Education, Welfare Policy and working-class children: A study of Preston, 1919 to 1939.

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Abstract.

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By the first decade of the 20th century, over thirty years of progressive reform since the 1870 Education Act had demonstrated the need for a system of welfare provision that would ensure working-class schoolchildren were sufficiently healthy to benefit from their education. There were also national security fears associated with the poor standard of fitness of many potential recruits for military service in the Boer War. Arising from these concerns the 1906 and 1907 Education Acts introduced school meals and the school medical service. These Acts were significantly reinforced by the 1918 (Fisher) Act, which also sought to expand working-class education. Although the provision of services developed considerably between 1919 and 1939 there has been recent criticism of the permissive nature of much of the legislation and the associated manipulations of the Board of Education. It has been claimed by historians that these resulted in varying local levels of provision and a 'convenient' emphasis on less expensive aspects of the services provided, to the detriment of more important considerations. Further to this, in his 1997 critique of the implementation of education welfare policies Welshman has suggested that there has been insufficient local research into the subject. The purpose of this thesis, therefore, has been to provide a local dimension to the research and also to put this in a wider context by associating it with the expansion of education. The thesis seeks to test the criticisms by investigating how the county borough of Preston fared in fulfilling its responsibilities to its working-class schoolchildren through the period. Account has been taken of existing interpretations of the application of national policies. Preston's experiences and performance have been examined and evaluated to determine

the extent to which they conformed to these interpretations, or were at variance with them. The thesis concludes that whilst the criticisms of the legislation and a manipulative Board of Education are generally borne out, the particularly difficult economic circumstances and the social issues were the greater fundamental constraints. Preston took advantage of the flexibility offered by the legislation and the Board to achieve objectives that did not necessarily conform to the policy norms. In that respect, its working-class schoolchildren received a higher level of welfare provision than those in many other areas. However, its adequacy to wholly meet the problem of education disadvantage for many of those in the service remained an elusive target.

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Abbreviations.

L.E.A.	Local Education Authority.
L.R.O.	Lancashire Record Office.
M.O.H.	Medical Officer of Health.
N.S.P.C.C.	National Society for the Prevention of Cruelty to Children.
P.E.	Physical Education.
P.T.	Physical Training.
V.A.D.	Voluntary Aid Detachment.

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Introduction.

'The State has now come to see that it is not enough to impart knowledge, but that it must also see that the child is capable of assimilating that knowledge, and that his environment is not such that it will entirely undo the effect of the school training'.[1]

(The Education Officer of the London County Council in 1911).

The latter part of the 19th century saw the beginning of a sustained process of education reform that continued until the end of the First World War. In 1870 the Forster Education Act, requiring at least five years full-time elementary school attendance, was introduced. This was followed by other Acts that in particular stimulated an awareness of the necessary health of the child to undertake compulsory schooling. It was discovered that much school attendance, particularly from the working classes, was disrupted by outbreaks of infectious disease such as diphtheria, scarlet fever and measles. Often these outbreaks led to the complete closures of schools for periods of time. In an effort to combat these outbreaks some school authorities appointed medical officers, the most notable being Dr James Kerr in London. The need for such appointments and the general drift of concern about the schoolchild was underlined by the introduction of such measures as the 1893 Elementary Education (Blind and Deaf Children) Act. A further impetus was given by the 1902 Education Act, which replaced school boards by local education authorities and strengthened links with local public health authorities. Harris has commented that by 1902 there was a much greater public health involvement in the health of schoolchildren, which led to the appointment of some

[1] Harris, 'The Health of the Schoolchild', 1995, p. 4.

school medical officers before this became a legislative requirement in 1907.[2]

Subsequent developments received a major impetus in the first decade of the twentieth century with the introduction of legislation addressing the medical care and feeding of children attending elementary schools. This legislation was extended in the immediate aftermath of the First World War and included improved educational provision, ending half-time working and raising the minimum school leaving age to 14. Recent research has reviewed the new legislation and its impact on both child welfare and education opportunity. However, Welshman, in his review of the implementation of school medical service and school meals service policies, has drawn attention to what he refers to as a 'serious omission' in this research which has tended to concentrate on central policy formulation and has ignored, with few exceptions, 'the local dimension'. In Welshman's view this is a critical deficiency, because of the permissive nature of the associated legislation, including 'the degree to which provision varied between local authorities'.[3] Other commentators, for example, Hirst and Harris, have referred to the powerful but 'imprecise' nature of the legislation.[4] They have attributed to this a lack of specific direction to the Board of Education, resulting in varying local practices and levels of service.[5]

The comments of Welshman, Hirst and Harris illustrate the need for particular studies that will seek to identify the relative success and failure of individual local education authorities to provide effective school welfare services through the period. An inherent difficulty with such investigations lies in judging the typicality of local responses to central policy and funding. Local authority areas varied in physical size,

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[2] Ibid., 1995, pp. 37-40.
[3] Welshman, 'School Meals and Milk in England and Wales, 1906-45', 1997, p. 28.
[4] Hirst, 'The growth of treatment through the School Medical Service 1908-18', *Medical History*, 1989, pp. 318-320.
[5] Harris, 1995, pp. 48-49.

population, affluence, political and social influences. There would also be variations in the levels of commitment and competence. It would therefore require multiple studies to attempt to identify a 'typical' level of response and that is beyond the scope of this investigation, which will consider the development of educational and welfare services of Preston, in Lancashire. However, the desirability of a comparative local study is recognised, as a measure of possibly differing responses to perhaps similar local circumstances. Therefore, chapter three of this thesis includes an, albeit limited, comparison of Preston with the surrounding Lancashire Education Authority.

In relation to the Board of Education's welfare policy, the recent publications of Welshman prompt further debate. In his article 'School Meals and Milk in England and Wales, 1906-45', Welshman has criticised the simplistic and thereby 'fundamentally flawed' methods of assessing the nutritional condition of schoolchildren - and what he refers to as a 'complacent' Board of Education.[6] Further to this, in his article 'Physical Education and the School Medical Service in England and Wales, 1907-1939', Welshman has questioned the Board's reliance upon often under-funded physical education as a form of preventive medicine. This policy, he has argued, was pursued in an attempt to compensate for the 'inadequacies of treatment schemes and shortcomings in school milk and meals services'.[7] It tended to ignore issues such as poverty, unemployment and the impact of the local education authority on provision.

Although there was an increasing recognition of the need to improve educational provision and welfare for working-class children, there were differing views regarding education objectives and their fulfilment. These reflected the influences of contemporary political thought. For example, the Conservative Party may be said to have politically

[6] Welshman, 1997, p. 28.
[7] Welshman, 'Physical Education and the School Medical Service in England and Wales 1907-1939', 1996, p. 48.

represented those ruling-class attitudes of the early twentieth century, which, with particular reference to industry, the 'keen, active, enterprising men' - 'felt prosperity depended on them alone'. Many of these felt that this might be jeopardised by 'any material improvement in the education of the working class which required public expenditure; or which removed the pool of cheap labour'.[8] In their view, the education of such children should function to satisfy these norms and therefore be of a more limited nature.[9]

From the prevailing Liberal perspective, which also embraced the emerging social democratic viewpoint, improving working-class educational opportunity would produce, as Labour politician Anthony Crosland subsequently expressed it, 'a fairer education system' (which) 'would also equalise the distribution of rewards and privileges'.[10] This attitude typically reflected the progressive Liberal wing and Labour Party views of the period. For instance, the Liberal thinker, L. T. Hobhouse maintained that 'the general conception of the State as Over-parent is quite as truly Liberal as Socialistic. It is the basis of the rights of the child, of his protection against parental neglect, of the equality of opportunity, which he may claim as a future citizen, of his training to fill his place as a grown-up person in the social system'.[11] In the Marxist view, which gained some credence after the First World War, following the Russian Bolshevik revolution, changes to society would have to precede educational change for this to benefit the working-classes.[12]

This study is, therefore, mindful of these perspectives, first in detailing in chapter one, the national political and economic circumstances that existed in Britain between

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[8] Simon, 'The Politics of Educational Reform 1920-1940', 1974, p. 64.
[9] Haralambos & Holborn, 1990, p. 233.
[10] Ibid., p. 238.
[11] Hobhouse, 'Liberalism', 1964, p. 25.
[12] Haralambos & Holborn, 1990, pp. 241-242.

1900 and 1939 and which provided conflicting pressures in relation to the nation's external and internal affairs. The effect on social policy, with particular reference to the development of education welfare between 1906 and 1939 will be discussed. The formulation of education welfare policy from 1902 to the Education Act of 1918, which set it within the context of expanding educational provision for working class children, will then be examined. The chapter will go on to describe the pattern of subsequent development between 1919 and 1939 and to consider the various issues that affected this progress.

In subsequent chapters the development of educational and welfare provision for working class children in the county borough of Preston during the inter-war years will be considered. This will be done mainly through an examination and analysis of the authority's annual school medical reports and other contemporary documentation, such as council minutes, education committee papers and press reports. The school medical reports comprised a detailed summary and analysis of provision, including school meals. They were published as an addendum to the annual reports of the Preston Medical Officer of Health, who was also the senior school medical officer. Although this indicates the possibility of a conflict of interest, the school medical reports appear to have had at least equal weighting with other sections of the MOH reports. They also provided a forum for the senior school medical officer to pursue service objectives, principally through the town council and its education committee, the local press and the Board of Education. It is recognised that all of these would also have been subject to perhaps conflicting political, social and economic pressures.

Preston's social policy priorities and the subsequent constraints may be said to have mirrored the national ones. In association with the expansion of the cotton industry

the town's population had increased greatly during the nineteenth century, from 11,887 people in 1801 to 117,957 by 1921. The majority of the population lived in high density, low amenity, terraced housing built close to the town's many cotton mills. Most of the schools of this period were church schools situated within these overcrowded districts. By 1919, it was recognised that a programme of slum clearance and replacement of the infrastructure and housing stock to a better standard was an urgent priority. However, a continuing problem during the inter-war years that would inhibit local financial commitment was the level of unemployment. Preston, a port and the Lancashire county administrative centre, was not totally dependent upon a declining cotton industry for its economic prosperity, having developed other significant interests, including engineering, marketing, communications, shipping and distribution. Nevertheless, Preston's unemployment level was usually between five and ten thousand during the 1920s and 1930s.[13]

The intention of this thesis is to describe and analyse the development of educational provision for working-class children in Preston between 1919 and 1939 and in particular the advances in the welfare support for these children, mainly provided through the school medical service. This will add a local dimension to the study and provide an opportunity to determine the extent to which the criticisms of Welshman, Hirst and Harris are borne out in this example of a medium sized local authority's response to the relevant Acts of Parliament and Board of Education actions. A critical question stemming from the investigation is the actual extent to which the national political scene, permissive legislation and policies of financial retrenchment impacted and influenced the development of Preston's educational welfare services. To what extent did local political and economic considerations, and other social issues, affect the

[13] Hunt, 'A History of Preston', 1992, p. 233.

balance in Preston? The study will also examine how the views of the professional practitioners and issues such as child diet impacted on contemporary thought and ultimate provision.

Chapter Two will examine how the 1918 Education Act introduced plans to expand working-class education and reinforce and extend earlier education welfare legislation. Preston's existing education services at this time will be considered and the town's specific response to the 1918 Act will be discussed. The impact of the ensuing policy of national economic retrenchment upon Preston's education services will then be assessed to determine what progress was made - and if other factors contributed to this.

Chapter Three will initially consider the development of Preston's educational provision. It will assess the operation of Preston's Open Air School for physically and mentally defective children, with particular reference to the special attention given to nutritional considerations. It will go on to examine important issues such as school hygiene, crippling defects, dental service problems and rheumatic disorders. The development of treatments and other services will be considered and for comparison purposes the operation of the Lancashire School Medical Service in 1928 will be examined.

Chapter Four will discuss Preston's progress towards meeting the Hadow Report's objectives for the reorganisation of post-primary elementary school education. There will be an analysis of the opportunities available to Preston elementary schoolchildren to progress to central and secondary school through a selection process. Whilst the education welfare implications will be considered, it is recognised that the expansion of educational provision may pose other questions requiring research beyond the scope of this investigation. The chapter will go on to address themes and issues such

as malnutrition and physical education. These were already of concern nationally and in Preston, but attracted greater attention between 1932 and 1939 - a period of continued economic containment by successive National Governments. The growing recognition of the problems associated with malnutrition, its causes, effects and remedies, will be explored. The impact of Preston's first local authority Nursery School will be assessed. The poor status of organised physical education in Preston, (apart from swimming classes), will be examined and the steps taken to improve matters will be considered. Critical aspects of Preston's education welfare in 1938 and indicators such as elementary school attendance will be discussed.

Chapter Five will be a concluding assessment of the development of educational opportunity and welfare policy in Preston during the inter-war years. It will have three main considerations. Firstly, it will seek to determine how well the local education authority served the needs of Preston working-class schoolchildren through the period. These 'needs' may be regarded as those determined by the Board of Education and the Ministry of Health and not necessarily those desired by all working-class parents. For example, some parents might have felt that the needs of their children were their concern and not those of the state; or that if they received higher wages their children would not need state medical services. It is possible too that they would regard this form of treatment to be inferior to that of their own doctor. However, although Harris has referred to the direct refusal of some parents to allow their children to be medically inspected and also to some 'passive' resistance, the majority of parents and children appear to have welcomed it.[14] The chapter will assess the extent to which, and why, services improved and with what benefits. Secondly, it will consider how permissive legislation, economic retrenchment, subsequent financial policy and other elements

[14] Harris, 1995, p. 5.

affected those services. It will question whether these were critical factors in Preston's case, or whether the pace and degree of local developments happened to coincide with service capabilities and parental expectations. Thirdly, it will discuss whether or not Welshman's criticisms of Board of Education policies regarding physical education and malnutrition have been borne out by Preston's approach to these considerations. The degree to which Preston acknowledged the Board constraints and local shortcomings, but decided to exercise its own judgement in setting priorities, through the senior school medical officer, will be assessed.

Chapter one. The development of education welfare policy in England & Wales, 1906 - 1939. An overview.

1.1 Introduction.

This chapter will firstly, present a review of national political change and economic conditions during the period. Secondly, it will continue by discussing the factors associated with the health of working-class schoolchildren that led to the inauguration of the School Meals and School Medical Services. It will consider the latter's inception in 1907 and its progress prior to the 1918 Education Act, which established a base for subsequent inter-war expansion. Particular issues addressed, all of which were the subject of debate, will include the status of school medicine in relation to public health, together with the related appointment of school medical officers; physical education objectives; medical inspection and treatment policies; the funding of medical treatment; and school-meals. Thirdly, after a review of the plans to expand working class educational provision, the chapter will go on to consider the subsequent school medical service and school meals developments between 1919 and 1939. It will discuss the continuing importance of physical education in Board of Education policy and describe the expansion of services, which were subject to local shortcomings, particularly affecting poorer regions. The continued debate on school medical examination policy will be analysed. There will be a discussion of the controversial issue of malnutrition amongst schoolchildren regarding its causes, remedies and the extent of the school medical service's responsibility in this area. The contribution of voluntarism to education welfare will be considered.

1.2 Political and economic considerations 1900-1939.

During the early 1900s national fears of a changing balance in world economic and political power, together with the security implications, engendered a spirit of reform that increasingly influenced welfare policy formulation and implementation. This was tentatively recognised by the 1900 Conservative Government, which hoped also to improve the condition of the working-classes and prevent disaffection. However, in 1906 the Conservative Government was ousted by the Liberal Party's general election landslide win, which significantly also brought into Parliament 53 Labour members.[15] Directly representing working-class interests, and heralding the possibility of eventual government power, their presence was an additional spur to social reform. Following the 1906 and 1907 Education Acts, the Children's Act was introduced in 1908, as was the Old Age Pension Bill. 1909 saw the introduction of the 'People's Budget', aimed at re-distributing wealth, and also the Housing and Town Planning Act, followed by the National Insurance Act of 1911.[16] The processes of social change at this time, allied to the prevailing fears of national deterioration, with particular reference to Britain's international standing, moved successive administrations, whether Tory or Liberal, towards social reform, arguably perhaps only to secure their retention of power. Despite the humble background and reforming zeal of leader Lloyd George, it may be argued that the Liberal Government necessarily reflected a pragmatic approach to social democratic objectives. According to Fraser, its policy before the Great War 'was at once at variance with the past and an anticipation of radical change in the future'.[17]

Consideration of the inter-war development of welfare policy must take account

[15] Fraser, 'The Evolution of the British Welfare State', 1973, 1984, p. 147.
[16] Ibid., pp. 147-163.
[17] Ibid., pp. 175-176.

of the prevailing economic, social and political elements of a society which emerged from a brutal war in which the British Empire lost almost a million lives, 'of men in their prime', together with over 2 million wounded.[18] 700,000 of the dead were from the British Isles.[19] The war had necessitated economic controls and the mobilisation of labour and had brought about an unprecedented state control of business and industry requiring 'an explosive extension of the administrative state'.[20] The 1918 Representation of the People Act, which gave all men over 21 and all women over 30 the vote, had tripled the electorate to over 20 million.[21] The Liberal Party was in decline and the representation of business interests became consolidated within the Conservative Party, whilst the Labour Party under its 1918 socialist constitution sought nationalisation of the means of production. Significantly, the trade unions, in supporting the war effort, had gained a consultative status with government and had increased their membership and power.[22] Consequently, such tensions as labour versus capital were a source of potential conflict for all.[23] This was demonstrated by the unemployment disturbances of early 1919, amidst fears of Bolshevik involvement and the evolution of a yet more militant trade union movement.[24] Between 1919 and 1921 an average of forty million working days were lost annually through strikes.[25] The now more assertive Labour Party, flushed with growing electoral success, was committed to a radical policy of the nationalisation of industry and a redistribution of its economic rewards.

Against this background, a 'reconstruction of industrial and economic conditions' was deemed by the Coalition Government, formed under Lloyd George in 1916, to be an

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[18] Checkland, 'British Public Policy 1776-1939', 1983, p. 267.
[19] Ibid., pp. 267, 283.
[20] Ibid., p. 271.
[21] Ibid., p. 267.
[22] Ibid., p. 269.
[23] Ibid., pp. 278-281.
[24] Crowther, 'Social Policy in Britain, 1914-1939', 1988, p. 24.
[25] Simon, 1974, p. 18.

essential prerequisite for future stability and prosperity.[26] Lloyd George hoped to maintain the necessarily increased role of the state that had sustained the war effort, to now support peacetime objectives. In 1917, therefore, a Ministry of Reconstruction was set up, headed by Dr Christopher Addison. Amongst early concerns addressed were the nation's health, housing and education, leading to the 1918 Education Act, the 1919 Ministry of Health Act and the 1919 Housing and Town Planning Act. (See introduction, chapter two).

The 1918 Education Act sought to broaden education opportunity for working-class children and also to improve and extend the provisions of the Education Acts of 1906 and 1907, which had introduced School Meals and the School Medical Service.[27] Unfortunately, by 1921, the introduction of a policy of financial retrenchment in response to national economic difficulties restricted these developments. The permissive nature of the legislation and varying local conditions and capability were also significant restraining factors. The provision of free school meals to necessitous children was even hampered by a perceived clash of responsibility for poverty relief hitherto met by the Poor Law.[28]

In 1922 serious and increasing political difficulties brought about the collapse of the Coalition Government. The difficulties were principally associated with declining economic activity and decreasing revenue from taxation, as the early post-war boom receded. Under the incoming Conservative Government the radical commitment towards social reform waned. A policy of economic retrenchment had been introduced in 1921 and severe cuts were made in welfare expenditure from 1922. The Conservative Government endeavoured to maintain financial orthodoxy in order to prevent inflation

[26] Fraser, 1973, 1984, p.179.
[27] Crowther, 1988, p. 35., Harris, 1995, pp. 1-2.
[28] Harris, 1995, p. 123.

and to contain the extension of social provision.[29] As economic problems continued, the Conservatives were succeeded briefly by Labour in 1924, but regained power almost immediately. A Labour Government elected in 1929, facing a world-wide depression, lasted only until 1931, being replaced by a succession of Conservative dominated National Governments. After 1921, common to all of the inter-war governments were policies of 'economic conservatism', limiting welfare expenditure and commitment.[30] Whilst the concept of liberal ideals remained within social provision their fulfilment would be secondary to economic considerations. Nevertheless, during the mid-1920s, despite its financial orthodoxy, the Conservative Government implemented a number of social welfare initiatives in response to Labour criticisms of its deflationary industrial policies.[31] These included the 1925 Widows', Orphans' and Old Age Contributory Pensions Act, the 1927 Unemployment Insurance Act and the maintenance of subsidised housing. A slight relaxation of economic retrenchment also benefited education welfare and the publication of the Hadow Report in 1926 boosted education expansion objectives. (See introduction, chapter three).

From 1931 to 1939 a 'managed' economic policy was conducted by the National Governments. This comprised controls on 'the money supply and interest rates'; 'controls on international trade by tariff and treaty'; a policy of 'sound finance' in terms of balancing the budget; a 'modified subsidisation of housing'; and the 'sponsoring of rationalisation and market control in industry'.[32] Whilst to an extent the managed economy succeeded, by more or less maintaining balanced budgets, this was at a social cost so far as the working-class was concerned, through a failure to redistribute incomes,

[29] Simon, 1974, pp. 65-78.
[30] Fraser, 1973, 1984, p. 190.
[31] Ibid., pp. 187-204.
[32] Checkland, 1983, p. 302.

stimulate the domestic market and reduce unemployment.[33]

Responding to the resulting social difficulties, the National Government did introduce welfare legislation through the period, such as the 1934 Special Areas Act, which tried to stimulate investment into distressed areas.[34] The 1934 Unemployment Act extended compulsory insurance in part one of its provisions and in part two virtually superseded the Poor Law for those not entitled to insurance benefits.[35] Education welfare concerns were also recognised, principally regarding malnutrition and the physical fitness of schoolchildren, prompting the Board of Education to encourage local education authorities to improve their nutrition and physical education programmes. In 1937 the Physical Training and Recreation Act was introduced to stimulate PE.[36] In developing educational provision, the Spens Report, published in 1938, sought to rationalise post-primary public education into distinct secondary categories.[37]

How powerfully did political and economic considerations through the period affect the growth of education welfare? Undoubtedly, in the early 1900s, these considerations encouraged social reform generally, including education welfare. It is evident, too, that these concerns were heightened by the Great War and by subsequent worries over the maintenance of political stability in a period of mass democracy. However, it has also been shown that the introduction of financial orthodoxy in response to economic difficulties during the 1920s seriously constrained an expansionist welfare policy, whilst, for reasons of political and social expediency, eventually allowing some progress. Subsequently, although the strict monetarist policies of the 1930s Conservative dominated National Governments achieved economic stability, they left little scope for

[33] Ibid., pp. 306-308.
[34] Fraser, 1973, 1984, p. 198.
[35] Ibid., p.196.
[36] Welshman, 1996, p. 44.
[37] Fraser, 1973, 1984. p. 205.

the redistribution of wealth or for expansive Board of Education policies. Nevertheless, as during the mid-1920s, some welfare provision necessarily ensued.

1.3 The formulation of education welfare policy, 1902-1918.

Serious concerns regarding public health in Britain, particularly in relation to the working classes, had intensified following the Boer War of 1899-1902. Quite apart from humanitarian considerations, there was evident Government concern about the health of the nation and its security when a high proportion of prospective military recruits for the war were found to be unfit. According to Major General Sir Frederick Maurice in 1902, 60 per cent of the male population was unfit for military service - a statement subsequently endorsed by the Army Medical Service.[38] The growing industrial power of the USA and particularly the expanding industrial and military capacity of Germany exacerbated these fears. Both the Conservative and Liberal parties, too, were concerned at the rise of socialism as an independent political force. Stemming from this there were increased concerns about the physical condition of schoolchildren.[39] This was demonstrated in 1903 by a survey which found that 'at least 60,000 London children' were unable to keep pace with the ordinary elementary school curriculum because of serious physical development problems.[40]

These concerns led to the formation of the Physical Deterioration Committee in 1903, whose subsequent report included proposals which addressed the health of schoolchildren and recommended the introduction of limited schemes for school meals and school medical inspection. A Royal Commission on Physical Training in Scotland,

[38] Roebuck, 'The Making of Modern English Society from 1850', 1973, p. 71.
[39] Levitt, 'Government and Social Conditions in Scotland 1845-1919', 1988a, p. xxvi.
[40] Harris, 1995, p. 17.

which had found a poor state of health and physical condition amongst children in Aberdeen and Edinburgh, also recommended in 1903 'that education authorities should, in conjunction with voluntary agencies, provide school meals'.[41] These recommendations were duly embodied in the Education (Provision of Meals) Act of 1906, which allowed local authorities to feed 'necessitous schoolchildren' and the Education (Administrative Provisions) Act of 1907, which inaugurated the school medical service.[42] The latter Act conferred powers that provided for the medical inspection of schoolchildren and more permissively for the development of systems of treatment of schoolchildren by ministerial order.[43]

Both the Physical Training Commission and the Physical Deterioration Committee also advocated increased facilities for physical training and games. In the Commission's view, this would help to solve the degeneration of working-class children, although it was unwilling to recommend 'lavish expenditure', assuming support from voluntary organisations.[44] Both of these bodies reflected the prevailing military efficiency worries in supporting the formation of Cadet Corps to 'prepare boys for military service'.[45] Referring to the development of physical education as an element of the school curriculum at this time, Welshman has drawn attention to the conflict of ideas regarding the most effective forms of physical training and its objectives. There were those who argued that military style drills and even shooting practise would achieve 'improvement of health, increase of public spirit and patriotism, and of increase also of the safety of the nation'.[46] Others preferred a more liberal mix of drills and games, taking account also of the anomalous position of girls in relation to military-style

[41] Fraser, 1973, 1984, p. 148.
[42] Ibid.
[43] Hirst, 1989, p. 318.
[44] Welshman, 1996, p. 33.
[45] Ibid.
[46] Ibid., p. 34.

training.[47] Interpreting this conflict in ideological terms suggests an ambivalence in which the relative importance of national efficiency, individual welfare, and economic considerations, was not clearly defined.

In relation to the school Medical Service's inauguration on 28 August 1907, when the Education (Administrative Provisions) Act received Royal Assent, Hirst has drawn attention to the significant sub-clause within the Act. This conferred upon local education authorities 'the duty to provide for the medical inspection of children, immediately before, or at the time of, or as soon as possible after, their admission to a public elementary school, and on such other occasions as the Board of Education direct, and the power to make such arrangements as may be sanctioned by the Board of Education for attending to the health and physical condition of the children educated in public elementary schools'.[48] Hirst has alluded to suggestions, for example by Fraser, that this powerful but 'imprecise' sub-clause was effectively smuggled through 'by surrounding it with other, much less significant administrative proposals'.[49] It is suggested that this was achieved largely through the machinations of R. L. Morant, the Permanent Secretary of the Board of Education, who had earned a reputation as an 'energetic, innovative, and visionary civil servant'.[50] In Hirst's view the 1907 Act was largely intended to 'resuscitate the non-controversial parts' of the abortive 1906 Education Act.[51] He considers that Morant's actions in relation to a school health service were therefore a pragmatic response to political circumstances that would possibly jeopardise the development of other public health services.[52] As Violet Markham wrote: 'It was Morant's action that broke down the barrier established by the

[47] Ibid.
[48] Ibid.
[49] Fraser, 1973, 1984, p. 149.
[50] Hirst, 1989, p. 319.
[51] Ibid., p. 320.
[52] Ibid., p. 322.

