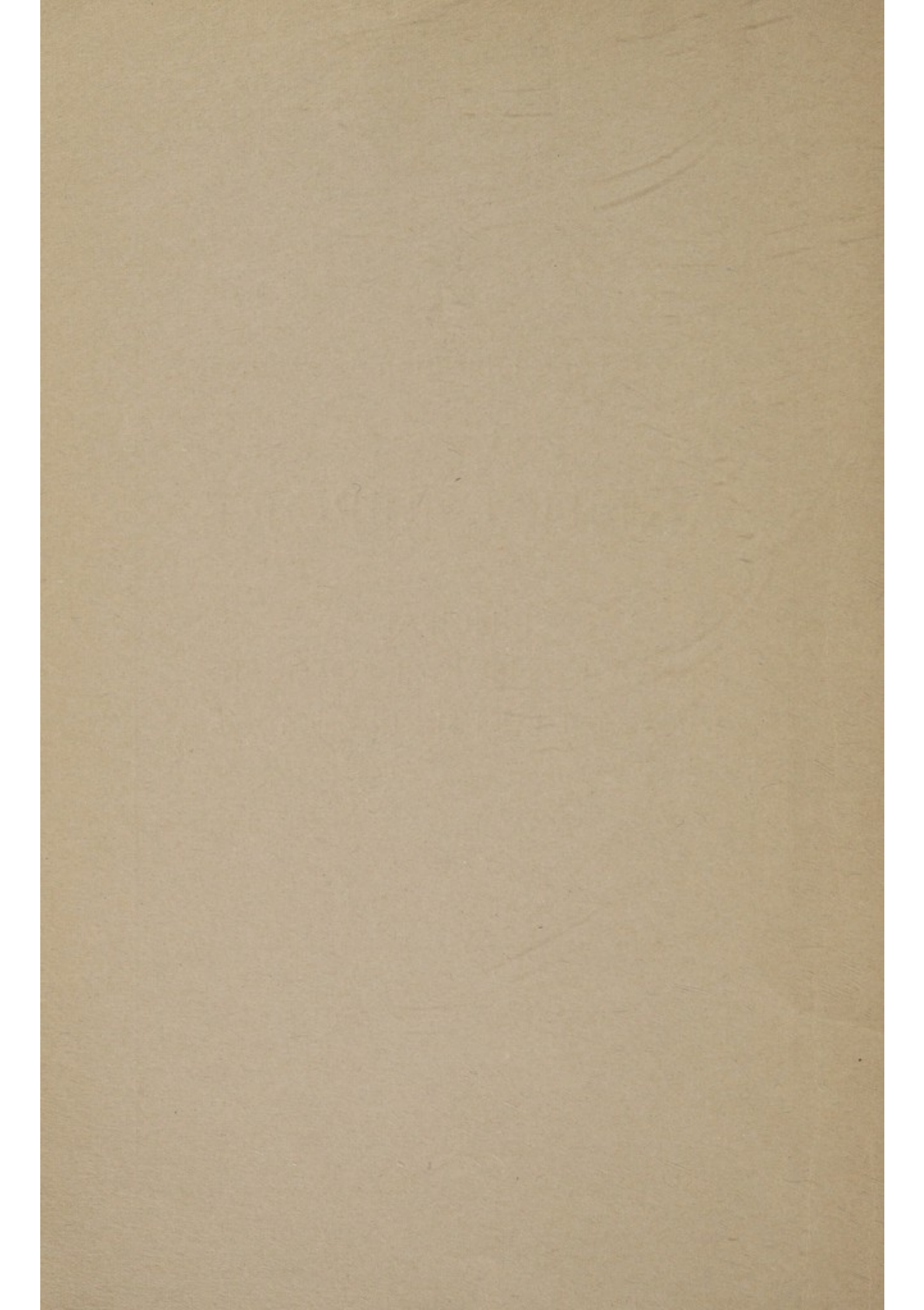
SCHOOL MEDICAL OFFICER

For the Year Ended 31st December, 1961

Alderman R. SCRUTON,
Chairman

H. OLDMAN,
Chief Education Officer

School Clinic,
Monkgate,
York





City of York Education Committee

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For the Year Ended 31st December, 1961

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Mr. Chairman, Ladies and Gentlemen,

I am pleased to present my report on the health of York school children and the work of the School Health Department for the year 1961.

Death of Alderman G. T. Rogers

The service sustained a grievous loss during the year in the death of Alderman G.T. Rogers, J.P. He had been a member of the Education Committee since 1947, and Chairman from 1954-59. His devotion to the cause of education in the City and his interest in the work of the School Health Service were an inspiration and continual stimulus. He will be sadly missed.

General

The high standard of health among our school children was maintained, and there were no major epidemics and no cases of diphtheria or poliomyelitis during the year.

Influenza and Infective Jaundice

A clinically mild outbreak of influenza occurred during November and December, 30% of school children being absent at the peak of the epidemic. Infective hepatitis (jaundice) was fairly prevalent throughout the year. This is not a notifiable disease, but practitioners co-operated by informing me of cases, and returns were also made by heads of schools. The 70 cases so notified, were spread over 16 schools, the highest incidence being in the Clifton area of the City.

Northfield School for Delicate Children

A dietary survey was carried out by Dr. Margaret Barnet of children attending this new school. As a result of this survey, a modified "Oslo Breakfast" has been added to meals provided for these children, to increase their deficient intake of protein and fruit. Details are included in the body of the report.

The new school building has been appreciated by both children and staff during this first complete year's working, and the attached physiotherapy unit has become established.

Ministry of Education Circulars

Two important circulars were received during the year:—

1. Children Handicapped by Impaired Hearing

The importance of early diagnosis of impaired hearing was emphasised in joint circulars issued by the Ministries of Health and Education. Authorities were asked, in consultation with hospitals and Executive Councils, to review the adequacy of methods used, and facilities available for treatment and education. At the end of the year the Committee had considered preliminary reports, and arrangements had been made to visit an authority having a well-integrated scheme for teaching the deaf in ordinary schools.

2. Special Educational Treatment for Educationally Sub-normal Pupils

This comprehensive circular was received at a most opportune time, when the Authority were considering plans for their new Day Special School. It dealt with special schools, special classes in ordinary schools, further

education, personal help, and various other matters. The value of special educational treatment in the early years of a child's school life was emphasised, and children may be kept at school after the age of sixteen if their parents so wish, and facilities are available.

Monkgate School Clinic

The adaptation and extension of the Grey Coat School for use as a school clinic was completed during the year, and services transferred from Rougier Street in October. The transfer proceeded smoothly, and the spacious accommodation with improved facilities are much appreciated.

I would like to express my thanks to staff and to all who have helped to maintain the work of the department during the year. To the Chairman and members of the Committee, the Chief Education Officer, and to Dr. Shevlin who has drafted the main body of this report I tender my special thanks.

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:

The Right Hon. The Lord Mayor
(Alderman Mrs. I. G. Wightman, J.P., B.A.)

Chairman of Special and Social Services Sub-Committee:

Councillor Miss L. M. A. Lacamp

Committee:

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Alderman G. T. Rogers, J.P.	M.A., LL.B.
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Councillor S. Palphramand, J.P.	Rev. Fr. P. McAniff

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, 1961.

STAFF OF THE SCHOOL HEALTH SERVICE DURING 1961

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.

Mrs. I. M. Sutcliffe, M.B., Ch.B., D.P.H.

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:

M. L. Lund, B.Ch.D., L.D.S.

Mrs. J. D. Millwood, L.D.S. (part-time from 16.1.61 to 15.6.61).

Anaesthetist 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.

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

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. (To 1.7.61)

Miss M. C. Kelly, S.R.N., S.C.M., H.V. Certificate (To 14.1.61).

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

Miss E. English, S.R.N., S.C.M., H.V. Certificate (To 25.8.61).

Miss J. F. Gretton, S.R.N., S.C.M., H.V. Certificate.

Miss P. Strachey-Hawdon, S.R.N., S.C.M., H.V. Certificate.

Mrs. F. M. Platts, S.R.N., S.C.M., H.V. Certificate (From 17.7.61)

Miss A. R. Grieve, S.R.N., S.C.M., H.V. Certificate (from 24.7.61)

Assistant Health Visitor/School Nurses:

Mrs. M. W. Gledhill, S.R.N., S.C.M. (From 18.9.61).

Miss A. R. Wheatley, S.R.N., S.C.M. Part I (From 18.9.61).

Dental Surgery Assistants:

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

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

Mrs. M. B. Field (part-time).

Speech Therapist:

Miss H. P. Lamb, 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. (part-time).

Physiotherapist:

Mrs. M. A. Hayes, M.C.S.P. (part-time) (From 29.5.61).

Lip Reading Tutor:

Mrs. W. Adams (Qualified Teacher of the Deaf) (part-time).

Chief Clerk:

Miss D. J. Blaker.

General Clerks:

Miss M. Sowray (To 24.5.61).

Miss H. F. Milburn.

Miss C. M. Lonsdale.

Mrs. E. E. Hedinburgh.

Miss S. R. Pickard (From 2.10.61).

Clerical Assistants to School Medical Officers:

Miss M. A. Robinson.

Mrs. P. M. Stephenson.

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. (part-time).

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.

Clerks:

Mrs. H. K. Keene.

Mrs. E. Petre (part-time).

GENERAL

Staff Changes

There were no changes among the medical staff during the year. Mrs. Dalton, who retired from her post of full-time School Nursing Sister in 1959, rejoined the staff and remains employed on a temporary basis. Two Health Visitor/School Nurses, Mrs. Platts and Miss Grieve, commenced duties in July on the completion of their studies for the Health Visitors' Certificate. Two trainee Health Visitor/School Nurses, Mrs. Gledhill and Miss Wheatley, who intend to take the Course for the Health Visitors' Certificate next October, took up duties in September.

The introduction of the integrated Health Visiting/School Nursing scheme in 1954 appeared to have many advantages, the greatest of which was the employment of the same Nurse for pre-school as well as school children, so that families in each district would come to look on her as their constant friend and adviser. Unfortunately, this has not been fully realised, for of the 11 Health Visitor/School Nurses appointed for combined duties since 1954, eight have left the service for various reasons. Of the remaining three, one was appointed in 1957 and two in 1960. Continuity is achieved, however, by the full-time School Nursing Sisters who have many years of service in the department, Sister Dalton 27 years, Sister Stoddart 24 years, and Sister Reynolds 11 years. Unfortunately, one has passed retiring age, another reaches it next year, and the third in eight years time. The other two full-time Nurses are temporary appointments. There would appear to be a case for retaining a certain number of full-time Nurses doing school health duties only to preserve a continuity of method and liaison with the schools.

Miss M. Sowray retired on a disability pension on May 24th after a long absence from work through sickness. She had given valuable service as a clerk from 1938. Miss S. R. Pickard was appointed to fill the vacancy and commenced duty on October 2nd.

Courses and Meetings Attended

Mr. G. Turner, Principal School Dental Officer, attended a Refresher Course for Public Health Dental Officers organised by the Dental Group of the Society of Medical Officers of Health in London on April 28th and 29th and the Annual Conference of the British Dental Association at Harrogate from June 19th to 23rd.

Miss Johns, Educational Psychologist, attended a Refresher Course organised by the British Psychological Association at Nottingham University from July 31st to August 3rd.

Miss H. P. Lamb, Speech Therapist, attended a Conference organised by the College of Speech Therapists at Birmingham from July 24th to 28th.

Dr. I. M. Sutcliffe attended a Course on "Deafness in Children" held at the Department of Education of the Deaf at Manchester University from September 19th to 22nd, and a Course on Mentally Subnormal Children organised by the Extra-Mural Department of London University on behalf of the National Association of Mental Health from September 25th to October 13th. Dr. Sutcliffe is now qualified under the Medical Examinations (Subnormal Children) Regulations, 1959, to carry out medical examinations of subnormal children.

Dr. F. B. Shevlin, Senior Assistant School Medical Officer, attended Joint Conference of Teachers and School Medical Officers on "Child Health and The School" at Brighton from July 26th to August 2nd. He also continued to serve on the Council of the School Health Group of the Society of Medical Officers of Health, of which he was President for the year.

A Course on "Cerebral Palsy" held at the Centre for Spastic Children in London from October 23rd to 27th, was attended by Dr. M. C. Barnet, who also continued to represent the School Health Service at the monthly meetings of the Co-ordinating Committee for the Care of Deprived Children.

Houseparent Training Course

Lectures were given to the 24 students of this Course organised by the Further Education Department by Dr. Crane, Dr. Barnet, Dr. Shevlin, Mr. G. Turner and Miss Mather, Superintendent Nursing Officer, who also assisted with some of the practical training.

Tuition Outside School Premises

35 school children received tuition in hospital during the year. Of these, 22 were York children, seven North Riding, three East Riding, and three West Riding. In addition, three York children received tuition in their own homes.

New School

The Lowfield Secondary Modern School was opened on September 5th. It had 171 pupils by the end of the year.

New Premises for School Clinic

The transfer of the School Health Department to the adapted Grey Coat School in Monkgate took place on October 25th, during the autumn school holiday week. The change over was smooth and necessitated only a slight break in some of the services. The minor ailment clinic was carried on without interruption. There was some doubt as to the accessibility of the site to children in distant parts of the city, in view of the fact that only one bus route passed the Clinic with a half-hourly service. Attendances have, however, shown no decline. The new headquarters of the School Health Service are a very great improvement on previous accommodation, and have provided a great stimulus to the staff who work in them. Professional staff now have their own rooms, the School Nursing Sisters enjoy the privacy of their own room, the Dental Attendants likewise, the Superintendent Nursing Officer has her own private office, the Speech Therapist has been accommodated in the building and has both a treatment room and her own waiting room. Two rooms have been equipped for chiropody whilst the amount of space provided for remedial exercises is on a generous scale. The office staff no longer work in one cramped office, but in two large rooms, the walls of which are lined by filing cabinets containing records in an easily accessible arrangement. The Chief Clerk also has a room of her own. The Dental Unit is purpose built being added as a wing to the old school. In addition to two well-designed dental surgeries there is a mechanics room, a dark room for the development of dental X-ray plates, and a store room which has been adapted for the use of the dental attendants. Each Dental Officer has his own well-furnished room. A canteen with a small kitchen has been provided for the use of staff. In front two lawns have been laid with shrubs on either side. An internal telephone system has been provided in addition to the external system.

NEW SCHOOL CLINIC, MONKGATE.