Public Health Act of 1875. He started and set in motion a vast social revolution probably without then foreseeing the ultimate result of his action'.[53]

The sub-clause effectively and importantly achieved powers that would allow not only the medical inspection of schoolchildren, but also the development of systems of treatment. Morant had himself expressed the view that only in this way would the necessary measures be taken in response to inspection results; that a Bill specifically to authorise treatments of poor health in schoolchildren would fail.[54] However, the Bill gave little direction to the Board of Education regarding its necessary procedures, or to local authorities regarding their administrative and financial arrangements. In Harris's view, this, together with the lack of any central funding until 1912-13, for either inspection or treatment, hindered the early development of the school medical service and contributed to an unsatisfactory variation in local levels of provision.[55]

There were initial difficulties in relation to the appointment of the Chief Medical Officer to the Board of Education in 1907. These centred upon whether or not the appointee's background should reflect general public health experience or be more specifically school health oriented. The appointment of George Newman, rather than his principal rival James Kerr, may be regarded as a success for the public health lobby in the desire to ensure the co-ordination of public and school health and the avoidance of unnecessary duplication of activity. The debate had subsequent ramifications in the appointment of senior school medical officers, with many local authorities, including Preston, appointing their medical officers of health to this post, to be assisted by junior school medical officers. Whilst this policy ostensibly reflected the desire of local health services to maximise public health co-ordination objectives, Harris has pointed out that it

[53] Hay, 'The Development of the British Welfare State 1880-1975', 1978, p. 60.
[54] Hirst, 1989, p. 319.
[55] Harris, 1995, pp. 48-49.

also served to reduce costs, and possibly efficiency, by reducing the status and pay incentives of the school medical officer role.[56]

Newman strongly advocated physical education as a perceived 'form of preventive medicine'.[57] Further to this, he believed in physical education's remedial powers in improving physique and correcting physical and mental problems. Not all the medical officers shared Newman's beliefs, some considering it inappropriate or even dangerous for unfit children - 'merely an additional act of cruelty'.[58] There were problems too regarding the availability of sufficient and adequate facilities, trained teachers, suitable clothing and footwear - which may have been attributable in part to 'parental ignorance', but would also owe something to the cost implications.[59] Welshman criticises Newman's enthusiastic promotion of physical education, suggesting that it was 'premature and misplaced' in these circumstances.[60]

There was also considerable debate from the outset regarding the timing, frequency and nature of schoolchildren's medical inspections. There were those, for example, Kerr, who as School Medical Officer for London in 1908, claimed that the routine examining of all schoolchildren by a doctor was unnecessary; that it was unproductive and wasted time and resources.[61] Newman, however, reviewing the period later, argued that it had been necessary to ensure that all children were afforded the chance to fully benefit from education.[62] Although this view prevailed nationally in the early years, the argument would resurface later. A pattern of routine inspections was initially established through a Board of Education Memorandum, issued to local

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[56] Ibid., pp. 50-57.
[57] Ibid.
[58] Welshman, 1996, p. 35.
[59] Ibid.
[60] Ibid.
[61] Harris,1995, p. 59.
[62] Ibid.

education authorities on 22 November 1907. This stated that all children should be medically examined at ages five, seven and thirteen - subsequently extended to allow for any necessary treatment before leaving school. The inspections were to identify any previous or present diseases; to ascertain any eyes, ears, nose, throat and teeth defects; 'to assess its general condition and circumstances'; also 'its mental capacity.'[63] This was subsequently followed by a more exhaustive checklist, which detailed twenty-four items. However, these requirements amounted to a financial burden for many local authorities, and this constraint delayed introducing inspection of the higher age group. Further to this, the few minutes allocated for the medical inspection of each child was not always adequate. A serious related deficiency was the lack of standardisation of methods and reporting of results, leading to a consequent unreliability of statistical data.[64]

The compulsory medical examination of secondary schoolchildren was not included in the 1907 Act. Hurt has drawn attention to apparent Board of Education justification for this, quoting returns from the voluntary medical examination of 520 scholarship winners to the Bradford Grammar Schools in 1913. These appeared to show a 'virtual absence of poverty associated diseases and complaints' - 'the Board of Education thought this was typical of the physical condition of scholarship winners'.[65] In Hurt's view this amply demonstrated that university aspirations may have been considered 'beyond the reach of the slum child'.[66]

Between 1908 and 1913 the provision of medical treatment was increasingly developed through school clinics, although it also included hospitals. The cost of private treatment and the inability of voluntary hospitals to cope with additional demands

[63] Ibid., p. 57.
[64] Ibid., pp. 57-61.
[65] Hurt, 'Elementary Schooling and the Working Classes 1860-1918', 1979, p. 135.
[66] Ibid.

encouraged many local authorities to establish clinics as a practical necessity, together with hospital treatment when necessary. There were problems of financial responsibility for treatment, associated with policy questions regarding the appropriate treatment providers, with strong socialist and radical promotion of the clinic concept. Hirst has broadly addressed these issues in criticising the policies of the first (and long-serving) Chief Medical Officer to the Board of Education, George Newman.[67] Hirst has noted Newman's initial conservative approach to medical policy, in respect of which Newman recommended that 'the Board look to the existing agencies of the medical profession for treatment of the defects revealed by inspection' before incurring clinic costs.[68] Hirst has commented that although Newman has been much lauded for his administrative qualities recent opinions have been 'more critical'.[69] He points out that in the first five years of the school medical service its costs were borne entirely by the local education authorities from the rates, with grant in aid from central funds only commencing from 1912 for treatment and from 1913 for inspection. This contributed to the difficulties in determining the extent and source of treatments following inspections - particularly while this aspect was an optional service.

The question of who should bear the cost of medical treatment for schoolchildren had been a source of debate from the late 19th century, with Conservatives in particular maintaining that such treatment should only be free for those whose 'parents were considered to be in poverty'.[70] This principle had been a basis of the 1906 School Meals Act, and a private member's Bill, with some support from members of all parties, was introduced in 1909 to apply this condition to schoolchildren's medical treatment. Even

[67] Hirst, 1989, pp. 325-337.
[68] Ibid., p. 325.
[69] Ibid.
[70] Ibid., p. 340.

Labour's Ramsay MacDonald was among unlikely supporters of the Bill, who believed that without charges some local education authorities would fail to provide treatment in order to protect local rates.[71] However, administering charges posed difficulties, particularly in relation to possibly complicated hospital treatment and charge arrangements.[72] Nor was the Board of Education particularly in favour of charges, fearing that this might be a disincentive to some parents. Eventually, many local education authorities abandoned, restricted or failed to impose their scale of charges - and Hirst refers to allegations of the Board's connivance in this. Further to this, in Hirst's opinion, the imposition of charges contributed to the ascendancy of school clinics as the preferred treatment route.[73]

The provision of school meals saw only limited development between 1906 and 1918. Summarising the 1906 Act's aim, the Board of Education circular of January 1907 observed that this was 'to ensure that children attending public elementary schools shall, so far as possible, be no longer prevented by insufficiency of suitable food from profiting by the education offered in our schools'. The circular emphasised 'that the Act was permissive and imposed no duties on LEA's who thought it unnecessary'.[74] Consequently, although some local authorities quickly set up school meals schemes or extended existing arrangements, others did little or nothing. Nor was there much further guidance from the Board of Education, even when the Education (Provision of Meals) Act of 1914 strengthened the 1906 Act, by enabling LEA's to obtain grants to cover 50 per cent of their expenditure on meals. The Board was aware of difficulties in the assessment of malnutrition and it was determined to avoid any perception of school

[71] Ibid.
[72] Ibid., pp. 340-341.
[73] Ibid., pp. 341-342.
[74] Welshman, 1997, p. 9.

meals as a form of poor relief.[75]

The 1918 (Fisher) Education Act sought to improve education opportunity for working-class schoolchildren, through various proposals to extend the scope and quality of educational provision and education welfare. The Act envisaged a 'comprehensive' public education system ranging from nursery schools, through elementary and secondary schools, to continuation schools and evening classes, with broader opportunities to progress to universities. The Act's proposals included the abolition of half-time working, to allow full-time school to age 14, the further raising of the school leaving age, the restriction of juvenile employment, the abolition of elementary school fees and the expansion of secondary education.[76]

The 1918 Act gave local education authorities the duty of providing remedial treatment for elementary schoolchildren, replacing the optional powers covered by the 1907 Act. It also increased the duties of the school medical service to include the medical inspection of secondary schoolchildren and also the power but not the duty to arrange remedial treatment for them.[77] A further consequence of the Act was the abolition of the separate medical and attendance grants, which were replaced by a 'block grant', to cover all the elements of education expenditure. This would be supplemented where necessary with a 'deficiency grant' to make up at least 50 per cent of an authority's spending and was designed to encourage the growth of new services.[78]

As indicated, the earlier introduction of central government grants to the school medical service had encouraged many local education authorities to offer treatments as well as inspections within elementary schools. So, by 1918, from a total of

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[75] Ibid., pp. 9-11.
[76] Mowat, 'Britain between the Wars 1918-1940', 1955, p. 208.
[77] Harris, 1995, pp. 98-99.
[78] Ibid., p. 92.

approximately 320 local education authorities, 279 were making some provision, 231 were providing clinics, 95 providing hospital treatment and 223 providing free spectacles.[79] Although the 1919 Ministry of Health Act transferred the ultimate responsibility for the medical inspection and treatment of schoolchildren from the Board of Education to the Ministry of Health, the Board was allowed to retain operational control of these matters. This was regarded as essential because of the necessary co-ordination of school medical service activity with the public education system and to facilitate more responsive and focused financial control.

How should the introduction and early development of the school medical service and school meals be viewed? On the one hand, it is possible to recognise a reforming ethos in the radical nature of policies through which the State assumed an unprecedented responsibility for the health and well being of schoolchildren. The presence of an increased number of Labour and left-wing Liberal MPs in Parliament may have been the significant factor in facilitating the legislation. On the other hand, the prevailing fears of national deterioration and possible unrest may have provided the more powerful stimulus. Yet at the same time, this may have been an inevitable continuation of 19th century education reform. However, the approach was cautious and it may be claimed, rather half-hearted. Certainly, the permissive nature of the legislation meant that its radical edge remained blunted, thus contributing to its variable implementation in relation to political and economic considerations. (In the longer term, implementation would be heavily constrained by political and economic conservatism). Nevertheless, by 1919, much had been achieved in addressing complex organisational and administrative problems and establishing the basis of both school meals and school medical services for elementary schoolchildren, supported by partial central funding.

[79] Hirst, 1989, p. 330.

1.4 The pattern of subsequent development, 1919-1939.

1. Educational provision.

The 1918 Education Act essentially linked the development of education welfare with the expansion of educational provision, but the latter perhaps faced the greater obstacles. It becomes apparent, when considering the inter-war progress made to improve public education provision, particularly secondary schooling, that the themes influencing the debate and the advances made, echoed, in some respects, the progress of reform and its constraints in the previous century. There were those who thought it unwise or unnecessary to educate working-class schoolchildren beyond a limited level. However, there was more generally a perception of the need for improvement, from government to educationalist to social reformer, even if moved by differing political, economic and social considerations. This resulted in the formulation of the far-reaching plans of the 1918 Act, followed in 1926 by the Hadow Report, which sought to reorganise post-primary elementary education. The Spens Report, intent upon a rational organisation of 'secondary' education into grammar, technical and secondary modern categories, was published too late for an inter-war impact, just preceding the Second World War. Political, economic and social constraints were a constant handicap to progress.

The 1918 Act's objective of expanding working-class educational provision, opposed by many employers and others, was soon seriously restricted by the government's subsequent policy of economic retrenchment, which included a containment of education spending. Despite this, the school leaving age was raised to

14, eliminating half-time working and there remained a continuing awareness of a widespread desire for the expansion of secondary education. A minute by the Board of Education permanent secretary Selby-Bigge's, dated 20 December 1922, commented that 'there is no doubt that since 1918 a very remarkable change has taken place in the attitude of all classes to secondary education'.[80] This was exemplified in Tawney's book, 'Secondary Education For All' which title was adopted by Ramsay MacDonald's first Labour Government, briefly in office in 1924.[81]

Accepting that universal secondary education was not immediately feasible - constrained by the lack of resources and especially of trained teachers - a Consultative Committee of the Board of Education, under the chairmanship of Sir W. H. Hadow, was set up and asked to investigate and report on the problem. Opponents of the expansion of secondary education charged that Labour 'wanted, for all and sundry, a form of academic education suitable only to a few'.[82] Nevertheless, the positive education welfare policy was implicitly altering the perceptions of working-class education boundaries and the Hadow Report duly emerged in 1926, described by Lawrence in his review of education administration in Britain, as 'one of the most significant reports of the twentieth century.'[83] However, such would be the difficulties of implementation that it was to take many years to give full effect to its proposed policy.

The Hadow committee's brief excluded the existing secondary schools, although it made reference to them in defining the concept of secondary education for the purposes of the committee's investigations and recommendations. For instance, it was recommended that all education before the age of 11 should be referred to as primary and

[80] Simon, 1974, p. 67.
[81] Lawrence, 'The Administration of Education in Britain', 1972, p. 49.
[82] Simon, 1974, p. 127.
[83] Lawrence, 1972, p. 50.

from that age as secondary, and that the existing secondary schools should be known as grammar schools within the general definition. Commenting that they would 'view favourably' a change to equalising administrative arrangements, the committee recognised that the secondary (grammar) schools were administered on a separate and superior basis to that of the elementary schools (including the 'secondary' element) and that this effectively limited the scope of recommendations.[84] The committee recommended that the school leaving age be raised to 15 to accommodate a four -year post primary course of education, desirably to be in operation by 1932.[85]

Within this framework the major thrust of the Hadow Report was directed towards building upon and improving on the existing selective and non-selective local authority provisions for post-primary education. The objective was to develop a pattern of secondary education, which would comprise the existing, selective secondary schools; selective 'central' schools within the elementary orbit; and non-selective upper elementary schools, or reorganised senior classes within all-age elementary schools.[86] In addition to this would be the junior technical and commercial schools selecting children at age 13. Accordingly, the report recommended that from the age of 11 all children at elementary school should go either to one of the existing secondary schools, or to a 'new form of secondary education in a senior school'.[87] This proposal would require a vast programme of reorganisation of existing elementary schools, the building of new senior schools, further teacher training, all with large cost implications.

There were other obstacles to these plans. Many elementary schools were voluntary, which would require a lengthy succession of separate consultative processes

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[84] Simon, 1974, p. 128.
[85] Ibid., pp. 126-128.
[86] Ibid., p. 128.
[87] Lawrence, 1972, p. 50.

to facilitate their participation.[88] The practicalities, together with the social or denominational implications, of moving children to new schools at age 11, particularly involving transportation from rural areas - not populous enough to have their own senior schools, provoked much resistance to the proposals.[89] The process of finding and developing suitably situated and large enough sites for new schools, with room for playing fields, was expensive and time-consuming.[90]

By 1930 an evident strengthening in the argument to raise the school leaving age from 14 to 15 emerged. Sir Charles Trevelyan, Minister of Education, speaking in Harrogate, on 2 January 1930, to the North of England Education Conference affirmed the Government's determination to raise the school leaving age and make it worthwhile for the children to stay an extra year. He maintained that the estimated cost of five and a half million pounds was not an extravagant price to pay for the new prospect to be given to the next generation. Previous hostility was fading. There was a 'lessening of parental dislike' because persistent unemployment brought about 'a growing realisation of the economic folly of sending 400,000 children into the labour market whom it would be better to educate usefully than simply to pay the dole'. He added that 'the security of the maintenance allowance to the poor family was a far better resource than the precarious chance of a wage'.[91] Trevelyan's words were echoed in Preston on 25 September 1930 by Alderman J.H.S. Aitken, Chairman of the Association of Education Commissioners, when he opened the new Ribbleton Avenue Council School in Preston. Aitken referred to 'a very general consensus of opinion throughout the country that the school age should

[88] Ibid., p. 51.
[89] Ibid., pp. 51,54.
[90] Ibid., p. 51.
[91] 'Education Minister', *Lancashire Daily Post*, 2 January 1930, Harris Reference Library.

be raised to 15 without delay'.[92]

Unfortunately, financial difficulties remained a particular constraint upon progress in the decade following the Hadow Report. A casualty was the 1931 Bill to raise the school leaving age to 15. This was delayed indefinitely through an amendment regarding the authorisation of building grants for voluntary schools.[93] Further to this, a National Economy Committee, formed in 1931 in response to the declining economy, imposed severe restrictions upon the Board of Education and education authorities. Teacher's salaries were cut by 10 per cent; the 50 per cent grant for new school buildings was withdrawn and all but the most urgently proven necessary building for education was discouraged. A 'means test' was also introduced, in relation to the possibility of fee paying for the previously automatically free secondary school scholarship places.[94] Problems of co-ordination between some county and borough education authorities, in relation to the building and use of schools also hampered progress.[95] This further contributed to the parental difficulties, which would have social and economic implications, in making the right choice of school. Even then this choice was possibly conditional upon the availability of places.

What has been revealed in this account of the development of educational provision between 1919 and 1939? Principally it has been shown that the implementation of the initial and subsequently modified plans to expand educational provision was restricted by national economic policy. The consequent financial obstacles allowed opponents of reform to obstruct progress and the discretion offered within the plans hampered uniform implementation. Further to this, the organisation of local education authorities and

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[92] 'Cause of Education', *Lancashire Daily Post*, 25 September 1930.
[93] Mowat, 1955, pp. 209-210.
[94] Lawrence, 1972, pp. 53-54.
[95] Ibid., p. 55.

schools was extremely diverse in terms of size, resources, current standards and practices, and local social considerations. Together with the existence of many religious denominational schools complicating reorganisation, these were factors which generally slowed progress and contributed to the differing levels of achievement reached by 1939. These deficiencies also restricted education welfare improvements. For example, in relation to school hygiene and the associated quality of school premises, the failure of government to raise the school-leaving age to 15 limited the building of new schools. The expansion of welfare provision would have correspondingly been held in check.

2. Education welfare policy.

Physical education remained an important element in the Board of Education's strategy from 1919, particularly in the wake of emerging national financial constraints. The Board's annual report for 1921-22 stated 'An efficient system of physical training is a potent auxiliary in the prevention of debility and disease amongst schoolchildren and is relatively inexpensive to maintain'.[96] Cost was obviously an important consideration for the Board at this time of financial retrenchment following national economic problems. In response to this situation the Geddes Committee had been set up to scrutinise national expenditure and its subsequent recommendations severely cut back government spending, including that on education. Ironically, the lack of specific funding for physical education would continue to inhibit progress through the 1920s and 1930s and place an increasing reliance on voluntary support[97]. This hindered the development of playing fields and other facilities for elementary schoolchildren, although by 1930 the

[96] McIntosh, 'Physical Education in England since 1800', 1968, pp. 208-209.
[97] Welshman, 1996, pp. 37-38.

provision of swimming and life saving lessons had improved and was relatively well catered for by the available local facilities.[98] For instance, the swimming attendance of schoolchildren at four Preston baths illustrated this national policy, rising from 5,496 in 1928 to 20,178 in 1930.[99]

The development of medical treatment for schoolchildren expanded considerably during the inter-war years despite the financial constraints and other limitations. The number of local education authorities with clinics had risen from 30 in 1910 to 272 in 1919 and by 1938 there was broad national coverage, with 314 out of a total of 315 in England and Wales. The actual number of clinics, however, rose from 30 to 2,318 through the period.[100] In 1910, 21 clinics provided for minor ailments, 14 for dental treatment, 2 for adenoids and tonsils, 6 for ringworm x-rays, with visual defects not stated. By 1938, 1,279 clinics provided for minor ailments, 1,673 for dental treatment, 774 for visual defects, 57 for adenoids and tonsils, 31 for ringworm x-rays, 121 for artificial light treatment and 382 for orthopaedic treatment.[101] Thus, in 1938, 314 local education authorities provided dental treatment, 314 treated defective vision, 292 treated adenoids and tonsils, 272 provided orthopaedic treatment and 312 treated minor ailments.[102] By 1930, Newman had been able to claim in his annual report, in relation to orthopaedic treatment, that 'large numbers of children are rendered capable of attending ordinary schools and of receiving education suitable to their mental capacity. They would otherwise have become and remained physical derelicts'.[103]

Special schools were introduced, however, for delicate and physically

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[98] McIntosh, 1968, p. 210.
[99] 1928 and 1930 Annual Reports, Preston School Medical Service, Harris Reference Library, pp. xxxiii & xvii, respectively.
[100] Harris, 1995, p. 110.
[101] Ibid.
[102] Ibid., p. 109.
[103] Ibid.

handicapped children and these catered for a variety of sub-normal conditions. For example, Open Air schools provided for children who were debilitated or undernourished, subject to frequent attacks of bronchial catarrh or incipient pulmonary tuberculosis, or who were nervous and excitable, and who were unable to attend ordinary schools with moderate regularity.[104] There were special schools for children with orthopaedic conditions, heart disease, rickets, severe anaemia, malnutrition and congenital defects.[105] There was also special school provision for those with hearing and sight defects. By 1931, there were 80 day and 45 residential open-air schools, 8 day and 37 residential schools for children with pulmonary TB, 59 day and 25 residential schools for other conditions, and 45 hospitals with school facilities.[106]

The apparently impressive statistics for clinical treatments and special school services did, however, conceal deficiencies in the extent of national provision. For instance, there was a 'handicap of locality.'[107] This was demonstrated by an uneven distribution of services, particularly in relation to orthopaedic treatment and in areas with an inadequate overall ratio of dentists to children to ensure regular examination and treatment. Variations in the level of resources and the quality of local administration were associated factors. An enquiry during the 1930s into the provision of special educational services in the designated Special Areas revealed the financial dilemma. The enquiry showed that 25 of the 29 local education authorities serving these areas, which excluded the north west and were situated in Cumberland, Durham, Northumberland and Wales 'spent below average amounts on school medical service provision', even though

[104] Henderson, 'The School Health Service 1908-1974', 1975, p. 21.
[105] Ibid.
[106] Ibid., p. 22.
[107] Harris, 1995, p. 112.

their needs were probably greater than average.[108]

There were criticisms voiced too, regarding the relative effectiveness of routine medical inspections versus special examinations and re-examinations. Critics argued that routine examinations were inefficient; that 'results were rendered meaningless by differences of measurement and interpretation'.[109] Statistical information for the period 1921-1938 reflects this debate in revealing a decline in the annual number of routine inspections from 1,886,554 in 1921 to 1,677,008 in 1938, whilst special inspections rose from 635,022 to 1,563,917 over the same period. Re-inspections, for which figures are not available for 1921-22, rose from 1,507,045 in 1923 to 2,182,157 in 1938 and total inspections over this period rose from 4,001,354 to 5,423,082.[110]

The need to contribute to the adequate nutrition of schoolchildren had been recognised by the setting up of the school-meals service in 1906, but despite this, nutritional problems persisted through the inter-war years. This reveals a certain ambivalence on the part of the school medical service, particularly in relation to the extent of a connection between nutrition and unemployment and poverty. Through the periods of depression during the 1920s and early 1930s therefore, Newman, referring for example, to 'slight variations ...not of significance', was minimising such a connection in claiming that the school medical service was controlling the situation.[111] This optimistic view was not universally held, being disputed both within the medical profession and outside, for example by the National Union of Teachers and the Industrial Women's Organisations. The debate has particularly brought into question the Board's strategies

[108] Ibid. p. 115.
[109] Ibid., pp. 104-105.
[110] Ibid., p. 105.
[111] Ibid., p. 118.

for measuring and preventing malnutrition - and the real effects of unemployment.[112]

Typifying the lack of consensus on the links between nutrition and health at this time was the debate on the causes of rickets - which affected many working-class schoolchildren. Various investigations supported by the Medical Research Council produced a number of conclusions. Whilst some experts regarded dietary deficiencies as the main cause of rickets and other children's health problems, others took the view that 'poor housing, lack of fresh air, and improper care by parents' were the real causes.[113] Whilst both of these views might imply a link with poverty, some researchers, for example, Paton and Findlay in Scotland, although recognising the importance of housing, placed greater emphasis on a 'factor of maternal character or efficiency' and a classification of 'mothers in this respect as "good", "bad" and "indifferent".[114]

During this period the school medical service was in some confusion on these issues. Dr M'Gonigle, the senior school medical officer for Stockton-on-Tees, who had previously carried out his own investigation into rickets, commented in 1927 that 'varying standards among school medical officers meant that much of their work on diseases such as rickets was useless'.[115] Newman's annual report for 1926 had reflected a Board of Education policy which was unwilling to associate school medical policy with the poverty debate, and in line with 'Government passivity on welfare' had referred to 'lack of nurture' rather 'than actual shortage of food' as the probable cause of malnutrition.[116] This policy had been demonstrated since the early 1920s by curbs on spending on the school meals service, particularly in regard to free meals and especially during the periods of economic depression typifying this period. Justifying curbs

[112] Ibid., p. 119.
[113] Welshman, 1997, p. 13.
[114] D. N. Paton & L. Findlay, 'Poverty, Nutrition & Growth. Studies of Child Life in Cities and Rural Districts of Scotland', 1926, pp. 227, 304-5.
[115] Welshman, 1997, p. 13.
[116] Ibid., p. 14.

following the economic difficulties of 1921-22 Newman declared that school feeding was 'excessive and unnecessary' and that 'rationing ... had not affected the health of the schoolchildren'.[117]

Local education authorities had been empowered by the 1906, 1914 and 1921 Education Acts to arrange the provision of school meals for public elementary schoolchildren within their areas, not necessarily on school days, so long as they did not incur costs for food purchase itself. They were allowed to charge parents for such meals. Further to this, local education authorities could provide free meals for children who 'were unable by reason of lack of food to take full advantage of the education provided for them' and whose parents could not afford to pay.[118] Subsequent instructions by the Board allowed local education authorities from 1934 to offer school meals to children showing signs of 'sub-normal nutrition' and from 1935 to arrange the periodic nutrition survey of children not receiving school meals.[119] The School Meals Acts did not stipulate the form of meals to be provided, which could be breakfasts, dinners, teas, a bottle of milk and nutritional supplements such as cod liver oil and dried milk.[120] Separately from milk supplied under these arrangements a scheme for the regular supply of milk to schoolchildren was introduced in 1923 which provided one third of a pint bottles of milk at a penny per bottle. From 1934, with the aid of a government grant of £500,000, the Milk Marketing Board supplied milk to schools at a reduced rate of a half penny per bottle. By 1939, 650,000 children (13.4 per cent) received free milk under the Education Act, whilst 2,700,000 children (55.6 per cent) received milk, either free or

[117] Ibid., p. 12.
[118] Harris, 1995, p. 121.
[119] Ibid., p. 124.
[120] Ibid., pp. 120.121.

paid for, under the milk marketing scheme.[121]

Although the references to free meals indicated an association of malnutrition and poverty, with selection procedures primarily based upon these considerations, the desire to limit expenditure was a major influence on this and other aspects of school meals policy. In consequence, the desirable link between school meals and the school medical service which was formally acknowledged in 1924-25, was largely motivated by a desire to control costs once the expenditure limit imposed following the heavy demands arising from the 1921-22 industrial difficulties was removed. Further to this, accurately identifying malnutrition posed difficulties in 'the absence of any agreed system for defining, measuring or classifying nutrition', as did ensuring the adequate nutritional values of school meals and general standard of service provided within the financial constraints.[122]

Differing parental means and abilities, in relation to the adequate provision of nutritious meals at home, should perhaps be regarded jointly as relevant factors. Studies of the preceding period by Hurt and Oddy are pertinent in suggesting patterns of consumption which would perhaps not be easily shifted by decreased poverty and improved welfare. Oddy has drawn attention to studies of working-class food consumption in relation to the overall estimated food supply from 1887 to 1913. These studies reveal a shortfall in working-class consumption across all the foodstuff categories used, but most notably in sugar, fats, meat and milk, with a smaller reduction in bread and potatoes.[123] Hurt has referred to conflicting evidence from this period which variously suggests indolence, drunkenness, inefficient parenting and actual poverty as the causes of 'defective nourishment' resulting in children who were 'too faint from want

[121] Ibid., pp. 124-125.
[122] Ibid., p. 130.
[123] Oddy & Miller, 'The Making of the Modern British Diet', 1976, pp. 220-221.

of food to learn anything'.[124]

Similarly, studies of nutrition and family income, in relation to minimum balanced food requirements for good health-sustaining diets for schoolchildren and adults, produced differing conclusions through the inter-war years. In 1933, following an optimistic report by Newman in 1932 to the Ministry of Health, the *Daily Telegraph* and *The Times* reported, respectively, that Britain was 'healthier' and 'better nourished' than at any time in the past.[125] Four years later, W. Crawford and H. Broadley, in a 1937 dietary standard and survey comparison, concluded that 'at least 8 million people were unable to afford the minimum diet and that between 12 and 22 million people consumed an inadequate diet because they spent their money unwisely'.[126] It may be that such conflicting evidence and attitudes undermined the establishing of good and consistent standards of nutritional support across local health authorities. It is important to recognise, too, that most of the meals provided by them were milk meals and supplements, with only 2-3 per cent of the school population receiving solid meals.[127] Even by 1939, after the Board had appointed an 'Inspector of Provision of Meals Arrangements' in 1938, her first annual report concluded that of the 54 areas visited only '5 per cent are really good' - '20 per cent are entirely unsatisfactory', whilst most of the remainder could not be regarded as meeting 'any reasonable standard'.[128]

Away from school throughout the inter-war years the physical activities and comradeship of youth movements, such as Scouting and Girl Guides, served as aids to fitness and good behaviour amongst schoolchildren - and such voluntarism was depended upon to ease the State's financial burden. The Board of Education still tended

[124] Hurt, 1979, p. 113.
[125] Welshman, 1997, p. 18.
[126] Harris, 1995, p. 129.
[127] Ibid., p. 125.
[128] Ibid., p. 126.

to rely on the emphasis on physical education to deflect 'attention from more fundamental social and economic problems,' such as poverty and unemployment, in relation to the issue of children's health.[129] Even in promoting physical education there remained cost problems in providing suitable apparel for training sessions. A probable consequence of the Board's unwillingness to be drawn into the poverty debate, preferring 'guidance rather than coercion' was the failure to develop standardised services responsive to variations in local need and resource, for example, the depressed areas. It illustrated 'the great gulf that could exist between rhetoric and reality'.[130]

What has been revealed in this account of the further development of education welfare between 1919 and 1939? At one level, the period seemed to demonstrate great progress for the school medical service. There was a considerable expansion of inspection and treatment facilities via clinics, special schools and hospital treatment, together with a refinement of inspection methods. Voluntarism made a contribution, too. Yet, at another level, according to Harris, 'its overall record has often been regarded as disappointing'.[131] The economic constraints and the variable quality of the service from one area to another, stemming from the associated legislation and the scope it allowed, are amongst the reasons cited. Poorer areas, for example, those with high unemployment spending less on the school medical service, suffered from the system of percentage grants. This method enabled those areas with the greatest rating resources to expand their services and attract extra government funding, not available to the needy areas with less rating resources.[132] There was also a tendency for the school medical service to be more fully developed in the county borough and other large urban districts

[129] Welshman, 1996, p. 47.
[130] Ibid., p. 48.
[131] Harris, 1995, p. 91.
[132] Ibid., p. 115.

than in county areas.[133] Dental service deficiencies regarding adequate inspection cycles and treatment take-up were a continuing problem into the 1930s. There were variations in the provision of orthopaedic services and in the quality of preventive measures such as physical education.[134] There were also problems of co-ordination between elements of public health care for children and the school medical service, which in some cases allegedly resulted in inefficient and wasteful duplications of effort, for example, through the separate provision of dental or ophthalmic or orthopaedic clinic services.[135] Although there were some gradual improvements, nutritional problems were only tardily recognised through the period, amidst conflicting views on causes and effects and the extent of the school medical service's responsibility.

1.5 Conclusion.

This overview has addressed three key elements pertinent to an assessment of education welfare policy in England and Wales between 1906 and 1939. These were, firstly, the extent and quality of the relevant legislation; secondly, the application of the national policies that stemmed from this legislation; and thirdly, the effectiveness of local education authorities' response to these policies. Linked to education welfare policy in the expansion of education opportunity for working class children were plans to improve educational provision. Influencing these elements was the difficult national economic situation that has been described in this chapter. It was a constant factor throughout, together with the problematic issue of the appropriate levels of support for the working classes generally. These considerations were largely responsible for the

[133] Ibid., p. 113.
[134] Ibid., p. 112.
[135] Ibid., pp. 101-102.

legislation and they strongly influenced the actions of the Board of Education and local education authorities in providing both an impetus and a constraint to progress.

After the 1906 and 1907 Education Acts inaugurated, respectively, school meals and the school medical service, the 1918 Fisher Act sought to reform working-class education and also to strengthen the provision of education welfare. Different shades of contemporary political thought affected the developments, reflecting differing societal views and priorities. In consequence, although the legislation was extensive, it was generally permissive and lacking in its mandatory requirements. Indeed, the chapter has drawn attention to the suggestion that only through Morant's skilful inclusion of permissive powers in the 1907 Act did this Bill succeed in introducing the medical inspection and treatment of children in public elementary schools.

The permissive nature of the legislation allowed the Board of Education scope to reflect current government policy, economic considerations and, crucially, its own judgement, in controlling and supervising local education authority services. The Board therefore, directed, prompted and restrained local authorities accordingly. Ironically, the legislation did not allow the Board scope to amend the financial grant arrangements to assist the poorer authorities. An important factor in the Board's policies was the influence of its Chief Medical Officer. If Morant had a strong influence upon the formulation of the 1907 Act, introducing school medical services, another leading civil servant, Newman, the Chief Medical Officer to the Board of Education, was very influential in the application of national policies that controlled them. For example, Newman's advocacy of physical education as a form of preventive medicine and his unwillingness to associate malnutrition with poverty were key elements of the Board's school medical service policy.

The response of local education authorities varied considerably, in relation to their differing local situation and capabilities. Further to this, their relative size and resource had financial implications regarding the extent of their benefits from the grants system. Nevertheless, by 1918 many local authorities had developed to varying extents, school medical services and the provision of school meals. The 1918 Act elicited through the Board of Education detailed responses from local authorities regarding their draft schemes to meet its requirements. Unfortunately, these developments were soon severely curtailed by the rapidly worsening economic situation, culminating in the Geddes Axe restricting expenditure. Even when economic conditions eased, financial constraints remained. Nevertheless, by 1939 most local authorities had achieved a broad range of education welfare services. The quality and extent of these services differed in relation to local resource and capability.

The criticisms of Welshman, Hirst and Harris with regard to the consequences of the permissive legislation do appear to be borne out by the variable local levels of school medical service and school-meals provision found. Welshman's criticisms of Board of Education attitudes to preventive and clinical medicine, with particular reference to its ambivalence regarding nutrition and physical education, are also justified by much of the evidence.

The chapter has shown that in the shadow of the Great War a reforming ethos initially prevailed, which engendered post-war reconstruction. Ultimately, however, confronted by intractable economic obstacles, a politically orthodox approach was adopted. This was founded upon the perceived national need for policies of social development - but it also contained the restraints of economic conservatism. Therefore, an idealistic vision of progress towards unlimited working-classes education opportunity,

fully supported by welfare provision could not be realised. However, neither could reactionary policies, intended to retain the status quo, continue to be sustained.

Overall, it is clear that the failure to advance education services further fundamentally reflected the lack of an unambiguous political will. This, associated with inadequate legislation and economic constraints, was the crucial factor. Because of this, the necessary mandatory and financially supported actions to secure full national achievement of the objectives were not taken. This was particularly true in relation to the development of the school medical service and the expansion of school meals. These were both well conceived, but both were also founded upon permissive legislation and consequently faced similar constraints. This meant that, aside from the variations in local development, the issues of poverty and adequate nutrition, in relation to the health and fitness of schoolchildren, appear to have been insufficiently acknowledged and addressed as a responsibility by the school medical service. If good physical and mental health was regarded as a pre-requisite, enabling children to benefit from education and if poverty was a probable factor in parental choice situations, this deficiency was therefore significant.

Welshman's comments on the shortage of locally based analyses of education welfare have suggested the possibility that these may provide contrary findings to generally accepted views - or alternatively may offer further support. The following chapters, therefore, set out to describe and analyse the developments in Preston to determine how effectively this particular local authority applied education policies. For instance, was Preston content to follow the Board of Education's lead in relation to physical education, medical inspection and treatment, and nutrition? Conversely, did the authority to any degree set its own agenda in determining the service priorities for its

limited funds? To what extent did Preston's senior school medical officer influence the authority's policy and to what effect?

Chapter two. The 1918 Education Act and economic retrenchment: the impact in Preston, 1919-1925.

2.1 Introduction.

'Under clause 1 of The Education Act, 1918, the council of every county and county borough was duty bound to submit to the Board of Education schemes showing the mode in which their duties and powers under the Education Acts were to be performed and exercised so as to provide for the progressive development and comprehensive organisation of education in their areas'.[136]

In preparation for the end of the Great War, Prime Minister Lloyd George, anticipating in 1917 possibly serious post-war resettlement difficulties, established a Ministry of Reconstruction led by Dr Christopher Addison. Education was amongst the Ministry's major concerns, with the aim to extend working class educational provision. According to the Board of Education in 1918, 'the war has certainly brought a clearer and wider recognition of the value of education, and, while showing the defects and shortcomings of our system, has produced the resolution to improve it'.[137] The spirit of reform was intended to improve upon the previous 'minimal State provisions'.[138]

The war had also witnessed a significantly increased role for the State in support of the war effort. The Defence of the Realm Act of 1914 and subsequent amendments gave the Government great powers to control the manufacture and movement of

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[136] 'Chats on Education, The Preston Scheme' *Preston Guardian*, 27 November 1920, Harris Reference Library.
[137] Fraser, 1973, 1984, p. 182.
[138] Ibid.

munitions and other supplies; the movement of personnel; the level of rents; the price of food and fuel; and eventually some food rationing. The war also caused a soaring national budget which saw war costs rise from £3 million a day in 1915 to £7 million a day in 1917. Public expenditure increased by 600 per cent and the national debt rose from £650 million to almost £7,500 million. In establishing the Ministry for Reconstruction, Lloyd George was hoping to harness the 'political will' which had sustained the war effort, towards carrying out a 'reconstruction of industrial and economic conditions of this country such as has never been presented in the life of, probably, the world'.[139]

There was also an important social dimension, for the war had again illustrated the poor physical condition of British people through its 'deficient recruits' for military service. This was a factor in the proposals for the establishment of a central Ministry of Health that would bring together in one government department the responsibility for the existing health service, the Poor Law, housing and other welfare services. The provision of homes 'fit for heroes' was a theme especially espoused by Lloyd George in his resolve to remedy the housing shortage, estimated to be 600,000 homes. The shortage particularly affecting working-class people and had been exacerbated by the wartime cessation of house building. This led to the 1919 (Addison's) Housing and Town Planning Act. A further factor in relation to these moves was concern about the perceived threat of Bolshevism. In Lloyd George's view, the honouring of election promises was a better way to prevent possible post-war insurrection than repression.[140]

To address education requirements Lloyd George appointed the distinguished Oxford historian H. A. L. Fisher as President of the Board of Education. Fisher was the

[139] Ibid., pp. 178-179.
[140] Ibid., pp. 178-181.

architect of the Education Act of 1918, which sought to achieve the desired major improvements in public education. The 'Fisher' Act may be regarded as a logical further development in a legislative process to improve working-class education. The State had been increasingly involved since the 1870 Education Act. This Act introduced School Boards and children were required to have at least five years full-time education. Other significant legislation soon followed, with the 1876 Act, which made parents responsible for children's attendance at school and encouraged longer-term attendance. School attendance became compulsory between the ages of five and ten years via the 1880 Act and the 1891 Act regularised the provision of mainly free elementary education. The 1902 Act replaced school boards with local education authorities and promoted the expansion of secondary education. Specifically addressing education welfare, the 1906 and 1914 Acts introduced and addressed the provision of school meals for necessitous schoolchildren. The school medical service for elementary schoolchildren was introduced by the 1907 Act and the 1910 Act addressed the control of juvenile employment.

The Fisher Act increased the scope of the Board of Education and the local education authorities (normally the counties and county boroughs). However, the Act has been criticised by historians 'because it was not, in several respects, mandatory on the education authorities, nor did it reform them, or give sufficient powers to the Board of Education to insist on educational reforms'.[141] A principle objective was to establish a wide-ranging system of public education, from nursery schools through elementary, secondary and continuation schools to evening classes. Full-time education would be made compulsory until the age of 14, removing half-time working, which before the war had contributed to 40 per cent of children leaving school before that age. Further to this,

[141] Lawrence, 1972, p. 47.

local authorities would be allowed to raise the school leaving age to 15 or to provide day continuation classes in lieu of this.[142] Additional financial assistance from the Board was also contained within the Act's provisions, with the local authorities being funded on a fifty per cent basis for the further expansion of services.[143]

Because of the variation in size and resource, neighbouring education authorities would be expected to co-operate with one another in providing secondary education for brighter pupils. Similar co-operation would be required for the provision of more advanced instruction, via central schools or classes, for other older intelligent pupils not proceeding to secondary schools. The part-time employment of schoolchildren was restricted and the selling of newspapers in the street by boys was made illegal. Local education authorities would be allowed to open nursery schools, special schools for physically and mentally defective children and provide other special classes. The authorities would also be permitted to pay maintenance grants to students winning scholarships to secondary schools. Further to this, State scholarships were to be introduced in an effort to broaden the opportunities of progression to the universities.[144]

Although there was strong support for the education proposals from the Labour movement there was equally strong opposition from many employers, for whom 'there was neither justice nor efficiency in withdrawing an important section of the workforce from its proper function', by allowing them to continue at school.[145] There were those too who thought that the proposals involved too much wasteful and possibly dangerous spending on the education of working-class children. This concern had been heightened by the considerable pay increases for teachers which had been recommended by a

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[142] Mowat, 1955, p. 208.
[143] Stevenson, 'British Society, 1914-1945', 1984, p. 248.
[144] Lawrence, 1972, p. 48.
[145] Simon, 1974, p. 28.

Government review committee set up in 1919. Annual budgetary expenditure on education appeared to be rising alarmingly, from £14 million in 1913-14 to £19 millions in 1918-19, to nearly £33 millions in 1919-20 and then to £45 millions the following year. These increases were reflected by corresponding increases in local rates spending. However, much of the increased spending arose from the serious inflationary condition of the economy, which had seen the value of the pound decline to a third of its pre-war value, so that in real terms the post-war figures actually amounted to little more than the 1913-14 levels.[146]

The 1918 Act had a significant impact upon the school medical service and related aspects of education welfare, such as physical education. It extended the duties and responsibilities that the 1907 Education (Administrative Provisions) Act had established. The 1907 Act had introduced, as a duty, the medical inspection of elementary schoolchildren, and it provided more permissively for the development of medical treatments for them. Boosted from 1912-13 by government grants, many local education authorities had by 1918 established varying local levels of school medical service. The 1918 Act increased the specific responsibilities of the school medical service when it gave local education authorities the duty of providing remedial treatment for elementary schoolchildren, replacing the optional powers covered by the 1907 Act. This was facilitated somewhat permissively under Section 2(1) (b) of the 1918 Act:- the 'power of local education authorities to make such arrangements as may be sanctioned by the Board for attending to the health and physical condition of the children educated in public elementary schools was converted as from the 1st August 1919 into a duty'.[147] The 1918 Act also introduced as a duty the medical inspection of secondary

[146] Ibid., pp. 28-29.
[147] Report of the Board of Education for 1919-20, London, HMSO, Lancashire Record Office, p. 10.

schoolchildren and the power but not the duty to arrange remedial treatment for them. The school medical service would provide medical and nursing care and be involved in the selection of children for the proposed special and nursery schools.[148] The Act gave local education authorities the power to promote physical education and to provide the facilities for this, together with playing fields and swimming baths. It also allowed them to arrange holidays and summer camps for schoolchildren.[149]

How well founded were the laudable proposals embodied in the Fisher Act? It is clear from their nature and scope that the proposals were certainly well intentioned, as were the other objectives of post-war reconstruction such as improving working class housing. Reflecting the spirit of reform they may also have served to boost flagging support for the Liberal Party and steal the initiative from Labour. Nevertheless, they introduced significant education reforms and substantially extended medical inspection and treatment arrangements. However, there were mixed views regarding the education of the working-classes, ideologically, in relation to cost, the national interest and the needs of industry. There was also a misconception; that the degree of intervention and ability to manage a swiftly rising budget to meet the demands of the war could be easily modified and sustained for peacetime purposes. In that respect, the state of the national economy would prove to be a crucially limiting factor, together with permissive elements of the legislation.

Within this setting the start of the inter-war period was marked by the Ministry of Health Act of 1919. This transferred the medical inspection and treatment of schoolchildren powers and duties from the Board of Education to the Ministry of Health, although it was arranged that the Board effectively retained control of these matters. By

[148] Harris, 1995, pp. 98-99.
[149] Welshman, 1996, p. 36.

this time the School Medical Service's responsibilities covered medical inspection and treatment, physical training, special schools, nursery schools, school meals and evening play centres.[150] The Board had argued that it could best manage the complexities of administration and financial control and that otherwise 'the unity of the school medical service and its coherence with the system of public education' would be lost.[151] However, from 1919 the Board was careful to acknowledge 'that the school medical service was only concerned with the health of the child at school' and according to Newman in 1922, 'its primary purpose was to fit the children to receive the education provided by the State'.[152] At a local level the implications of the Ministry of Health's ultimate responsibility for the school medical service were that this function was embodied in the overall responsibilities of the Medical Officer of Health, who in some cases, as at Preston, was also the Senior School Medical Officer.[153] The Medical Officer of Health's other responsibilities at Preston included the sanitary circumstances of the borough, the prevention and control of infectious diseases, hospitals, maternity and child welfare (pre-school), housing conditions and food standards. The general practitioner's role in relation to the school medical service, apart from general 'family doctor' arrangements, was to provide treatment to children referred by the service, either through parental choice, or if it was considered parents could afford it.

The chapter will discuss Preston's preparedness for the Fisher Act and its response to it. The impact of the financial retrenchment on Preston's plans will then be considered. Significant factors that affected the town's responses to these developments, such as the role of the senior school medical officer and the local press, will be assessed.

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[150] Harris, 1995, p. 99.
[151] Ibid., pp. 99-100.
[152] Ibid., p. 100.
[153] 1920 Preston Medical Officer of Health Report, Harris Reference Library, p. 80.

The local party political scene will be considered to see how this affected progress. Did the provision of education welfare remain a 'moral imperative' despite the difficulties?

2.2 Preston's response to the 1918 Education Act.

In 1919 Preston County Borough contained 39 public elementary schools, 36 of which were church schools, including two central schools. There were four secondary schools, of which two were church schools - and a junior technical/commercial school.[154] As a county borough within Lancashire, Preston was a local education authority responsible for its own schools and education/welfare services. The county council's jurisdiction extended over those areas of the county not covered by the county boroughs, or by 23 of the municipal boroughs and four of the larger urban districts which administered their own school medical services.

The town's education authority introduced the formal medical inspection of elementary schoolchildren in September 1908, in accordance with the requirements of the 1907 Education Act.[155] By 1919 the authority had established a broad foundation upon which to base its response to the 1918 Education Act. This included the provision of a wide range of school medical services for the approximately 16,700 children attending its elementary schools. The authority also provided school meals for necessitous children. The Senior School Medical Officer was assisted by a school medical officer, a dental surgeon, 4 school nurses, a dental nurse and clerical staff. However, until the appointment of Dr Sharpe as Preston's Medical Officer of Health and Senior School Medical Officer in 1920, the activities of the school medical service were

[154] 1920 Annual Report, Preston School Medical Service, Harris Reference Library, p. 6.
[155] 1908 Preston Medical Officer of Health Report, Harris Reference Library. pp. 24-25

only briefly mentioned in the Annual Report of the Medical Officer of Health. Dr Sharpe expanded this into an Annual Report that described and analysed the school medical services provided, identifying outstanding problems and indicating where improvements had been made.[156]

In relation to education welfare the Board of Education Report for 1919-20 reveals that in 1919, 'a year of reconstruction following the war', 1,800,000 children were medically inspected in England and Wales, compared with 1,300,000 in 1918.[157] The Report showed that the provision of medical inspection and treatment was being conducted by 298 local education authorities out of a total of approximately 315, an increase of 11 on 1918. 272 authorities maintained school clinics and 127 made contributions to hospitals for children found to have physical defects at the inspections. Arrangements for dental defects were in operation in 203 authorities, an increase of 34 on 1918. The provision of school meals was made in 117 areas, an increase of 31 on 1918. It is interesting to note an indication that Preston, in comparative terms, had not been slow to develop these services, all of which it provided.[158]

Table 1. Analysis of local education authority school welfare services in 1919.[159]

Total L.E.A's.	Provision of Medical Inspect. & Treat.	Provision of School Clinics	Contributions to hospitals for treatment	Provision of dental care	Provision of school meals	Preston Participation
315	298	272	127	203	117	All categories
%	95	86	40	64	37	

Reference to the Preston Education Committee Minutes, from the end of 1918 through 1919, indicates considerable discussion on extending education welfare provision and in developing a response to the Fisher Act. For example, on 12 December

[156] 1920 Annual Report, Preston School Medical Service, (synopsis of report).
[157] Report of the Board of Education for 1919-20, p. 10.
[158] 1920 Annual Report, Preston School Medical Service, (synopsis of report).
[159] Table percentages throughout the thesis are rounded to nearest whole number if greater than one.

1918 it was agreed that a general scheme should be organised to meet requirements of the Act in relation to educational provision and education welfare arrangements.[160] On 10 March 1919 the Committee approved the use of a redundant military hospital building on Moor Park, Preston for an Open Air School for physically defective children, which was duly opened in June of that year. [161] At a subsequent meeting on 2 October 1919 it was agreed that this should be extended to include mentally defective children.[162] The meeting also considered the further financial arrangements with the Preston Royal Infirmary, which had requested an increased fee for the treatment of schoolchildren. A proposal to appoint two full-time school medical officers (one of each sex) was agreed. It was also decided to establish a cleansing station adjacent to a school clinic, and five spray-bath centres additional to the one at the central baths.[163]

On 30 October 1919, it was agreed to build four central schools additional to the two Roman Catholic ones already established. At the same time it was decided to investigate the setting up of a scheme of 'Open Spaces' for schoolchildren.[164] The meeting on 13 November 1919 confirmed the appointment of a physical drill organiser, at an annual salary of £150 plus bonus and evening allowance.[165] On 21 November 1919 it was agreed that the school medical officers and nurses should bring forward any cases of malnutrition found and that steps should be taken to provide meals where necessary.[166] On 18 December 1919, it was decided that the inclusive annual fee paid to the Preston Royal Infirmary, for the treatment of schoolchildren for the year ending 31 March 1920, should be increased to £600. This was subject to Board of Education

[160] Preston Education Committee Minutes, 12 December 1918, Lancashire Record Office.
[161] Ibid., 10 March 1919. 'Open Air School', *Preston Guardian*, 28 June 1919.
[162] Preston Education Committee Minutes, 2 October 1919.
[163] Ibid.
[164] Preston Education Committee Minutes, 30 October 1919.
[165] Preston Education Committee Minutes, 13 November 1919.
[166] Ibid., 21 November 1919.

approval, which was subsequently granted.[167]

The Preston School Medical Service Annual Report for 1920 reveals the wide-ranging extent of the services that had been established. It shows that by 1919 Preston had developed schemes for the medical inspection and treatment of elementary schoolchildren, although not for secondary schoolchildren. However, the Report indicates that from October 1920 the secondary Park School for girls was brought in to the inspection arrangements, although not yet treatment.[168] It was intended that the boys Grammar School would follow in 1921, whilst as yet no applications for inclusion had been received from the Roman Catholic secondary schools. School meals service provision for necessitous children had also been set up. A pattern of routine medical inspections for children had been established on the basis of examining entrants at five or six years old, intermediate children at eight years old and leavers at 12 or 13 years old. Schools were visited four times per year.[169]

The Report indicated that the medical examinations covered a broad range of categorised conditions, demonstrating a serious attempt to address child health problems. Categories ranged from hair infestation, skin conditions, minor ailments, tonsils and adenoids, to serious diseases such as tuberculosis and infantile paralysis (polio). Other crippling conditions addressed included tubercular, rickets and congenital defects. Children were examined for infectious diseases such as typhoid, scarlet fever, measles, whooping cough, diphtheria, chicken pox and mumps. There were examinations for external eye disease and defective vision; ear disease and hearing defects. Dental inspections were carried out at the school dental clinic, usually followed by treatment. The clinic normally wrote to parents about medical defects requiring treatment and a

[167] Ibid., 18 December 1919.
[168] 1920 Annual Report, Preston School Medical Service, P. 22.
[169] Ibid., P. 7.

school medical service nurse would call upon parents to see if anything had been done about the conditions noted. This would be followed up with subsequent visits if necessary. In 1919 there were 3,528 follow-up visits, rising to 4,080 in the following year.[170]

In relation to treatment, a medical clinic situated in Miller Arcade, Preston town centre, received during 1920, 29,605 attendances, for the inspection and treatment of 2,728 cases. Of these cases, 2,416 were treated and discharged, 42 were treated privately, 13 were referred to Preston Royal Infirmary, 2 left school and 255 remained on the books at the year-end. In a further 271cases, only advice was required following clinic examination. Tonsils and adenoids cases were treated at Preston Royal Infirmary, where 43 operations were carried out by Infirmary staff plus 23 on a private basis. 76 cases of tuberculosis requiring treatment were referred to various sanatoriums within and outside the borough. A further 30 tubercular cases were treated at Preston Royal Infirmary, including 12 children who were referred to the massage and electrical department. The Report indicated that skin diseases were usually treated at the clinic, although 3 ringworm and 10 lupus cases were treated at Preston Royal Infirmary. External eye diseases were also treated at the clinic and if necessary they were referred on to the Infirmary.[171]

Table 2. Analysis of Preston school medical clinic attendances during 1920.

Total no. of cases seen	No. of cases insp. & treated	Treated & discharged	Treated privately	Referred to hospital	Left school before treatment	Remained on books at year-end	Only advice required
2,999	2,728	2,416	42	13	2	255	271
%		81	1	0.43	0.07	9	9

The Report noted that some parents were unwilling to have their children treated.

[170] Ibid., pp. 7-12.
[171] Ibid., pp. 13-18.

For instance, in 1920, only 373 of the 615 children referred with eye defects received treatment. The school dental officer's report indicated that children were usually examined between the ages of 6 and 8 and again between 10 and 12, although it was recognised that an annual scheme was required when financial resources became available. Of 2,597 children examined for dental defects, 1,531 (59 per cent) required treatment. Of these, 31 refused treatment, 112 attended their own dentist, 1,334 made 3,515 treatment attendances (2.6 per head) at the school dental clinic, adjacent to the medical clinic in Miller Arcade. There were 6,206 fillings and dressings and 433 extractions, of which 355 were emergencies.

Table 3. Analysis of Preston school dental inspection and treatment during 1920.

	Examined inc. casuals	Required treatment	School dental treatment	Private treatment	Refused treatment
Number	2,597	1,531	1,334	112	31
%		59	51	4	1

Reference was made in the Report to blind, deaf and epileptic children. It was noted that every effort was made to get in touch with and help these children, for example, by placing them in a special school, such as the Royal Cross School for the deaf in Preston and the Blind Home in Fulwood. Mention was also made of the opening, in June 1919, of the Open Air School for physically defective children in Moor Park, Preston.[172]

It is evident from the Report that physical training, apart from swimming, was to be left to individual school initiatives after the borough physical training organiser's appointment was terminated in July 1920. Swimming lessons, however, were given to schoolchildren at two baths in the borough, catering for 949 boys and 428 girls from amongst the older pupils. In addition, school meals (mid-day only) were provided for

[172] Ibid., pp. 19-21.

necessitous children at 4 centres. The children were selected on the basis of teachers' observations and enquiries by the school attendance officer into home circumstances. 34,693 meals were supplied to an average number of 171 children weekly. There was no reference to the supply of school milk. The Report concluded by drawing attention to the good co-operation of teachers and the growing co-operation of parents.[173]

On 25 November 1920, the draft scheme of Preston Education Authority, under the provisions of section 1 of the Fisher Act, was submitted to the borough council meeting for its consideration over the following three months.[174] The outline scheme referred to the progress made since the 1902 Education Act.[175] It included a statistical summary indicating the number of children in the various categories addressed by the scheme. For instance, the number of children aged between 5 and 14 (including those working full time) was 19,419 and between 14 and 18 it was 7,926. The total number of children below 14 was 28,922, compared with 30,527 in 1914, a noticeable decrease, mainly due to the decline in the birth rate. The recognised accommodation for 28,496 children at the 39 elementary schools, (including 2 Roman Catholic central schools), served an average attendance of 16,733 during the year ending 31 March 1920. Most of these schools were denominational, comprising 20 Church of England, 9 Roman Catholic, 7 Nonconformist, and only 3 Council schools.

The scheme's forecast of the chief provisions to be met under the 1918 Act included additional central schools to cover each part of the borough and also day continuation schools. Provision would be required for preparatory secondary school accommodation (mixed), further secondary school development, additional technical school accommodation, a pupil teachers' centre for girls, and public elementary school

[173] Ibid., pp. 21-22.
[174] Preston Council Meeting Minutes, 25 November 1920, Lancashire Record Office.
[175] Draft Scheme, Preston Education Authority, Harris Reference Library, (summary follows reference).

accommodation in place of that condemned by the Board of Education. Nursery classes, special schools or classes for physically defective and mentally defective children, an additional school medical clinic, playing fields or grounds, spray baths and a cleansing station would also be required.

Medical Inspection and treatment arrangements were reviewed in the light of the additional mandatory and permissive requirements introduced by the 1918 Act. There was reference to co-ordination between the Education Committee and the Health Committee to reflect the ultimate responsibility of the Ministry of Health for the school medical service since the 1919 Ministry of Health Act. The provision of meals for necessitous children was discussed. Physical training arrangements, which were to include the appointment of an additional organiser to cover girls' schools, were examined. The provision of swimming instruction, with particular reference to the limitations on this imposed by restricted accommodation was also discussed. It was intended that special attention would be paid to physical training, for which playing fields and gymnasiums would be provided. Interim arrangements for the provision of playing grounds on four varied sites were proposed, pending more satisfactory permanent arrangements being made.

The operation of the Open Air School in Moor Park, which was the only special school maintained by the Authority and which accommodated 80 physically defective children in 1920, was discussed. It was recognised that there was no provision for mentally defective children, but it was noted that the possibility existed of opening a day school when the buildings still in hospital use at Moor Park became available. It was proposed to deal with children who were regarded as 'backward' rather than 'defective' by the formation of special classes in selected schools. Further to this, it was observed that

a recent Authority survey had found that there were approximately 800 children behind the normal standard in attendance at school. The provision for deaf children at the Royal Cross School in Preston and at Boston Spa and for blind children at residential institutions in Fulwood and Liverpool was also noted.

In relation to the Act's reference to nursery schools, it was Preston's belief that these should be considered as part of the development of the school medical service. In the meantime the Authority intended to set up nursery classes in schools that had suitable accommodation. When further experience had been gained the scheme proposed that a purpose built nursery school should be established, perhaps on a similar basis to that of the Open Air School.

The local press took a keen interest in the developments, with the discussion of Preston's scheme and subsequent Council and other related issues receiving extensive coverage in the *Preston Guardian* and the *Lancashire Daily Post.* On 25 November 1920, the *Lancashire Daily Post* reported that, in presenting Preston's draft scheme Alderman Sir Harry Cartmell expressed a certain lack of confidence in the Education Authority's ability to fully deliver the proposed scheme. In relation to perceived difficulties he referred to the 'financial instability and insecurity of the present time and the difficulty in regard to staffing and materials', which meant that they would be 'building on an insecure foundation.' Also, whilst recognising the importance and value of education and that the scheme represented the Authority's minimum acceptable response, he felt it would have to compete with other needs and that it might therefore take time for complete fulfilment. Cartmell referred in particular to the difficulty faced by authorities in Lancashire, with the ending of half-time working. He pointed out that Preston would have to make up a deficiency of education between the ages of 12 and 14

that many authorities would not have to deal with to the same extent.[176]

In regard to the costs of the scheme implementation that had been quoted, Cartmell warned that these should 'be received with the greatest caution.' He referred to costs of £231,800 for the erection of buildings 'actually suggested' and £26,645 for equipment. There would be loan charges of £15,682 on the buildings, £2,620 on equipment costs, and annual maintenance costs of £29,168, amounting to a total annual charge of £47,470. The central authority would provide half of this, leaving £23,735 to be found from the rates, which would be 14 pence in the pound. However, this excluded new building costs in the centre of town, including swimming baths. It also excluded the costs of improved staffing.[177]

A leading article, 'The Future of Education' in the *Preston Guardian* on Saturday 27 November 1920, generally welcomed and commended the Preston scheme to public support, stressing the growing recognition of the importance of education 'to all sections of the community'. However, the article drew attention to the increased financial burden that the Fisher Act would impose - and quoted the consequent reaction of the London Chamber of Commerce which had suggested the postponement of the Act's operation. In the *Guardian's* view, the Fisher Act put 'new burdens on a public crying out for the lightening of the load that has already to be borne', but it added that they were 'burdens it would be folly to shirk'. The *Guardian* thought, however, that in the prevailing circumstances, once the scheme was approved, it would be necessary to 'proceed cautiously from stage to stage' in its implementation.[178] Similar concerns were reiterated the following week.[179]

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[176] *Lancashire Daily Post*, 25 November 1920, Harris Reference Library.
[177] Ibid.
[178] 'The Future of Education', *Preston Guardian*, 27 November 1920.
[179] 'Chats on Education', *Preston Guardian*, 4 December 1920.