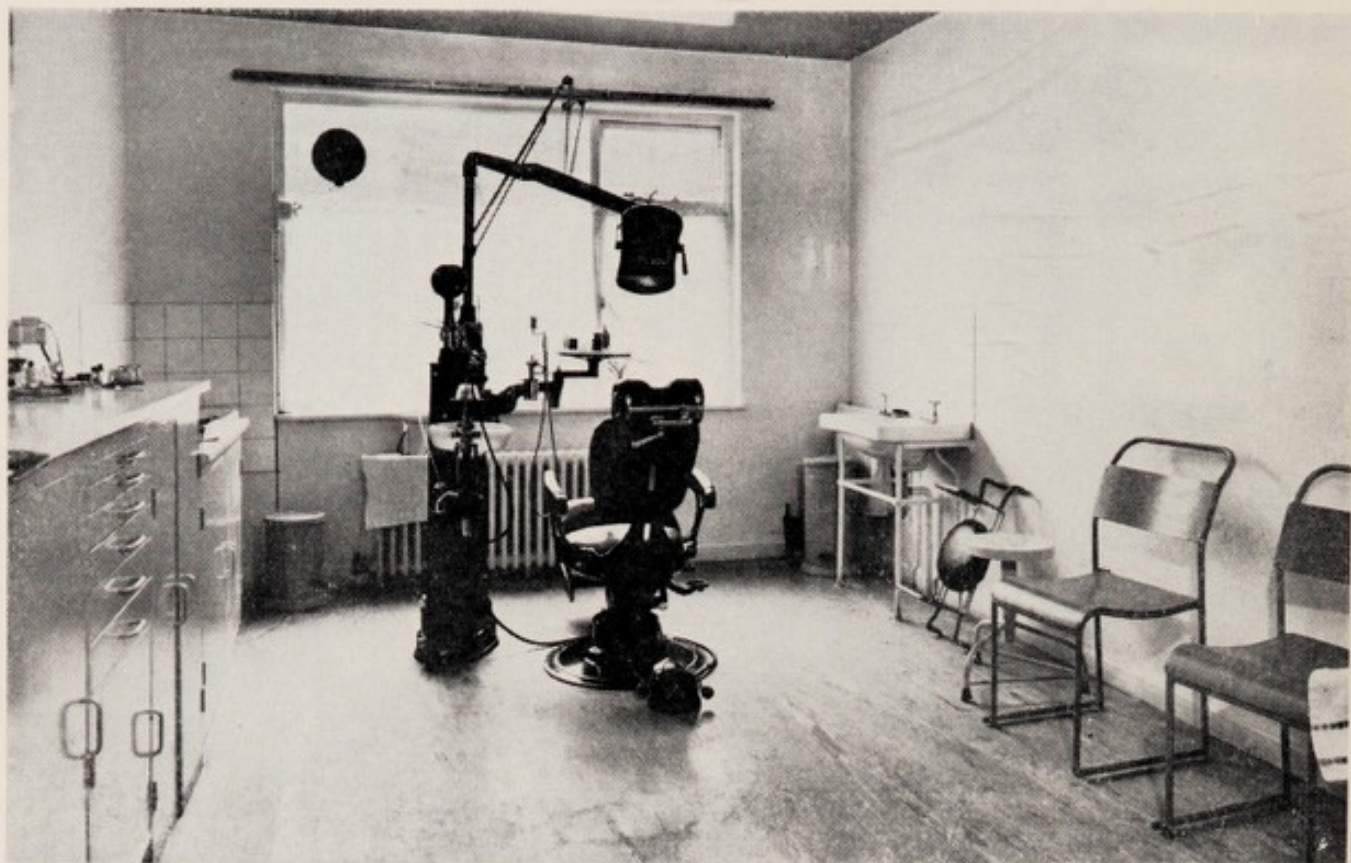


GENERAL WAITING ROOM.

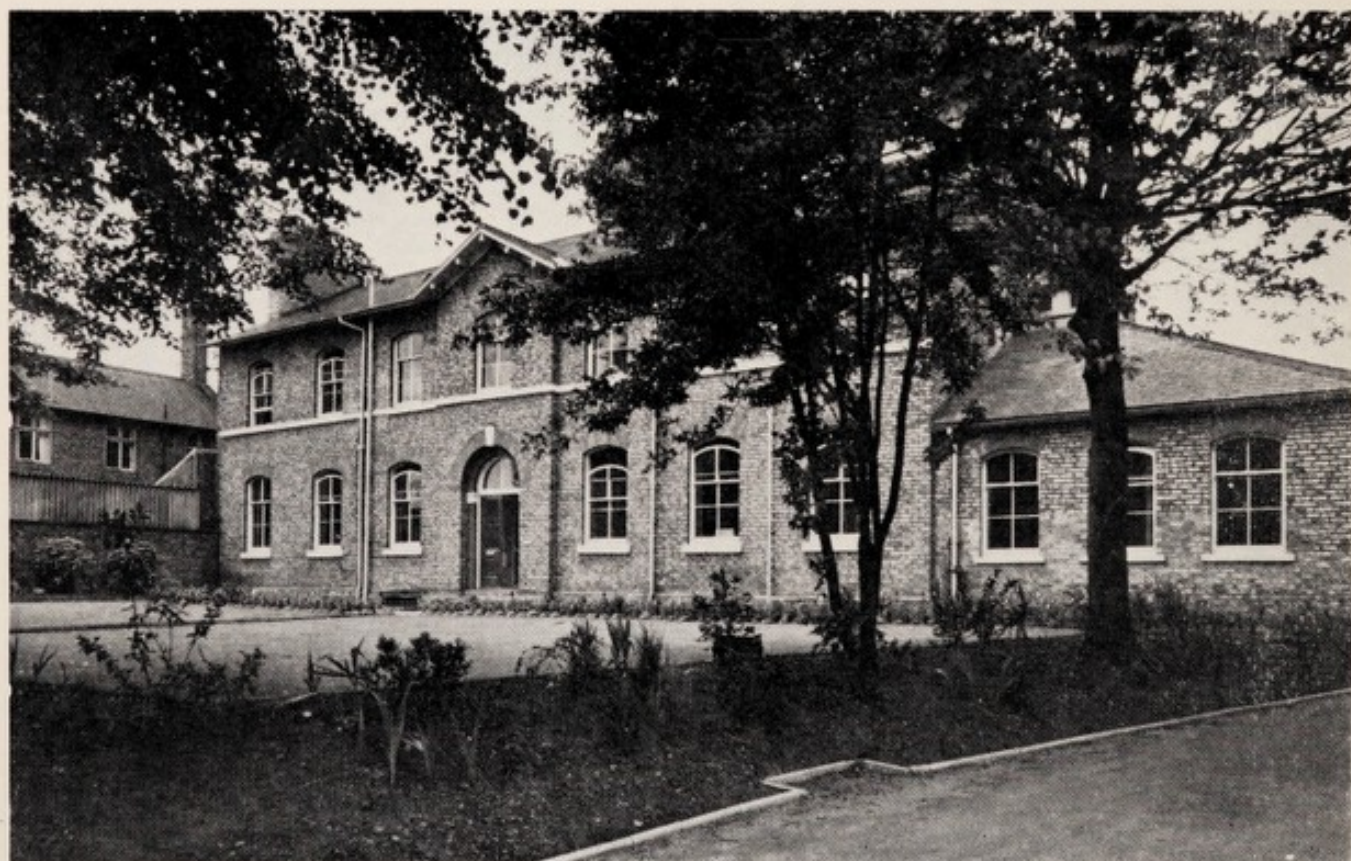


ENTRANCE HALL.

NEW SCHOOL CLINIC, MONKGATE.



DENTAL SURGERY.



ELEVATION.

Mental Health Act, 1959

An appeal to the Ministry of Education by a parent against a finding of ineducability by one of the School Medical Officers was dismissed and the Authority's finding upheld. The case concerned a girl of eleven years with an I.Q. of 58 who had had four years in the Day Special School (E.S.N.). This is recorded as it is the first appeal made in York during the last 25 years.

Food Poisoning

A mild attack of food poisoning occurred in the junior and senior departments of a school in May, 30% of the staff and children being affected. No one was seriously ill but some were absent from school for a few days.

Dyslexia

Dr. Nuttall Horne of the Ministry of Education visited York in connection with his investigations concerning dyslexia. He examined three children at the Child Guidance Clinic, and discussed the cases with the Educational Psychologist and the Senior Assistant School Medical Officer. This visit was one of many to various parts of the country and the results of Dr. Nuttall Horne's investigations will be published in due course.

Circular 11/61 of the Ministry of Education

A report on this Circular was submitted to the Special and Social Services Sub-Committee at their September meeting, and in the light of the report it was recommended that the new Fulford Road Day School (E.S.N.) to be built in 1962/63 should accommodate seven classes. It was anticipated that such provision would meet the needs not only of the City of York, but also of those parts of the Ridings adjacent to the City. Other aspects of the Circular were referred for the consideration of the appropriate Sub-Committee.

National Survey of the Health and Development of Children

The National Survey of children born in England and Wales during one week of March, 1946, sent out its final questionnaire for completion during March, the children involved being due to leave school at Easter. The medical and intellectual development of these children has been followed since birth and much valuable knowledge has been gained from the survey. In York there were nine boys and four girls in respect of whom the questionnaire was submitted. The parents of one boy refused to co-operate in this final survey which had been conducted throughout by the Institute of Child Health in association with the University of London and the Society of Medical Officers of Health.

The Handicapped Pupils (Certificate) Regulations, 1961

These regulations became operative on March 24th, whereby a new form of certificate to be used in connection with Section 34(5) of the Education Act, 1944, came into use.

Enquiry into Trends of Growth of School Children

The Ministry of Education is investigating the heights and weights of children from families of four or more and comparing them with families with only one child. The ages selected are over five years and under six years, and over 14 years and under 15 years. York has been selected as one of the places for the investigation which will continue for about five years.

Enquiry into Incidence of Systolic Murmurs in Childhood

Dr. Cecile Asher of the Medical Branch of the Ministry of Education invited the Medical Officers of the York School Health Department to assist her with an enquiry into the incidence of systolic (heart) murmurs in school children of all ages. The investigation was carried out during the summer term.

Physiotherapy Unit

The physiotherapy unit forecast in last year's report came into operation on May 29th. Mrs. Hayes, M.C.S.P., is the Physiotherapist in charge, and attends the Unit, which is in the Northfield Open Air School, for five sessions each week.

Orthoptic Clinic

There are still no applicants for the post of Orthoptist to the York County Hospital Squint Clinic. This post has been vacant since August, 1960. Assistance has, however, been given for two sessions a week by an Orthoptist from Hull. This valuable help has enabled the Clinic to continue functioning.

Return of Children born in York

Of the children born in York during 1955 (1,480) who reached school age during 1960, the following figures are of interest. A comparison is made with similar figures for the previous years.

					1960	1959	1958
Admitted to School	...	...	...	...	1,102	1,139	1,107
Excluded	...	...	...	...	6	3	6
Deceased	...	...	...	...	35	40	36
Left York	...	...	...	...	337	333	342
					<hr/> 1,480	<hr/> 1,515	<hr/> 1,491

Holiday Camps for Handicapped Children

Parents of diabetic and epileptic children, who it was thought would benefit from a fortnight's holiday under the supervision of specialist medical staff were circularised. The holidays are organised by the British Diabetic Association and the British Epileptic Association and are free of cost to the children, who are chosen because they would not otherwise get a holiday. One child attended the Epileptic Children's Holiday Camp, but no parents of any diabetic child accepted the offer.

Pulmonary Tuberculosis among Staff

In February a case of infectious pulmonary tuberculosis occurred. Routine investigation of contacts (both children and staff) was undertaken as a precautionary measure, 105 pupils and 10 teachers being so investigated at the Chest Clinic. Of the 10 teachers with a positive Mantoux Test none showed any evidence of tuberculosis, but of the 11 children with a positive Mantoux, nine had normal X-rays, one was found with primary tuberculosis, and the remaining child was already under the care of a Consultant Paediatrician.

Diet at Northfield Open Air School

A new diet, together with the administration of vitamin capsules, was introduced at the Open Air School on March 13th. Particulars are given later in the report.

Influenza Epidemic

An epidemic of influenza occurred towards the end of November. Some children had gastric symptoms, others symptoms of an upper respiratory infection. In some schools one third of the children were affected at one time. Comparatively few teachers were affected.

Regional Hospital Board Liaison

Dr. Atkinson, a newly recruited Assistant Medical Officer on the Administrative Staff of the Leeds Regional Hospital Board, visited us to study the liaison between the three branches of the National Health Service and the School Health Service.

Visit by American University Nursing Instructor

Miss Frances Carter, Instructor in Psychiatric Nursing at the University of San Francisco, visited York to see something of its Mental Health Service during December. She held a World Health Organisation Travelling Scholarship. A half-day was devoted during her visit to the study of problems occurring in the School Health Service relating to difficult as well as backward children, and the action taken. The York Child Guidance Clinic was visited as well as the School Clinic.

Work by School Medical Officers for other Committees

During the year the School Medical Officers conducted 46 infant welfare clinics, 34 sessions to the B.C.G. Scheme among school children, and attended 21 sessions of vaccinations against poliomyelitis, making 101 sessions for which the Education Authority were reimbursed by the Health Authority. In addition 44 people have had medical examinations prior to appointment. For the Children Committee 627 examinations have been made of boys at the Remand Home.

Dr. Hamshaw of the Health Department carried out school medical inspections on 18 occasions, the Health Authority being appropriately reimbursed.

Proposed New Special School (E.S.N.)

A project for a new day school for educationally subnormal children is included in the building programme for 1962/63. The present school, originally a private residence, Fulford Field House, was opened in January, 1923, and its replacement will be welcomed. The new school will be built on the same site, but incorporating the site of the old Open Air School. Provision will be made for seven classes compared with the present six.

SCHOOL POPULATION AND ATTENDANCE

The following statistics for 1961 compared with those of 1960 refer to the number of children on the school registers at the end of the year.

		<i>No. on Register</i>		<i>Percentage Attendance</i>	
		1961	1960	1961	1960
Children over 5 years	...	17,236	17,351	90%	92%
Children under 5 years	...	510	475	73%	81%
TOTAL	... ..	17,746	17,826	89%	92%

This is the third year in succession that the school population has decreased.

HYGIENE IN SCHOOLS

Maintenance and repairs in school premises, including decorations, have proceeded in accordance with the Authority's programme.

TRANSFER OF SCHOOL MEDICAL RECORD CARDS

In respect of the 951 school children who moved into York during the year, only 577 school medical record cards were obtained from other Authorities. 55 children had previously attended private schools and had not been medically inspected. Allowing for a small number who, because of frequent changes of school, had never had a medical examination at school, the other children's records are presumably lost. This represents some 32% of these children. The percentage losses in the three previous years was 38%, 37% and 33%, a fairly constant figure, but the downward trend is a satisfactory one.

The York School Health Department received 600 requests during the year for medical records in respect of children who had left the town and were able to supply 598. The two missing were of children who had only stayed in York temporarily for a short period and had, therefore, presumably escaped examination.

SCHOOL MEDICAL INSPECTIONS

The practice of sending for 15 school entrants for examination during the afternoon session has been continued. For older age groups the number has remained at 20, but frequently there are one or two absentees. Appointments for mothers to attend these inspections are staggered so that long waiting periods are avoided.