Further criticisms of the draft scheme were made by E. P. Berry, a member of the Education Committee, at an open meeting of the Preston Debating Society on 8 December 1920, which was subsequently reported in the *Preston Guardian.* Berry suggested that an apparent margin of 10,000 available places to meet the new requirements was a false situation, which would be quickly exposed when all children remained at school to at least 14, with the abolition of half-time working. He expressed particular concern about the impact of this on what he considered to be an 'expensive' school medical service and also upon industry if deprived of young labour, claiming, 'if they had a doctor his fees finally came through industry'. According to Berry, with insufficient teachers at present, he did not see how enough teachers could be recruited to support more full-time pupils. There would also be an additional burden placed upon the school attendance organisation. Referring to school medical inspection and treatment, Berry alleged that 'remarkably...many parents...either refused to allow them to carry out that work or seemed deliberately to set themselves to prevent it.' Berry also claimed that if the scheme was implemented the cost would mean an increase of between 2s.3d. and 2s.6d. on the current rate.[180]

Unfortunately, the Fisher Act's objectives were undermined by the onslaught of an economic depression, which by December 1920 led to a Cabinet decision to virtually suspend the Act, by halting further spending commitments. At the Preston Borough Council meeting on 31 December 1920, the Education Committee requested that the draft scheme be suspended for the time being.[181] The Board of Education had already told local education authorities of the Government decision that, 'except with fresh Cabinet authority, schemes involving expenditure not yet in operation are to remain in

[180] 'Education Reform', *Preston Guardian,* 11 December 1920.
[181] Preston Council Meeting Minutes, 31 December 1920.

abeyance'. The Board further requested that, 'pending further communications from the Board relating to proposals of the authority which have been made for the extension or development of the education system, the authority will not incur or commit themselves to incurring any new expenditure which may be affected by that decision'.[182]

Preston agreed to withhold the publication of the scheme for consideration by the public, pending further developments. However, the Education Committee, notwithstanding economy measures, together with other education authorities, urged the Board of Education to put into effect the 1918 Education Act's provision for the abolition of half-time working, to ensure full-time education to age 14.[183] This provision was duly implemented although slightly delayed, ostensibly on the grounds that it was dependent upon the legal termination of the war - which awaited ratification of the peace treaties.[184]

What was the extent of Preston's response to the 1918 Act? The evidence from the Education Committee Minutes, the Annual School Medical Report and the Board of Education Reports has shown that it was, prior to the preparation of its formal scheme, already meeting some of the Act's requirements. This included extensive medical and dental treatment arrangements for elementary schoolchildren and the opening of a special school for physically defective children. At the same time, a start had been made in bringing secondary schoolchildren into the medical inspection arrangements. In regard to educational provision, there were existing limited arrangements for central schools and plans for further developments. The organisation of physical education was being planned, and the arrangements for swimming lessons could be developed further. Finally, a formal comprehensive draft scheme responding to the requirements of the Act had been prepared. This was the subject of much local discussion with keen press

[182] 'Held up', *Lancashire Daily Post*, 31 December 1920.
[183] 'Ditto', *Preston Guardian*, 1 January 1921.
[184] Simon, 1974, p. 32.

interest. However, the Preston Council's general attitude towards the Act was somewhat ambivalent, with a number of councillors critical of its social impact and financial cost. This would suggest that after the government had imposed its restrictions, Preston's implementation of the scheme would become more cautious than it had been in the immediate post-war years.

2.3 Economic retrenchment.

By the summer of 1921 the Government had introduced reductions in virtually every area of social welfare, including housing and education. After the Education Act's suspension, a bitter dispute ensued between its supporters and opponents in relation to the proposed economies in education expenditure. However, in August 1921, in response to further demands for economies, the Government established a Committee of Inquiry into the overall level of national expenditure, under the chairmanship of Sir Eric Geddes. The Committee was set the further task of determining appropriate economies.[185] The subsequent recommendations resulted in the 'Geddes Axe', which severely curtailed government expenditure, including that on education. This had risen to £51.0 million in 1921-22, but by 1923-24 the expenditure had fallen to £41.9 million. Capital expenditure and the planned increase in current expenditure were also reduced.[186] Particularly affected was the continuation school programme, which was virtually abandoned, together with efforts to remedy overcrowding and staff shortages. The cuts also starkly illustrated the financial dimensions of the problem which 'dominated the education debate between the wars - the provision of adequate secondary education for

[185] Harris, 1995, pp. 94-95.
[186] Stevenson, 1984, pp. 248-249.

all'.[187] This required new and reorganised schools, additional teachers and teacher training, together with additional administrative costs; necessarily requiring more expenditure, not less. An illustration of the impact of this in Preston is that although four additional central schools were planned, only one was built between 1919 and 1939 and this was not opened until 1928.

During the early 1920s there was a close numerical balance between the political parties on the Preston Council. The Labour Party only began to establish a significant representation on the 36 strong, plus 12 aldermen, Preston Council after the end of the war. The number of Labour councillors increased from single figures in 1919 to 12 in 1920, declining to 9 by 1924. With the demise of the Liberals on the Council, a strong independent representation developed, chiefly through the Ratepayers Association. This often reached double figures and was able to exercise a balance of power. Consequently, the Conservative/Ratepayers led Council would undoubtedly pursue a cautious approach to welfare through a difficult period.[188]

The following references to the Preston Annual School Medical Reports and other sources during 1921-25 illustrate the difficulties and limited advances that were made through this period. The Reports also demonstrate how the senior school medical officer, Dr Sharpe, took the initiative from the Education Committee and used the Reports to pursue improvements via the Committee and the Board of Education.

In a preface to the 1921 Report, Dr Sharpe, commented that 'no fresh ground had been broken' ... 'things being as they are the school medical service has marked time' ... 'extension has been impossible'.[189] Dr Sharpe was able to report minor adjustments, such as the inclusion of the boys Grammar School in the secondary schools inspection

[187] Ibid., p. 249.
[188] *Lancashire Daily Post*, 1919-1924.
[189] 1921 Annual Report, Preston School Medical Service, p. v.

scheme, the appointment of an additional school nurse, and the adoption of a scheme to enlarge the accommodation at the School Clinic. Dr Sharpe raised what he considered to be two important matters to be addressed as soon as circumstances permitted. These were a needed extension to the Open Air School to relieve the constant waiting list, and the re-organisation of the Dental Department. Neither of these was thought likely to be undertaken in the immediate future. Further to these, it was hoped that the provision of education facilities for the educable mentally defective could be incorporated into a definite scheme 'within a few years'. Dr Sharpe commended the inauguration of an orthopaedic department at the Preston Royal Infirmary as an important help to Preston children of school age, of whom there were generally over fifty suffering from crippling defects. Referring to the important need to improve the hygienic condition of schools, Dr Sharpe observed that it would require 'the expenditure of great sums of money - and whilst impracticable for many years' the necessity remains and should not be lost sight of.[190]

The expenditure on Preston's school medical service in 1921 was £3,560, comprising £1,780 from the Board of Education and £1,780 from the rates, which, as a proportion of a penny rate amounted to 0.848 pence.[191] (Whilst the Preston education budget always formed the biggest percentage of the general rate, averaging 24.7 per cent between 1919 and 1939, the percentage of the education budget allocated to education welfare only averaged 13.4 per cent, although the percentage was 17.6 per cent by 1938-39).[192] The number of schools in the town was the same as the previous year. A large increase in the number of meals supplied to necessitous children at the four centres was reported. 80,485 meals were supplied in 1921 to an average number of 360 children

[190] Ibid.
[191] Ibid., p. vii.
[192] Preston Council Budgets, 1919-20, 1924-5, 1928-9, 1938-9, Harris Reference Library.

attending weekly, compared with 34,693 in 1920 to an average number of 171 children attending weekly. This was explained as reflecting a serious increase in unemployment and poverty. In the continued absence of a physical training organiser for elementary schools physical education classes were being organised by the teachers. An increasing number of children received swimming lessons - 1,370, comprising 952 boys and 418 girls. The improved co-operation of parents was noted.[193]

In the 1922 Report, Dr Sharpe commented that the medical service was still subject to stringent economies and that consequently no effective progress had been made, although fortunately it had not suffered a reduction in its scope. He went on to point out that the existing organisation was insufficient to fully meet the requirements of the inspection, dental, and minor ailments treatment clinics. He commented, 'I need hardly say that the effect upon the educational system of the attendance of children in any condition of health but that of absolute fitness is wasteful of time, effort and money'.[194] Reference to Education Committee Minutes through this period does indicate some progress, however. For example, there was an increased annual grant to the Preston Royal Infirmary of £900 and an extension had been added to the School Medical Clinic, despite the Board of Education's initial withholding of support. Also, Lark Hill Convent School had been brought into the secondary school orbit, to make five in the town.[195]

However, the proposed extension of the Open Air School had not yet been undertaken. Nor had any provision been made for the educable mentally defective, although the Report thought that a scheme to meet this need might soon be initiated. There had been a further increase in the number of meals supplied to necessitous

[193] 1921 Annual Report, Preston School Medical Service, pp. vi-xxi.
[194] 1922 Annual Report, Preston School Medical Service, pp. v-vi.
[195] Preston Education Committee Minutes, CBP25/7.

children, with 120,382 provided to an average number of 526 children attending weekly.[196] There was also a reference to a lack of means hampering some parents of children with health problems. A much larger number of schoolchildren - 5,705, had attended swimming lessons, comprising 3,965 boys and 1,740 girls.[197]

Dr Sharpe's Reports for 1923 and 1924 continued in similar vein, with no significant advances reported in the services provided, apart from swimming lessons. It was noted that with just one dental surgeon and dental nurse to cover the school medical service's inspection and treatment cycle, the gap between the routine inspections stretched to an unsatisfactory 3 or 4 years for most children. The Reports indicated that during such a lengthy period further dental problems could occur, which annual inspections might preclude.[198] The 1923 Report emphasised that 'the length of time taken to execute this partial dental scheme is excessive and can only be remedied by the appointment of an additional Dental Surgeon'.[199] The lack of a physical training organiser for the elementary schools was highlighted, adversely contrasting their situation with that of the secondary schools, which had teachers trained in physical education.

The Report also drew attention to overcrowding and poverty as a suggested main cause of uncleanliness. Dr Sharpe commented: 'Owing to overcrowding in the homes and the poverty of the parents due to unemployment, there is small wonder that the clothing of the children in not as clean as one would wish'.[200] The Report also showed that the provision of school meals to necessitous children had been reduced to 79,715 (from 120,382 in 1922), through an alteration in the income level below which parents

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[196] 1922 Annual Report, Preston School Medical Service, p. xx.
[197] Ibid.
[198] 1923 & 1924 Annual Reports, Preston School Medical Service, (synopsis of reports).
[199] 1923 Annual Report, Preston School Medical Service, p. ix.
[200] Ibid., p. vi.

could send their children for free dinners. The attendance of children at swimming lessons continued to rise and had almost doubled in 1923 from the 1922 level, with 11,070 attendance's - 7,522 by boys and 3,548 by girls.[201]

During this period, severe economies were being imposed regarding the permissible number of teachers employed in each school and in relation to a requested reduction in teachers' salaries. The *Preston Guardian* reported on 27 January 1923 that the Chairman of the Education Committee, Sir Harry Cartmell, addressing the monthly Council Meeting, stated that HM Inspector of Schools had drawn attention to over-staffing in 10 Preston schools, 8 of which were infant schools.[202] He said that these 'were costing more money than they should'.[203] Cartmell informed the Council that notice had been given to the affected teachers, although it was intended that positions would be found for them in due course. This was providing they were unmarried, as it was against the Committee's policy to employ married female teachers. Further to this, Cartmell informed the Council that in line with national policy, and other local education authorities, the Committee had accepted the agreement of the elementary school teachers to a reduction in their salaries of five per cent. He said that 'they found it exceedingly difficult to stand out and adopt a policy of their own in these matters'.[204]

The 1925 Annual Report described some important developments that indicated an easing of economic restrictions, with the appointments of an additional school medical officer, school nurse, dental surgeon and dental nurse. It was thought that the dental appointments would now allow the desired annual inspection and treatment of children throughout their school life. An inspection clinic and minor ailments centre was

[201] Ibid., p. xxi.
[202] Preston Council Meeting Minutes, 25 January 1923.
[203] 'Council Meeting Report', *Preston Guardian*, 27 January 1923.
[204] Ibid.

opened in Barlow Street, Preston. In relation to an inspection policy that favoured their greater focus (but also reflecting the increased resources), medical re-inspections, which had averaged 350 per annum thus far, accelerated to 1,717 in 1925. The long-awaited day school for mentally defective children was opened in Moor Park.[205] Significantly, and reflecting Dr Sharpe's earlier report's of service deficiencies, these developments owed much to the Board of Education Inspector's report received in June 1925, which was critical of various aspects of the Preston School Medical Service. The inspector commented that 'it falls considerably below what can be regarded as a satisfactory level of efficiency'. The Board therefore recommended a number of full-time appointments and an expansion of clinic accommodation, which the Education Committee accepted.[206]

An account within the 1925 Report of the dual and separate functions of the Moor Park special schools for physically and mentally defective children paid particular attention to the dietary arrangements.[207] The medical inspection of secondary schoolchildren in the town was extended to include the Catholic College and Winckley Square Convent School. Whilst physical education in the elementary schools continued to function without an organiser, swimming facilities had been increased, with the addition of school baths in Haslam and Waverley Parks. This allowed a large increase in the number of girls participating, to 5,723, compared with 3,548 in 1923.[208]

The Report illustrated how parental attitudes could still sometimes be a problem for the school medical service. A report on 'Following up' referred to the response of parents to recommendations made by school medical officers regarding their children's health. The report noted that this was an improving situation, with fewer parents

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[205] 1925 Annual Report, Preston School Medical Service, (synopsis of report).
[206] CBP25/8 , Medical Service Sub-Committee Minutes, 22 June 1925, Lancashire Record Office.
[207] 1925 Annual Report, Preston School Medical Service, pp. xvii-xx & pp. xxii-xxiv
[208] Ibid., p. xxi.

regarding recommendations as complaints. However, there was 'still a group of parents whose attitude was one of passive neglect, and a group of parents whose attitude went beyond this into active refusal to have recommendations carried out, or in a few cases even investigated'. In 17 cases, it had been found necessary to put matters into the hands of the NSPCC, although normally a policy of 'follow up and persuade' was sufficient.[209]

1925 saw an initiative regarding help for the poorer families of the town, when the borough medical services education sub-committee gave permission for a holiday camp for schoolchildren, during two weeks of the summer vacation, on the site of the Open Air School on Moor Park. The costs of the venture were covered by the Preston Education Authority's Necessitous Schoolchildren's Fund. Sixty boys attended during the first week and sixty girls the second week. The camps were organised and run on a voluntary basis by local schoolmasters and schoolmistresses. The intention was to give the children of the poorer families in the town, selected upon the advice of the school attendance officers, 'the opportunity of indulging both in healthy surroundings and healthy recreation'.[210]

The Board of Education Report for 1925 shows that Preston remained at the forefront of local education authorities in providing a school medical service. For example, from the overall total of 317 local education authorities, 311 provided treatment for minor ailments, 253 for enlarged tonsils and adenoids, 313 for defective vision and 289 for defective teeth. In noting the variations, the Report observed that just 233 authorities (which included Preston) were providing all these forms of treatment.[211] In fact, Preston had been providing all of these services since 1919.[212]

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[209] Ibid., p. x.
[210] 'Holiday Camp', *Preston Guardian*, 1 August 1925.
[211] Report of the Board of Education for 1925, p. 109.
[212] 1920 Annual Report, Preston School Medical Service, (synopsis of report).

What was Preston's reaction to the policy of economic retrenchment? The evidence suggests that the education committee adopted a cautious approach, unable to implement the 'grand plan', but instead seeking to maintain services and to secure modest improvements when possible. All elementary schoolchildren now attended school to at least the age of 14, but there had been no new elementary/central schools opened. The Council had necessarily conformed to the nationally imposed reduction in the number of teachers employed and a reduction in their salaries. Nevertheless, Lark Hill Convent School had become an accredited secondary school for girls in 1922 and in 1925 the Open Air School was extended to include a mentally defective children's department. Although school medical services were maintained at much the same level between 1921 and 1924 there were a number of significant advances in 1925. Whilst this reflected a national relaxing of financial constraints, it almost certainly owed much to the senior school medical officer's willingness to report deficiencies in Preston services and to seek improvements, eventually encouraging a Board of Education response.

2.4 Conclusion.

What can be gleaned from this review of the educational services in Preston between 1919 and 1925? Perhaps three important aspects of the provision stand out. Firstly, by 1919 Preston had already established the basic elements of a comprehensive school medical service. Secondly, in relation to the 1918 Education Act, the education committee had, by 1920, made some provision and had prepared its formal proposal to meet the Act's requirements. Thirdly, in coping with the constraints of economic retrenchment, the focus for further medical service provision shifted from the education

committee towards the initiatives of the senior school medical officer, Dr Sharpe. Regarding educational provision, special schools for the physically and mentally defective became available and there was selective secondary and limited central schooling. However, further progress beyond the abolition of half time working was largely stifled.

Any conclusions must take account of the serious national and local constraints that applied through this period. It was unfortunate that the wave of enthusiasm for social reform, which accompanied the end of the First World War, was soon tempered by the harsh reality of the onslaught of the economic depression. The Fisher Education Act was a tangible expression of this enthusiasm, although the Act's permissive elements, together with the restrictive system of percentage grants, meant that much would depend upon the degree of response from local education authorities of varying size, means and resolution.

When the deteriorating economic situation and the accompanying demands for reduced public expenditure brought about the Act's suspension, the local education authorities were very limited in pursuing further developments. Thereafter, although financial restrictions eased slightly, nationally, from 1925, a policy of economic conservatism prevailed, which continued to contain the level of public expenditure. As Fraser put it, in his review of the period, 'Above all, financial security lay for a nation as for an individual in a balanced budget'.[213] At the local level, Preston's broadening industrial base meant that it did not suffer economically to the same extent as neighbouring cotton weaving towns such as Blackburn and Burnley. These towns suffered both a loss of population and high unemployment, whilst Preston's population

[213] Fraser, 1973, 1984, p. 191.

even gained slightly through this period.[214] Nevertheless, the town's unemployment, often approaching 10 per cent, was undoubtedly a restraining influence. The evidence from Preston suggests that the local authority adopted a prudent approach to its education and welfare provision, consistent with the town council's 'moderating' political balance.

Nevertheless, by 1926 some significant improvements had been made in Preston's education welfare provision, compared with the position in 1919. The Open Air School, originally opened in 1919 for physically defective children, had been extended to include mentally defective children. Additional school medical and dental officers had been appointed to improve and shorten the inspection and treatment cycles, and another school clinic had been opened. Almost ten times as many schoolchildren attended swimming lessons, with especially large increases in the number of girls participating. Even so, Preston appears to have been slow in extending provision, with most improvements not occurring until 1925, apparently in response to Board of Education prompting. However, the chapter has shown that Dr Sharpe had drawn attention to the deficiencies as early as 1921 and 1922.

The next chapter will assess the development of educational provision in Preston between 1926 and 1931, together with the supporting education welfare developments. Although this was regarded as a period of consolidation for the school medical service in still difficult economic circumstances, there were a number of initiatives taken to assess and possibly extend provision. These included an evaluation of the contribution of the Open Air School and an examination of the difficult issues of school hygiene, crippling defects, dental service problems and rheumatic disorders. These developments and also the operation of the Lancashire School Medical Service in 1928 will be considered.

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[214] C. B. Philips and J. H. Smith, 'Lancashire and Cheshire from AD 1540', 1994, p. 305.

Chapter three. Expanding education and welfare provision in Preston, 1926 -1931.

3.1 Introduction.

In referring to the work of the school medical service in 1926, Councillor Snelham, chairman of Preston's Education Committee, commented that school attendance returns 'were very satisfactory'.[215] Reductions in attendance through illness over a measured three-month period had fallen from 4,757 in 1925 to 3,279 in 1926. According to Snelham the service was doing 'very useful and important work, which would help to bring about an A1 population'. He added that although it might be said that they had a large staff to do the work, he did not want the Council 'to lose sight of the fact that they had a large number of children to care for'.[216]

It may be that Snelham's report was intended to forestall local criticism of education welfare expenditure, arising from worries about the national economy. Between 1920 and 1926 these problems had resulted in deflationary policies and industrial confrontation, for example, the 1926 General Strike. However, by the mid 1920s the Government had decided on an improved programme of social welfare provision as a 'necessity' to meet Labour criticism of its apparently punitive industrial policy.[217] Consequently, initiatives, such as the 1925 Widows', Orphans' and Old Age Contributory Pensions Act, the 1927 Unemployment Insurance Act and the maintenance of subsidised housing, continued, even though they were contained by the financially orthodox policies of the period. Education welfare also benefited from a relaxation of

[215] Preston Council Meeting Minutes, 29 April 1926.
[216] 'Education Programme', *Preston Guardian*, 1 May 1926.
[217] Fraser, 1973, 1984, pp. 187-204.

economic retrenchment, which was illustrated in Preston during 1925 by the sanctioning of additional staff and resources for the school medical service. The delayed Fisher Act's objectives of reform and the expansion of educational provision were revived in 1926 by the publication of the Hadow Report.

This chapter will initially consider the development of Preston's educational provision between 1926 and 1931, in relation to the Fisher Act and the Hadow Report. The intent of these measures to expand educational opportunity for working class children provided the classic 'raison d'être' for improving education welfare, reinforcing the long-standing national security concerns. In this context the welfare developments will be examined and evaluated. They included the addressing of particular difficult aspects of school medicine, such as dealing with children suffering with serious physical disabilities, dental problems, rheumatic disorders and unsatisfactory school hygiene. Also considered will be a number of other initiatives to improve the well being of the town's schoolchildren, including the introduction of Artificial Sunlight treatment and voluntary-aided summer camps. A 1925-26 analysis of the Open Air School, with a particular emphasis on the nutritional aspects of its regime, will be studied. The operation of the school medical service in the surrounding Lancashire administrative area will be examined, to identify any significant differences from Preston. Finally, the extent to which the initiatives taken between 1926 and 1931 improved education welfare in Preston and supported further developments will be considered. Did these developments reflect a changing ethos, or simply a policy of consolidation amidst continuing, albeit slightly relaxed, financial constraints?

3.2 Preston educational provision.

When assessing the development of educational provision in Preston between 1926 and 1931, the local education authority's response to the Fisher Act is primarily pertinent. The Hadow Report had a particular significance in advancing the thinking on the post-primary stages of education and expanding secondary education opportunity, but Preston's plans specifically related to this would be delayed until the later 1930s.[218] The authority's secondary school objectives in response to the Fisher Act had been met with the acceptance of Lark Hill Convent School for girls into the secondary school orbit in 1921, and by the Grammar School's on-going extension. In 1926, with the opening of the new school of St. Gregory's at Deepdale, there were forty elementary schools, including the two selective central schools, five secondary schools, plus the Harris junior technical and commercial schools.[219]

On 29 April 1926, the Education Committee agreed its education programme for the next three years. The programme included the building of five Council schools, including one central school, and also a manual instruction centre. The new Council schools, which would include a centrally located one accommodating 900 pupils, would lead to the closure of three non-provided schools. The Committee reported that these developments would require increased expenditure over the next three years, amounting to £12,259.[220] Mindful of the suitable geographical distribution of schools, the Committee reported that it would have to consider providing a Council school on the east side of the town. The Park (grammar) School for girls and the boys Grammar School were both full, although the additions to the Grammar School would progressively ease

[218] Simon, 1974, pp. 128-129.
[219] 1926 Annual Report, Preston School Medical Service, (accommodation tables).
[220] Preston Council Meeting Minutes, 29 April 1926.

the situation there.[221]

The Committee referred to further developments in the longer term, which would include secondary schools, but these plans still had to be determined and would not be finalised until after 1930. A delaying factor may have been the balance between the political parties on the borough council (in 1930, 20 Labour, 17 Conservative, and 11 Independent councillors).[222] This suggests that a consensus would have been needed to resolve important issues. For instance, a difficult aspect of the planning was the large number of existing different denominational schools in the borough. These amounted to 75 per cent of schools even in 1938, when the plans were belatedly published. Significantly, a motion then to defer the school reorganisation scheme was defeated 32 to 5. This clearly transcended party boundaries, with a council representation by 1938 of 15 Labour, 21 Conservative and 12 Independent councillors.[223]

On 25 June 1928, the President of the Board of Education, Lord Percy, opened Deepdale Modern School, Preston's first Council central school. The school provided accommodation for 320 boys and girls between the ages of 11 and 15. The building's reported cost, excluding fittings and furnishings, was over £20,000.[224] Although four additional central schools had been planned in response to the Fisher Act this was the only one to be built during the period 1919-1939. The opening of the Ribbleton Avenue Council School followed in 1930 and the Stoneygate Nursery School was opened in 1931.[225]

The Fisher Act and the subsequent Hadow Report demonstrated a continued national commitment to improving and extending education for working class children.

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[221] The *Preston Guardian*, 1 May 1926.
[222] *Lancashire Daily Post* Reports 1930.
[223] Preston Council Meeting Minutes, 26 May 1938.
[224] 'New Central School', *Preston Guardian*, 30 June 1928.
[225] 1931 Annual Report, Preston School Medical Service, p. iii.

It is apparent that Preston sought to respond to these initiatives and did achieve some degree of success. However, the national economic situation seriously undermined the Fisher/Hadow objectives and continued to impose constraints. As a result, the period saw no real Government initiative to raise the school leaving age or to engage in an extensive school building programme. There were also logistical difficulties in relation to reorganisation and in Preston the high proportion of voluntary schools posed difficulties. Consequently, only a limited school building programme was approved and achieved. It was within this context that the school medical service had to operate.

3.3 The Open Air School: an assessment of its contribution.

The Open Air School, opened in 1919, represented an early response by Preston's Education Committee to the Fisher Act's proposals for special schools for physically and mentally 'defective' children. Consideration of its regime provides useful insights into the more general education welfare standards of the day in Preston and beyond, whilst bearing in mind that the school would usually aim to correct and improve the child's physique. Its principal objectives (according to Preston's 1926 Annual School Medical Report) were, apart from the educational side, to improve the health and well-being of the children through the provision of good food, the utilisation of fresh air and daily medical supervision. The Report also indicated that it was hoped to inculcate values in regard to hygiene, personal cleanliness and diet that would be of lasting benefit to the children, 'to learn the value of health and the necessity for guarding it as carefully as possible'.[226] In June 1925, a department for mentally defective children was opened at the school. Overall, the school provided facilities for up to 200 children, selected on the

[226] 1926 Annual Report, Preston School Medical Service, Harris Reference Library, p. xxviii.

basis of medical inspection and referrals.[227]

The Annual School Medical Reports for 1925 and 1926 describe the school's facilities and procedures, with a particular emphasis upon the dietary arrangements. Further to this, the 1926 Report includes an analysis of the school statistics, in an attempt to measure the extent and cause of improvements in the health and fitness of children admitted. Whilst there is only a very limited comparison made with what are termed 'normal' Preston children, the reports do provide some useful indicators, for example, in revealing what was considered to be an acceptable standard of nutrition - presumably identified by the school medical service and applied at the school.[228]

The school was situated on the northern side of Moor Park in the Deepdale area of the town. It was not purpose built, but adapted in 1919 from a V.A.D. military hospital vacated following the war.[229] The site was described in the 1925 Report as 'favourably placed as regards its atmospheric surroundings'. Children attending the school who lived beyond a reasonable walking distance received free tram tickets for their journeys. The buildings contained offices, teachers' rooms, kitchens, dining rooms, medical inspection and treatment rooms, cloakroom and drying rooms - with spare clothing and footwear available, bathrooms and lavatories. In 1925, 16 needle baths were installed to replace the slipper baths, to enable each child to have at least one bath every week, an objective in fact attained during the year.[230] During 1925, 139 children (77 girls and 62 boys) were admitted and re-admitted and 92 children were discharged (51 girls and 41 boys). The age range of the children admitted was between 6 and 13 inclusive. The average length of stay of those discharged in 1925 was about 18 months.

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[227] Ibid., pp. xx-xxx & xxxiii-xxxiv.
[228] Chapter one (p. 46.) has described the national uncertainty regarding adequate nutrition.
[229] 'Voluntary Aid Detachment' - a wartime auxiliary arrangement.
[230] (5,997 baths were given to an average daily attendance of 112 (physically defective) children).

Mentally defective children were only admitted from June 1925 and were therefore not included in these returns.[231]

The admitting of physically defective children to the school and the duration of their stay was decided on the basis of their disability, home conditions, response to the school environment, the number and type of cases on the waiting list, and the time of year when admitted. The stated objective was to 'do the greatest good for the greatest number of children'.[232] Regarding the medical supervision of children at the school, they were examined immediately before admission, thereafter routinely every few months and also prior to discharge. Special examinations would be carried out whenever 'necessitated by their physical condition'.[233] Further to this, the children were weighed at regular intervals. A school nurse was in attendance at the school for a part of each school day and she further assisted by following up the children who required a home visit. Minor ailments treatment was carried out daily by the school nurse, under the direction of the school medical officer and arrangements for any further treatment required were made on the same basis as that for other elementary school children.