Each child has a routine school medical examination every three years. The first as soon as possible after entering the infant department: the next on entering the junior department, when most of the infectious diseases have been contracted: the third before entering the senior school, and the fourth before leaving school. This is not now the general practice throughout the country. In Technical Schools and the Art School pupils are examined in the second year of the Course, and in Grammar Schools an inspection takes place every two years until the pupil leaves school. The incidence of defects found requiring treatment in the two intermediate groups, i.e., the eight year olds and the 11 year olds was again higher than among the five year olds and the school leavers, as the following table shows:—

	5 years	8 years	11 years	14 years
Defective Vision	23	34	39	22
Other Defects	93	123	136	87
No. of individuals found with defects	114	151	170	108

At routine school medical inspections Head Teachers are asked also to submit any child about whose health any member of the staff is concerned. Children who are not making progress at school are usually referred for examination to the School Clinic without waiting for the visit of the doctor to the school. The School Nursing Staff also detect abnormalities during their bi-weekly visits to 18 schools which have a minor ailment clinic held on the premises. These children are referred to the Central Clinic without delay. Children exhibiting behaviour disorders or anxieties associated with their schooling are referred direct to the Child Guidance Clinic so that there is no necessity for delay in dealing with any defect in any child.

During the year 8,070 children had full routine school medical inspections. The number of special inspections was 6,524 and of reinspection 2,431.

PARENTS OR GUARDIANS PRESENT AT SCHOOL MEDICAL INSPECTIONS

Notices are sent to parents or guardians of children due for routine medical inspections at school. 86.2% of parents attended the examinations of school entrants. With each succeeding age group the percentage falls so that very few attend when their 14 year old children are inspected. The average attendance at all age groups was 49.8%.

GENERAL CONDITION

The General physical condition of each child examined is recorded as "satisfactory" or "unsatisfactory" by the School Medical Officer. Of the 8,070 children medically inspected at school, 159 (i.e., 1.9%) were found to be unsatisfactory. This percentage has remained under 2% for the last four years. Any measures likely to improve the condition of these children are taken, such as school meals, transfer to the Open Air School, etc.

FINDINGS OF PERIODIC MEDICAL INSPECTIONS IN SCHOOLS

During the year 1,488 school entrants, 2,102 school leavers and 4,480 in other groups were medically inspected at school. Only one school leaver left school without being examined. This was a pupil at the Technical College from one of the Riding areas.

The percentage of children found with defects requiring treatment was 15.9% compared with 16.2% in the previous year.

The following table shows the percentage of children of the different age groups examined found with defects requiring treatment. Again, the highest percentage is found in the intermediate groups.

Age	Percentage of children examined found with defects requiring treatment
5	12%
8	18.9%
11	18.1%
14	13.8%

AVERAGE HEIGHTS AND WEIGHTS OF CHILDREN MEDICALLY INSPECTED DURING 1961

The following table gives the average heights and weights of children medically inspected during the year.

With one or two exceptions any variation in the averages shows an upward tendency.

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	3 1.80	2 5.50	2	4	3 1.25	2 5.62
3	19	3 2.89	2 7.94	3	16	3 2.53	2 7.05
4	274	3 5.96	2 13.06	4	257	3 5.60	2 11.57
5	486	3 7.18	3 0.90	5	428	3 6.83	2 13.92
6	57	3 9.56	3 5.10	6	54	3 8.52	3 1.93
7	373	4 0.70	3 13.35	7	384	4 0.40	3 12.58
8	356	4 2.41	4 3.64	8	331	4 1.92	4 1.88
9	36	4 5.06	4 12.13	9	38	4 3.80	4 8.12
10	401	4 6.53	5 2.99	10	401	4 6.64	5 4.69
11	507	4 8.24	5 10.31	11	402	4 8.74	5 12.82
12	50	4 9.67	5 11.87	12	87	5 0.00	6 12.21
13	209	5 1.57	7 5.12	13	282	5 2.27	7 10.89
14	782	5 3.43	8 0.92	14	797	5 2.36	8 1.62
15	341	5 6.04	9 1.92	15	339	5 3.65	8 10.46
16	58	5 7.95	9 10.90	16	96	5 3.70	8 9.41
17	76	5 8.41	9 12.78	17	105	5 4.42	8 13.52
18	3	5 8.83	10 5.91	18	7	5 4.71	10 0.54
19	6	5 8.79	9 13.25	19	3	5 5.75	9 12.50

VISION

Vision is tested before the school medical inspection of all children at the ages of 5, 8 and 11 years. In the secondary and technical schools the vision of all pupils is now tested annually. Entrants are tested by means of the Dr. Beale-Collins Picture Type Card which is easier for the school nurse to carry and in the use of which with very few exceptions (15 out of 1,488 during the year) small children will co-operate. The Picture Type Card, although not as accurate as the "E" test, can be relied on to pick out the child in respect of whose vision an ophthalmical examination is required. The near vision of children who have learned to read is now tested at the age of eight by means of the Rayner Card devised by Dr. Stenhouse-Stewart. This contains three-lettered words familiar to children of this age. The discovery of long-sighted children at an early age and the provision of suitable glasses to enable them to read in comfort encourages some to develop a reading habit long before their transfer to the secondary school. Children already wearing glasses have their vision checked in school each year and are referred to the Eye Clinic if either their frames or lenses need replacing. The percentage of school entrants found with defective vision was 2.35% compared with 2.16% in the previous year. 6.38% of the school entrants had vision of 6/9 : 6/9 and would be re-checked in a year's time to see if any deterioration had taken place in the visual acuity. If it remained the same it would be recorded as normal. Of the total number of children of all ages who had their vision tested in school 3.6% were found to require further investigation at an Eye Clinic. A further 13.9% were recorded as needing observation only. These would mostly be children with glasses which were satisfactory. Altogether 17.5% of children medically inspected during the year needed ophthalmic care. If children with squints are added, the total percentage amounts to 19.8%.

SQUINTS

Of the total number of children examined 193 (2.4%) were found with squints. Of these the school entrants numbered 47 (3.2%). Only six of these had received no attention or investigation for the complaint. This small number reflects credit on the Child Welfare Department whose staff realise that the early discovery of squint in a young child may prevent blindness in the affected eye.

EXTERNAL EYE DISEASES

73 children were found with external disease of the eyes, 40 of them suffering from blepharitis of a mild type. 30 of them were not being treated. 10 children had conjunctivitis.

TONSILS AND ADENOIDS

Of the 178 children seen with enlarged tonsils and adenoids 26 were thought to need operative treatment. 572 boys and 530 girls, representing some 13.9% of those inspected, had already had them removed. Amongst the children born in 1946 or earlier the percentage who had had operative treatment was 18.6%. This figure shows a decrease from last year with a percentage

of 18.9% and from the year before when the figure was 24.4%. The following table shows the percentage among the different age groups examined who had had their tonsils or adenoids 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
1957 and later	140	105	5	1	3.57	0.95
1956	488	461	20	11	4.10	2.39
1955	201	173	9	6	4.48	3.47
1954	181	193	18	18	9.94	9.33
1953	403	397	55	42	13.65	10.58
1952	170	164	25	19	14.10	11.58
1951	210	190	44	31	20.95	16.32
1950	490	449	73	62	14.90	13.81
1949	256	205	39	38	15.23	18.54
1948	185	175	34	31	18.38	17.71
1947	367	417	78	81	21.25	19.42
1946 and earlier	948	1,102	172	210	18.14	19.06
Total	4,039	4,031	572	550	14.16	13.64

There is now little or no delay in getting children seen at the E.N.T. Out-patient Department or before their admission as In-patients if operative treatment is required.

EAR DISEASE AND DEAFNESS

At the periodic school medical inspection the whispering test is used for detecting children who are deaf in one or both ears. Deafness is confirmed later at the School Clinic if necessary by means of a Peters Pure Tone Audiometer. Only 10 children were found with middle-ear disease needing treatment. 22 other children were found to be deaf due to middle-ear disease being treated. 54 children showed evidence of past ear disease and 70 revealed varying degrees of deafness following previous ear infections. 142 children had wax in their ears which was thought to be interfering with their hearing and were recommended for syringing: 89 others had wax which was not causing any difficulties and will be kept under observation. 3 school leavers were found with aural discharges needing treatment and 3 were referred for an investigation of their deafness.

LYMPHATIC GLANDS

Only in 2 cases out of 236 children recorded as having enlarged glands was it considered necessary to refer the children for treatment.

SKIN DISEASES

Skin diseases still tend to show an increasing incidence among school children. 817 children were recorded as having skin complaints, fortunately mostly of a non-serious nature. 97 children had "Athlete's Foot" chiefly affecting the skin between the toes. 67 children had verrucae and were referred to the Chiropody Clinic. Both of these diseases are of a contagious nature and are picked up in such places as swimming baths and gymnasia where children go about in their bare feet. 48 children were seen who suffered from eczema, whilst 62 were recorded as having Acne Vulgaris. 136 children had ordinary warts on their hands. Impetigo, once the commonest of skin complaints was only seen in 5 cases. There were no cases of ringworm of the scalp and only one of the body. There were no cases of scabies discovered at school but 8 cases among school children and 10 home contacts were treated at the Cleansing Centre during the year.

ENURESIS

Only 128 children were said by their parents to be bed wetters at the time of the school medical inspections—67 were boys, 61 girls.

This represents 1.6% of those examined. Previous surveys have shown that the percentage is much greater than this figure. The percentage amongst the school entrants was 3.2%. Elsewhere in the report will be found details of the results obtained in treating enuretics with electric alarm apparatus.

SPEECH

The number of children referred to the Speech Therapist as a result of medical examinations at school was 42. There were 9 stammerers, 5 lispers and 28 with dyslalic speech, 77 others were recorded for observation. Children may be referred direct by headteachers to the Speech Therapist who also visits the schools.

RHEUMATISM AND HEART DISEASE

No case of rheumatism was found at school and no new cases were reported from hospital during the year. Only 3 medical certificates were received from general practitioners with a diagnosis of rheumatism. No new cases of organic heart disease were discovered. 89 children were noted as having cardiac murmurs, but apart from known cases of organic disease these murmurs were thought to be functional in origin. There were 3 operations for heart defects during the year.

DISEASE OF THE LUNGS

There were 140 children found with mild lung complaints but with the exception of 2 all were being treated or under observation. 50 of the children had asthma but only 1 required treatment at the time of the examination.

DEVELOPMENTAL DEFECTS

383 children were found with developmental defects. These were as follows:—

Undescended Testicles

71 boys had this defect on one or both sides.

Obesity

There was a further increase in the number of children found to be obese, 105 compared with 97 in the previous year. 54 of these were boys: 51 girls. To parents who are anxious to co-operate in controlling the weight of their children every help is given by supplying diet sheets and by advice.

Herniae

25 children were noted as having early signs of rupture, 8 of whom were referred to hospital.

Circumcision

Of the 4039 boys inspected 8 were found to need circumcision and were referred for surgical treatment.

ORTHOPAEDIC DEFECTS

Orthopaedic defects today are chiefly those of feet and posture. Children do not normally complain of symptoms but the defects are found at the time of the school inspection. 236 children were found with varying degrees of flat foot and 81 with valgoid ankles, i.e. ankles which bulge inwards. Advice about footwear and in some cases remedial exercises to tone up the ligaments is usually all that is required. 179 children were thought to have poor posture. Again advice and in some cases referral to a remedial class were offered. The report on these remedial classes will be found later in the report. 28 children had knock-knee but in no case was it considered necessary to refer the child for surgical treatment. 79 children were found with hallux valgus, a condition in which the big toe is displaced towards the other toes, and which is caused by pointed or other types of ill-fitting footwear. Leaflets on "The Care of the Feet" are distributed at the time of the first school medical inspection so that mothers may be guided in their choice of correct shoes for children. 34 children had other deformities of their feet such as hammer toes, bent toes, etc. Altogether 754 children were recorded as having some orthopaedic defect, 303 of whom required treatment.

NERVOUS DISEASES

24 children with a history of epilepsy were seen at school but all were receiving medical treatment successfully keeping the number of fits to a minimum. No epileptic child was sent to a residential school. 7 children were recorded as having some other nervous condition but not of the same serious nature as epilepsy.

PSYCHOLOGICAL DEFECTS

The number of children with developmental psychological defects is recorded as 101. This figure represents for the most part children in attendance at the Fulford Day Special School for Educationally-Subnormal Children who are medically inspected each year.

Under the heading "Psychological—Stability" there were 1019 children who bit their finger-nails, 47 who sucked their thumbs, 108 who wet their beds and 126 others with minor defects of a similar kind. Altogether 16.4% of the children inspected exhibited some habit or practice of a psychological nature.

VACCINATION AND IMMUNISATION

On the questionnaire sent to parents for completion before school medical inspections, information is sought in regard to the state of vaccination and immunisation of their children. The following figures have been obtained from information thus provided:—

Groups	Vaccination			Immunisation		
	Polio-myelitis	Smallpox	Tuber-culosis	Dipht-heria	Whooping Cough	Tetanus
	%	%	%	%	%	%
School Entrants	75.1	38.6	5.4	75.6	65.05	19.9
Others	71.7	40.8	14.7	74.7	49.9	17.5
School Leavers	69.5	44.6	59.6	75.2	27.6	15.4

These figures approximate to those of the previous year. Slight increases are shown for tuberculosis, whooping cough and tetanus and slight decreases for smallpox and diphtheria among the school leavers.

DEFECTIVE COLOUR VISION

The testing of colour vision is now carried out in the junior schools so that those found defective may be warned against thinking of taking up careers in any trade or profession where normal colour vision is essential. In the first instance the testing is done with the Ishihara Book of plates. Those children who fail are referred to the hospital ophthalmic department for a further test with the Edridge-Green lantern. 105 boys and 3 girls failed to pass the Ishihara Test and were referred to hospital. 10 boys did not attend hospital when sent for. 5 boys left school before they were sent for whilst 15 boys are still waiting to be summoned. Of those who attended 64 were found to be unsuitable for any employment requiring normal colour vision whilst in 13 cases the children were considered safe. Of the 3 girls 2 were found to be safe and 1 had left school before she was sent for. The delay in sending for these children was due to the inability of the hospital to obtain the services of an ophthalmic optician for some considerable time after the post became vacant.

UNCLEANLINESS AND VERMINOUS CONDITIONS

The School Nursing Sisters and Health Visitor/School Nurses examined the hair of each school child as soon as possible after the commencement of each term. The parents of the children found with infested heads were requested to cleanse their child's hair. Any children found still to be verminous at the next visit, usually within a week, were referred to the Cleansing Centre, situated in the Skin Department of the City Hospital. The mothers are requested to accompany their children and one visit is usually sufficient to rid the child of all vermin. If a parent refuses to take a child to the Centre and is unable to cleanse the hair herself, the child is excluded from school until clean. A School Medical Officer usually certifies that the child is fit to return to school. During the year 474 children were found to be verminous and 92 children were cleansed at the centre.

The following figures throw some light on the incidence of infestation among school children as revealed by these routine head inspections by the nursing staff.

	<i>Girls</i>	<i>Boys</i>
Found to be verminous once	198	69
" " " twice	83	21
" " " three times ...	37	15
" " " four or five times	28	10
" " " six or seven times	11	1
" " " eight, nine or ten times ...	1	1

At school medical inspections not so many children are found to be verminous because parents are given notice of the time and day of the examination. The head inspections by the nursing staff are carried out without warning to the children or their parents.

Parents of children found repeatedly to be verminous are offered D.D.T. Hair Emulsion free of cost any time they care to call at the School Clinic for it.

Only two departments were free from infestation throughout the year.

CLASS FOR THE PARTIALLY SIGHTED

At the end of the year this class, which is accommodated in the Northfield Open Air School, had 13 pupils, 2 of whom came from the North Riding. The class is conducted by Miss D. J. Noble, B.A., who holds the Teachers' Certificate of the College of the Blind. The children suffer from the following complaints:—

Retrolental fibroplasia with nystagmus, congenital dislocation of lens, toxoplasmosis, nystagmus (two cases), optic neuritis, optic atrophy, retrobulbar neuritis, congenital coloboma of the optic disc, congenital albinism, congenital cataract, dissociated vertical hyperphoria, myopic astigmatism of high degree.

Each child is seen once a year by an ophthalmologist and medically inspected by a school medical officer.

ST. PAUL'S NURSERY SCHOOL

At the end of the year there were 40 children on the register, 20 of each sex. On the waiting list were the names of 30 boys and 27 girls, an indication of the demand for this type of school.

Towards the end of the summer term a measles epidemic affected the school. Attendances were reduced to half but part of the reduction was due to children going on holidays with their parents.

This is the only nursery school in the City.

THE OPEN AIR SCHOOL

I am indebted to Dr. Margaret Barnet, medical officer in charge of the school, for the following report:—

During 1960 a survey was carried out to determine whether the diet of children attending this school was satisfactory.

Malnutrition

Malnutrition is not entirely due to insufficient food, but it can be the result of unsuitable diet—lack of protein, animal fats, fresh vegetables and fruit with their associated vitamins and mineral salts. Contributing factors of malnutrition include acute and chronic disease, septic teeth and adenoids; environmental conditions such as lack of sunlight, sleep and exercise; overcrowding and badly ventilated bedrooms.

The ill-nourished child can be recognised by such symptoms as:—

Height and weight may be below average; rough skin; sores at the angles of the mouth; languid appearance; sallow, unhealthy complexion; eyes and hair lack lustre; insufficient subcutaneous fat; poor muscle tone; round shoulders, protruding abdomen; easily tired—physically and mentally; susceptible to infections, etc.

A considerable number of children attending this school showed signs of malnutrition in varying degrees.

Investigation of Diet of the Children

An investigation of the daily food intake, apart from that provided at school, was therefore carried out.

83 of the children on certain days were asked to write down what they had had for tea, supper and breakfast the previous day. To avoid suggestions of inquisitiveness or criticism they were told that they need not put their names on the papers. These inquiries were repeated on several occasions, and as the same statements were repeated to a large extent, it appears that the children were giving correct answers and not just saying what they themselves would have liked to eat or of what they thought the examiners would approve.

Some of the answers were very entertaining:—

"Egg boils." "A pouched egg." "A bold egg." "Bred, boter and a cup of tea." "A bul of Shugerpoufs and tust." "A souserfull of Kornflaks."

From this inquiry it would seem that the majority of the children have insufficient protein and fruit. Apart from the food provided at school the diet of many is entirely carbohydrate; consisting largely of tea, bread and jam and breakfast cereals.

Classification of Breakfasts

No breakfast or only a drink of tea	10
Poor breakfast (bread and jam)	28
Fair breakfast (cereal or porridge or fruit)	31
Good breakfast (including bacon or egg or sausage)	14

Classification of Tea and Supper

No meal	7
Poor meal (bread, buns, biscuits, chips, spaghetti, cereals)	42
Fair meal (beans, fish and chips, fruit, milk)	20
Good meal (meat, egg, bacon, cheese)	14

Extra Protein in Diet—excluding Dinner

<i>Number of children</i>	<i>Type of Protein</i>	<i>Quality</i>
19	Egg	Good
1	Cheese	Good
12	Bacon or meat	Good
6	Fish and chips	Moderate
1	Sausage	Poor
5	Beans	Poor

Of these 44 children, 11 had protein in their diet twice during the day in addition to the school dinner.

Children having adequate amount of protein	11
Children having moderate amount of protein	21
Children having poor supplementary protein	12
Children having no additional protein	39

It appeared desirable to increase the intake of protein and fruit in the daily diet. Therefore a modified "Oslo Breakfast" was devised on the following lines:—

1. $\frac{1}{2}$ pint of milk.
2. Slice of wholemeal bread and butter sandwich containing cheese, egg, pilchard, etc.
3. Apple or Carrot or dried apricot, prunes, raisins.
4. Halibut oil capsule.

This meal is now served to the children on arrival at school. School dinner is at 12-30 p.m. and before returning home at 3-45 p.m. each child has another $\frac{1}{2}$ pint of milk.

The experiment has proved popular with children and there is some evidence that they are benefitting from this meal. In addition the Principal School Dental Officer has noted that the children's teeth are much cleaner as a result of ending the meal with fruit.

Attendances in 1961

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
No. of children on register, 1st Jan.	45	43	88
No. of children on register, 31st Dec.	44	49	87
Admissions during 1961	16	13	29
Discharges during 1961	20	10	30

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

At the end of the year there were 95 names on the school roll, 55 boys and 40 girls. 12 of the children came from neighbouring Riding Authorities, 4 of them having been admitted during the year. Altogether there were 20 admissions—12 boys and 8 girls—during the year whilst 11 boys and 8 girls left, 2 of the girls after a trial period at the school. These 2 girls were transferred to the Occupation Centre. All school leavers are examined in their last term at school and reports concerning them are forwarded to the Health Authority.

Supervision, minimal in some cases, is exercised by a Mental Welfare Officer until the child becomes settled in permanent employment. Of the 19 children who left during the year 2 boys (aged 16 years), and 2 girls (aged 12 years and 11 years) went to the Occupation Centre. The I.Q.'s of the two boys who went to the Occupation Centre on leaving school at the age of 16 years were 50 and 51. When admitted to the Special School at the ages of 8 and 7 years respectively their I.Q.'s had been estimated to be 51 and 66. The boy with the I.Q. of 51 had been sent into the Special School for a trial period. The only other school leaver who failed to secure employment on leaving school was a boy who was admitted at the age of 7 years with an I.Q. of 55 but at the school leaving test could only score 42 on the Terman-Merrill Scale. 1 boy with an I.Q. of 83 was transferred back at the age of 14 years to a secondary modern school.

7 boys found employment on leaving school in the following types of work—button factory, farm work, milk distribution, coal delivery, boot repairing and a butcher's shop. 6 girl leavers took up posts in laundry work, egg packing, button packing and in a chocolate factory.

Evening classes for past pupils of the school to which children in their last year at school are invited, are held twice a week. 14 children over the age of 18 years and 8 under this age attend these classes, which are conducted on school premises by the teachers of the E.S.N. school.

A new departure in out-of-school activities has been the establishment of a company of Girl Guides for children still attending school. Mrs. Oldman, the York City County Commissioner, has given this effort her enthusiastic support whilst Miss Buckley, a local headmistress of an infant school, who is also the York City County Camp Adviser, has volunteered to be the Guide Captain of the company, the 17th York. 10 girls between the ages of 13 and 15 years enrolled in September and 2 patrols have been formed. A meeting is held every Wednesday immediately after school, finishing about 6 p.m.

It was hoped to establish a troupe of Boy Scouts in association with the school but difficulties outside the control of the school staff have prevented this.

PHYSICALLY-HANDICAPPED CHILDREN

Parents of school leavers, so handicapped that their chances of employment are small, are asked to give their consent to information about their children's defects being passed to the Chief Welfare Officer as well as to the Youth Employment Officer. During the year there were three such children, all from residential schools for the deaf, one of whom was also educationally sub-normal.

Handicapped school children known to the School Health Department are as follows:—

Blind

2 boys in residential schools; 1 boy operated on for a brain tumour, at home.

Partially-Sighted

7 boys (including 2 from the North Riding) and 6 girls in the Class for the Partially-Sighted at the Northfield Open Air School.

Deaf

5 boys and 7 girls in residential schools.

Partially Deaf

1 boy in a residential school; 4 boys and 8 girls in ordinary schools, 9 of whom wear hearing aids.

Delicate

37 boys and 44 girls (including 7 from the North Riding) in the Northfield Open Air School.

Diabetic

None in residential schools. 6 boys and 5 girls attend ordinary schools and keep under the supervision of their general practitioners.

Educationally Sub-normal

3 boys and 1 girl in residential schools with 1 awaiting admission to a residential school. 55 boys and 40 girls (including 12 children from the North Riding) in the York Day Special School (E.S.N.)

Epileptic

None in residential schools but 1 awaiting admission. 19 boys and 22 girls attend day schools in York. Included in these numbers are 2 at the Special School (E.S.N.), 3 at the Open Air School, 1 in the Class for the Partially-Sighted. The remainder attend ordinary schools.

TUBERCULOSIS

Notification

There were no York school children notified as having tuberculosis during the year. This was the second year that no new case of tuberculosis has been found among school children. The previous year was 1959.

Prevention

Dr. Barnet was responsible for carrying out the B.C.G. vaccination scheme among the 13 year olds both in the maintained and non-maintained schools. The following statistics summarise the work:—

No. of parents or guardians circularised	...	...	...	2,497
No. of parents or guardians who gave consent	...	...	...	1,864
Consent Rate	...	...	...	74%
No. of children Mantoux Tested	...	...	...	1,543
No. of children not Mantoux Tested	...	...	...	321
Reasons: Absent from school	...	...	...	310
Left School	...	...	...	5
Consent withdrawn	...	...	...	6
No. of children who gave POSITIVE reaction to Mantoux Test	...	...	...	185
Percentage of children who gave POSITIVE Mantoux Reaction	...	...	...	12%
No. of children who gave NEGATIVE reaction to Mantoux Test	...	...	...	1,358
Percentage of children who gave NEGATIVE Mantoux Reaction	...	...	...	88%
No. of children (negative reactors) who were vaccinated	...	...	...	1,358

No. of children who showed satisfactory reactions on arm eight weeks later	... ..	1,358
No. of children (included in above figures) who attend non-maintained schools	... ..	166
Susceptibility Rate	... ..	88%

In addition, 40 children, contacts of cases of tuberculosis in their own homes were vaccinated at the Chest Clinic.

X-RAY EXAMINATION OF SCHOOL CHILDREN

64 children were X-rayed by the Mass Radiography Unit and 270 had large films taken at hospital. No case of tuberculosis was found. Some evidence of pulmonary disease was found in 17 cases. This was of the following nature:—

Calcified Primary Focus	9
Fibrotic Scarring	3
Atelectatic Changes	2
Bronchiectasis	1
Pleural Thickening (Old Emphysema)	1
Asthmatic Emphysema	1

3 children showed heart changes, 2 with enlargement of the heart and 1 with prominence of pulmonary conus.

POLIOMYELITIS

The campaign to vaccinate children against poliomyelitis has proceeded, the School Health Service assisting in this campaign. The following statistics summarise the work done during 1961:—

No. of children who received a first injection	... ..	2,596
No. of children who received a second injection	... ..	2,563
No. of children who received a third injection	... ..	3,135
No. of children refused vaccination because of allergy	... ..	None

Statistics since the inauguration of the scheme:—

No. of children who have received two injections	... ..	21,955
Number of children who have received three injections	... ..	18,722
No. of individual children vaccinated since the inauguration of the scheme	... ..	21,955

There were no confirmed cases of poliomyelitis among school children during the year. One child, who was refused vaccination in 1960 because of allergy, was deferred for one year. A skin test a year later was satisfactory and the child was successfully vaccinated, being given two injections.

INFECTIOUS DISEASES

The monthly incidence of notifiable infectious diseases reported from the Health Office is as follows:—

Month	Scarlet Fever	Measles	Whoop- ing Cough	Dysentery
January ...	6	21	2	14
February ...	—	39	—	57
March ...	7	11	1	47
April ...	2	17	—	5
May ...	4	48	—	3
June ...	1	73	1	1
July ...	3	119	—	—
August ...	—	71	1	—
September ...	4	17	—	—
October ...	2	86	1	—
November ...	1	37	—	—
December ...	2	63	—	—
Total 1961 ...	32	602	6	127
Total 1960 ...	131	106	86	58

It is difficult to arrive at exact figures to show the incidence of non-notifiable infectious diseases because general practitioners are under no obligation to issue medical certificates in respect of children absent from school with these complaints. On the other hand head teachers kindly complete Form 76 at the end of each week giving the names addresses and classes of children absent from school suspected of having any infectious disease. From these forms the following table shows the number of children reported as being absent with a non-notifiable disease and in brackets the number in respect of whom a medical certificate was received confirming the diagnosis:—

Quarter of Year	German Measles	Chicken- pox	Mumps	Infective Hepatitis
First Quarter ...	7 (0)	237 (14)	54 (14)	0 (0)
Second Quarter ...	3 (0)	26 (5)	13 (2)	20 (0)
Third Quarter ...	4 (2)	10 (2)	2 (0)	16 (30)
Fourth Quarter ...	5 (3)	23 (5)	6 (1)	13 (21)
Totals ...	19 (5)	296 (26)	75 (17)	49 (51)

Although infective hepatitis is not statutorily notifiable a request was sent to all general practitioners on June 30th asking for their co-operation in notifying such cases so that the extent of the epidemic might be gauged.

In addition to the diseases shown in the two tables there was a small epidemic of "pink eye" affecting 22 children in the infant and junior departments of one school during the months of June and July.

REMEDIAL CLASSES FOR MINOR ORTHOPAEDIC DEFECTS

Mr. G. Rees and Miss O. M. Smith, the organisers for Physical Education in York, hold remedial classes each week for children with orthopaedic defects mostly of the feet and spine. Mr. Rees holds his classes for boys in St. George's Secondary Modern School while Miss Smith takes the girls in a specially fitted room at the new School Clinic in Monkgate. Children are inspected by one of the School Medical Officers before discharge from either of the classes.

Mr. Rees who takes the junior and senior boys reports on his work for the year as follows:—

Remedial classes for boys, suffering from flat feet or malposture, have been held each week in the fully equipped gymnasium of the St. George's R.C. Secondary Modern School, on Thursday mornings throughout 1961.

With one or two exceptions the boys attended regularly and worked hard during these sessions. Many parents accompanied the children to see the type of exercises being given and did much to encourage the boys to perform many of the more suitable activities at home. The best results were achieved by those children who performed these exercises regularly at home each evening.

In all, 87 boys attended the Flat Foot Class throughout this period, 42 of whom yielded successfully to treatment and were subsequently discharged. Unfortunately 2 parents refused to allow their children to attend the class whilst 2 boys left the class on attaining school leaving age at Easter, and 2 more again at the end of the summer term.

From 27 in the smaller class for boys with poor posture—where the results are not quite so readily achieved—13 boys were discharged after having made satisfactory improvement. One boy left the class at the end of the spring term on reaching school leaving age, and another at the end of the summer term. Many of these boys appreciated the advice given during these instructional periods and did much to correct their own postural defects in their own free time.

Miss Smith, who takes the infant boys and girls, reports on her work for the year as follows:—

This year, the attendance percentage reached a record of 83% (last year's figure was 81%). This is highly satisfactory as much of the success of all remedial work depends on regular attendance. Head Teachers and their staffs as well as parents are thanked for helping to achieve such a good result. During the year 70 children attended the flat foot classes of whom 52 were discharged. 37 attended the posture classes and of these 31 were successfully treated and discharged. Whilst these figures are encouraging, it is a pity that a few parents still refuse the treatment for their children—this year only two did so; four children left York before their treatment could be completed.