The 1925 Report stressed that the mentally defective children were accommodated separately, although within the same buildings, to facilitate the treatment of what were often similar physical defects. The basic criterion controlling the admission of mentally defective children was that they were 'defective to the extent of being unable to obtain proper benefit from instruction in an ordinary school, but who were not of too low a grade to benefit by special teaching'.[234] Distinguishing these children from those who were 'merely dull or backward' was based upon teachers'

[231] 1925 Annual Report, Preston School Medical Service, pp. xvii-xx.
[232] Ibid.
[233] Ibid.
[234] Ibid., pp. xxii-xxiv.

reports of children who were educationally retarded by three or more years. The children were then examined by the school medical officer and mentally assessed through "The Stanford Revision of the Binet Simon Tests", a well established procedure used by the London County Council and other large education authorities.[235]

The assessment was carried out over a six months period, during which time the parents were also interviewed to determine the previous health and family history of the children. According to the Report, 'In many cases, the mentality of the parents was so low, that little reliance could be placed on their information, whilst in others the natural inclination to hide a history of alcoholism or insanity would no doubt prevent such information being given'. Of the 235 children examined in 1925, 5 were certified as 'idiots', 18 as 'imbeciles', 130 as 'feeble-minded'. 82 were not considered to be defective within the meaning of the 1913 Mental Deficiency Act, although in almost every case they were found to be dull or backward.[236] A later Annual School Medical Report (1930) described these conditions as:- idiocy – severe mental retardation: imbecility – mental defectiveness, not amounting to idiocy, but not capable of managing themselves or their affairs, or, in the case of children, being taught to do so: feeblemindedness – mentally defective, but not amounting to imbecility, requiring care, supervision and control for own protection.[237]

The 1925 Report showed a total of 81 mentally defective children attending the school at the end of the year, comprising 48 boys and 33 girls, but it did not categorise these children further. The 1926 Report included a categorisation of boy and girl groupings by intelligence quotient categories, finding, for example, a greater extreme of deficiency, from slightly defective to very defective, amongst girls than boys. However,

[235] Ibid.
[236] Ibid.
[237] 1930 Annual Report, Preston School Medical Service, pp. xvii-xviii.

the average intelligence quotient of the girls, at 65.0, was reported as slightly higher than that of the boys, at 64.4. The Report did not describe the methods used to determine the figures, nor did it offer any conclusions drawn from them.[238]

Physically defective children attending the Open Air School were fed at school. The meals comprised breakfast on arrival at 9.00 a.m., dinner at 12.15 p.m., and a light afternoon meal at 3.00 p.m. Parents were charged 3/- per week if they could afford it. If 3/- was beyond their means the charge was reduced, or even waived altogether if necessary. Having these meals at school was a compulsory part of the education and treatment regime for the physically defective children. The parents of mentally defective children had the option of letting their children have the school meals or of feeding them at home. Those who took the school meals had them 'a little earlier than the physically defective children and in a different part of the dining room'.[239]

According to the 1925 Report, the menu had been 'carefully drawn up' by the local authority to provide the children with what was considered to be the best possible food value for the money spent and a diet to the value of 1,270 calories daily had been established.[240] The Report conceded that this calorie value was not as great as some local authorities claimed to be necessary. However, it pointed out that this was additional to the food provided at home. Preston therefore considered this to be an adequate and reasonably balanced diet that was, in itself, sufficient to remedy earlier physical deficiencies and facilitate any required weight gain. These arrangements do not appear to include adjustments in respect of over-weight children.[241] The diet included over half a pint of milk per child daily, bread and fresh vegetables daily, fresh meat four

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[238] 1925/1926 Annual Reports, Preston School Medical Service, pp. xxii-xxiv & xxxiii-xxxiv.
[239] 1925 Annual Report, Preston School Medical Service, p. xviii.
[240] Ibid.,p. xviii.
[241] There is evidence in chapter four (p. 126) of a subsequent recognition of overweight malnutrition.

times per week, fresh fruit, (usually apples), supplemented by dried fruit such as prunes. There was recognition in the Report of a possible deficiency in the supply of fresh fruit in relation to meeting vitamin requirements. It was thought, however, that there was a greater likelihood of children receiving an occasional apple or orange at home, than an adequate supply of fresh milk. Reference was made to the importance of vitamins, together with a claim that 'no case of disorder due to vitamin deficiency had so far been discovered in the school'.[242]

The 1926 Annual Report includes the Open School Dietary as follows:[243]

Breakfast, 9 a.m.

1. Bread and milk, or Porridge and milk.
2. Baked apples, or stewed prunes, or bread and butter, or bread and jam.
3. Cocoa and milk.

Dinner, 12.15 p.m.

1. Shepherd's Pie (beef, potatoes, onions), or Irish Stew and bread, or meat pies, potatoes and vegetables, or meat soup, potatoes and bread, or Butter Pie.
2. Custard and fruit, or Roly-Poly Pudding, or stewed fruit, or Rice Pudding.

Afternoon Meal, 3 p.m.

1. Milk.
2. Cakes, or bread and jam

[242] 1925 Annual Report, Preston School Medical Service, p. xviii.
[243] 1926 Annual Report, Preston School Medical Service, p. xxvi.

A period of supervised rest following dinner was also part of the daily routine. This was taken lying on stretchers, in the open air if the weather was suitable, or if not, in a large airy room.[244]

The 1926 Report included an extensive survey of the progress of children attending the school in 1925-1926. The objective was to assess the extent to which the school had contributed to the improvement in the physical health of the children. It was recognised that concurrent observations with a number of public elementary and other special schools of similar size would be required to claim definitive conclusions, but the Report considered that on a more limited basis the exercise could still provide useful indicators. The timing of this exercise was opportune, in that a special anthropometric survey carried out in 1926, at the request of the Board of Education, had provided information relating to the weights of Preston schoolchildren of varying ages.[245] These figures were used to compare Open Air schoolchildren with 'normal' Preston schoolchildren as defined in the anthropometric survey. Although other measurements were available from the survey it was decided that weight gain would be the best indicator of a good response to the school's regime in assessing improvements in health. Accordingly, the ages at which children were admitted and discharged; their weights at entry and discharge, noting the average monthly gain; their lengths of stay; were all analysed. The range of disabilities present upon admission was listed and the subsequent history of children discharged as 'fit' was considered.[246]

The survey provided evidence of sustained weight gain for the majority of children during their stay, together with evidence of an improvement in the general

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[244] Ibid.
[245] 'Anthropometric' - the comparative study of sizes and proportions of the human body.
[246] 1926 Annual Report, Preston School Medical Service, tables S to L, pp. xxix-xxx..

health of those discharged. It was noted that it might be considered that 'undue prominence' was being given to the weight factor, but it was argued that this would give the most useful indication of 'the child's response to its physical environment and of its general level of health'.[247] An analysis of survey results was included in the Report. For example, 92 per cent of 222 children observed in 1926 gained weight, 6 per cent lost weight and 2 per cent remained the same. The comparison with other Preston schoolchildren showed that whilst the average weight of entrants was 3.85 lb. below the 'normal' weight identified by the anthropometric survey, the average weight of fit leavers[248] was .5 lb. above the normal and that of all leavers 1.5 lb. below normal.[249]

Table 4. Analysis of weight gain and loss of Open Air schoolchildren.

Number of children observed	222
Percentage who gained weight	92
" " lost weight	6
" " remained same	2
Average gain for all	4 lb. 9 oz.
" " for those who gained	5 lb. 1 oz.
Average loss for those who lost	1 lb. 1 oz.

Table 5. Weight comparison: Open Air School entrants with 'normal' Preston children.

Age	Open Air School entrants 1925-6	Normal Preston children
8 - 9 years	47.5 lb.	52.0 lb.
12 - 13 years	68.3 lb.	71.5 lb.
Average	57.9	61.75
Difference	-3.85	

Table 6. Analysis of children's weight when discharged from Open Air School.

	Fit	All
Average age of children discharged	12 yr. 4 m.	12 yr. 0 m.
Average weight of children discharged	71 lb.	67.5 lb.
Average weight for age	70.5 lb.	69 lb.
Difference from normal	0.5	-1.5

[247] Ibid., p xxii.
[248] i.e., children considered no longer suitable for retention at the school on the grounds of ill-health.
[249] 1926 Annual Report, Preston School Medical Service, table C, p. xxii.

Although the mentally defective children were included in these analyses their situation differed. For example, the mentally defective were not necessarily also physically defective and their length of stay was usually much longer. Although they did not all have their meals in school, these children also showed a gain in weight over an observed period of 9 months in 1926, gaining an average of 10 oz. per month. This was close to the 11 oz. per month gained by the physically defective children.[250] Other statistical evidence in the report regarding the mentally defective children included an analysis of their intelligence quotients, noting differences between boys and girls. There was also a table showing the subsequent history, including jobs, of such children discharged from the school in 1926.[251]

Of 109 physically defective children who were discharged in 1926, it was reported that 66 were fit to attend the former school or commence work. Others left for various reasons, for example, 'left the district' and 28 were found to be unfit to attend any school. However, the Annual Report did accept that attendance at the Open Air School, whilst improving hygiene consciousness and the general state of health, could not be expected to cure the underlying serious conditions present in some cases, for example, organic heart disease. It was also noted that poverty and the home environment of many of the children remained a continuing problem.[252]

The Report referred to a change in policy with regard to the discharge of older children from the school. In 1926, 44 per cent of the children discharged were over 13 years of age. Whilst it had been the policy to allow children within six months of the school leaving age to remain until then, it was now thought to be to the children's advantage to return them to their normal school first. This seemed to be have resulted

[250] Ibid., table E, p. xxiii.
[251] Ibid., pp. xxxiii-xxxiv.
[252] Ibid., p. xxvi.

from apparent employer (and possibly community) prejudice, in that an Open Air School child may have been perceived as 'one of the delicate ones' even when demonstrably restored to fitness.[253]

What can be said of the Moor Park Open Air School and its impact on provision in Preston? With reference to Welshman's critical comments on the Board of Education, the medical service at this special Preston school was not relying on a programme of physical education to compensate for bad nutrition. Nor was it failing to recognise the effects of poverty and unemployment. At the school, medical and nursing services appear to have been well provided within an environment maximising both light and airy conditions. Good teaching facilities were provided and special attention was given to rest, diet and bathing arrangements. Moreover, there was an attempt to measure the nutritional benefits. In that connection, the background poverty and other related factors were taken into account and efforts were made to inculcate values that might mitigate past poor domestic arrangements. However, it is clear that these considerations were recognised as possible limiting factors in the school's effectiveness. The mentally defective children derived similar physical benefits within an environment that also provided for their special educational needs. It will be seen in the next chapter, that the regime developed at the Open Air School set a pattern for the subsequent operation of the Stoneygate Nursery School. The chapter also shows an increasing desire to address malnutrition as a broader issue - which may have also been influenced by the school's policies.

What does appear to have been missing from the stated regime was a programme of physical education. Perhaps it was simply not reported. The school's location lent itself to walks and play in the park and this may have been considered enough for

[253] Ibid., p. xxiv.

'delicate' children. Maybe, in these circumstances, physical education classes were regarded as relatively unimportant. It is noted, though, that at this stage Preston had no physical training instructors for its elementary schools.

3.4 Serious issues affecting health addressed through the period.

1. School hygiene.

The 1926 Annual School Medical Report included the findings of a survey conducted in all the public elementary schools in Preston.[254] It reported that whilst most of the schools were in a satisfactory state of repair, few reflected modern school building requirements. Many of the schools separated a large room by partitions to serve as classrooms for several classes. Cloakroom accommodation was usually inadequate and there was mostly no special provision for drying wet clothes. Ventilation was generally poor, causing either stuffy or draughty conditions. High movable windows were both difficult to adjust and repair. There was restricted sunlight due to poor building-design and, often, dirty windows. The artificial lighting systems were generally adequate, except for a few which still had gas lighting. Heating systems were unsatisfactory, and water closet and urinal accommodation was poor. Playground accommodation was generally inadequate, whilst some schools had none. Stevenson refers to a national situation where the physical condition of many schools remained poor into the 1930s, 'grim Victorian fortresses, ill-lit, badly ventilated and with primitive sanitary arrangements, where facilities for physical education, practical work and scientific

[254] 1926 Annual Report, Preston School Medical Service, pp. iv-v.

education were virtually non-existent'.[255]

Returning to the same theme, the 1928 Annual Report commented on the poor state of Preston's old school buildings. The majority of these had been founded by the Churches and were built to an ecclesiastical style not conducive to good lighting and ventilation. The Report commented on inadequate washing accommodation, with insufficient basins, hot water and towels and it was particularly critical of the toilet arrangements in the schools. Many of the urinals were without satisfactory flushing arrangements and were of the trough type, which it stated would not be sanctioned in the construction of a modern house.[256] There was also sometimes a lack of privacy when using closets, due to the absence of doors, which was particularly a problem in senior departments. Further to this, few schools had modern conveniences for staff.[257]

What was the purpose of these two strongly worded Annual Reports? They were certainly condemnatory in their assessment of the majority of Preston's elementary school buildings and their facilities, in terms of providing a satisfactory, hygienic, teaching environment. This situation was exacerbated in Preston by the high proportion of church schools in the town, utilising old, inadequate buildings. Although both of the Reports made reference to routine alterations and repairs, neither of them included major recommendations towards remedying the situation. A reasonable inference to be drawn from the tone of the Reports, therefore, is that it was considered that the situation would be improved only when the schools were replaced. It is probable that these Reports were intended to provide some impetus to that process.

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[255] Stevenson, 1984, p.258.
[256] The borough had 28,900 water closets and 480 waste water closets, but only 14 trough closets, apart from those in schools and factories, 1928 Annual Report, Preston School Medical Service, p. vi..
[257] 1928 Annual Report, Preston School Medical Service, p. vi.

2. Children with crippling defects.

The 1926 Annual School Medical Report referred to proposals for the supervision and treatment of crippled children that had been approved by the Education Committee and were before the Board of Education for approval.[258] The Report included the results of a study of crippling defects affecting Preston elementary school children. The study assessed 103 crippled children, comprising 10 under five years old and 93 between five and fifteen amongst approximately 16,500 elementary schoolchildren. The 103 children were examined by the assistant school medical officers to determine:-

1. The nature of the crippling condition.
2. The treatment considered necessary.
3. The nature of appliances considered necessary.
4. The arrangements necessary to facilitate education.

In terms of diagnosis and treatment the survey found that six of the children required orthopaedic operations, four required operations to correct cleft palates, eighteen required some form of electrical treatment or massage, fifty-one required periodical supervision and the remaining twenty-four appeared to have reached a 'fixed and final stage'. Regarding splints and instruments, twenty-three of the children required walking splints, nine required surgical boots, five required spinal supports, one required an artificial limb, four required 'elaborate' bed frames and sixty-one did not require apparatus. Addressing their educational needs it was found that seventy-seven children were able to attend an ordinary public elementary school. Sixteen (of whom seven

[258] Preston Council Meeting Minutes, 29 April 1926, Lancashire Record Office.

would require a conveyance) could attend the Open Air School, plus a further two who could attend the mentally defective side of this school. Two could attend a residential hospital school. One child was not suitable for any school at present, whilst two had left school, one had left the town and two were under school age. The Report stated that a scheme to support the arrangements for the treatment and education of these children was under consideration.[259]

Following the inauguration in October 1927 of an Orthopaedic Clinic, the 1928 Annual Report described its operation and included an analysis of the diagnosis and treatment of the crippling defects that affected Preston schoolchildren. During that year, of the 174 cases known to the school medical service, 144 children were in attendance at public elementary schools, 2 were at certified hospital schools, and 28 were not attending school. 88 new cases attended the Orthopaedic Clinic for the first time in 1928. The clinic opened with one surgeon's clinic session per month and one nurse's clinic session per week. However, to cope with the volume of work, the Education Committee agreed that this should be increased from January 1929 to a whole day (two sessions) surgeon's clinic per month and a whole day nurse's session per week.[260]

During 1928, there were 755 total attendances at the clinic comprising the 88 new cases, a further 194 seen by the surgeon, including re-examinations, and 473 seen by the nurse for remedial exercises, splint and appliance fittings and general case review. The attendance expenses were shared between the Education Committee, the Tuberculosis Committee and the Child Welfare Committee, comprising 562, 48 and 145 attendances, respectively, based upon the origins of the defects. A review of the 88 new cases in 1928 reveals that 18 were caused by poliomyelitis and 8 were of tubercular origin. A further 8

[259] 1926 Annual Report, Preston School Medical Service, pp. viii-ix.
[260] 1928 Annual Report, Preston School Medical Service, pp. xxii-xxv.

were deficiency diseases and 17 were congenital diseases. 18 resulted from injuries at birth, including palsies and 2 were late hereditary defects. 15 were described as postural defects and there were 2 injuries. 41 of the new cases were boys and 47 were girls.[261]

Table 7. Analysis of range of crippling defects found.

	Polio.	Tubercular	Deficiency	Congenital	Birth injury	Hereditary	Postural defects	Injuries
No.	18	8	8	17	18	2	15	2
%	20	9	9	19	20	2	17	2

Fifty-two children were fitted with a wide variety of splints and appliances to alleviate the effects of their conditions. Some of these were purchased from specialist manufacturers, but many were obtained at special rates from the workshops attached to Orthopaedic Hospitals. The cost of the appliances was shared between the authority (61 per cent) and parents (39 per cent). Twenty-three children were admitted to specialist hospitals in Liverpool for short-term treatment and eight children were admitted to a residential hospital school in the same city, for lengthier periods of stay. Depending upon their means and the nature and extent of treatment parents were requested to contribute minimally to the costs.[262]

What conclusions can be drawn on how the Preston school medical service sought to help schoolchildren with crippling defects by its 1926 initiative? It is evident that a careful study was carried out to identify all the affected children, the nature of their defects and how to best meet their medical and educational needs. The number amounted to a small percentage (0.62%) of Preston elementary schoolchildren. The planned opening of an orthopaedic clinic in 1927 was undoubtedly associated with the timing of the exercise and probably reflected Preston's progressive but cautious development of its education welfare services. There is evidence of a positive approach

[261] Ibid, p. xxiii.
[262] Ibid, pp. xxiv-xxv.

to providing hospital and other treatments, the supply of appliances and a planned expansion of clinic services, with possibly a modest financial contribution sought from parents. It was found that education needs could be met in the majority of cases in the borough's ordinary and special schools, with only one child found to be at that time not suitable for any school. It is evident that Preston's developments were to the forefront of a national initiative in providing orthopaedic treatment for crippled children. Nationally, the number of authorities providing this form of treatment rose from 85 in 1925 to 270 in 1938, whilst those providing specialist orthopaedic clinics increased from 70 to 382 through this period. [263]

There was limited provision for children with crippling defects prior to 1926. This was done through local hospital services, as reported in 1920, when the school attendance of affected children was also noted.[264] However, 1926 marked the introduction of a co-ordinated strategy for dealing with the medical and educational problems of crippled children, supervised through the medium of the school medical service orthopaedic clinic.

3. Dental care.

Previous Annual School Medical Reports had referred to school dental service problems, but the 1931 Report particularly illustrated the continuing difficulties faced by the school dental surgeons in providing an adequate service. The 1929 Board of Education Report made the important point that although 304 authorities had introduced the provision of dental treatment, inadequate facilities meant that the coverage by some

[263] Harris, 1995, p. 110.
[264] 1920 Annual Report, Preston School Medical Service, p. 10.

of them was incomplete.[265] In 1931, a serious situation had developed in Preston through the prolonged illness and subsequent death of one of the two school dental surgeons, Mr. Hutson. This had reportedly resulted in the build-up of ten months arrears in routine inspections. The Annual Report stated that during the year caries had progressed to what was described as an 'alarming' extent. 72 per cent of those examined at the 22 schools inspected during the year required fillings, compared with 48 per cent in 1930. Also, it was reported that the degree of decay was more severe, requiring longer treatment. A subsequently augmented staff of three dental surgeons had regained some of the leeway in treating 6,070 children at the clinic, comprising 2,502 routine cases and 3,568 'casuals'.[266] This compared with 4,623 (1,499 routine and 3,124 casuals) in 1930, increasing routine cases by 67 per cent and casuals by 14 per cent. It was noted that whilst most of the casuals were for the removal of first teeth in the six to ten year old group, resulting from toothache or abscess, the later age groups, notably eleven to thirteen year olds, revealed the highest number of extraction's of permanent teeth. These teeth were usually the six years old molars in cases where conservative treatment had been refused.[267]

The Report continued: 'It is noted that many parents consistently refuse to allow their children's teeth to be saved by fillings when such treatment is advised, yet are quick to demand extraction's as soon as pain is experienced'. The view was expressed that school dental treatment might be more successful if repeated refusals of treatment by fillings deprived children of the right to have extraction's at the clinic. This would allow resources to be concentrated on the more profitable field of those who, whilst

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[265] 1929 Board of Education Report, Lancashire Record Office, p. 62.
[266] 'Casuals' - a term used in the Annual Reports to describe non-routine dental clinic attendances, for example, to deal with toothache.
[267] 1931 Annual Report, Preston School Medical Service, p. viii.

refusing treatment at first, often through the mistaken idea that the teeth in question belonged to the temporary set, accepted treatment later after explanation. The acceptances amounted to 65 per cent of those found to require treatment, a decrease on the figures of 77 per cent for 1930, 76 per cent for 1929 and 76 per cent for 1928. This was 'attributable in some measure to the drastic curtailment of the following-up, in the effort to make a complete round of the schools in a shorter time'.[268]

The dental report concluded with the results of an investigation of over 900 cases. This revealed that 42 per cent of these children either did not clean their teeth at all, or else so infrequently as to be of no practical benefit. The dental surgeons considered that a formal scheme of instruction on dental hygiene, delivered to all of the children at regular intervals, might more effectively improve this situation than the existing occasional talks by the teachers about tooth decay.[269] With the permanent appointment of a third dental surgeon, the school dental service immediately took on additional demands with the inclusion of the secondary schools from 1931.

It is clear from this account of the problems that the school dental service faced two major difficulties. Firstly, there was an insufficient number of staff and clinics, which made it difficult to maintain the inspection and treatment cycle on the desired annual basis. This difficulty was likely to continue, because even when a third permanent dental surgeon was appointed in 1931, the service increased its coverage to include the secondary schools. Secondly, parental attitudes militated against the saving of teeth by fillings and this resulted in subsequent preventable extractions. Although the dental surgeons favoured pursuing a direct approach to the children to correct the poor standards of dental hygiene found, apparent parental indifference was likely to be a

[268] Ibid, pp. viii-ix.
[269] Ibid, p.ix.

continued cause of tooth decay. Even so, the dental service's value was obvious and this was strikingly illustrated by the rapid deterioration of schoolchildren's teeth during the long absence of a school dental surgeon. However, further increased resources and better dental hygiene were clearly required to improve the quality of the dental service.

4. Rheumatic disorders.

The 1931 Annual School Medical Report included a special report on 'rheumatic infection', which it referred to as the most common cause of any individual prolonged absence from school. During the year under review, 31 cases of chorea and 32 cases of rheumatism were seen at medical inspection and in the clinics. It was considered that to prevent serious complications in such cases a 'modified school curriculum, with sufficient rest and absence of nervous tension' was necessary. However, it was thought that treatment on Open Air School lines would not be suitable for rheumatic children. It was suggested that ample warm clothing, together with a full diet, including cod liver oil and malt, plus extra milk, would be beneficial. It was noted that a few rheumatic cases showed a history of scarlet fever immediately preceding the onset of rheumatism. The Report expressed the view that it would be a 'distinct advantage' if arrangements could be made for the prolonged residential treatment of severe rheumatism cases. Finally, it was observed that 'about a third of all rheumatic cases develop heart disease' and 'many of these individuals are rendered permanently unfit for employment and thus become a charge upon the community'.[270] Overall, the Report reflected a very generalised approach to rheumatic disorders and possibly some confusion as to their nature and causes. For example, chorea, a disease of the central nervous system, is included in this

[270] Ibid, p.xii.

section. Similarly, the proposed treatment and school regime for affected children appears to be equally generalised, although not unhelpful to their general health, in being non-specific in relation to particular conditions.

3.5 Medical inspection and treatment development: other services.

1. Artificial Sunlight treatment.

The 1926 Annual School Medical Report referred to a proposal to install artificial sunlight treatment at the Open Air School.[271] This was duly approved and the Artificial Sunlight Clinic was opened here in March 1928. Two clinics were held weekly for children selected by an assistant school medical officer. These children would either be already attending the Open Air School, or would have been recommended for treatment at routine school medical inspections, or from the medical inspection clinics. It was intended to expand the scheme from 1 April 1929 to include children under school age recommended for this treatment by the Maternity and Child Welfare Department. Of the 105 children, comprising 50 boys and 55 girls, who underwent a course of treatment consisting of ten exposures, 14 did not complete the course (13.3 per cent), including 2 who were adversely affected. There was variable evidence of weight gain by children who completed a course of treatment. 52 per cent of the children gained weight (average gain 24oz), 12 per cent of the children lost weight (average loss 14oz), and 36 per cent were stationary. The Report suggested that these figures could be regarded as 'rough approximations of the percentage of selected cases in which good results may be

[271] 1926 Annual Report, Preston School Medical Service, p. iii.

looked for'.[272]

How effective would artificial sunlight treatment prove to be? According to Newman in 1928:- 'agreement is almost unanimous as to the tonic effect of ultra-violet radiation on debilitated children - shown by their improved appetite, activity and nervous stability'.[273] More cautiously, Preston's school medical service reported that it was too early to comment on the treatment's usefulness, but suggested that in common with the findings of other observers it appeared that some conditions were 'most amenable' to sunlight therapy. These were rickets, glandular tuberculosis and general debility. Results in the cases of chorea and anaemia were not as successful as some earlier reports had suggested were likely, for although the children 'looked better and healthier' there was little actual change in their conditions. There was little success noted in the treatment of bronchitis and only partial success in the treatment of ringworm. However, in children with rickets the bone lesions quickly healed under sunlight treatment. Significant improvements were reported in glandular tuberculosis. Children with general debility were often 'much more energetic and in better health' following sunlight treatment, although it was recognised that 'the original physical defect of growth' was still present.[274]

2. Other contributions to education welfare.

Although the Preston Education Committee was apparently unwilling during this period to appoint physical training organisers for its elementary schools, it did in a limited way promote organised physical education through evening classes. Reflecting

[272] 1928 Annual Report, Preston School Medical Service, pp. xxv-xxvi.
[273] Harris, 1995, p. 111.
[274] 1928 Annual Report, Preston School Medical Service, p. xxv.

its close interest in local education welfare matters, the *Preston Guardian* featured an article on 13 March 1926 on the progress of the Preston Physical Training Centre and Gymnasium School at Moor Park. According to this report the centre, which was under the direction of the Education Committee, was open for classes on three evenings per week for boys and young men only, numbering 135 at that time. A qualified instructor taught jujitsu, boxing, Swedish and primitive gymnastics, and apparatus work which included training on the parallel bars. Displays had been given in various towns and the students had entered and won team championships.[275]

Other contributions to the health and well being of boys and girls came from various sources. On 1 May 1926, the *Preston Guardian* reported that through the generosity of the Rotary Club of Preston, a permanent training camp for the Preston and District Boy Scouts Association had been opened at Whitestake. It was thought that this would considerably increase the Association's scope and 'naturally hold out a greater attraction to the youth of the town'.[276] Already there were 28 troops of scouts and 12 packs of cubs in the area, involving over 1,000 boys. There was also a well-established Preston and District Girl Guides Association, which held annual Rallies. On 14 August 1926, the *Preston Guardian* reported that over 100 boys from Roper's School, Preston, had camped during Preston Holiday Week, near Longton Marsh. St. Wilfrid's Christian Doctrine Fraternity had made all the arrangements for the camp, which was under the direction of Mr. T. Stirziker, headmaster of Roper's School. The boys had been reportedly well fed and 'the holiday had not only been health-giving and enjoyable, but had also been educational'.[277]

Even though it may be difficult to assess the contribution to the health of

[275] 'Physical Training Centre', *Preston Guardian*, 13 March 1926.
[276] 'Training Camp', *Preston Guardian*, 1 May 1926.
[277] 'Schoolboys Under Canvas', *Preston Guardian*, 14 August 1926.

schoolchildren made by such organisations as the Boy Scouts and Girl Guides, they did provide a range of useful and recreational indoor and outdoor activities. They also strove to develop a healthy living style and inculcate good values in their members. The summer camps and rallies provided communal activity, fresh air, physical exercise, fun and good food. As these and other groups were well-supported organisations throughout the period their role would have been significant in contributing to the health and well being of the participating local children.

3. A review of medical inspection and physical education policies.

The detailed reporting of the inspection of children continued through the period and revealed a continuing shift in emphasis from a concentration on routine medical examinations to the greater use of special examinations and re-examinations. This reflected the growing national criticisms of the effectiveness of routine examinations in maintaining the health and physical condition of schoolchildren.[278] In the critics' views, routinely examining each schoolchild every four years, whilst demanding of time and resources, still allowed much to go wrong in the meantime. Consequently, although the level of routine examinations was maintained, the observing of children with possibly developing conditions such as tonsils and adenoids, or anaemia, through re-examination, together with special examinations where indicated, was increasingly considered to be a more effective strategy prior to treatment. Further to this, it was argued that differences between authorities in the measurement and interpretation of routine inspection results provided misleading statistical information.[279]

In Preston, the change also reflected the authority's increased resources. The

[278] Harris, 1995, pp. 104-105.
[279] Ibid., p. 107.

third school medical officer's appointment in 1925, together with the additional inspection clinics opened in 1925 and 1930, facilitated the carrying out of more special and re-examinations. Between 1927 and 1930, the total number of examinations increased by 17 per cent, from 13,884 to 16,170 per year. Of those totals, routine examinations increased by 5 per cent, from 5,629 per year to 5,887. Special examinations increased by 11 per cent, from 2,843 per year to 3,147, of which 3,015 were clinic based. Re-examinations increased by 32 per cent, from 5,412 per year to 7,136, of which 4,998 were clinic based.[280] These figures reveal a substantial change from 1920, when, of a total number of 7110 examinations, there were 6,274 routine examinations, only 155 special examinations, and just 681 re-examinations.[281]

Table 8. Analysis of changes in medical examination strategy, 1927-30 / 1920.