In October, the School Clinic was moved from Rougier Street to Monkgate. Here the additional space and apparatus available enable a wide approach and more advanced remedial work to be undertaken. The children are enjoying the new activities which these improved facilities are providing.

A summary of figures is appended below:—

Term	No. Attending Foot Classes	Dis- charged	Left or Refused	No. Attending Posture	Dis- charged	Refused or withdrawn	% Atten- dance
Spring	29	19	1	17	9	1 refused 3 withdrew	83%
Summer	27	14	—	15	13	—	83%
Autumn	37	19	1	12	9	—	83%

HOLIDAY CAMPS

York Children's Holiday Camp

The York Education Committee made a grant of £60 towards the expenses of this camp, which caters for necessitous children from all the schools in the city.

Mr. A. R. Farnworth, the Honorary Secretary of this scheme, has sent me the following report on their 1961 camp:—

The highlight of this year's holiday spent at Saltburn Youth Hostel by 24 boys and 24 girls, selected by Head Teachers of Secondary Modern Schools, was the Friday evening party and dance, when the children and teachers were thrilled by the entertainment provided by Mr. Gibbs, a visitor to the Youth Hostel from Australia, singing "Waltzing Matilda" with the full fervour of the true Australian, children and teachers joining in the chorus.

The holiday under the leadership of Mr. C. S. Baxter, assisted by Miss J. Passman, Mrs. M. Maughan and Miss P. Nicholson, and Messrs. L. Wareham, I. Hook and A. R. Farnworth, proved very enjoyable and our sincere thanks are due to the Warden and his wife for their keen interest in the children and for the excellent meals provided.

The Warden praised very highly the cleanliness, tidiness and general behaviour of the children through the week, and complimented them on their cheerful acceptance and execution of Hostel duties.

The beach at Saltburn provided an ideal centre of activities, including bathing, games of cricket and rounders and outings and rambles included visits to Redcar and Marske.

All the children were in perfect health and no serious accidents marred the enjoyment.

At the end of the week it was obvious that the children had benefitted greatly from the holiday.

Haxby Road School Camp

Mr. J. Huscroft, the Honorary Secretary of this scheme, has sent me the following report on their 1961 camp:—

The above camp was held at Robin Hood's Bay for two weeks from July 25th to August 8th. An advance party of adults prepared the site, tents, etc., from July 22nd. During the first week 38 children attended and 35 during the second. Of these 10 children attended both weeks. Staff consisted of 3 teachers full-time, two teachers for one week each, one student wishing to gain experience full-time, and several old boys for varying lengths of time.

Activities included walks, games, swimming, crabbing, etc.

Cooking was by pressure petrol stove, supplemented by Calor gas oven and ring. A marquee with tables and forms was available for meals with a hut for office use and emergencies. Welcome additions to the camp this year were additional toilet huts and water piped to the hut site.

Two visits were made to the local doctor. At the end of the first week, a boy was noticed to have a sore on his face. The doctor diagnosed an infected cold sore and provided ointment. On the last evening the children were at camp, a girl stumbled hitting her arm on a form. This turned out to be a fracture, the doctor strapping it and providing a letter for treatment in York the next day. This healed satisfactorily.

Although a certain amount of rain and high winds limited activities, on the whole the camp was very successful.

Family Service Unit Holidays

The following particulars concerning holidays arranged by this unit have been sent by Mr. Philip Seed, the Casework Organiser:—

25 children were taken youth-hostelling at Scarborough during 3 summer weekends. These outings give the older children of these problem families an opportunity to get away from their home environment; while the caseworker in charge of the children can often get a fuller understanding of family difficulties by observing children away from home. 3 of the children have joined the Y.H.A. as full members, thus giving them a permanent interest.

Holidays were also arranged for a few children with private hosts.

Camps for Handicapped Children

Parents of epileptic and diabetic school children who because of home circumstances or the nature of their complaint would not get a holiday were offered free accommodation and travel to camps organised by the British Epilepsy Association and British Diabetic Association respectively. One epileptic girl took advantage of the offer.

CONVALESCENT HOLIDAYS

14 school children—7 boys and 7 girls—varying in age from 5 to 14 years were sent on convalescent holidays under Section 28 of the National Health Service Act. 7 of the children went to Colwyn Bay for a period of a month: one for 3 weeks. 5 of the children went to Scarborough for a fortnight. One little girl of 5 years went to Withernsea with her mother but had to be brought home after one day.

PROVISION OF MEALS

The percentage of children taking school meals on a given day in September was 37.20% compared with 35.9% in the previous year. During December the percentage was 36.52%.

The percentage of children being provided with school meals free of cost was 13.2% compared with 12.4% in 1960. The income scale governing the granting of free meals remained the same as that operating from September 1st 1960

The percentage of children entitled to free meals who came for them during holiday periods varied from 10.4% during Christmas vacation to 22.3% during the summer.

The following tables show the demand for school meals from a school population of 17,746.

SCHOOL MEALS SERVICE
Average number of meals supplied daily

1961	Primary, Secondary Modern and Grammar Schools. and Further Education			Total
	Paid	Free		
January	5,663	750		6,413
February	5,084	727		5,811
March	5,217	808		6,025
April	5,360	818		6,178
May	5,074	784		5,858
June	4,933	770		5,703
July	4,884	759		5,643
September	5,604	758		6,362
October	5,753	785		6,538
November	5,581	753		6,334
December	5,308	680		5,988
Number of Meals supplied on payment				1,023,187
Number of meals supplied free				155,787

MEALS SUPPLIED DURING SCHOOL HOLIDAYS

Holiday Periods, 1961	Percentage of Usual Demand.		Number of meals served.	
	Paid.	Free.	Paid.	Free.
Easter	·2	16·9	94	1,353
Whitsuntide ...	·3	21·2	66	664
Summer	·1	22·3	186	5,090
October	·2	21·9	60	860
Christmas	·1	10·4	32	647

Percentage of children in attendance taking school meals during December, 1961 33·52%

PROVISION OF MILK

The percentage of children taking milk on a given day in September was 83·8% compared with 81·01% in the previous year.

The percentage of children taking milk in school daily at the end of the year was 79·21% compared with 80·78% at the end of the previous year.

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

1961	Primary Schools	Secondary Modern Schools	Grammar Schools	Further Education	Totals
January	8,839	3,463	1,224	167	13,693
February	8,798	3,433	1,203	166	13,600
March	8,796	3,436	1,213	164	13,609
April	9,327	3,262	1,233	188	14,010
May	9,144	3,212	1,220	188	13,764
June	9,006	3,170	1,216	189	13,581
July	9,045	3,135	1,153	183	13,516
September	8,762	4,145	1,421	226	14,554
October	8,642	4,119	1,478	234	14,473
November	8,464	3,925	1,462	224	14,075
December	7,757	3,614	1,375	239	12,985

PROVISION OF CLOTHING AND FOOTWEAR

Children whose education is likely to be impeded by insufficient or unsuitable clothing or footwear are assisted under the terms of Section 5 of the Education (Miscellaneous Provisions) Act, 1948, on the recommendation of Head Teachers and others. The income scale for assessing children for free clothing and footwear is the same as that adopted in September 1960.

The particulars relating to the help given under this provision are as follows:—

No. of children reported by Head Teachers and others as suffering educationally by lack of suitable clothing							...	...	...	491
No. of families involved							...	...	...	251
<i>Items</i>							<i>Boys</i>		<i>Girls</i>	
Footwear	...	...	...	...	...	...	347		216	
Overcoats	...	...	...	...	...	...	40		37	
Jackets	...	...	...	...	...	...	64		—	
Trousers	...	...	...	...	...	...	97		—	
Underclothing	...	...	...	...	...	...	—		—
Dresses, tunics, blouses, etc.	...	...	...	...	...	...	—		58	

The gross cost of this provision totalled £1,200 (£1,385 in 1960); an average expenditure of £2 9s. 0d. per child (£2 19s. 4d. in 1960).

MINOR AILMENT OR CONSULTATION CLINICS

Minor ailment clinics in eighteen schools with medical accommodation have been held twice weekly during school term. The number of sessions held in the schools has declined from 934 to 746 with a corresponding reduction in attendances from 8,295 to 5,555, an average attendance of 8.6 per session. There was a slight decrease of 629 in the attendances at the Central Clinic. As pointed out in previous reports there are strong arguments in favour of treating children with minor complaints in their own schools rather than having them travelling to a central clinic. Medical opinion is available at the central clinic if the nursing staff require it. The following tables show the total attendances at minor ailment clinics both in the schools and at the central clinic since 1948 when the National Health Service was introduced:—

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
1960	17826	3,963	8,295	12,258
1961	17746	3,334	5,555	8,889

DETAILS OF THE VARIOUS MINOR AILMENT CLINICS

	Number of Sessions held	Number of Children Attending Clinic	Number of Attendances	Average Attendance per Session
Central Clinic ...	287	1,244	3,334	11.62
Acomb Secondary Modern School	33	49	234	7.09
Ashfield Secondary Modern School	54	87	291	5.39
Beckfield Secondary Modern School	42	88	602	14.33
Burnholme Secondary Modern School	69	83	329	4.77
Burton Stone Secon- dary Modern School	43	70	492	11.44
Carr Infants' School	41	110	312	7.61
Carr Junior School ...	35	80	347	9.91
Danesmead Secon- dary Modern School	24	26	57	2.38
Derwent Junior School	52	96	391	7.52
Fulford Special School	43	83	294	6.84
Hob Moor Infants' School	47	55	124	2.64
Hob Moor Junior School	56	56	330	5.89
Open Air School ...	65	73	513	7.89
Our Lady and English Martyrs' Primary School	25	79	334	13.36
St. George's School ...	54	115	455	8.42
Westfield Infants' School	21	31	70	3.33
Westfield Junior School ...	27	75	264	9.78
Lowfield Secondary Modern School ...	15	33	116	7.73
Total 1961 ...	1,033	2,533	8,889	
Total 1960 ...	1,253	2,809	12,258	

ARRANGEMENTS FOR TREATMENT

Parents of school children attending maintained and voluntary aided schools are entitled to seek advice and treatment from the School Health Department in respect of their children whether they come on their own initiative or are referred by doctor, nurse or teacher. Many come as a result of defects found at school medical inspections.

Up to the end of the year the School Clinic was open daily except on Sundays and Bank Holidays and a consultation clinic with a doctor in attendance was held three times a week at 9-0 a.m. on Mondays, Wednesdays and Fridays.

In addition to minor ailment clinics children with the following defects are seen and dealt with:—

Defective vision and squints; ear, nose and throat diseases including deafness; orthopaedic defects; emotional, educational and character abnormalities; dental disease including orthodontic defects; verminous conditions; foot defects including those needing chiropody; speech defects.

A chiropodist attends a special clinic held each week for school children. The organisers in physical education hold special classes each week for the treatment of orthopaedic defects such as flat feet and poor posture. A child guidance clinic with a full-time staff deals with behaviour disorders and other problems in children. A full-time speech therapist treats children with speech defects of all kinds. The Eye Clinic is open for five sessions a week, the one held on Tuesday mornings being for the issuing of repair forms, the confirming of defective vision in children tested at school, and the periodic testing of the vision of children previously issued with glasses. The other four sessions are devoted mostly to refractions. Although most of the children treated at the Dental Clinic are seen by appointment, there is a short session each morning at 9-0 a.m. for emergency cases. Classes in lip-reading for deaf children are held every Wednesday morning.

OPHTHALMIC CLINIC

This clinic is held in the School Clinic, and is conducted by the Senior Assistant School Medical Officer, who is an ophthalmic medical practitioner in the Hospital Eye Service. The number of children who attended the Eye Clinic during the year was 1,305 and 2,577 attendances were made. 976 children were refracted using mydrilate drops (cyclopentolate hydrochloride) in place of the more expensive American preparation, cyclogel, previously used. This new mydriatic dilates the pupils in about 20 minutes and the effect wears off in a day. A post mydriatic test is made on every child refracted before glasses are ordered. 712 children were ordered glasses of whom 459 only needed a change of lenses. 36 children had their glasses discontinued. 37 children with squints were referred to the ophthalmologists in charge of the orthoptic clinic at the hospital and 16 others to the hospital eye clinics for a further opinion.

Good relations continue to exist between all parties concerned in looking after the ophthalmic needs of school children. The Hospital Eye Department sends reports with prescriptions of the glasses ordered in respect of every child seen there. The opticians send copies of the prescriptions they issue

when requests are made to them. The Hospital Board sends at regular intervals lists of names of children for whom glasses have been ordered after they collect them from the optician. All children, who break their glasses, are tested with the last prescription ordered for them. If their vision with this prescription has deteriorated they are referred back to the person, whether doctor or optician, who ordered the glasses for another refraction. In this way supervision is kept of all children needing ophthalmic care, and careless parents, who have not bothered to take prescriptions to opticians for dispensing can be traced. During the year the names of 653 children who had obtained glasses through the Hospital Eye Service were received. Under all schemes—hospital, supplementary and private—1308 children had glasses prescribed for them, 712 at the School Eye Clinic, 128 at hospital and 468 under the Supplementary Ophthalmic Scheme.

At the school clinic parents are shown a range of glasses (kindly supplied by one of the opticians) which are either entirely free or the lenses free. If these types are selected repairs are either free entirely or the lenses are replaced free of cost, but if private types are chosen all repairs have to be paid for. A list of names of all the local opticians is given to all parents asking for guidance as to whom they should take their prescription for glasses. During the year 435 children came to the school clinic for repair forms. At a surprise check of all children in school supposed to wear glasses it was found that 8.75% were not wearing them. A feature of the check was that more children (10.1%) in the infants and junior schools were found not wearing glasses than in the senior schools (7.9%).

EAR DISEASES

The following ear complaints were treated:—

Ear Discharges 17; Deaf 7; Earache 22; Wax in Ears 29; Furunculosis 6; Eustachian Catarrh 12; Others 12.

Of these 105 cases, 18 were referred from school medical inspections. Altogether 270 attendances were made at the School Clinic for the treatment of ear conditions.

DEAFNESS AMONG YORK SCHOOL CHILDREN

There are 22 children known to the School Health Service who need special educational treatment because of their deafness. 12 of these attend residential schools for the deaf whilst 10 others attend classes for lip reading held in the School Clinic each week. They attend ordinary schools otherwise. 7 of these use hearing aids regularly. 2 other school children in York are known to use hearing aids. When a child is issued with a hearing aid by the hospital E.N.T. Department the School Clinic is notified. The same department services the hearing aids when they break down and takes periodic audiograms of the children to observe any fluctuations in their hearing loss. There is no difficulty in obtaining satisfactory moulds to fit the children's ears or in obtaining hearing aids. If a child is thought by the Specialist to need a more sensitive type of hearing aid than the Medresco one issued by the hospital, the Education Committee is prepared to consider its provision.

The age ranges of the children attending the lip reading class are as follows:

Infant (up to 7 years) 3; Junior (8 to 11 years) 3; Secondary (12 years and over) 4.

The distribution of the average hearing loss over 500 cps., 1,000 cps. and 2,000 cps. in the better ear among these children is:—

(a) Below 30 dbs. (British Standard)	2
(b) 30 dbs. to 50 dbs.	4
(c) 50 dbs. to 70 dbs.	4

AUDIOMETRY

Children suspected of being deaf in one or both ears when examined at school medical inspections are referred to the School Clinic for further testing by a Peters Pure Tone Audiometer. During the year 39 children had audiograms done, 17 of these were found to have normal hearing, 21 had some loss of hearing whilst 1 failed to co-operate.

Of the 21 found to be deaf, 2 had had middle-ear disease, 4 were asked to come back for a re-test whilst 15 were referred to the E.N.T. Department at the hospital. 3 of the 4 children re-tested were found to have normal hearing. 4 of the 15 children referred to hospital were eventually found to have normal hearing, 2 were issued with hearing aids, 4 had their adenoids removed, 1 had tonsils and adenoids removed, 1 had Catheterisation of the Eustachian tubes after removal of the adenoids, 2 were found with evidence of old ear disease for which there was no treatment when seen, and 1 did not attend.

CHILDREN WITH MULTIPLE DEFECTS

There are 7 children with more than one serious defect or deformity apart from deaf mutes. Their handicaps are as follows:—

Epilepsy with educational subnormality	2
Cerebral palsy, dysarthria and educationally subnormality	1
Epilepsy and hydrocephalus	1
Hemiplegia, partial sightedness and hydrocephalus	1
Epilepsy and partial-sightedness	1
Blind and hemiplegia	1

ORTHOPAEDIC CLINIC

A clinic has been held on 6 occasions during the year to supervise old orthopaedic cases among school children who have been under the care of the surgeons at the Adela Shaw Hospital at Kirbymoorside for a number of years. Altogether 115 children were seen by Dr. Kathleen Adamson in this way and 14 of these were admitted for hospital treatment.

New cases are now referred to the out-patient departments at the two local hospitals under arrangements made in 1959. Reports were received in respect of 30 children, 27 who were seen as out-patients and 3 as in-patients.

CHIROPODY

Mrs. Frankland continues to conduct the chiropody clinic. At 51 sessions she treated 399 children who made 1,508 attendances, an average of almost 30 children a session.

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

No. of children treated for verrucae	...	...	331
No. of children treated for corns	...	...	36
No. of children treated for other foot troubles			44

EPILEPSY

The number of children reported to have had epileptic fits sometime in their lives was 41—22 boys and 19 girls. These children all attend ordinary schools, their fits being controlled by drugs prescribed by their family doctors. There were no epileptic children in residential schools during the year.

CEREBRAL PALSY (SPASTICS)

The number of spastic children over the age of 2 years is 22, comprising 14 boys and 8 girls. This number does not include those who have been certified as ineducable. 14 of them attend ordinary schools; 4 go to the Northfield Open Air School, 1 is a member of the Class for the Partially-Sighted. 2 are at residential schools for physically handicapped children, and 1 attends the Fulford Special School (E.S.N.).

MISCELLANEOUS EXAMINATIONS

Number of Corporation Staff on Appointment	...	...	...	169
Number of Entrants to Teachers' Training Colleges	...	...	...	63
Number of children for part-time employment	...	...	...	340
Number of children prior to going to camps or on holidays	...	...	...	291
Number of children going or returning to Residential Schools	...	...	...	24
Number of boys prior to boxing tournaments	...	...	...	48

BACTERIOLOGICAL INVESTIGATIONS

Of 35 rectal swabs taken from children suspected of Sonné Dysentery, 11 were found to be positive.

TREATMENT OF ENURESIS

The second year's use of the Chiron Electric Alarm Apparatus in the treatment of this difficult complaint has made somewhat clearer the type of child who is likely to benefit from it.

It has been found that the child from a careless home where there is little or no co-operation from the mother does not derive any benefit from it. Unfortunately many of our bedwetters come from this type of home.

The average age of the children given trials with the apparatus during 1961 was ten years. Only one child out of four below the age of 9 years was cured: the parents of two sisters aged 7 and 8 years showed no signs of co-operation at all. No co-operation means that neither the children nor the parents visited the School Clinic after the first occasion when the apparatus was issued, no records were kept and eventually one of the nursing staff had to call after a period of two months to collect the apparatus at the child's home. Letters to the parents to come to the Clinic proved unavailing. One boy of six years showed no improvement after a trial of two months and was referred to the Child Guidance Clinic.

The other failures included children who turned off the alarm and did not get out of bed to empty their bladders. Their parents did not bother to see that the instructions given were carried out. One boy of 9 years in a family of bedwetters, two of whom had already been cured by the apparatus, never heard the alarm because he was such a heavy sleeper. Tablets from his general practitioner to try and render him a lighter sleeper failed to bring about any improvement. One girl of nine was frightened by the alarm when it went off in the middle of the night and her mother did not want to persevere with the apparatus.

Each child when given the apparatus is asked to keep a record on a card provided similar to that shown here:—

Sunday	X	X	X	O	O					
Monday	X	X	O	O	O					
Tuesday	X	X	O	O	O					
Wednesday	X	O	O	O	O					
Thursday	X	O	O	O	O					
Friday	X	O	O	O	O					
Saturday	O	O	O	O	O					

The X denotes the fact that the child has wet the bed: O means a dry bed. This recording must be done first thing in the morning by the child itself soon after waking up. The card with a pencil must be kept close at hand. The carrying out of this detail gives the child an interest in its own recovery and helps psychologically in its cure. A further detail is that the child must visit the School Clinic once a fortnight to report to the School Medical Officer who praises and encourages the child on seeing the marks recorded.

Before issuing the apparatus each child is examined and the urine tested. Of the 26 children who were issued with the apparatus during 1961, 13 were completely cured. Needless to say, these 13 children, all about 10 and 11 years old, had received different kinds of treatment previously without any improvement. There were 10 failures altogether including the boy of 6 years but in 7 cases there was no co-operation from the parents of the children. One other boy of nine was given the apparatus towards the very end of the year. Two girls were almost cured but occasionally wet their beds.

Of the 13 children cured 9 were girls: there were 8 boys among the 10 failures. There is no doubt that the use of this electric alarm apparatus has a valuable place in the treatment of enuresis. It is however essential to have a co-operative mother who will see that the instructions given will be carried out. Because of the waiting list of children and the fact that the older children are sent for first, it has not been determined what is the youngest age at which children from good homes are likely to be cured with this type of treatment.

YOUTH EMPLOYMENT MEDICAL REPORTS

67 Forms Y9 were issued in respect of school leavers in whose cases it was considered advisable that they should not be employed in certain classes of work. Most of these were in relation to colour-blind boys but some were in respect of epileptics and asthmatics.

In the case of school leavers with more serious defects likely to prejudice their chances of obtaining employment, a Form Y10 is issued on which parents give their consent to their child's complaint being revealed to an employer, who would offer a post under the Disabled Persons Act. Only 2 of these forms were issued.

PART-TIME EMPLOYMENT

340 children were examined to ensure that their participation in part-time employment would not be harmful in any way to their health or development. No children were refused certificates on medical grounds. Under local bye-laws children are allowed to engage in part-time employment after attaining the age of 14. The hours worked must not exceed two hours a day which must be between 4 p.m. and 6-30 p.m. on an ordinary week day and four hours on a Saturday, between 8 a.m. and 6-30 p.m. The employment in the case of the boys is usually newspaper delivery or taking errands and in the case of the girls counter assistant work in shops and multiple stores.

GENERAL PRACTITIONER MEDICAL REPORTS

As the size of the school medical record cards issued by the Ministry of Education is much bigger than the size of the record cards used by general practitioners, it is possibly of no use forwarding the school records to a child's general practitioner when the child leaves school. They are therefore kept in the School Clinic until the child reaches the age of 21 years and then destroyed. In order that valuable information collected by the School Health Service during the child's school life of some ten or more years is not lost, medical reports on cards of the same size as the general practitioners cards are forwarded to them in the case of any child where such information is available. This usually refers to glasses, mental retardation, B.C.G. Vaccination, etc.

It is particularly valuable when the school leaver has some disease or defect that needs supervision or treatment after leaving school. 321 of these medical reports were sent to the general practitioners during the year.

REFERRALS TO HOSPITAL BY SCHOOL MEDICAL OFFICERS

School Medical Officers always communicate with general practitioners before referring a child to hospital. 144 letters on this account were sent out; only 3 doctors expressed a wish to see the child first. 44 other letters were sent to general practitioners in connection with the referral of children with squint or other ophthalmic complaints.

HOSPITAL REPORTS

The following table shows details of the reports received from hospital in respect of children seen both as out-patients and in-patients during 1961. The number of reports received each year continues to show a decline from

that of 1948 the last year that the Education Committee paid for the hospital treatment of children on the introduction of the National Health Service Act. This decline is shown at the bottom of the Table:—

	Total No. of cases	No. of out-patients	No. of in-patients
SKIN DISEASES			
Warts	41	41	—
Scabies	1	1	—
Other conditions	19	19	—
Total	61	61	—
EAR, NOSE and THROAT DISEASES			
Tonsils and Adenoids	128	21	107
Ear conditions	43	43	3
Nasal conditions	9	9	1
Other conditions	6	5	1
Total	186	78	112
MEDICAL CONDITIONS			
Asthma	4	4	—
Cardiac disease	13	11	2
Chest complaints	8	6	2
Epilepsy	8	8	—
Other conditions	54	50	4
Total	87	79	8
SURGICAL CONDITIONS			
Injuries (casualties, etc.)	11	11	—
Orthopaedic conditions	30	27	3
Cysts	2	1	2
Herniae	6	6	2
Undescended testicles	17	16	1
Other conditions	12	9	3
Total	78	70	11
EYE CONDITIONS			
Eye diseases	26	23	3
Refractions	195	195	—
Squints	129	124	6
Total	350	342	9
Totals 1961	762	630	140
1960	825	646	202
1957	1780	1405	450
1948	2576	1906	616

SCHOOL DENTAL SERVICE

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

1961 was a year of continued growth in the School Dental Service. The staff during the year consisted of two full-time and three part-time dental officers. The net result of this staffing was that we had 1,011 sessions devoted to treatment during 1961, as compared with 770 in 1960.

The outstanding happening of the year was the transfer of the School Dental Clinic from Rougier Street to Monkgate. A new dental suite was built at the rear of Monkgate Clinic and this suite, designed by our own City Architects, has been designed on the straight-through principle. This enables children undergoing anaesthetic treatment to come out of the rear of the building and not meet children coming in at the front. This is a great advantage in the smooth running of general anaesthetic sessions. The suite consists of a commodious waiting room with lavatory accommodation attached. From the waiting room a passage runs to a rear door and on both sides of this passage are a series of rooms consisting of Principal School Dental Officer's Office, School Dental Officer's Office, Laboratory, Dark Room, Two Surgeries, Store-room, Recovery Room and Staff Lavatory accommodation. The surgeries have been designed with large windows and custom-built furniture with counter tops to make working easy. The anaesthetic gases have been piped into surgeries so that gas and oxygen anaesthesia can be carried out in either. The laboratory has been designed with counter top units round two sides of the room and equipped so that the dental officers can do much of the gold work without having to be sent away for processing. There are also facilities for welding and polishing in the laboratory. The dark room is of generous proportions and is also used to house the air compressor for the air turbine drills and the gas cylinders for anaesthesia. It is a great advantage having the compressor in the dark room since the noise is isolated from the surgeries. The storeroom was designed so that it might be used as a rest room by the nurses. There is an excellent recovery room with three fountain spittoons. The general feeling among the staff is that the new clinical facilities have promoted a keener and more efficient outlook on the work. The excellent lighting has made working less arduous than in the old clinic. It has been interesting during the time that the new clinic has been opened to hear how very much it has been appreciated by the parents.

36 school departments were inspected during the year and 10,613 children were inspected in school. In addition to this a certain number of children attended during the year for routine inspection at the clinic, making a total of 11,245 children inspected. Of this number 7,109 were found to require treatment, which is equivalent to 63% of the children examined needing treatment. 8,743 attendances were made by children for treatment during the year.

There was a considerable increase in the total volume of work and it is gratifying that the proportion of fillings and teeth extracted continues to rise. During the year 5,171 fillings were inserted in permanent teeth and only 777 permanent teeth were extracted. 1,146 milk teeth were extracted during the year. Due to our better staffing we are able to increase the number of milk teeth that were filled and 409 fillings were inserted in milk dentition. Orthodontic cases and the demand for orthodontic treatment has increased during the year, whilst, on the other hand, only 8 children were supplied with artificial teeth as compared with 25 in the previous year. Dr. Yuill has continued to give anaesthetics during the year for extraction sessions.

One innovation during 1961 has been in the use of hypnosis for the occasional treatment of difficult children. Permission had been obtained from the child's parents before this mode of treatment was carried out. Success was achieved in 24 cases and 1 case was a failure. Hypnosis has enabled us to treat some children for whom previously it was impossible to do any treatment. In some cases it would have normally been impossible to even examine their teeth, but light hypnosis has enabled conservative work to be done. One particularly valuable result of this type of treatment is that all the children successfully treated by hypnosis have returned happily for further treatment and many of them have even looked forward to having their treatment carried out. One particular case was of interest, that of a 14 year old girl who in the past had been a very difficult patient who never completed a course of treatment but who, after being treated by hypnosis, was able to have a long course of conservative treatment completed, and was such a good patient that work of a high standard was carried out on her. In all cases parents have been very grateful that this method of treatment has been used. There appears to be a wide field in children's dentistry where hypnosis can be of benefit both to the operator and to the patient.

A certain amount of gold work has been done during the year but this has been limited to those cases where it was necessary for aesthetic reasons or where it was necessary to save the provision of an artificial denture of dubious value.

The standard of oral hygiene in schools has been maintained and the number of schools with tuck shops has declined during the year. I am grateful to the head teachers for their co-operation in this matter. The dental decay rate would decline rapidly if children would eat fewer boiled sweets, toffees and biscuits in between meals. Parents should try to make their children eat plain or milk and nut chocolate rather than sticky sweets and these should be eaten at times when the children can brush their teeth immediately afterwards. During the year a considerable number of parents have been advised to give their children flourine tablets which are obtainable locally at the chemists' shops in order to compensate for the low flourine content of the water supply in York.

I should like to pay tribute for the help I received from head teachers and the efficient way they organised their side of the school inspections.

During April the Principal School Dental Officer attended a refresher course in children's dentistry organised by the Society of Medical Officers of Health in London.

The large number of dentists working in the York area, 42 in all, means that there is not the difficulty that is met in some areas for patients to obtain dental appointments. On the whole, therefore, one now rarely sees very badly neglected mouths and in a school of 500 or 600 pupils one will probably only discover six or seven children with badly neglected teeth. In fact, whilst there is always a great deal of conservative work to be done in the mouths of school children, it would be fair to say that the teeth of our York children are becoming better cared for and we should now aim at a staffing ratio that will enable every York child to have its teeth examined every six months. Much of the improvement in the condition of children's mouths that we have seen is also to be attributed to the large amount of propaganda which has been distributed round the schools during the last few years, and I am sure that the teachers have helped us in training children in oral hygiene. We may feel that, although we have not reached an ideal state, the children's teeth are much better cared for than they were just one decade ago.