Year	Routine	%	Special	%	Re-examination	%	Total
1920	6,274	88	155	2	681	10	7,110
1927	5,629	41	2,843	20	5,412	39	13,884
1930	5,887	36	3,147	19	7,136	44	16,170

The continued lack of a qualified physical training organiser and the absence of proper gymnasiums in the elementary schools were commented on in the Annual Report for 1930 – in a manner perhaps reflecting a growing concern. The Report stated that 'PT is undertaken by the teachers in a very efficient manner, despite these handicaps and great credit is due to them for their excellent service in this matter. Playing fields having been made on Penwortham Holme and Frenchwood and with the parks in the other quarters of the town, ample facilities are available for the children to play organised games'.[282] Continuing an upward trend, swimming attendances from schools had now

[280] 1930 Annual Report, Preston School Medical Service, table xi, p. xxxii.
[281] 1920 Annual Report, Preston School Medical Service, table 1, p. 25.
[282] 1930 Annual Report, Preston School Medical Service, p. xvii.

risen to 20,178.[283] Emphasising the elementary school physical education disadvantage, it was reported that the secondary schools all had well equipped gymnasiums and apparatus. PT was a formal part of their curriculum under the direction of specially trained teachers and each school had its own playing fields for properly organised games.

3.6 The Lancashire School Medical Service in 1928.[284]

As was indicated in the introduction to this chapter, the Lancashire County School Medical Service was administered by the Lancashire Education Authority. It was responsible for those areas of the county not covered by the county boroughs, or by the 27 municipal boroughs and larger urban districts also responsible for their own elementary schools administration. The administrative county population for elementary school purposes was 965,760. The average number of children on the school rolls was 131,929 and the average number in attendance was 115,831, taught by 4,186 teachers. There were 682 schools, comprising 141 council and 541 non-provided schools, two-thirds of which were one to nine miles from the nearest railway station.

The senior School Medical Officer, J. J. Butterworth was also the County Medical Officer of Health. He was assisted by 20 assistant medical officers, 15 dental surgeons, 12 ophthalmic surgeons, 1 honorary consulting orthopaedic surgeon, 1 orthopaedic surgeon (part-time), 4 assistant orthopaedic surgeons (part-time), 60 school nurses and health visitors, 3 orthopaedic nurses. Biddulph Grange Orthopaedic Hospital assisted the county school medical service. In providing school medical services the administrative county was divided into 17 districts, each of which was under the supervision of an assistant school medical officer and 2 or 3 nurses or health visitors.

[283] Ibid.
[284] From the 1928 Annual Report, Lancashire School Medical Service, Lancashire Records Office.

The 1928 Annual School Medical Report drew attention to the co-ordination of school medical services and other aspects of the County Health provision. For instance, maternity and child welfare was mentioned, regarding the progress of children of pre-school age.

Medical inspections followed the established school medical service pattern of routinely examining entrants, intermediates and imminent school leavers, and carrying out special examinations and re-examinations as required. Further to this, parents were interviewed and homes were visited when deemed necessary, for example, in connection with hair or body uncleanness. In 1928, routine examinations (all ages) totalled 42,183 (76.5 per cent of the total) and special examinations totalled 12,969 (23.5 per cent). (In Preston in 1928 the equivalent percentages were 66.4 routine and 33.6 special).[285] The number of children re-examined was 16,006. As part of the systematic inspection, 6,081 parents were interviewed and 386 homes were visited. The routine medical inspections checked for a similarly comprehensive range of defects to those at Preston. Special examinations were carried out when found to be necessary by a school medical officer, or in response to a notification by a health visitor, school attendance officer or teacher, regarding a child's health.

Medical treatment policy was firstly to refer cases through the parents to the children's own doctor, if suitable arrangements could be made. If no treatment had been obtained within a month, the cases were then referred to a clinic or a hospital as appropriate. A wide range of clinics was available throughout the administrative county area, covering minor ailments, orthopaedic, ophthalmic, dental, artificial sunlight services, together with various hospitals. The consent of a parent or guardian would be obtained before treatment of any kind was given. A policy of asking parents to pay for

[285] 1928 Annual Report, Preston School Medical Service, table 1, p. xxxix..

treatment according to their means was followed. For example, a nominal sum would be requested for each attendance at a clinic, but in necessitous cases this would be waived.

In addition to the elementary schools, the Lancashire Education Committee was also responsible for the medical inspection of the schoolchildren attending the 39 secondary, 5 technical and 4 continuation schools which the Authority provided or wholly financed. The Report commented that in the vast majority of cases any remedial treatment required was obtained privately. However, the treatment facilities for the elementary schoolchildren were also available to those secondary school pupils whose parents were unable to afford to pay for the necessary treatment elsewhere.

A disquieting note was struck in the Report, in relation to dental treatment, echoing the difficulties reported by the Preston school medical service. This read: 'As it is impossible, owing to the large numbers requiring treatment, to attend to all children, the energies of the dentists are concentrated on the younger groups of children during the eruption of their first permanent teeth'. However, Preston's experience in 1931 suggests that this was a policy bound to result in considerable subsequent tooth decay amongst older children. The Preston school medical service analysis of dental problems in 1931 revealed the extent to which problems continued throughout a child's school life, and that the permanent teeth of older children continued to be at risk.[286]

Amongst other items addressed in the Report were school hygiene and the provision of adequate facilities to warm and serve food. It was noted that there was now relatively good co-operation by parents, with little of the hostility shown in the earlier days of the school medical service. In relation to the control of infectious diseases, a policy of school closures and the exclusion of children from school was followed, whenever this was thought to be necessary. Regarding Open Air Education, no special

[286] 1931 Annual Report, Preston School Medical Service, p. viii.

school existed in the Authority's area, but it was stated that 'in warm weather many classes, especially in the infants departments are taken outside'.

Physical training was under the general supervision of the County Medical Officer and staff. During the year, the Inspector of Physical Exercises had visited 418 schools to examine the children in physical exercises and games. Whilst the organisation of games was encouraged, through the formation of grant-aided games associations throughout the administrative county, these efforts were hampered by a shortage of playing fields. The Report stressed the need to improve the provision of playgrounds and playing fields in existing schools and to plan and purchase sites for new schools, allowing adequate acreage for playing fields.

A comparison between the Lancashire and Preston school medical services, on the basis of the county's 1928 Annual Report, cannot do more than provide some indication of the similarities and differences. Obviously the services differed in scale and in the nature of areas covered. Distances and the concentrations of schools and numbers of children must have posed different problems, in relation to resources, in the county compared with compact Preston. Nevertheless, the basic structures and procedures were arranged along similar lines, and as in Preston the senior school medical officer was also the district medical officer of health.

Medical inspection arrangements were similar to those in Preston, although the county had apparently not progressed as far as Preston, by 1928, in reducing routine and increasing special examinations. Medical treatment policy in the county seemed to be based more definitely than in Preston upon initial referral to children's own doctors, together with a more positive pursuance of parental contributions for local authority treatment. The Report suggested a readier acceptance in the county of the shortcomings

of a school dental service with inadequate resources. It also acknowledged the lack of a special school, within the county's jurisdiction, providing Open Air Education. However, the arrangements for physical education appear to have been more comprehensively organised in the county than in Preston, at this time.

3.7 Conclusion.

What can be said of Preston's strategy for improvement in education and welfare provision for its schoolchildren between 1926 and 1931? The chapter has demonstrated that three important factors were influential, which ensured that this was not a period of stagnation but one of continued development. Firstly, although financial constraints remained there were increased resources with the easing of economic retrenchment. Secondly, there was a growing confidence demonstrated by the Education Committee and among those who worked within a now established and accepted Preston school medical service. Thirdly, stemming from these factors were initiatives that reflected a deepening and broadening of welfare provision and which also saw new schools planned and built. The chapter has shown that the addressing of particular issues in the late 1920s featured strongly in the school medical service's programme. Although there were few major advances in the operation of the service, the opportunity was taken to address difficult aspects of educational welfare and to introduce improvements where possible. A notable example of this was in regard to children with crippling defects. Although there had been provision for crippled children before 1926, the year saw the introduction of a co-ordinated strategy to identify the children and their medical and educational needs, centred upon a planned orthopaedic clinic. It represented a significant advance in their treatment.

The period also saw some progress made in the provision of new schools and partially replacing old ones. This was clearly part of a planned and comprehensive programme to improve and extend educational provision in the town, although financial considerations were obviously a limiting factor. There was an evident link with education welfare that would reinforce support for the school medical service's role generally, through the expanding educational provision for physically and mentally defective children. Notable examples were the Open Air School, the Nursery School, which was opened in 1931 and the arrangements for crippled children. In relation to meeting the Hadow Report's objectives, apart from financial restrictions there were complications resulting from the large proportion of denominational schools in the town. These factors, together with a possible lack of drive from the Conservative/Ratepayers led Council, delayed the proposed reorganisation of 'secondary' education. The comprehensive plans for the reorganisation of Preston education and the building of new schools to support this, would be delayed until 1938 - and would then be forestalled by the 1939-45 war.

However, the chapter has shown that by the late 1920s Preston's school medical service was securely established in its role as an important part of the town's educational structure. It had well-developed inspection and treatment arrangements and it was seeking to expand and improve its provisions. Detailed analysis and reporting arrangements were in place, not only illustrated by the generally favourable 1925-26 evaluations of the operation of the Open Air School, but also by the frank and critical appraisals of school hygiene and dental care. The service had demonstrably become increasingly aware of its difficulties and of the internal and external factors that contributed to those weaknesses. For example, the analysis of dental care exposed the

resource shortfall, poor dental hygiene, and often, poor parental attitudes. The service exercised a mature, measured approach to social intervention and this included critical evaluations of its contribution. Although conscious of continued resource constraints it was prepared to recognise, report and attempt to correct shortcomings in the service. It was also prepared to draw attention to the health implications of factors outside its direct control, such as unsatisfactory school design. The annual school medical reports continued to demonstrate the senior school medical officer's positive use of this medium to pursue welfare objectives.

The period featured some notable examples of voluntary and extra-curricular assistance towards the health of the town's schoolchildren, through camps and regular organised activities. Both the *Preston Guardian* and *Lancashire Daily Post* were regularly helpful, through their reports, in raising the public awareness of education and schoolchildren's welfare developments in the town. These local newspapers also provided insights into the national issues affecting education developments.

The Lancashire County School Medical Service in 1928 appears to have been at a largely similar stage of organisation and development to that at Preston. There were obvious differences, in that Lancashire's necessarily bigger school medical service served a considerably larger number of schools and greater school population more thinly distributed over a greater area. This may have been responsible for less intensive coverage in some respects, or it may be that other policy constraints affected the inspection and treatment arrangements. For instance, in regard to routine and special medical examinations/re-examinations, the county had not progressed as far as Preston in shifting the emphasis towards the latter. Dental inspection and treatment priorities appear to have been rather simplistically based, failing to recognise the likelihood of later

decay problems. In the county, there appears to have more emphasis on initial moves towards obtaining own doctor treatment where possible, than in Preston. Unlike Preston, the county did not have Open Air Schools for defective children.

The next chapter will initially review the impact of the National Government on public expenditure between 1932 and 1939. Increasing financial problems since 1929, associated with an international decline, falling trade and unemployment, had led to the dissolution in 1931 of both the Labour government and a subsequent Coalition - unable to keep Britain on the gold standard. From October 1931 until 1939 Conservative dominated National governments pursued policies of economic containment which restricted public expenditure. The chapter will go on to consider the development of educational provision in Preston through the period, in these difficult circumstances. Education welfare developments in relation to the complexity of malnutrition problems will be examined. The Nursery School, physical education arrangements and levels of elementary school attendance will be assessed, together with critical aspects of the level of school medical service provision by 1938.

Chapter four. Education and welfare policy in Preston, 1932-1939; recognising the deficiencies.

4.1 Introduction.

'Since the standard of education, elementary and secondary, that was being given to the child of poor parents was already in very many cases superior to that which the middle-class parent was providing for his own child we feel that it is time to pause in the policy of expansion, to consolidate the ground gained, to endeavour to reduce the cost of holding it, and to reorganise the existing machine before making a fresh general advance'.[287] (The May Committee, July 1931).

In August 1931, the Labour government was dissolved by the Prime Minister and replaced by a coalition - to 'save the pound" and keep Britain safely on the gold standard'. Since taking office in 1929, the government had faced mounting financial pressures. These had been exacerbated by the Wall Street crisis and the economic problems associated with falling trade and rising unemployment in the leading industrial nations. This situation had thwarted the government's pledge to reduce unemployment, which had risen by 400,000 during 1930 to 1,500,000 by January 1931.[288] As a result of the economic situation the Labour Government appointed an independent committee in March 1931, under the chairmanship of Sir George May, to 'recommend forthwith all practicable and legitimate reductions in the national expenditure consistent with the efficiency of the services'. The May Report's precipitate publication during the

[287] B. Simon, 1974, p. 174.
[288] Ibid., p. 167.

parliamentary summer recess announced a large but questionable, (in relation to inclusions against normal financial practice) budget deficit of £120 million and the immediate need to reduce public expenditure by £98 million.[289] This, together with recommendations including the reduction of unemployment benefit, led to calls for urgent actions to balance the budget. Failure to agree on these actions, for example a proposed ten per cent cut in unemployment benefit, resulted in the government's dissolution. The new coalition government, headed by Ramsay MacDonald but composed predominantly of Conservatives, attempted to pursue a policy of severe retrenchment, but was unable to contain the situation and was even faced with a mutinous Navy over arbitrary pay cuts. A run on the pound ensued and Britain had to relinquish the gold standard. In October 1931, a National Government, with the objective of achieving economic recovery, and overwhelmingly dominated by the Conservatives, was returned to power.

Consequently, during the period 1931 to 1935 the National Government pursued a policy of economic containment, which was only gradually eased from 1936. Nevertheless, the Board of Education sought to encourage local authorities to review their policies and provision, particularly in the areas of nutrition and physical education.[290] In relation to this, the chapter will examine the extent of Preston's response, in service provision and in developing a better understanding of child educational needs. Education developments in relation to the Hadow objectives will be reviewed. The chapter will consider the extent to which the Preston school medical service became aware of the nutritional shortcomings in the diet of poorer working-class children; a realisation that good diet was not simply a matter of filling bellies. There will

[289] Ibid., pp. 168-169.
[290] For example, via Board of Education Circulars1445 (physical education) and 1443 (nutrition), quoted in Annual Reports, Preston School Medical Service, 1937 and 1938, respectively.

be an assessment of the operation of the recently opened Nursery School, modelled upon the Open Air School. Also discussed will be the development of physical education in the elementary schools, elementary school attendance figures and the status of Preston's school medical service in 1937 and 1938.

The Preston School Medical Service continued to be headed by the borough's long serving Medical Officer of Health, Dr. Sharpe, assisted by two assistant school medical officers and three dental surgeons. The school nursing staff of five eventually rose to six in 1938 and there were five school clinics in operation.[291]

4.2 Preston educational opportunity and the Hadow objectives.

A measure of the inadequacy of secondary education between the wars may be gleaned from such figures as only 14.3 per cent of children from public elementary schools in England and Wales in 1938 (the best inter-war year) being 'admitted to a secondary school, where they could continue their education at an advanced level and beyond the age of 14'.[292] Through the mid-1930s only one in 250 ex-elementary schoolchildren were reaching a university.[293] Nevertheless, the period did witness a growing degree of consensus on the need to expand educational provision by raising the school leaving age as soon as economic conditions improved.

With the opening of two further Council schools between 1932 and 1939 Preston was gradually extending and improving its school stock. The overall number of elementary schools had increased to 44, comprising 17 Church of England, 11 Roman Catholic, 11 Council and five Non-Conformist schools. There were still three central

[291] 1932-38 Annual Reports, Preston School Medical Service, Harris Reference Library, (staff details).
[292] Stevenson, 1984, p. 256.
[293] Lawrence, 1972, pp. 53-59.

schools within this number, but with the inclusion of the Harris junior technical/commercial school in 1933, there were now six secondary schools.[294] However, Preston's progress towards meeting the Hadow Report's objectives had been slowed by its reorganisation plan difficulties. Indeed, it would take over forty years from their inception for the Hadow Report's ideas to reach full fruition nationally - following the World War Two reforms. Progress was not uniformly slow, as some of the larger authorities, for example, Middlesex, had virtually achieved their objectives by 1939.[295]

Preston had selective secondary and central schools, but its arrangements to meet the Hadow recommendations of dedicated schools or classes for all 11-plus education still awaited its comprehensive reorganisation plans for senior schools. Although this was drafted and approved by 1938, it was halted by the intervention of the war in 1939.[296] Meanwhile, entry to the three central schools was achieved via the same scholarship examination selection procedure used for the borough's five grammar schools. Entry to the junior technical and commercial schools in the town was by a selection procedure at age 13. The remainder of elementary schoolchildren in the town, other than fee-payers to the secondary schools, continued their education through the senior classes at their existing schools until leaving school at age 14.[297]

An analysis of the selection procedures for the Preston secondary and central schools in 1934 and 1939, as outlined in the Education Committee examination board minutes, is shown in appendix one.[298] This is revealing in demonstrating the authority's policy and method and also in providing some insight into parental attitudes. This analysis excludes the selection process for the five per cent entry to the junior

[294] 1932-38 Annual Reports, Preston School Medical Service, (school accommodation tables).
[295] Lawrence, 1972, p. 59.
[296] CBP8/4, Memorandum on the reorganisation of the schools in Preston County Borough, L.R.O.
[297] CBP8/2 Preston Education Committee, Examination Board Minutes, L R O.
[298] Appendix 1, Selection procedures for Preston secondary and central schools. 1934-1939.

technical/commercial schools carried out at age 13. The analysis suggests the possibility that working-class antagonism to the notion of secondary education may have softened somewhat between 1934 and 1939, whilst remaining unenthusiastic about progression beyond central school.[299] This would be crucial in parental choice situations, especially in towns such as Preston, with large working-class populations. It is a factor that may often have worked against the interests of educational opportunity for bright working-class children. The case study of Preston schoolboy Leo Hall shown in appendix two illustrates this working-class ambivalence.[300]

On 26 May 1938, Preston Council approved a £396,000 scheme to reorganise public education in the town.[301] Under the scheme it was proposed to build nine new senior schools. Two of these schools would be Council schools, two would be Church of England and five would be Roman Catholic schools. The existing five Methodist schools would be reorganised as junior schools and their senior children would progress to the Council senior schools. In moving the proposal, the chairman of the Education Committee, Alderman Mrs. A. M. Pimblett said that although 'the scheme would entail sacrifice, it was right that Preston should have such schools as would enable its children to develop to the full their mind, body and spirit'. Pimblett stated that parochial interests 'had been relegated to the background', following consultation with denominational authorities, in arriving at an agreed scheme. Amongst the proposals were plans to abolish selection to the existing central schools, which would become part of a dedicated senior school network of thirteen schools, to which all children not proceeding to a grammar school would progress. Provision would be made to build gymnasiums and

[299] Ibid., Tables 26 and 27.
[300] Appendix 2. A case study: Leo Hall, Preston schoolboy from 1926 to 1936.
[301] Preston Council Minutes, 26 May 1938, Harris Reference Library .

extend the buildings, where necessary, in the four existing Council schools forming part of the network.[302]

There was opposition to the scheme voiced in the Council debate, on the basis of cost and its likely effect upon the rates. Councillor J. S. Howarth, proposing that the scheme should be referred back, suggested that its effect would be to push up the rates towards 20s in the pound, which ratepayers would not be able to afford and which might 'cripple the town'. Councillor I. Titterington even expressed the view that the Board of Education 'seemed to be cranks and faddists with regard to spending'. The motion to refer the scheme back was defeated by 32 vote to five, indicating broad cross-party support for the scheme. However, within fourteen months the outbreak of the Second World War on 3 September 1939 had decisively intervened.[303]

Therefore, the development of education opportunity in Preston beyond the established secondary and selective central schools would not take place until after the Second World War. This did not contrast well with some large authorities, but was typical of education authorities with similar problems to Preston's. The analysis of the selection process in Preston demonstrates that the process itself and the limited number of places available for children at both secondary and central schools were the most significant factors. The examination procedures appeared tailored, despite a claim to the contrary, to the number of places available at the various schools. The choice of school type by parents, coupled with the high examination standard demonstrated by many of the central school applicants, as shown in 1934, indicates that many working-class parents did not wish their children to study beyond the age of 14 or possibly 15 years. This could have been for economic reasons or to commence an apprenticeship, as

[302] 'Preston Big Schools Scheme', *Preston Guardian*, 28 May 1938.
[303] Ibid.

suggested in the Leo Hall case study. [304] Otherwise, it probably reflected entrenched working-class attitudes regarding education and the social order.

In the final analysis, most working-class children did not progress beyond elementary school, and it would require the post-war re-organisation to change this situation. In essence, the 1938 Preston Education Authority Scheme may be said to have anticipated this in planning a network of dedicated, properly equipped, non-selective secondary modern schools, required to support such reorganisation. In relation to education welfare objectives, the slow development of expanded provision meant that the school medical service was not stretched beyond its existing commitments, although this would have warranted additional resources and would have provided a stimulus. It also meant that education welfare benefits associated with new schools, such as better school hygiene and good physical education facilities would not be widely available until after World War Two.

4.3 Malnutrition.

Although the 1932 Annual School Medical Report did not raise any special concerns, the 1933 Report showed increasing disquiet regarding malnutrition. In his introductory remarks to the Report, the senior Preston school medical officer referred to the continued success of the Open Air School, which was reflected in the Council's decision to build a permanent structure to replace the existing temporary wooden buildings. Amongst its achievements, the school had measurably demonstrated the benefits to be derived from good diet. Dr. Sharpe also referred to the work being done at the recently opened Nursery School, following similar principles, and to the healthier

[304] Appendix 2.

facilities provided by the new Council schools. However, he expressed serious concern that malnutrition should be regarded as a more pervasive problem, with particular reference to what he perceived to be the effects of unemployment and underemployment on the diets of affected schoolchildren. He referred to the observations by the assistant school medical officers of 'a certain deterioration of physique not necessarily accompanied by a loss of weight'. The officers also reported that the children tended to become apathetic and listless in their schoolwork. They added that the children were not as well clothed or shod as others and there was a lack of 'natural effervescence and sparkle'. Dr. Sharpe suggested that the industrial situation had deprived the children of first-class proteins, fats and minerals. Bread, jam, margarine and tea had taken the place of milk, meat, eggs, fish, vegetables and fruit. Whilst the former would 'give satisfaction and maintain weight' they would not 'give health, strength and joy' and would not 'build up resistance against disease'. He commended the suggestions for the disposal of surplus milk to schoolchildren, but he also urged the extension and dietary revision of school dinners to meet the situation. Dr. Sharpe concluded by stating that: 'The future of our town lies with its children'. [305]

Dr. Sharpe's comments reflected the growing national concern regarding malnutrition. They also reflected the difficulties being experienced nationally in determining the assessment of nutritional standards, together with the difficulties in accurately identifying the physical signs, when examining schoolchildren, which indicated malnutrition. Further to this, whilst Dr. Sharpe associated the school medical officers' findings implicitly with poverty, through the 'industrial situation', this was a connection that the Board of Education's Chief Medical Officer, George Newman had preferred not to make. Welshman has drawn attention to Newman's Reports through the

[305] 1933 Annual Report, Preston School Medical Service, p. ii.

period. These maintained that unemployment and financial retrenchment had not affected the health of schoolchildren and his 1932 Report claimed 'that only one per cent of schoolchildren were malnourished'.[306] Welshman has referred to various studies which have suggested otherwise, including that by Allen Hunt, citing evidence from Lancashire school medical officers which 'contradicted Newman's claim that the Depression had not affected children'.[307]

Two hundred cases of malnutrition and debility were brought to the attention of the Preston school medical officers during 1933, (190 at the inspection clinics and 10 at school medical inspections), compared with one hundred and thirty one in 1932. It was observed that the occurrences of malnutrition were widespread. Conceding a difficulty in proving statistically the extent of malnutrition, the 1933 School Medical Report maintained that the medical officers, seeing the children daily in the schools and clinics, felt that the general standards of nutrition were lower than in 1932. They had reportedly observed that in the districts where unemployment was most marked, the results of poverty were very definitely reflected in every class of the schools. Taken as a group, the children were described as 'undersized, pale, listless, flabby, and mentally dull'. The medical officers maintained that compared with the children in schools situated in well-to-do residential areas, the contrast was 'striking'; the educational level in the poor schools was 'lower' and the teachers had to work 'harder'.[308]

The Report went on to outline the measures that were taken in cases of malnutrition. The parent of every child suffering from malnutrition was invited to attend the school clinic. The child was carefully examined to identify any underlying pathological cause. If a condition was found requiring medical treatment the child was

[306] J. Welshman, 1997, p 18.
[307] Ibid.
[308] 1933 Annual Report, Preston School Medical Service, p v.

referred to the family doctor or dealt with through the school medical service. In other cases, the parent was advised and arrangements were made for the supply of cod-liver-oil and malt, or Virol - claimed to be a preparation of bone marrow, with malt, egg and lime.[309] Further to this, arrangements could also be made for attendance at a feeding centre. During 1933, 707 children were supplied with free cod-liver-oil and malt or Virol, and to these children 3,054 cartons of of cod-liver-oil and malt and 96 cartons of Virol were distributed. In addition, 35 cartons of cod-liver-oil and malt and 27 cartons of Virol were sold. 527 'necessitous' schoolchildren were supplied with 74,761 free meals during the year, compared with 460 children and 69,635 meals in 1932. Further to this, milk, Horlicks, cocoa and Ovaltine drinks were supplied at a nominal charge to the children in the majority of infants departments of the schools.[310]

In 1934, the Milk Marketing Board scheme to utilise surplus stocks by supplying milk to schoolchildren was adopted by the Preston Education Committee. This decision was in response to the Board of Education Circular 1437, and followed approval by the Preston Council Meeting held on 27 September, 1934.[311] Three categories of recipient were identified: firstly, those able to pay, (a half-penny per third of a pint), secondly, those suffering from malnutrition unable to pay and thirdly, healthy children unable to pay. Enquiries were made into the circumstances of each case and where considered appropriate the child was admitted to the free list. As a result of this initiative, in November 1934, 18,412 bottles of milk were supplied free, and in December, 16,950; a daily average of 837 in November and 1,211 in December. The total daily average number of children receiving school milk was 12,176 in November and 12,918 in December, around three-quarters of the average number of children attending school in

[309] Martindale and Westcott, 'The Extra Pharmacopoeia', 1906, p. 794.
[310] 1933 Annual Report, Preston School Medical Service, pp. v-vi..
[311] Preston Council Minutes, 1934, Harris Reference Library.

1934.[312] There had been a slight decrease since 1933 in the number of necessitous children receiving free meals, with 502 children receiving 68,744 meals.[313] This was followed by a further decrease in 1935, when 468 children received 61,744 meals.[314]

By 1936, improvements in nutrition standards were being noted compared with 1935. This appeared to have an association with the supply of school milk. Comparing nutrition categories A (excellent), B (normal), C (slightly sub-normal), and D (bad), as shown in the table below, an assessment found that in 1936 these were 18.1 per cent, 68.3 per cent, 11.8 per cent, and 1.7 per cent, respectively, of the children inspected. In 1935, the figures were 17.1 per cent, 61.3 per cent, 18.6 per cent, and 2.8 per cent. During 1936, tabled below, 1,876,394 bottles of milk were distributed, of which 403,979 were supplied free. The average number of children supplied with milk was 9,296 and the average number supplied free was 1,707. During 1936, 482 children were referred by their head teachers to the school medical service for an examination and report into their home circumstances. All of these children were recommended for free milk. The 1936 Report commented that in many cases of severe malnutrition, the parents stated that the children either disliked or were 'upset' by milk. Further to this, 62,613 free meals were supplied in 1936 at two centres, to 460 necessitous schoolchildren, based upon head teacher or school medical officer recommendations.[315]

Table 9. Analysis of nutrition standards, inspected Preston elementary schoolchildren in 1935 and 1936.

Year	Category A% Excellent	Category B% Normal	Category C% Slightly subnormal	Category D% Bad
1935	17	61	19	3
1936	18	68	12	2

[312] Average number of children attending school in 1934 was 16,610, (1934 Annual Report, Preston School Medical Service, accommodation table, p. xxxii).
[313] 1934 Annual Report, Preston School Medical Service, pp. xiv-xv.
[314] 1935 Annual Report, Preston School Medical Service, p. xiv.
[315] 1936 Annual Report, Preston School Medical Service, pp. v-vi.

Table 10. Analysis of milk supply, Preston elementary schoolchildren in 1936.

Year	Average number of children supplied	Average number of children supplied free	Number of bottles supplied	Number of bottles supplied free
1936	9,296	1,707	1,876,394	403,979
% free		18		22

Nevertheless, the concerns continued to persist. In the preface to his Annual Report for 1938, the senior medical officer voiced his serious concerns about Preston schoolchildren's state of nutrition.[316] This was despite what appeared to be only moderate levels of malnutrition clinically recorded in the Report, with 197 new cases, 193 discharged, leaving just 26 outstanding by the end of December, 1938.[317] Perhaps his concerns were exacerbated by his expressed frustrations at the difficulties faced in trying to obtain better facilities for the extension, preparation, distribution and consumption of school dinners in the town. 58,331 free dinners were supplied to 454 'necessitous' children during the year, amounting to just 3.13 per cent of the average attendance at school.[318i] Dr Sharpe's comments mirrored a strong emphasis on malnutrition in the Board of Education Report for 1938.[319] In this Report attention was drawn, as follows, to the Board's Circular 1443, issued in December 1935:-

In the circular the Board stated that they were concerned to secure that all children who are unable by reason of lack of food to take full advantage of the education provided for them, should receive such supplementary nourishment as may be appropriate in each case, the meals being provided free when the parent is unable to pay. For this purpose...provision may properly be made for any child who shows any

[316] 1938 Annual Report, Preston School Medical Service, p. ii.
[317] Ibid., table xiv, p. xxxix.
[318] Ibid., p. xxi.
[319] Report of the Board of Education for the year 1938, p. 43.

symptoms, whether educational or physical, however slight. There are still comparatively few areas in which this ideal is fully attained. In the areas where some provision is made the number of children fed is often insufficient. It is not sufficient to rely upon routine medical inspections. It is very desirable that periodic nutritional surveys of all the children should be held at intervals of not more than six months and that recommendations of children in need of feeding should be invited from teachers and others in regular contact with the children from day to day.