SPEECH THERAPY CLINIC

This clinic was conducted by Miss H. P. Lamb, L.C.S.T., to whom I am indebted for the following report:—

This has been a busy and enjoyable year for the Speech Therapy Clinic. At the end of 1960 there was a long waiting list of children who had not been examined, and a great number of children who had been examined, but could not be admitted for treatment until a vacancy occurred. By the end of 1961, however, every child on the waiting list, including those referred during the year, had been seen. This, of course, does not include those who failed to respond to appointments. The children now on the waiting list are those too young to benefit from treatment, or were judged not urgent enough to warrant immediate admission. These children are seen at two to six monthly intervals for re-assessment and a report on progress. Many of them will improve spontaneously with no assistance other than the advice given to the mother. Their names remain on the waiting list until they are admitted for treatment, or until their speech has improved sufficiently for them to be discharged.

At the end of May regular weekly visits to Fulford Special School began. 13 patients are now being seen there each week. They are mainly of dyslalics, but there are 3 stammerers and 1 case of hyperrhinolalia. At first this treatment in school was found to be necessary because of the large number of patients from Fulford Special School on the waiting list. Subsequent investigation, however, has shown that clinic treatment would be inexpedient because of the general lack of parent co-operation at this school.

In September weekly visits to Northfield Open Air School were started. Here again there were several patients awaiting treatment, and difficulties with home background made co-operation with some parents very difficult. 8 patients with quite severe defects are seen here.

23 children are seen weekly at Tang Hall School for minor defects.

At the end of October we moved into our new headquarters in Monkgate. It is a great advantage to be so near the necessary contacts and to have records close at hand. The new equipment and furniture give an atmosphere of efficiency, and attendances have not suffered as much as was at first expected.

The variety of defects seen in the clinic extends over a wide range and includes alalia, dysphasia, dyseneia, cleft palate, clutter, stammer, hyper-rhinolalia, and dyslalia.

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

Average number of appointments kept weekly in clinic	...	...	50
Average number of appointments kept weekly in schools			36
No. of children on waiting list in January	...	...	79
No. of children on waiting list in December	...	...	71
No. of children under treatment	...	...	92
No. of children seen and treatment deferred	...	...	55
No. of children discharged cured or improved	...	...	17
No. of children who failed to attend or defaulted	...	...	28
No. of visits to schools during year	...	...	98
Total No. of attendances at school and clinic	...	...	1941
Total No. of children treated in 1961	...	...	195

LIP READING CLASS

I am indebted to Mrs. W. Adams for the following report:—

Good attendances were maintained at the Lip Reading Classes during 1961, and constant practice showed that progress continues.

During the early part of the year an interesting demonstration of the Amplivox Group Auditory Aid was arranged by Dr. Shevlin and presented by the firm's representative. Three children were given various tests. The use of these Group Aids prove invaluable in helping to improve a deaf child's attitude to speech and listening, as they discriminate beat, pitch, stress and rhythm patterns in speech.

The Autumn term opened in September with four new pupils. At the new clinic conditions were very pleasing with satisfactory surroundings. One boy left at Christmas.

N.S.P.C.C.

The following report kindly submitted by Inspector Hindmarch of the National Society for the Prevention of Cruelty to Children summarises his work for the year among the children of York:—

Cases of neglect	...	.....	...	...	...	...	68
Cases of ill-treatment	...	...	...	...	...	...	4
Cases of assault	...	...	...	...	...	...	9
Cases beyond control	...	...	...	...	...	...	2
Persons seeking advice concerning their children	...	...	...	...	...	...	40
Number of parents warned or advised	...	...	...	...	...	...	159
Number of children dealt with	...	...	...	...	...	...	355
Number of supervision visits made in connection with these cases	...	...	...	...	...	...	607
Prosecutions	...	...	...	...	...	...	3
Juvenile Court cases	...	...	...	...	...	...	4

REMAND HOME

The York Remand Home although administered by the Children Committee depends on the School Health Service for the medical supervision and treatment of the boys. The building which houses the Remand Home was originally adapted to hold a maximum of fifteen but this number has been increased to twenty with no further provision except an extension of one classroom. Often numbers in excess of twenty have been admitted with resulting overcrowding and danger to health from spread of infection. Each boy is medically inspected within twenty-four hours of admission and again before he leaves the Home. There is a one-bed sick-bay where a boy with suspected infectious or contagious disease can be isolated.

Dr. Barnet, who does most of the medical work at the Remand Home, carried out 627 examinations during the year. I am indebted to Mr. E. J. P. Cother, the Warden, who, with his wife as matron, conducts the Home, for the following figures which summarise the work:—

Number of boys admitted during 1961	...	...	265
Number of York boys	...	...	42
Number of other boys	...	...	223
Average length of stay	...	...	28.4 days
Longest stay	...	...	130 days
Shortest stay	...	...	1 day

Offences committed or reason for being in Remand Home:—

Larceny	...	...	...	...	85
Breaking and entering larceny	...	...	...	...	67
Housebreaking and larceny	...	...	...	...	30
Non attendance at school	...	...	...	...	13
Schoolbreaking and larceny	...	...	...	...	12
Driving away a motor vehicle without owner's consent	...	...	...	...	10
Absconding	...	...	...	...	10
Shopbreaking and larceny	...	...	...	...	6
Wilful damage	...	...	...	...	6
Beyond control	...	...	...	...	4
Indecent assault	...	...	...	...	4
Breach of probation	...	...	...	...	4
Children Act Cases	...	...	...	...	4
Arson	...	...	...	...	2
Shoplifting	...	...	...	...	2
Gross indecency	...	...	...	...	1
Receiving stolen property	...	...	...	...	1
Homosexuality	...	...	...	...	1
Unlawful sexual intercourse	...	...	...	...	1
On enclosed premises for unlawful purposes	...	...	...	...	1
Being in possession of housebreaking tools	...	...	...	...	1

Intelligence quotient range of some 76 boys admitted in 1961:—

<i>Range</i>						<i>No. of Boys</i>
61—70	..	..	..	..	..	9
71—80	..	..	..	..	..	13
81—90	..	..	..	..	..	17
91—100	..	..	..	..	..	21
101—110	..	..	..	..	..	9
111—120	..	..	..	..	..	5
over—120	..	..	..	..	..	2

YORK FAMILY SERVICE UNIT

The following short report from Mr. Philip Seed, M.A., the Casework Organiser of the Unit, describes its work during 1961:—

During the year the number of families being assisted by the Unit increased from 35 to 46. 11 cases were closed (6 considered "satisfactory", 3 "partially satisfactory" and 2 as "unsatisfactory") and 22 cases were opened.

The outstanding problems of F.S.U.'s clients remain in the spheres of child care, domestic management, financial management, and sometimes problems of school attendance, delinquency (either of parents or children) and difficulties in settling fathers in regular employment. Tension and difficulties in the marriage relationship, and mental ill-health—sometimes physical ill-health too—form the commonest background to these problems.

There were no staff changes during the year—Mr. Philip Seed, Miss P. Bellis and Mrs. J. Locking (nee Lewins) undertake casework. The Unit trains social science, probation, almoner and other students for periods of 2-3 months practical work.

DEATHS AMONG SCHOOL CHILDREN

There were seven deaths of school children during the year. The following shows the causes:—

1. (a) Bronchopneumonia
(b) Mental defective and benign infantile hypotonia.
2. (a) Uraemia
(b) Pyelitis
(c) Congenital abnormality of both kidneys
3. (a) Intracranial haemorrhage
(b) Acute leukaemia
4. Bilateral lobar pneumonia
5. Shock and asphyxia due to multiple injuries accidentally caused in a collision between a locomotive and a railway train in which the deceased was a passenger.
(Accidental death)
6. (a) Bronchopneumonia
(b) Congenital deformity of chest
7. (a) Pseudo-hypertrophic muscular dystrophy
(b) Pneumonitis

YORK SCHOOLS' ATHLETIC ASSOCIATION

In the 48th Annual Report of the Association, Mr. W. E. Coleman, the Honorary Secretary, records another successful year.

There are ten sections altogether each with its own chairman and secretary, and in the Athletic, Swimming, Rounders and Netball sections, there are both secondary and junior divisions. Voluntary work is done by devoted teachers to stimulate interests and enthusiasm among the school children. Each section is responsible for the complete organisation of its own particular branch of sport. In 1961 there were increasing numbers of children engaged in each section. In the secondary swimming division the trophy for the school with the highest percentage of swimmers was won by a boys' school with 92.1%: the highest percentage in a girls' school was 85.3%. The City team won the John Tetley Trophy in the Yorkshire County Swimming Competitions. 24 York swimmers took part in the Yorkshire Open Championships and gained five individual firsts, three seconds and four thirds. 7 York swimmers represented the Yorkshire Division in the English Schools' Meeting at Manchester. York children have deservedly won a national reputation for their swimming.

In the junior schools 762 children learned to swim during the year bringing the number of juniors able to swim up to 1,500.

In the boxing section one boy became a County Champion.

These are just the highlights in a very active programme embracing athletics, football (both association and rugby), cricket, rounders, hockey, netball, as well as the other activities mentioned.

The York Schools' Athletic Association should earn the praise of all parents and others for its unremitting efforts to promote the physical, mental and moral development of the school children of the city.

COST OF THE SCHOOL HEALTH SERVICE

The following figures, kindly provided by Mr. Bernard Littlefair, the City Treasurer, give the cost of the School Health Service:—

Gross Cost of School Health Service	...	...	...	£31,718
Penny Rate Product	...	...	...	£5,740

Since the general grant has replaced the direct grant it is not now possible to give a figure for net cost to the rates.

SUMMARY OF WORK DONE, 1961

					1961	1960
Periodic Medical Inspections	...	...	...	...	8,070	(7,955)
Special Inspections	...	...	...	...	6,524	(6,446)
Re-inspections	...	...	...	...	2,431	(2,622)
Total	...	...	...	...	17,025	(17,023)
Periodic Dental Inspections	...	...	...	...	10,613	(8,809)
Special Dental Inspections	...	...	...	...	632	(955)
Number of children treated by School Dental Surgeons					1,429	(1,176)

Number of attendances at Clinics:

Minor Ailments at the Central Clinic	...	3,064	(3,568)
Chiropody Clinic	... ..	1,508	(1,621)
Dental Clinic	... ..	8,743	(7,283)
Ear Clinic	... ..	270	(395)
Mental Testing	... ..	75	(73)
Ophthalmic Clinic	... ..	2,577	(2,876)
Orthopaedic Clinic	... ..	115	(199)
Acomb Secondary Modern School Clinic	...	234	(244)
Ashfield Secondary Modern School Clinic	...	291	(222)
Beckfield Secondary Modern School Clinic	...	602	(956)
Burnholme Secondary Modern School Clinic		329	(544)
Burton Stone Secondary Modern School Clinic		492	(796)
Carr Infants' School Clinic	... ..	312	(812)
Carr Junior School Clinic	... ..	347	(639)
Danesmead Secondary Modern School Clinic		57	(331)
Derwent Junior School Clinic	... ..	391	(601)
Fulford Road Special School Clinic	... ..	294	(421)
Hob Moor Infants' School Clinic	... ..	124	(179)
Hob Moor Junior School Clinic	... ..	330	(369)
Open Air School Clinic	... ..	513	(582)
Our Lady and English Martyrs' School Clinic		334	(354)
St. George's School Clinic	... ..	455	(635)
Westfield Infants' School Clinic	... ..	70	(126)
Westfield Junior School Clinic	... ..	264	(484)
Lowfield Secondary Modern School Clinic	...	116	—
Number of inspections by School Nursing Staff for uncleanliness	... ..	43,177	(44,591)
Number of home visits made by Nursing Staff	...	675	(709)
Number of visits to schools by Nursing Staff	...	1,794	(1,818)
Number of "follow-up" cases	... ..	3,117	(3,002)

CHILD GUIDANCE CLINIC—1961

At the Child Guidance Clinic, our work has largely followed the pattern of the previous two years. In addition to the treatment of disturbed children and their families, and the Psychologist's special work in the assessment and guidance of children in school with learning-problems, all members of the clinic team have undertaken different forms of educative work, in order that Child Guidance, in its widest meaning, should be more fully understood. Lectures, discussions, and individual instruction have been given to doctors, nurses, trainee-teachers, probation officers and parsons—and outside the clinic, to many lay organisations beside. We have also been very pleased to welcome many visitors during the year, from as far afield as Israel, Indonesia and Finland.

The clinic statistics repeat the general picture of past years. As the myth that we see and treat mainly very dull children still persists, it is perhaps worth pointing out yet again that the number of bright children seen by the Psychiatrist in 1961 was rather over double the number that showed marked intellectual retardation. Dull children certainly have their problems in this highly competitive age, but our experience suggests that it is often the intelligent child who is the more reactive to stress and, also, subjected to keener pressures at home.

One change, noticeable over the last three years, has been the shift of emphasis in the age of the children seen. Four years ago, children were referred to us who were mainly in the middle school age-range—from 8 to 13. Now we are seeing rather more young children and many more adolescents. We think this may link up with the growing awareness on the part of doctors and teachers, to the emotional difficulties of children and young people of all ages. The increasing number of adolescents referred has made us realise that facilities for their treatment in this area are far less complete than one might wish. It is often difficult for us to offer treatment which fits in with working hours, once a young person leaves school. There are still no special facilities for the in-patient care of adolescents in this area, and no immediate prospects of any such centre being set up.

To end on a more cheerful note, however, in 1961 the prospects for the establishment of a small in-patient Unit for emotionally disturbed children, near York, took a bold stride forward and there is a good chance of this Unit opening early in 1963. This should fill a real need, both for the community of York, as also the region for which York is the natural centre. We hope that the sight of a small child confined in an adult Mental Hospital (fortunately uncommon today) can, in this area, soon be relegated to the past.

STATISTICS:

TABLE 1

CHILDREN SEEN BY PSYCHIATRIST FOR DIAGNOSTIC ASSESSMENT
—BY AGE

Age				Boys	Girls	Total
Under 5	...	...	...	2	2	4
5—7	...	...	...	11	6	17
8—10	...	...	...	12	3	15
11—13	...	...	...	10	3	13
14 and over	...	...	...	8	9	17
Total	...	...	...	43	23	66

TABLE II

CHILDREN SEEN BY PSYCHIATRIST FOR DIAGNOSTIC ASSESSMENT
—INTELLIGENCE RANGE

I.Q.	Description	Boys	Girls	Total
130 +	Highly intelligent children—the top 4%	4	2	6
129—110	Bright children—the next 25% ...	12	9	21
109—90	“Average” children—the middle 46%	13	11	24
89—70	Dull children—the lower 22% ...	11	0	11
69 and below	Seriously retarded children—the bottom 3%	1	0	1
Untested	Mostly very young children ...	2	1	3
	Total ...	43	23	66

Note:—In order that these I.Q. ratings should remain within their appropriate percentile-ranks, some assessments have been transposed to their Binet equivalents.

TABLE III
CHILDREN SEEN BY PSYCHIATRIST FOR DIAGNOSTIC ASSESSMENT
BY MAIN PRESENTING SYMPTOMS

Group	Definition	Boys	Girls	Total
I	Maladjustment in relation to society, (i.e. pilfering, truanting, lying, destructiveness, wandering)	9	3	12
II	Maladjustment in relation to school (i.e. poor school work despite good intelligence, behaviour problems) ...	5	3	8
III	Maladjustment in relation to home life, (i.e. aggressive, attention-seeking, inhibited behaviour)	9	6	15
IV	Neuroses (i.e. anxiety, phobias, conversion hysteria, compulsive rituals)	3	8	11
V	Psycho-Somatic and Somato-Psychic disorders (i.e. disordered body-function associated with emotional disturbance)			
	(a) Wetting and soiling	11	2	13
	(b) Allergies, tics, speech defects	6	4	10
	(c) Emotional disorder secondary to organic disease, (i.e. Epilepsy, gross backwardness, Tuberculosis)	2	1	3
VI	Sexual difficulties	3	1	4
VII	Psychotic Disturbances, (i.e. children not fully in touch with their surroundings)	1	—	1
	Total ...	49	28	77

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 IV
PATIENTS UNDER TREATMENT, DISCHARGED

A. State on Discharge			B. Reason for Discharge		
(i)	Cured, greatly improved	7	(a)	Satisfactory adjustment	19
(ii)	Definite improvement	19	(b)	Left area, or school	7
(iii)	Little change	11	(c)	Parents unco-operative	9
			(d)	Transferred to other agency	2
	Total	37		Total	37

SCHOOL HEALTH SERVICE STAFF AND SCHOOL CLINICS

RETURN MADE TO MINISTRY OF EDUCATION

Return for 31st December, 1961

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	0.1
(iii) General Practitioners working part-time in the School Health Service	—	—
(b) Physiotherapists, Speech Therapists, etc. (specify):—		
Speech Therapist	1	1
Physiotherapist... ..	1	0.45
(c) (i) School Nurses	13	7.2
(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	1	2	0.54
(iii) Orthodon- tists (if not already in- cluded in (e) (i) or (e) (ii) above	—	—	—	—
TOTAL ...	2	2	2	0.54
TOTAL full-time equivalent (Col. 2 plus Col. 4) 2.54			Number of Officers	Numbers in terms of full-time Officers employed in the School Dental Service
(iv) Dental Surgery Assistants ...			3	2.9
(v) Other Staff ...			—	—

2. NUMBER OF SCHOOL CLINICS ... 3

A certain amount of minor ailment treatment is carried out in the Medical Inspection Rooms at 18 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 Hospital Authorities (3)
(a) Minor ailment and other non-specialist examination or treatment	19	—
(b) Dental	3	—
(c) Ophthalmic	—	1
(d) Ear, Nose and Throat	—	—
(e) Orthopædic	—	1
(f) Pædiatric	—	—
(g) Speech Therapy ...	1	—
(h) Physiotherapy	1	—
(j) Orthoptic	—	—
(k) Sunray (U.V.L.)	1	—
(l) Chiropody	1	—
(m) Rheumatism & Heart	—	—
(n) Asthma	—	—
(p) Remedial Exercises	2	—
(q) Vaccination & Immunisation	1	—
(r) Audiology	—	—
(s) Others (specify) Lip Reading	1	—

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 full-time officers
Psychiatrists ...	2	0.59
Educational Psychologists	1	1
Psychiatric Social Workers	1	1
Pædiatricians, Play Therapists, Social workers, etc. (excluding Clerks) (Specify):— Psychotherapist ...	1	0.36

PART IV

SPECIAL CLASSES AND UNITS IN THE AUTHORITY'S AREA: NUMBER OF TEACHERS OF THE DEAF AND PARTIALLY DEAF EMPLOYED BY THE AUTHORITY

Name and address	Number of classes or units				No. of pupils in each class
	P.S.	P.D.	P.H.	Mal.	
Lip Reading Class, School Clinic, Monkgate, York. (The ten pupils receive tuition in two separate classes for one hour each week during school term-time).		1			10
Spastic Centre, St. Stephen's, The Mount, York. The National Spastics Association have set up a Centre in York, at which spastic children attend for treatment.					

2. NUMBER OF TEACHERS OF THE DEAF AND PARTIALLY DEAF EMPLOYED BY THE AUTHORITY (OTHER THAN IN SPECIAL SCHOOLS) ON OR ABOUT 20TH JANUARY, 1962

Teachers employed	Manchester University qualification		National College of Teachers of the Deaf qualification		Total
	M	F	M	F	
In special classes or units	—	—	—	1	1
In audiology clinics					
As peripatetic teachers					

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

During the calendar year ended 31st Dec., 1961	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially Deaf		(5) Physically Handicapped (6) Delicate		(7) Mal-adjusted (8) Educationally sub-normal		(9) Epileptic (10) Speech Defects		TOTAL (1)-(10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A. Handicapped Pupils <i>newly assessed</i> as needing Special educational treatment at Special Schools or in Boarding Homes	1	1	1	-	7	16	5	14	1	-	46
B. (i.) of the children included at A, number <i>newly placed</i> in Special Schools (other than hospital special schools) or Boarding Homes ...	1	1	1	-	7	15	3	12	-	-	40
(ii) of the children <i>assessed</i> prior to 1st January 1961, number <i>newly placed</i> in Special Schools (other than hospital special schools) or Boarding Homes	-	-	-	-	-	6	-	4	-	-	10
Total (B(i) and (B(ii))	1	1	1	-	7	21	3	16	-	-	50
On or about January 20th 1962, number of Handicapped Pupils											
C. (i) requiring places in special schools TOTAL											
(a) day	-	-	-	-	-	-	-	-	-	-	-
(b) boarding	-	-	-	-	1	1	1	1	1	-	5
(ii) included at (i) had not reached the age of 5 and were awaiting											
(a) day places	-	-	-	-	-	-	-	-	-	-	-
(b) boarding places	-	-	-	-	-	-	-	-	-	-	-
(iii) included at (i) who had reached the age of 5 but whose parents had refused consent to their admission to a special school, awaiting											
(a) day places ...	-	-	-	-	-	-	-	-	-	-	-
(b) boarding places	-	-	-	-	-	-	-	-	-	-	-

	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially Deaf		(5) Physically Handicapped (6) Delicate		(7) Mal-adjusted (8) Educationally sub-normal		(9) Epileptic (10) Speech Defects		TOTAL (1)-(10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
D. (i) on the registers of											
1. Maintained Special Schools as—											
(a) Day Pupils	—	11	—	—	13	69	—	84	—	—	177
(b) Boarding Pupils	—	1	—	1	4	—	—	3	—	—	9
2. Non-maintained Special Schools as											
(a) Day Pupils	—	—	—	—	—	—	—	—	—	—	—
(b) Boarding Pupils	3	—	12	—	—	—	1	1	—	—	17
Total ...	3	12	12	1	17	69	1	88	—	—	203
(ii) on the registers of independent schools under arrangements made by the Authority ...	—	—	—	—	1	—	2	—	—	—	3
Total D (i) and (ii)	3	12	12	1	18	69	3	88	—	—	206
(ii) were boarded in Homes and not already included under (i) and (ii) above	—	—	—	—	—	—	4	—	—	—	4
Total D (i), (ii) and (iii)	3	12	12	1	18	69	7	88	—	—	210
E. On or about 20th January, 1962, number of handicapped pupils (irrespective of the areas to which they belong) being educated under arrangements made under Section 56 of the Education Act, 1944—											
(i) in hospitals	—	—	—	—	—	3	—	—	—	—	3
(ii) in other groups (e.g. units for spastics, convalescent homes)	—	—	—	—	—	—	—	—	—	—	—
(iii) at home	1	—	—	—	1	—	—	—	—	—	2

INDEPENDENT SCHOOLS USED BY THE AUTHORITY UNDER
SECTION 6 OF THE EDUCATION (MISCELLANEOUS PROVISIONS)
ACT, 1953, IN RESPECT OF HANDICAPPED PUPILS

FULL name and address of school (1)	Whether for Boys, Girls or Both (2)	Number of pupils whose fees are being paid in whole or part by the L.E.A. (3)	Category of handicap of each pupil in col. 3. (4)	Age range of pupils in col. 3. (5)
Wilfred Pickles School, Tixover Grange, Duddington, Stamford, Lincolnshire.	Both	1	Physically Handicapped	13/14
Salesian School, Blaisdon Hall, Longhope, Gloucestershire.	Boys	1	Maladjusted	14/15
Hilbre School, Sheringham, Norfolk.	Boys	1	Maladjusted	9/10

CHILDREN FOUND UNSUITABLE FOR EDUCATION AT SCHOOL

During the calendar year ended 31st December, 1961,

- (i) number of children who were the subject of new decisions
recorded under Section 57 (4) of the Education Act, 1944 10
- (ii) number of decisions cancelled under Section 57A (2) of
the Education Act, 1944 None

MEDICAL INSPECTION AND TREATMENT RETURNS

Year ended 31st December, 1961.

Number of pupils on registers of maintained primary and secondary schools (including nursery and special schools) in January, 1962 as in Form 7, 7 M and 11 Schools...17,478

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
(1)	(2)	(3)	(4)	(5)	(6)
1957 and later	245	243	99.18	2	0.82
1956	949	935	98.52	14	1.48
1955	374	362	96.79	12	3.21
1954	374	359	95.99	15	4.01
1953	800	787	98.37	13	1.63
1952	334	332	99.40	2	0.60
1951	400	391	97.75	9	2.25
1950	939	920	97.98	19	2.02
1949	461	452	98.05	9	1.95
1948	360	351	97.50	9	2.50
1947	784	764	97.45	20	2.55
1946 and earlier	2,050	2,015	98.29	35	1.71
Total	8,070	7,911	98.03	159	1.97

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)
1957 and later	8	20	27
1956	23	93	114
1955	6	45	49
1954	16	48	61
1953	34	123	151
1952	14	61	74
1951	10	55	61
1950	39	136	170
1949	24	72	93
1948	16	28	41
1947	22	87	108
1946 and earlier	76	275	337
Total	288	1043	1,286

TABLE C.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	...	6,524
Number of Re-Inspections	...	...	...	...	...	2,431
						—
	Total	...	...	...	...	8,955
						—

TABLE D.—INFESTATION WITH VERMIN.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	...	...	43,177
(b) Total number of individual pupils found to be infested	...	...	...	...	474
(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)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
4	Skin ...	30	56	180	122	240	189	450	367
5	Eyes—								
	a. Vision ...	35	95	71	382	182	642	288	1,119
	b. Squint ...	12	35	—	41	11	94	23	170
	c. Other ...	3	6	9	3	32	20	44	29
6	Ears—								
	a. Hearing	2	25	3	9	17	36	22	70
	b. Otitis								
	Media	3	12	3	14	4	28	10	54
	c. Other ...	11	22	42	22	93	56	146	100
7	Nose and Throat ...	18	121	5	45	16	181	39	347
8	Speech ...	14	35	5	5	23	37	42	77
9	Lymphatic Glands	2	105	—	20	—	109	2	234
10	Heart ...	2	25	—	14	—	34	2	73
11	Lungs ...	3	27	1	37	4	85	8	149
12	Developmental—								
	a. Hernia ...	3	6	—	5	5	6	8	17
	b. Other ...	8	45	3	69	13	220	24	334
13	Orthopaedic—								
	a. Posture ...	—	10	17	35	41	76	58	121
	b. Feet ...	39	29	37	72	120	96	196	197
	c. Other ...	10	29	5	36	34	68	49	133
14	Nervous System—								
	a. Epilepsy	1	—	1	4	2	16	4	20
	b. Other ...	—	1	—	2	—	4	—	7
15	Psychological—								
	a. Development	—	1	—	15	—	85	—	101
	b. Stability	2	181	—	352	10	775	12	1,308
16	Abdomen ...	—	2	—	3	—	8	—	13
17	Other ...	—	7	2	19	3	32	5	58

TABLE B—SPECIAL INSPECTIONS

Defect Code No.	Defect or Disease	Special Inspections	
		Pupils Requiring Treatment (3)	Pupils Requiring Observation (4)
(1)	(2)		
4	Skin	273	94
5	Eyes—	707	1,173
	a. Vision	44	12
	b. Squint	101	8
	c. Other	16	14
6	Ears—	15	7
	a. Hearing	78	60
	b. Otitis Media	18	119
	c. Other	18	22
7	Nose and Throat	—	59
8	Speech	1	25
9	Lymphatic Glands	2	22
10	Heart		
11	Lungs		
12	Developmental—		
	a. Hernia	2	2
	b. Other	8	141
13	Orthopaedic—		
	a. Posture	9	24
	b. Feet	42	122
	c. Other	47	55
14	Nervous System—		
	a. Epilepsy	1	9
	b. Other	—	1
15	Psychological—		
	a. Development	—	—
	b. Stability	23	500
16	Abdomen	—	2
17	Other	385	16

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	249
Errors of refraction (including squint) ...	1,768
Total ...	2,017
Number of pupils for whom spectacles were prescribed	1,308

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	3
(b) for adenoids and chronic tonsillitis ...	107
(c) for other nose and throat conditions ...	2
Received other forms of treatment	495
Total ...	607
Total number of pupils in schools who are known to have been provided with hearing aids:—	
(a) in 1961	3
(b) in previous years	6

TABLE C
ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	337
(b) Pupils treated at school for postural defects	43
Total ...	380

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

	Number of cases known to have been treated
Ringworm—(a) Scalp	—
(b) Body	7
Scabies	11
Impetigo	39
Other skin diseases	1,240
Total ...	1,297

TABLE E
CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics ...	287

TABLE F
SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists	195

TABLE G
OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	1,817
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccina- tion	1,232
(d) Other than (a), (b) and (c) above Please specify:	
Chiropody	399
UVL Treatment at the Open Air School	100
Total (a) — (d) ...	3,548

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	10,613						
(b) As Specials... ..	632						
	Total (1)	11,245					
2. Number found to require treatment	7,109						
3. Number offered treatment	7,109						
4. Number actually treated	1,429						
5. Number of attendances made by pupils for treatment, including those recorded at 11 (h)	8,743						
6. Half-days devoted to:—							
(a) Periodic (School) Inspection	72						
(b) Treatment	1,011						
	Total (6)	1,083					
7. Fillings:—							
(a) Permanent Teeth	5,171						
(b) Temporary Teeth	409						
	Total (7)	5,580					
8. Number of Teeth filled:—							
(a) Permanent Teeth	4,769						
(b) Temporary Teeth	390						
	Total (8)	5,159					
9. Extractions:—							
(a) Permanent Teeth	777						
(b) Temporary Teeth	1,146						
	Total (9)	1,923					
10. Administration of general anæsthetics for extraction	831						
11. Orthodontics:—							
(a) Cases commenced during the year	78						
(b) Cases brought forward from previous year	43						
(c) Cases completed during the year	19						
(d) Cases discontinued during the year	—						
(e) Pupils treated by means of appliances	68						
(f) Removable appliances fitted	68						
(g) Fixed appliances fitted	2						
(h) Total attendances	759						
12. Number of pupils supplied with artificial teeth	8						
13. Other operations:—							
(a) Permanent teeth	663						
(b) Temporary teeth	—						
	Total (13)	663					



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