The Report went on to advise local education authorities to avoid the practice of awaiting applications from parents for supplementary nutrition, because these were rarely forthcoming in needy cases. The number of local authorities supplying free meals or milk had risen to 268 by the end of 1938, but this still left 47 who were supplying neither. There was also reference to the desirability of extending the school canteen system used in some senior schools, with a view to providing both free meals where needed, together with modestly charged meals to other children. Capital expenditure towards these aims could attract the Board's support[320]

What can be ascertained from this account of the state of malnutrition in Preston between 1932 and 1939? It certainly reveals that Dr Sharpe's expressed concerns intensified through the period, (although the Open Air School nutrition policies had earlier reflected recognition of such problems). These concerns included an increasing awareness that an adequate diet required balanced nutritional properties, rather than simply filling - and it associated these deficiencies with local poverty levels. Specific measures to combat malnutrition, including the supply of food supplements, were set up. Further to this, participation in the Milk Marketing Board scheme appeared to be

[320] Ibid.

associated with a measured improvement in nutrition standards. Despite this, there was still a concern with malnutrition in 1939, the alleviation of which may have been hampered by the local authority's limited school dinner facilities. It is obvious, from the 1938 Report, that despite a long-standing ambivalence on such issues, the Board of Education became increasingly anxious to encourage local education authorities to take the initiative in providing supplementary food to alleviate malnutrition. However, it only offered limited financial assistance.

4.4 The Nursery School.

The provision of nursery schools by local education authorities increased slowly after they were included in the recommendations of the 1918 Fisher Act; from one in 1918, to 10 in 1923, to 14 in 1930 and to 56 by 1938. In addition were those nursery schools provided by voluntary bodies, which increased from 12 in 1918 to 58 by 1938. Altogether in 1938 there were places for 8,864 nursery schoolchildren. (By this time in Preston the demand for places exceeded the capacity of its one nursery school).[321] The Board of Education Report for 1938 referred to 'proper feeding and medical attention as being outstanding features of nursery school life ... the care and attention received give them a good start in life, and render them less likely to become a burden to the school medical service when they enter the public elementary schools'.[322]

Preston Education Authority was therefore amongst a minority of authorities when it opened the centrally located Stoneygate Nursery School in 1931. The school's progress was a regular feature of the Annual School Medical Reports. This reflected the

[321] 1938 Annual Report, Preston School Medical Service, p.xxiii.
[322] Report of the Board of Education for the year 1938, pp. 41-42..

nursery school's role, proclaimed by the Board of Education, as an important link in the school medical service's scheme of preventive medicine, in providing for children of pre-school ages 2 to 5. The school did not simply look after the children whilst the parents were at work; it intervened very directly in addressing the physical and mental health of the children in its care. The children admitted to the Nursery School lived as far as possible in an open-air environment. They were given an 'adequate and suitable diet', had a specified daily-rest period, were taught cleanliness and 'regular habits' and their minds were kept 'suitably occupied'. Significantly, in this connection, in ratifying the proposed Nursery School, the Preston Council Meeting on 24 March 1931, decided to appoint the managers of the Open Air School to manage it.[323] The 1935 Annual School Medical Report, describing the procedures of the Nursery School, claimed that children responded readily to this 'healthy curriculum', and that great improvement in their physical and mental condition was noted within a short time of admission.[324]

Admission to the Nursery School could be sought for any Preston child aged 2 to 5 years of age, but priority was given to those showing physical defects, or with poor or 'unsuitable' home conditions. Many of the children admitted were recommended by the medical officer in charge of the town's infant welfare centres. When admitted, children received a medical examination, when any defects noted received attention. Children with dental problems were referred to the dental clinic; those with defective vision were referred to the refraction clinic. Those with orthopaedic conditions such as bow-legs, knock-knees, and flat feet, received treatment from a masseuse or were referred to the orthopaedic surgeon, as necessary. Children requiring definite medical or surgical treatment were referred either to their own doctors or to Preston Royal Infirmary, as

[323] Preston Council Minutes, 1931, Harris Reference Library.
[324] 1935 Annual Report, Preston School Medical Service, p. xvi.

appropriate and according to their circumstances. Minor ailments were treated daily by the school nurse. Children were weighed and measured on admission and at regular intervals thereafter whilst at the school. They were medically examined at least once annually and more frequently if their conditions required it.[325]

These procedures appear to have been adhered to carefully. During 1935, 64 boys and 43 girls were admitted to the Nursery School. Of these, five boys and four girls stayed for two weeks or less and therefore did not receive a medical examination. Of the remainder, six boys and five girls showed no special reason for admission. The remainder all showed physical or mental defects, or home or parental problems – with the exception of three children whose mothers were simply stated to be at work. Eleven of the boys and six of the girls were found to have rickets; eleven of the boys and six of the girls were suffering from malnutrition. There were smaller numbers of other health defects, whilst thirteen boys and ten girls had poor home conditions. Five boys and two girls had poor parental control and two boys had a sick mother. Following medical examination, ten children were referred to the dental clinic suffering from carious teeth. Five children were referred to the refraction clinic for glasses. Nine children had operations for the removal of tonsils and adenoids. Eleven children were advised massage. Ten children were given sunlight treatment and three children were referred to Preston Royal Infirmary for treatment.[326]

How important a development was the opening of the Nursery School in Preston? Nursery school provision was part of the Fisher Act scheme to expand education welfare and opportunity, which, although never completely implemented, continued to provide a pattern for further development. Consequently, it was a logical further special-school

[325] Ibid., pp. xvi-xvii.
[326] Ibid.

facility, applying the principles of the Open Air School to improve the situation of pre-school children with defective health and or poor home conditions. The school could, therefore, make an important contribution towards enabling them to be fit to benefit from their subsequent education. It was a further illustration of Preston Education Authority's acceptance of an issue but its weakness in fully implementing a response.

4.5 Physical Education.

Welshman has drawn attention to the anomalous position of physical education in England and Wales through the period, whereby PE could be perceived by the Board of Education as a low cost form of preventive medicine, yet at the same time be under-funded for the purpose. Most of the older elementary schools lacked suitable rooms, equipment, changing and bathing facilities for PE lessons. The provision of suitable footwear and clothing, particularly for girls, was a common problem, which was exacerbated by the Board's unwillingness to recognise that some parents might be too poor to afford the clothing. Professional organisation and the availability of trained PE teachers largely depended upon the resources and interest of local authorities of varying means. This adversely affected poorer areas and their regard for physical education as a school medical service priority.[327] The Preston education authority appeared to have decided at an early stage that its welfare priorities for elementary schoolchildren lay mostly in other aspects of health care, although swimming lessons and outdoor games were provided for. However, the annual medical reports had progressively recognised the deficiency of PE lessons in elementary schools - and the unsatisfactory contrast with the well-equipped secondary schools.

[327] J. Welshman, 1996, pp. 38,48.

Without professionally qualified supervision of physical education in Preston's elementary schools from 1920, and without proper facilities in the older schools, PE had depended upon such knowledge and enthusiasm as the teachers responsible for the task could muster. However, belatedly, in 1936, two physical training instructors, one male and one female, were appointed to direct physical education. A leading article in the *Preston Guardian* of 12 January 1935 may have helped to encourage these appointments, together with Board of Education prompting. The article extolled the benefits of 'the healthy body' and drew attention to a recent speech by the Minister of Health referring to the extent to which Britain lagged behind other European countries, and the USA, in the development of physical education.[328] The Preston Council Meeting of 27 February 1936 approved the appointment of a male physical training organiser, responding to the Board of Education Circular 1445.[329] Subsequently, the Council Meeting of 28 May 1936 approved the appointment of a female PT organiser, following the Board's expressed hope that they would do so. This meeting also accepted, for reference, the Board's memorandum on the construction and equipping of gymnasiums in all types of schools and educational institutions.[330] By the end of 1938, 249 local education authorities employed 160 men and 178 women as trained organisers of physical education, leaving 66 authorities still without organisers.[331] The 1937 Annual School Medical Report included a specific report on physical education in the schools, covering the period since the appointment of the organisers.[332]

The Report indicated that physical training was now being organised in accordance with the Board of Education syllabus, reference book and appropriate

[328] 'The Healthy Body', *Preston Guardian*, 12 January 1935.
[329] Preston Council Minutes, 1936, Harris Reference Library.
[330] Ibid.
[331] Report of the Board of Education for the year 1938, p. 47.
[332] 1937 Annual Report, Preston School Medical Service, the physical training report, pp. xv-xix. (A synopsis of this follows the footnote reference).

circulars. It commented that there was good progress in a number of schools towards these objectives, but that there were still deficiencies. There were references to the desirability of daily physical training activity and an indication of the range of activities that could be pursued on an organised basis. These included physical training exercises, dancing, swimming, and games on playing fields. The 1936 Annual School Medical Report's reference to the large number of posture defects was noted and it was believed that these could be improved by remedial classes. All schools were reportedly now adequately equipped with physical training and games apparatus.

Specifically, the Report indicated that during the year the organisation of physical training in schools in Preston had been carried out in accordance with Board of Education Syllabus 1933 and Reference Book 1927. Reference was made to an increasing emphasis of the importance of physical education, illustrated by the Board of Education's publication of circulars 1445 and 1450, addressing respectively the organisation of all branches of physical education and the provision of suitable clothing and shoes for elementary schoolchildren.

The Board of Education had suggested in circular 1445 that 'there should be a daily period of organised physical activity in every elementary school'. Whilst efforts had been made in the Preston schools to accomplish this, the Report accepted that in some schools there was 'room for improvement'. Difficulties had been experienced where there was no physical training room available for use in wet weather or during the winter months. The Report stressed, however, that a daily physical training period was necessary to have a progressively beneficial effect on the growth and posture of schoolchildren and that the ordinary classroom should be used, if necessary, to accomplish this. It was recommended that a weekly dancing period should be included

in the curriculum for its 'valuable training in ease, lightness and rhythmic action'. It was thought that the varied folk dances of different nations could be attempted.

Referring to clothing, the Report emphasised that children should be 'suitably clad and shod' for all their physical training lessons. The Report appeared to suggest that whilst special clothing and shoes were desirable for senior children undertaking more strenuous training, the removal of outer garments by younger children, to allow 'free and unhampered' movement and teachers' judgement of posture might be sufficient. The committee had therefore approved the provision of gymnastic clothing for senior children. Material had been supplied to all the senior girls departments to be made into garments by these girls. Experiments were being carried out to cope with the difficulties of storage. The boys' clothing would be provided when this problem had been resolved. Shoes were to be provided for both junior and senior children and allocated to schools as accommodation was found for them.

In relation to organised games and playing fields, all of the schools were judged to be making adequate use of the 45 minutes seniors and 30 minutes juniors time allowed for the playing of organised games. The playing facilities in the local parks were described as 'excellent'. A good standard of play was noted in the inter-schools competitions, whilst it was suggested that for the less skilful players more coaching and a greater variety of games would be helpful. The Council Parks Committee was thanked for its willingness to mark out pitches in the parks for school sports. The opening of the new Saul Street Baths had enabled the education committee to send a larger number of children for swimming lessons. These were arranged on a formal class subject basis as being the most productive approach. Accordingly, children were taught swimming and lifesaving and could qualify for proficiency certificates at progressively advancing

levels. During the summer term there was an average weekly attendance of 1,901 children, supervised by two instructors. Of the children attending, 1,593 (73.3 per cent) learned to swim at least one breadth of the bath and 1,176 twenty - yard length certificates were awarded.

Attention was drawn to the need for teachers to attend courses of instruction in physical training, so that they could cope with the on-going developments in physical education. There had been a good response in many cases to the local courses being held. These were proving to be very beneficial to teachers - and subsequently the schoolchildren. They comprised, for men, a juniors course, plus seniors courses with and without apparatus. For women there were infants and standard one courses, a juniors course and a seniors course without apparatus. These courses included demonstration lessons and films. Beyond these, a one-term Board of Education Physical Training Course was available for teachers in senior schools. Regarding this, the Report indicated the willingness of the Education Committee to 'extend privileges' to those wishing 'to take advantage of this instruction'.

There was a reference to physical education for evening-class students. This was not regarded under the existing curriculum arrangements as feasible, unless students were willing to attend on an additional evening per week. However, this was not considered to be a satisfactory option and it was suggested that separate courses of physical activities might be more suitable. It was thought that there were additional difficulties for girls attending evening classes regarding clothing and footwear, and due to their smaller numbers.

What conclusions should be drawn from this account of Preston's belated progression to a comprehensively organised programme of elementary school physical

education? It appears to have been well planned and effectively organised, in accordance with Board of Education requirements. Generally encouraging results were reported, except for some apparent difficulties in schools without a specific physical training room - and probably in regard to suitable clothing and footwear. However, these difficulties may have been understated, supporting Welshman's contention that the Board, whilst encouraging physical education in schools, did not ensure adequate grants to support local authorities. Was it in a position to do so within the constraints of government economic policy? The Preston Education Authority, for its part, had for many years apparently accepted this constraint, making minimal PE provision whilst meeting other education welfare funding priorities. Finally, responding to pressures to make proper arrangements, organised physical education in the elementary schools became a priority requirement.

4.6. Preston elementary school attendance.

An analysis of Preston elementary school attendance patterns in 1938, illustrated below, indicates that overall, Preston's figures were slightly better than the national average attendance of public elementary schoolchildren.[333] They also show a very slight improvement on the summarised figures for the last quarter of 1928. A slight difference is revealed between boys and girls schools, which the figures for mixed schools also appear to support. There is a more significant but understandable difference between the older children and infants. It seems likely that parents would be more inclined to keep younger children with minor ailments from school than the older children, and similar reasoning might be applied to girls compared with boys. The breakdown of quarterly

[333] Report of the Board of Education for the year 1938, tables 3 & 5, pp.93, 95.

returns by district of the town shows two districts below 90 per cent, that is between one and two per cent below the other districts. These districts, (Ribbleton/Fishwick and Moor Park/Plungington) may have been more heavily concentrated working-class districts than some - but there is insufficient evidence here to suggest that this was a significant factor.[334]

Table 11. Preston elementary school attendance patterns in 1938.

	Average on books	Average attendance	Percentage attendance
Boys	2,691	2,510	93
Girls	2,446	2,242	92
Mixed	5,617	5,206	93
Infants	5,146	4,349	85
Total	15,900	14,307	90

Table 12. Analysis of Preston quarterly elementary school attendance by town district.

	Average on books	Average attendance	Percentage attendance
District A	2,725	2,461	90
District B	2,591	2,323	90
District C	2,153	1,967	91
District D	2,409	2,194	91
District E	2,305	2,065	90
District F	1,989	1,824	92
District G	1,733	1,582	91
Total	15,905	14,416	91

Table 12a. The comparative total figures in the last quarter of 1928.

	Average on books	Average attendance	Percentage attendance
Total	18,761	16,743	89

Table 13. Analysis of public elementary school attendance in England and Wales, year ending 31 March 1938.

	Average on books	Average attendance	Percentage attendance
Total	5,087,485	4,526,701	89

[334] CBP8/40 School Attendance Quarterly Returns, Lancashire Record Office.

4.7. The Preston School Medical Service, 1937-1938.

Dr Sharpe, in his introduction to the 1937 Annual School Medical Report, illustrated the objectives of the service and his personal philosophy in this extract from the preamble:-

The Report of the School Medical Service for the year 1937 is encouraging. The really striking feature is the very large, and in some ways, intractable amount of ill health and sub health there shown. Even under ideal conditions, when the child has everything in its favour, illness, whether inherited, an infection, or an accident, makes itself apparent. The children we are dealing with are not living under ideal conditions. We have to reckon with unemployment, bad housing, and lack of knowledge. Indifference to a child's welfare is very rarely met with but many children come to us under other handicaps. Although the Report deals mainly with the ascertainment of defects, the minds of the officials, whether doctors or nurses, are continually turned to the problems of prevention and treatment. With regard to the detailed ascertainments of the report, it should be understood that for every child found to be defective, whether it be minor ailments, debility, defects of hearing or vision, crippling defects or mental deficiency, we regard it as our duty to provide a remedy. This is done either through existing agencies such as the general medical practitioner, or general hospital treatment, or by specially organised efforts such as clinics, special hospitals, or special schools. Following up, or as I would prefer to speak of it, education of parents in their homes, is not neglected and will receive a fresh impetus through the enlargement and co-ordination of the staff.[335]

[335] 1937 Annual Report, Preston School Medical Service, pp. ii-iii.

Continuing, Dr Sharpe welcomed the opening in October of the new buildings for the Open Air School for physically and mentally defective children, to replace the temporary structure used since 1919. He made reference too, to the improved provision of dental care, whereby it had become possible to provide an annual inspection of the children's teeth from the age of entry until leaving school. In addition, dental inspection was available for the children attending the secondary schools. However, in the Report, the dental surgeons made two important, contrasting, comments. Firstly, they observed that the response to an offer of free filling and dressing treatment had been very poor. Secondly, they noted that the amount of treatment required for the older children who had been regularly treated in previous years was much lessened. Referring to 'the spread of enlightenment', Dr Sharpe drew attention to the appointment of Miss Kent and Mr Braham, the organisers of physical training in the Preston schools, commending their accompanying report on the subject.[336]

By 1938, arrangements for the medical and dental inspection of both elementary and secondary schoolchildren were comprehensive. Treatment procedures were equally well defined. The monitoring, analysis and reporting of all these activities were covered in great detail in the Annual School Medical Report, which continued to be a medium through which the senior school medical officer reinforced his quests for improvements. The Report covered, with some treatment differentiation, both elementary and secondary schools and addressed all inspection and treatment conditions, including malnutrition and school hygiene. The Report also reviewed arrangements for immunisation, physical education and other sporting activities, for example: swimming and life-saving training.[337]

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[336] Ibid.
[337] 1938 Annual Report, Preston School Medical Service, (synopsis of report).

Emphasising the malnutrition concerns, the Report referred to the provision of milk at school, including free milk for the needy; the supply of cod-liver oil and malt; also the provision of free meals for 'necessitous' children. Particular references were made to the treatment of blind, deaf, epileptic and other defective children, and their educational provision. The health of nursery-school children was also monitored. Various statistical tables were included regarding inspections, defects, treatment and nutrition. For example, regarding nutrition, a table, (extract displayed below), showed the percentages of children found at routine examination, in the various age groups, to be A (excellent), B 1(normal), C (slightly subnormal), and D (bad). This table showed that although the percentage classified as A declined from 30.2 per cent of entrants, to 17.8 per cent of the oldest age group inspected, those classified as B increased from 65.1 per cent of entrants to 71 per cent of the oldest age group inspected. Those classified as C increased from 4.5 per cent of entrants to 10.9 per cent of the oldest age group inspected, whilst there were just four cases overall classified as D.[338]

Table 14. Analysis of nutrition standards amongst inspected Preston elementary schoolchildren in 1938.

Group	Category A% Excellent	Category B% Normal	Category c% Slightly subnormal	Category D% Bad
Entrants	30	65	5	0
Mid age group	27	66	7	0.13
3rd age group	18	71	11	0.14
Average	25	67	7	0.09

It is evident from the 1938 Report that despite the comprehensive nature of the service, the situation in Preston was still giving cause for concern in various respects, for example, in regard to the adequate nutrition of elementary schoolchildren. Concern, too, was expressed at the inadequacy of the one school nursery provision, ostensibly open to all, but effectively limited to children with some physical defect or poor home

[338] Ibid., ,table iii, p. xxviii.

surroundings - who were thus given priority. Reference was also made to a not entirely satisfactory situation regarding physical education, particularly in the senior elementary schools. Insufficient time was being allocated and the varying arrangements regarding suitable attire and footwear were also a problem. However, some special provision had been made for girls 'where storage facilities were available'.[339]

Reference in the report to dental treatment problems illustrated how earlier improvements could be swiftly overtaken by events. As indicated earlier, by the end of 1937 the school dental service was able to offer annual inspection and treatment to all elementary schoolchildren up to thirteen years of age (effectively covering them to leaving at fourteen). It was also providing inspection for secondary schoolchildren. However, 1938 had seen increased numbers of these children accepting the service's treatment, in addition to inspection, usually only requested by head-teachers in cases of parental poverty. This had made it impossible for the dental surgeons to get around all the schools in the year. It was a situation likely to worsen and it would require additional resource to manage.[340]

4.8. Conclusion.

There are three outstanding questions to be addressed in assessing this late inter-war phase of education and welfare provision for Preston schoolchildren. Firstly, how far had these developments progressed by 1939? Secondly, were the familiar constraints still restricting the improvements in provision? Thirdly, were Welshman's views regarding permissive legislation and Board of Education ambivalence, on such issues as

[339] Ibid., (synopsis of report).
[340] Ibid., p. iii.

malnutrition and physical education, borne out in relation to Preston developments in these areas?

Although the development of educational provision in Preston continued to be constrained by the lack of central direction, limited financial resources and certain denominational and other social difficulties, some progress was made. Further schools were built and the long awaited plan to reorganise elementary and non-selective secondary education in the town was agreed. Although this could not be implemented before the Second World War it would provide a local basis for the post-war reforms. In the meantime, with limited available places, secondary or advanced elementary school education was restricted to a minority of Preston schoolchildren. This did not appear to greatly concern many working-class parents who still chose to continue with only the basic elementary education of their 11 years old children. The delayed implementation of education reform limited the development of associated education welfare benefits. However, educational opportunity was stimulated in various other ways, for example, through the special schools and the arrangements for the severely disadvantaged children. The Nursery School strove to improve the capability of disadvantaged pre-school children to benefit from their subsequent education. General improvements in the operation of the school medical service and the increased attention to both malnutrition and physical training were similarly likely to bear dividends. The attendance level of children at the Preston elementary schools was generally good by 1939, being slightly better than the national average and reflecting a slight improvement since 1928.

By 1939, Preston had a well-established and considerably extended school medical service. The service had been developed to identify and treat in a suitably organised way, the wide range of conditions that might affect the health and general

well-being of schoolchildren generally, and their ability to benefit from education. The local authority had also made provision for the education of those children requiring special schooling in relation to their difficult physical and mental conditions. All of these arrangements were carefully monitored, analysed and reported. Medical inspections were now more intensively and selectively directed towards identifying and addressing defect conditions than in the service's earlier days. This was through a greater emphasis on special inspections and re-inspections, than on routine examinations. Other elements in a demonstrably greater qualitative approach were revealed between 1932 and 1939. These included a more positively campaigned pursuance of better nutritional standards, and the improved organisation of physical education, under professional supervision. The Nursery School policy, unsurprisingly, echoed that of the Open Air School in the extent of its interventionist approach to the health and well being of the children attending. Dental care had been extended to cover the inspection of all schoolchildren annually.

Ironically, as previously discovered, improvements in services and results stretched resources - and at the same time indicated the need for further developments. For example, this occurred with dental treatment, school meals, physical education clothing and storage and nursery school provision. All of these situations were constrained by financial and social policy considerations. There had also developed an increased realisation of the relevance of factors, nationally and locally, for example, poverty, which were regarded as outside the school medical service's direct control. This had been exemplified earlier, locally, in relation to the Open Air School findings, (1926) regarding the poor home environment and diet of many clinically defective children. Subsequently, the greater awareness of working-class malnutrition, together

with the problems regarding proper footwear and clothing for physical education, drew attention to the extent of poverty and the industrial situation. All of this illustrated the shortcomings inherent in the existing legislation and associated inadequate financial support.

Welshman's references to the restrictive effects of Board of Education policies in these regards are borne out by the drawn-out local difficulties experienced in addressing such issues as malnutrition and physical education. The Board offered much advice and encouragement, subject to its policy constraints, through its circulars, but then appears to have left it to local educational authorities to do the best they could with (varying) available resources. Offers to match local expenditure, for example, with regard to school canteens, would inevitably have a limited appeal in a not uniformly prosperous society. They would be more likely to attract a response from prosperous local authorities than the most needy ones. In this regard, by 1939 the Preston Education Authority had not extended school meals provision, to the expressed frustration of Dr Sharpe. He was urging this as a further measure to combat malnutrition, addressed on an increasingly urgent basis by the Preston school medical service since 1933. This type of situation also accords with Harris's views regarding the Board's lack of specific direction to local authorities, arising from the permissive nature of the associated legislation.

Chapter five. Conclusion.

5.1 Introduction.

This thesis has had two main elements. The first of these, addressed in chapter one, has been an analysis of the development of education welfare policy in England and Wales between 1906 and 1939, in relation to expanding educational provision. The analysis has taken particular note of the criticisms of such historians as Harris, Hirst and Welshman regarding permissive legislation and other aspects of education welfare. The intention has been to set the national context within which an analysis of education welfare in Preston will contribute a local dimension to historical research in this field. The second element has been an assessment of how well, in that context, the local education authority served the needs of Preston working-class schoolchildren during the period. In seeking to answer this, a number of questions were set. To what extent, and why, did services improve and with what benefits? Was the spirit of education reform for the working classes an imperative ethos demanding the development of education welfare? How much did permissive legislation, economic retrenchment, subsequent financial policy and other elements affect that service? Were these critical factors in Preston's case, or did the pace and degree of development happen to coincide with service capabilities and parental expectations? Have Welshman's criticisms of Board of Education policies regarding physical education and malnutrition been borne out by Preston's approach to these considerations? Finally, did Preston acknowledge the Board's attitudes and the local shortcomings in these areas, but decide to exercise its own judgement through its senior school medical officer, in setting its priorities? This

concluding chapter will sum up the various considerations.

The assessment recognises the premise arrived at in chapter one that, generally, in relation to education welfare, the criticisms of such writers as Welshman, Hirst and Harris regarding permissive legislation and central policy have been borne out. Thus, the nature of the legislation enabled the Board of Education and in particular its Chief Medical Officer, Sir George Newman, to manipulate policy to conform to prevailing political and economic expediency - and Newman's own views. Nevertheless, the financial circumstances that existed between 1919 and 1939 enabled Newman to achieve welfare objectives that would not have been possible with inflexible legislation - liable to be rescinded. His policies on such issues as malnutrition and the status of physical education, however, do appear to have been flawed, although convenient, in minimising the former and inflating the latter. Whilst the expansion of educational provision faced similar constraints to welfare, it was also hampered by social considerations, such as differing class expectations and objectives, religious denominational factors, and school location / catchment area problems. Further to this, chapter two has revealed the actual opposition of many employers to the raising of the school leaving age.[341]

5.2 How well were Preston's schoolchildren served?

1. Education opportunity.

The thesis has described how education opportunity for working-class children was increased in two ways between 1919 and 1939. These were, firstly, through the expansion of education and, secondly, through the support the education welfare services

[341] 'Introduction', Chapter two, p. 56.

provided. Crucially, welfare provision, through various school medical services, school meals and voluntary activities, endeavoured to sustain and improve the health of schoolchildren, so that they were fit to attend school and to be receptive to education. This was transparently so regarding the remedial and educational programmes and schools that were developed for the mentally and physically defective children, the blind, the deaf and dumb, and those with crippling defects. The contribution of Preston's education welfare services in these regards has been illustrated. Less obvious is the extent to which 'normal' children benefited from welfare support. However, the thesis has shown that Preston's school medical service deepened and broadened its provisions in endeavouring to support the health of all of its schoolchildren. This occurred during a difficult economic period, with some local unemployment and evidence of poverty. Without the service, it would have been difficult for many working-class parents to maintain the adequate health of their children. It is probable that the generally good school attendance figures described in chapter four reflect the service's contribution.[342]

Preston had expansive plans to develop educational provision from 1919, as was demonstrated by its formal scheme prepared in response to the 1918 Education Act.[343] However, the thesis has illustrated the political, economic and social difficulties that restricted developments throughout the inter-war years. The evidence indicates that these difficulties bore more heavily upon the expansion of education than on welfare provision because of the greater complexity, expense and ideological opposition involved. When economic retrenchment limited the implementation of the 1918 Act, following the Geddes Committee recommendations, Preston's plans were inevitably severely curtailed.

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[342] 'Preston elementary school attendance' in chapter four, pp. 140-141.
[343] 'Preston's response to the 1918 Education Act', in chapter two, p. 66.

The Hadow Report of 1926 subsequently set guidelines for the comprehensive reform of post-primary elementary education, but the political, financial and social obstacles slowed the development of plans and delayed the building of schools to support such plans. This was especially so in Preston, where the local authority's formal plans for reorganisation and provision of additional schools were not completed until 1938.[344] As with education welfare, too much depended upon local capability for the adequate development of educational provision, especially in the post-primary phase. Government inability to wholeheartedly support the Hadow reforms undermined the whole process. The failure to raise the school leaving age to 15, the withdrawal of new school building grants, the reduction in teachers' salaries, all revealed an insufficient commitment to the objective. Without centrally driven, financially supported plans for reorganisation the task was simply too large, complex and expensive to be satisfactorily undertaken by many education authorities. Particular local complications such as Preston's large proportion of denominational voluntary schools added to the difficulties.

Preston's arrangements for its post-primary schoolchildren, until the post-war changes brought about by the 1944 Butler Act, continued to be based upon a limited selection of children for secondary and central schools. The remaining majority continued a basic elementary school education to the age of 14. In accordance with national policy and therefore reducing the number of places available to borough elementary schoolchildren, Preston's secondary and central schools accepted children from county elementary schools outside the borough. The secondary schools also provided for non-scholarship fee-paying children. It is probable therefore that the selection criteria were more heavily weighted to reflect the limited available places rather than ability levels. This was demonstrated by the analysis of the Preston secondary and

[344] 'Preston educational opportunity and the Hadow objectives, in chapter four, p. 122.

central school selection procedures in 1934 and 1939.[345] The analysis also showed that parental attitudes, in relation to working class aspirations, were a limiting factor in the equation, although this appeared to be changing by 1939. The slow pace of education reform must also have held back the expansion of welfare provision. For instance, if the school leaving age had been raised to 15, accompanied by new schools, this would necessarily have placed further demands upon education welfare and stimulated its development. Perhaps the difficulties indicate that widening educational opportunity was not yet an imperative in the national consciousness and that fears over the degeneration of the race continued to provide a stronger impetus.

2. Education welfare.

A comparison of the education welfare provision in Preston in 1919 with that of 1939 demonstrates the extent of its development through the period. As described in chapter two, by 1919 Preston had already established school medical service inspection and treatment facilities for elementary schoolchildren, including provision for dental and hospital treatment. School meals were supplied to necessitous children. The Open Air School had been opened for physically defective children. These arrangements covered 39 elementary schools serving an average attendance of 16,733 children. Chapter four has revealed that by 1939 the number of elementary schools had risen to 44 although the average school attendance in 1938 had fallen to 14,522, through the fall in the birth rate. However, during this year 2,005 schoolchildren were also examined from six secondary schools. An obvious major difference between 1919 and 1939 was in relation to the professional and physical resources available to the school medical service. In 1919,

[345] Appendix 1.

there were two medical officers, one dental surgeon and five nurses, compared with three school medical officers, three dental surgeons and six nurses by 1939. Although there had been a reduction in the number of elementary schoolchildren to be dealt with, this was balanced by the inclusion of the secondary schoolchildren in the medical and dental inspection arrangements - and to a lesser extent, treatment. By 1939, in addition to improved hospital facilities, there were five medical inspection and treatment clinics, compared with just one in 1919.[346] From 1936 there were two physical training organisers directing physical education in the elementary schools in accordance with the Board of Education syllabus.[347]

Comparing the 1920 and 1938 Annual School Medical Reports illustrates some significant differences. Both Reports are comprehensive, but the 1938 Report displays a more exhaustive, detailed coverage and analysis of inspection and treatment categories. Levels of nutrition, the progress of physical education, the diagnostic and treatment status of crippling defects and other conditions, together with the related provisions for educational needs, are all more extensively covered.[348]

A significant development through the period was in relation to medical examination policy. In 1920, in the public elementary schools, with an average attendance of 16,733 children for the year ending 31 March 1920, a total of 6,274 routine medical examinations (88 per cent) were carried out and only 155 special examinations (2 per cent). Only 681 children (10 per cent of examinations) were subsequently re-examined. In 1938, with a corresponding average attendance of 14,522, the number of special examinations and re-examinations was much greater. There were 5,993 routine examinations (40 per cent), 2,932 special examinations (20 per cent) and 5,933 re-

[346] 1920, 1938 Annual Reports, Preston School Medical Service, (staff & accommodation tables).
[347] Chapter four, physical education,, p. 136.
[348] 1920, 1938 Annual Reports, Preston School Medical Service, (general review of Reports).

examinations (40 per cent).[349] This followed the national trend through the period and reflected the growing opposition to reliance upon routine school medical inspections.[350]

Table 15. Comparison of Preston elementary schoolchildren medical examination policy in 1920 and 1938.

Year	Average attendance	Total Exams	Routine Exams	Special Exams	Re-exams
1920	16,733	7,110	6,274	155	681
Per cent			88	2	10
1938	14,522	14,858	5,993	2,932	5,933
Per cent			40	20	40

The opposition to routine examinations had two main elements. Firstly, it was considered 'that routine medical inspection was an inefficient means of monitoring child health' and was therefore an ineffective use of often stretched resources.[351] Secondly, opponents believed that it produced statistically misleading results, because of differing standards and interpretations. Amongst criticisms voiced during the early 1930s were those of the senior school medical officers of Manchester, Birmingham and Hampshire, whilst earlier doubts were expressed by E. D. Marris of the Board of Education in 1922.[352] However, there was continued support of routine examinations and as late as 1939 the school medical officer for Sheffield, Dr. Cohen, observed that 'all the assistant school medical officers are in agreement over the value of routine medical inspection', as an effective 'basis of the service'.[353] In the light of the differing views on the subject - and without any formal note of Preston Education Committee policy - it may be that the change in emphasis in Preston reflected the senior school medical officer's personal stance in this area. Associated with this, it may also have been a logical development arising from increased resources, once an additional school medical officer and more inspection clinics were available. This would have allowed the scope for this more

[349] Ibid., 1920 table i p. 25, 1938 table 1 p. xxv.
[350] Harris, 1995, p. 105.
[351] Ibid., p. 104.
[352] Ibid., pp. 105-107.
[353] Ibid., p. 108.

specifically focused examination policy.

The inclusion of secondary schools was another notable difference. It was only in October 1920 that medical inspections were commenced in the first of the secondary schools to be included, the Park School for girls. No results of this inspection were published in the annual report for that year. By 1938, the 2,000 plus children of all six secondary schools were examined for medical and dental problems and the results were included in the annual report.[354]

In 1920, the number of schoolchildren referred for treatment following the 6,274 routine examinations was 1,796, (29 per cent). A further 69 children (1 per cent) were required to be kept under observation without treatment. All 155 special cases required treatment. In 1938, following the 5,993 routine examinations, only 595 (10 per cent) were referred for treatment and 874 (15 per cent) were required to be kept under observation. Of the 2,932 special examinations, 2,765 (94 per cent) were referred for treatment and 140 (5 per cent) were to be kept under observation without treatment.[355]

Table 16. Analysis of Preston elementary schoolchildren medical examination and treatment policies in 1920 and 1938.

Year	Routine Exams	Referred for treatment	Referred for observation	Special exams	Referred for treatment	Referred for observation	Re-examined
1920	6,274	1,796	69	155	155	0	681
%		29	1		100	0	
1938	5,993	595	874	2,932	2,765	140	5,933
%		10	15		94	5	
Total average attendance in 1920					16,733		
Total average attendance in 1938					14,522		

(N.B. Also 2,000 plus secondary schoolchildren examined in 1938).

A comparison of the 1920 and 1938 statistics for routine and special examinations reveals some similarities in the principal defects found but differences

[354] 1920 & 1938 Annual Reports, Preston School Medical Service.
[355] Ibid. 1920 tables i-ii p. 25-27, 1938 tables 1 & 2 pp. xxv-xxvii..

regarding treatment policy, particularly in the use of special examinations and the observation procedure. For example, in the 1920 routine examinations, 462 schoolchildren 100 per cent of those affected), were referred for treatment for defective vision, 243 (94 per cent) for enlarged tonsils and/or adenoids and 334 (100 per cent) for anaemia. The special examinations showed a similar emphasis. This contrasted with, in the 1938 routine examinations, 229 schoolchildren (87 per cent of those affected) referred for treatment for defective vision, 178 (only 28 per cent) for enlarged tonsils and/or adenoids and just 18 (42 per cent) for anaemia. The remainder was referred for observation only. Many schoolchildren (and this included other conditions), were now referred for observation only and many were only treated following special examinations.[356] This suggests that closer attention was paid to the development of these conditions in relation to decisions regarding observation and treatment.

Table 17. Examples of treatment/observation policy for routine examinations in 1920 and 1938.

Year	Defective Vision Treatment	Observation only	Enlarged Tonsils/ Adenoids	Observation only	Anaemia	Observation only
1920	462	0	243	16	334	0
%	100	0	94	6	100	0
1938	229	35	178	466	18	25
%	87	13	28	72	42	58

A comparison of dental inspection and treatment in the elementary schools in 1920 and 1938 indicates significant differences between the two years. In 1920, 2,597 children were examined, including 489 'casuals', on a schedule providing, (within the available resources), for two routine inspections during their school life. 1,531 children (59 per cent) required treatment, of which 1,334 attended the school dental clinic for this, 31 refused treatment and 112 attending their own dentist. There were 433 extractions, and 6,206 fillings and dressings. In 1938, 13,342 inspections, including 2,985 special

[356] Ibid.

inspections, were carried out throughout all the school age groups. 9,281 children (70 per cent) were found to require treatment, of which 6,878 accepted the school dental service's treatment. Of the children routinely examined, the percentages of children requiring treatment were significant throughout all the age groups. For example, this ranged from 27 per cent of those aged 6, to 62 per cent of those aged 10, to 75 per cent of those aged 14 years. 2,018 children refused treatment. This undermined the benefits of annual inspection, reflecting the dental surgeons expressed disquiet in 1937 regarding the level of refusal of tooth-saving treatment. A further 242 children attended their own dentist. Altogether, there were 8,221 extractions, comprising 1,612 permanent teeth and 6,609 temporary teeth; 8,728 fillings and dressings, including 6,993 fillings of permanent teeth, and 111 fillings of temporary teeth; and 12 scalings.[357]

Table 18. Preston school dental examination and treatment in 1920 and 1938.

(In 1920, there were two examinations during the school life. In 1938 there were annual examinations).

	Examined inc. casuals	Required treatment	School dental treatment	Private treatment	Refused treatment	Extractions	Fillings and dressings
1920	2,597	1,531	1,334	112	31	433	6,206
%		59	51	4	1		
1938	13,342	9,281	6,878	242	2,018	8,221	8,728
%		70	52	2	15		

Table 19. Percentages of children requiring treatment in each age group in 1938.

Age	Percentage
6	27
7	54
8	62
9	67
10	62
11	64
12	67
13	70
14	75

[357] Ibid., 1920 pp. 17-18, 1938 table ix p. xxxvi.

None of these statistics suggest that the basic health of Preston schoolchildren was any better in 1938 than it was in 1920. The same range of minor and more serious defects presented themselves at medical inspections. Indeed, the more intensive pattern of dental examination and treatment in 1938 showed a similar pattern of defects persisting throughout the age groups, suggesting the likelihood of poor home dental hygiene and possibly diet as contributory factors. It does reveal, however, the deeper range and focus of the 1938 medical examination policy and analysis of needs. Thus, the increased resources, knowledge and experience facilitated early diagnosis and perhaps crucially provided an opportunity for the monitoring of conditions and early provision of care. Subsequent re-examinations may or may not have then indicated a need for more radical treatment. This suggests a better support and perhaps less disruption of schoolchildren's educational lives.

As chapters three and four have demonstrated, the Preston school medical service expanded, in terms of its resources, facilities and services, between 1919 and 1939, despite the various economic constraints of the period. The service also developed its knowledge and awareness of conditions affecting the health and well being of schoolchildren, such as malnutrition. Its staff became more aware of the problems associated with maintaining satisfactory health care, particularly dental, when hampered by limited resources and sometimes unhelpful parental attitudes. Associated with this, expansion facilitated the development of a more focused medical examination policy and efforts to maintain an annual dental inspection and treatment cycle. Procedures were developed to address particular conditions, for example, crippling defects, in terms of identification, treatment and educational provision. All through the period, the senior school medical officer used his opportunities to pursue specific objectives in improving

the service's effectiveness. Examples of this included the efforts to combat malnutrition and to improve the quality of physical education.

Nevertheless, Preston's ability to effectively deal with malnutrition and other health problems affecting its schoolchildren was constrained by the effect of wider national policies of political and economic conservatism, together with the difficulties encountered in expanding a service based upon permissive legislation. Welshman's criticisms may be well founded regarding Newman's manipulations in respect of physical education and malnutrition, but they hardly applied to the Preston school medical service, which did not use the provision of physical education in this way. The Preston Council's own financially conservative policy was a constraint and, further to this, the grants system meant that much depended upon local authority means, inclinations and abilities subject to these considerations. The evidence suggests, however, that Dr Sharpe recognised these deficiencies and was aware that he could take advantage of his position, despite his (perhaps calculated) occasional expressions of frustration.

3. Preston Education Budget, 1919 to 1939.

Preston's education budget showed steady if unspectacular growth between 1919 and 1939 and remained Preston's largest rate commitment. At the same time the percentage of the education budget spent on welfare increased from 1924 and had almost doubled by 1939. By 1938-39, Preston's education budget from the rate was £122,000, comprising £96,000 (79 per cent) allocated to elementary education and £26,000 allocated to secondary education. This amounted to 19 per cent of the total general rate for the year of £635,442. In 1919-20, the education budget was less than half the 1938-

39 figure, at £54,500 from a total council budget of £173,239. However, the education percentage was greater, at 32 per cent. By 1924-25, the education budget had risen to £74,500 (24 per cent) from a total council budget of £313,621, and by 1928-29, it had risen to £93,500 (still 24 per cent) from a total council budget of £386,844. The percentages of these education budgets spent on elementary education were - 1919-20, 79 per cent; 1924-25, 81 per cent; and 1928-29, 77 per cent. The percentage of the education budget spent on welfare categories showed a steady rise from 10 per cent in 1924-25, to 13 per cent in 1928-29, to 18 per cent in 1938-39. The Nursery School, Physical Education and School Meals made a significant contribution to the 1938-39 figures.[358]

A comparison of the growth of Preston's education welfare budget, against the national growth of local authority education welfare expenditure, shows that Preston's growth exceeded the national average. However, there were variations. For example, Preston's expenditure on physical education showed a substantial increase, but the increase of spending on meals-provision fell well short of the national percentage increase. The Preston percentage increase on special schools exceeded the national figure, whilst the opening of the Stoneygate Nursery School opened Preston's account in that category.[359]

The analysis reveals a steady growth in both the education and overall budgets, but shows that whilst the total council budget rose by 366 per cent between 1919-20 and 1938-39, the education budget's rise was rather less, at 224 per cent. Nevertheless, the education budget was always considerably larger than any other single budget category. For example, in 1928-29, after education at 24 per cent of the budget, came the Ribble

[358]Preston Council Budgets, P573PRE, 1919-20, 1924-5, 1928-9, 1938-9, Harris Reference Library.
[359] Ibid. & Harris, 1995, table 6.1 & p. 93.

Navigation at 8 per cent, Sinking Funds and bank interest each at 7 per cent and police at 6 per cent. Street lighting, refuse collection/dispersal and highways were each at 5 per cent. At 3 per cent each came street cleaning and parks and recreation. The Housing Committee budget, also 3 per cent, represented the balance of expenditure over income, for example, rents. Miscellaneous other categories made up the balance of 24 per cent.[360]

Table 20. Preston Education Budgets and the General Rate.

	1919-20	1924-25	1928-29	1938-39	% growth 1919-39
General Rate	173,239	313,621	386,844	635,442	267
Education Budget	54,500	74,500	93,500	122,000	124
Ed. Budget % General Rate	31	24	24	19	
Education Welfare Budget	No details	7,325	11,999	21,475	
% Gen. Rate		2	3	3	
% Ed. Budget		10	13	18	

Table 21. Analysis of Preston Education Budget, education welfare expenditure.

	1919-20	% of Ed. Budget	1924-25	% of Ed. Budget	1928-29	% of Ed. Budget	1938-39	% of Ed. Budget
Medical inspection and treatment	No details		3,669		5,656		7,195	
Special Schools	Ditto		2,778		5,498		7,955	
Social and physical training	Ditto		43		180		2,300	
Provision of meals	Ditto		835		665		1,785	
Nursery School	Ditto		0		0		2,240	
Total	0	0	7,325	10	11,999	13	21,475	18

[360] Preston Council Budgets, P573PRE, 1919-20, 1924-5, 1928-9, 1938-9.

Table 22. Preston education welfare expenditure percentage growth 1924-1939.

	1924-25	1928-29	1938-39	% Growth 1924-39
Medical inspection and treatment	3,669	5,656	7,195	96
Special Schools	2,778	5,498	7,955	186
Social and physical training	43	180	2,300	5249
Provision of meals	835	665	1,785	114
Nursery School	0	0	2,240	100
Total	7,325	11,999	21,475	193

Table 23. National education welfare expenditure percentage growth 1924-1939.

	1924-25	1928-29	1938-39	% growth 1924-39
Medical inspection and treatment	1,253,329	1,643,271	2,605,692	108
Special Schools	1,293,358	1,494,670	2,380,782	84
Social and physical training	98,955	112,877	191,587	94
Provision of meals	137,589	227,107	942,803	585
Nursery School	12,420	16,160	124,104	899
Total	2,795,651	3,494,085	6,244,968	123

5.3 Conclusion.

The thesis has shown that in the development of educational provision between 1919 and 1939, Preston served its working class schoolchildren less well than it had originally planned before the period of economic retrenchment. As in other areas of social and education policy the restrictions imposed after 1921 seriously curtailed development. Even so, by the mid-1920s, new schemes, albeit on a more limited scale had been established. Plans were eventually made for radical and extensive new developments, but by 1939, with just six selective secondary schools, only a small proportion of Preston's schoolchildren could progress to this level. Entry to the three central schools was on the same limited selection basis. The progress towards a

complete reorganisation of post primary elementary education had been slow and the plans would not be implemented before World War Two. Despite the building of the new schools, many of the town's elementary schoolchildren continued to be educated in old and unhygienic accommodation. The local financial constraints, religious denominational difficulties, central legislative and funding limitations, were major obstacles.

Regarding welfare provision, the Preston education authority did serve the needs of its working-class schoolchildren through the period - but not as well as it might have done, despite the undoubted local commitment and expertise shown. Inadequate legislation and restricted central financing reflected an insufficient governmental commitment throughout, towards ensuring that all the identified needs could be met. This was coupled with economically prudent Board of Education policies that reflected government philosophy and constraints. Chapter one illustrated how this policy weakness adversely affected the poorer areas of the United Kingdom.[361] However, Preston was a medium sized local authority, albeit one that was understandably cautious in the prevailing circumstances. Therefore, although limitations were inevitable, the permissive legislation and the authority's own initiatives did allow progress to be made. Consequently, from 1919, Preston was amongst leading authorities in the provision of a wide range of services. Nevertheless, there were continued weaknesses, which the authority's senior school medical officer took the opportunity to identify, publicise and seek to remedy. The service did improve, as resources increased and new techniques and procedures were introduced, but it never had the means to remedy all of its deficiencies.

The thesis has demonstrated how the local press played its part in promoting the development of education services in the town. The voluntary contribution has also been

[361] Chapter one, p. 47.

examined. Ironically, the permissive legislation was both a restraint and a spur, in that it allowed the local authority to pace its school medical service developments to suit the financial constraints arising from national economic retrenchment and local considerations. To the extent that the development of physical education, and the expansion of school meals, were delayed and restricted, these may be regarded as critical factors. Although Welshman's criticisms of Board of Education policies, regarding physical education and malnutrition, may be supported by the national evidence, Preston does not appear to have entirely conformed to this pattern. There appears to have been an early recognition, in the operation of the Open Air School, and subsequently, the Nursery School, of the importance of good diet and the relationship between poor diet and poverty. Regarding physical education, Preston delayed its implementation of Board of Education policies until late in the period. However, this had not prevented some of the town's children suffering from malnutrition.

It has been illustrated how the views of the professional practitioners together with social issues such as child diet impacted on contemporary thought and ultimate provision. Sir George Newman, the Board of Education's chief medical officer, interpreted and manipulated the permissive education welfare legislation from the outset. This allowed him to propound and reflect his views through Board actions that would also conform to government policy and financial constraints. Examples of this were his advocacy of physical education as an inexpensive form of preventive medicine and his rather sanguine views on malnutrition which sought to dissociate this as a poverty issue of concern to the school medical service. This situation gave school medical officers the opportunity to recognise that in these circumstances they needed to control local circumstances, identify and highlight the key issues and pursue improvements

accordingly. Preston's senior school medical officer took advantage of his opportunity, in various ways through the inter-war years, as he sought to remedy local deficiencies.

Adequate diet in relation to the health of schoolchildren was a complex issue. There were mixed views and a degree of ignorance regarding the dietary requirements for adequate nutrition. This was also true regarding the nature, causes and effects of malnutrition - and where responsibility for its cause and correction lay. There was an acknowledgement in Preston, in relation to the Special Schools, of the importance of good diet and an association of malnutrition with poverty and a poor home environment. Dr Sharpe's subsequent statements and school medical service actions revealed a growing awareness of the wider incidence of malnutrition amongst Preston schoolchildren. This mirrored the concerns being expressed by other school medical officers and others, reflecting a growing national awareness and moving the Board of Education towards more pro-active school feeding policies.

In the final analysis, when considering the development of education welfare and opportunity for working class children, there may be a temptation to over-emphasise the legislative and administrative shortcomings, the economic constraints, the manipulations of the Board of Education and the various local difficulties. This would be to fail to recognise the achievements of the era. Indeed, the provision of extensive and interventionist school medical services, before the advent of state medicine, may be described as a remarkable advance - and one which occurred over a comparatively short period of time. This has been amply demonstrated by the developments in Preston described in this thesis. The voluntary contribution was also significant in contributing to this expression of a societal responsibility at variance with the still existing concepts of 'self-help'. In many ways, the expansion of working-class education was a more

difficult issue, whereby the conflicting views regarding the desirable extent of this were an additional constraint. Nevertheless, during this period, full-time elementary education for all children to the age of 14 became compulsory and Special Schools were provided where required. The reorganisation of elementary education with particular reference to the post-primary phase was initiated. This was the subject of much debate, resulting in the Hadow and Spens Reports, and plans which had limited fruition by 1939, but which provided a basis for the post-war reforms that followed Butler's 1944 Education Act.

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Appendix 1

Selection procedures for Preston secondary and central schools, 1934-1939.

The Preston Borough Scholarship Examination procedure through this period, controlling entry of schoolchildren to the central and secondary schools, consisted of an initial examination taken in January at normally age eleven. This was followed by a second examination in March, for those children attaining a minimum standard in the first examination. Invitations were sent to the parents of these children to nominate their preferred choice of school if finally successful. Whilst both examinations had arithmetic and English papers, the first examination also included an intelligence test. The intelligence test was also taken by the eleven to twelve year-old groups in the secondary, central and special schools for the standardisation purposes of the examiner. The scholarship examination was open to the public elementary schoolchildren of the borough and also to others of scholarship age. These would typically include those fee-paying children attending the junior classes of the secondary schools, together with fee-payers at private junior schools.[i]

In 1934, 1,965 children sat the first examination. There were 75 absentees due to illness, 47 of whom subsequently took the supplementary examination for absentees. Examination places were reserved in 1935 for several children with extended illnesses. 948 children (47.1 per cent) failed the first or supplementary examination, and 1,064 children (52.9 per cent) were selected to go forward to the second examination. Parents were asked to nominate a choice of school. These choices were as follows:-

Table 24. Parental choice of school for 1st examination success children.

School	Type	No's.
The Grammar School	Boys Secondary	154
The Park School	Girls Secondary	117
The Catholic College	Boys Secondary	79
Winckley Square Convent School	Girls Secondary	57
Lark Hill Convent School	Girls Secondary	48
Total Secondary		455
Deepdale Modern School	Mixed Central	262
St. Ignatius Central School	Boys Central	67
English Martyrs Central School	Girls Central	48
Total Central		377
Chose to remain at elementary school		232
Grand Total		1064

The above figures show that in the case of 232 children, (21.8 per cent of those who qualified for the second examination) parents chose for them to remain at the elementary school, together with the 948 children who did not attain the required standard in the first examination. The parents of 42.8 per cent of qualifying children opted for secondary school whilst the parents of 35.4 per cent of qualifiers opted for central school. The percentages of those making a choice of secondary or central school were 54.7 and 45.3 per cent, respectively.

The places subsequently awarded and taken up were as follows:-

Table 25. Take-up of awarded places.

School	Recommended	Taken up
The Grammar School	44	40
The Park School	37	36
The Catholic College	30	29
Winckley Square Convent School	23	22
Lark Hill Convent School	12	12
Total Secondary	146	139
Deepdale Modern School	128	107
St Ignatius Central School	40	34
English Martyrs Central School	39	34
Total Central	207	175
Grand Total	353	314

These figures show that only 42.4 per cent of the 832 children seeking a secondary or central school place were recommended for acceptance. Only 37.7 per cent of them actually took up the places recommended. Running contrary to the choice percentages, the percentage of successful applicants for secondary school places, at 32.1 percent, (30.6 per cent acceptance), was much lower than that for central school applicants at 54.9 per cent, (46.4 per cent acceptance). Of all children who sat the first examination or the supplementary examination, (2012), only 17.5 per cent were recommended for secondary or central school places and only 15.6 per cent took up places.[i]

The Examination Board's analysis of the performance of scholarship applicants showed that a high percentage of the top hundred order of merit, at 23 per cent, consisted of children whose parents had opted for central school rather than grammar school. Further to this the Board emphasised that the final awards had been made strictly of the basis of merit and parental choice and had not been pre-determined by the numbers of places available. Of the 139 children taking up the recommended secondary school places, 112 were awarded fees plus book allowances, 12 were awarded fees only, 3 were awarded three-quarter fees and 6 were awarded half fees.[i]

The method of selection and the distribution of available secondary and central school places remained largely unaltered through to 1939, although there was some fluctuation. The pattern of parental choice and the take-up of recommended places also remained similar throughout the period, although there was a gradual reduction from 1934 to 1939 in the numbers of children in the relevant age group. Thus, these numbers fell from 2,012 in 1934 to 1,725 in 1937 and to 1,592 in 1939. Secondary school places

awarded rose from 146 in 1934 to 180 in 1937, falling to 166 in 1939. Central school places rose from 207 in 1934 to 236 in 1937, falling to 208 in 1939.[i]

The significant difference between 1934 and 1939 was in the percentages of children for whom secondary or central school was a preferred option rather than remaining at an elementary school. Whilst in 1934 only 41.4 per cent opted for secondary or central school, the corresponding percentage in 1939 was 72.3 per cent - that is, all of the children who passed the first examination. This may have reflected a change in parental attitudes, or perhaps more likely, a policy of the education committee that all of these children should have the opportunity of progression. It is consistent with this that whilst there was a small increase in secondary school choice, the bulk of the increase was in central school choice, which rose from 18.7 per cent of the age group in 1934 to 40.8 per cent in 1939. The percentages of children taking the first examination who were subsequently recommended for secondary or central school places rose to 23.5 per cent, with 21.5 per cent taking up places. However, the numbers taking the first examination fell from 2,012 (including the supplementary examination) in 1934, to 1,592 in 1939.[i]

A revealing element reported in the 1938-39 examination board minutes, was the pre-scholarship examination classification by elementary school head-teachers of children on the examination lists, regarding the expectation of their likelihood of passing. The number of children expected to pass in 1938 was 480, 28.4 per cent of the initial examination list of 1692. The number actually recommended for secondary of central school places was 346, 20.4 per cent of this list. In 1939 the expectation was much closer to reality, at 371 and 374 respectively, 23 per cent of the initial list. However, both sets of figures reveal low expectation and low reality. Another revealing element of

the 1938-39 figures is that not all of the children who passed the first examination sat the second examination. Whilst 1,151 children in 1939 passed the first examination, only 390 children sat the second examination. This was probably the result of a screening process that had been introduced, based upon on Professor Godfrey Thompson's recommendation that an Intelligence Quotient of 120 down to 115 be required for candidates for secondary school, and an IQ of 115 for be required for candidates for central school.[i]

Table 26a. Analysis of Preston Borough Scholarship Examination Procedure in 1934.

	Taking 1st exam inc. supplementary exam.	Passed 1st exam.	Failed 1st exam.	Chose to remain at elementary school	Chose secondary school	Chose central school	Total
Numbers	2,012	1,064	948	232	455	377	2,012
Percentage		53	47	12	23	19	
Choice % of 1,064 passed				22	43	35	
Choice % of 832 sec./cen.					55	45	

Table 26b. Analysis of Preston Borough Scholarship Examination Procedure in 1934

	Qual. For 2nd exam.	Rec. for secondary school	Places accepted	Rec for central school	Places accepted	Total recommended	Total accepted
	832	146	139	207	175	353	314
% of total qualified 2nd exam.		18	17	25	21	42	38
% of 353 rec.		41		59			
% of 314 acc.			44		56		
% of total taking 1st exam.	41	7	7	10	9	18	16
% of choice		32	31	55	46		

Table 27a. Analysis of Preston Borough Scholarship Examination Procedure in 1939.

	Taking 1st exam. Inc. suppl. Exam	Passed 1st exam.	Failed 1st exam.	Chose to remain at elementary school	Chose secondary school	Chose central school	Total
Numbers	1,592	1,151	441	0	501	650	1,592
Percentage		72	28	0	31	41	
Choice % of 1,151 passed				0	44	56	
Choice % of 390 sec/cen.					55	45	

Table 27b. Analysis of Preston Borough Scholarship Examination Procedure in 1939

	Qual for 2nd exam	Rec. for secondary school	Places accepted	Rec. for central school	Places accepted	Total recommended	Total accepted
	390	166	160	208	182	374	342
% of total qualified 2nd exam.		43	41	53	47	96	88
% of 374 rec.		44		56			
% of 342 acc.			47		53		
% of 1,592 sat 1st exam.	25	10	10	13	11	23	21
% of choice		33	32	32	28		

Appendix 2

A case study: Leo Hall, Preston schoolboy from 1926 to 1936.

This is a brief summary of this elementary schoolboy's experiences, taken from Leo's letter replying to a newspaper request for personal experience information relating to the research period. Leo lived in the typical working-class Deepdale district of Preston. His childhood recollections, in certain respects, probably echo the problems faced by many working-class families in accepting what may have been perceived as the charitable aspects of education welfare. For example, free meals for necessitous children were available in Preston throughout Leo's schooldays - and from 1934 there was also free milk from the Milk Marketing Board Scheme. Yet, according to Leo's recollections his family did not avail themselves of these services, although they could not afford to buy the subsidised milk. In relation to education opportunity, Leo's account suggests that for most working-class boys, securing an apprenticeship to a trade was the preferred objective of parents - who would regard secondary education as a barrier to this aim. There is also the suggestion that putting older children to work as soon as possible, to increase the family income, would be regarded by many working-class families as necessary - or at least desirable. Leo has drawn attention to a differentiation between boys and girls, whereby the older girls went to a training centre one half day per week for cookery lessons and the older boys went to a woodwork centre.

Leo was born in 1921 to a poor Preston family. His first school was St. Gregory's Roman Catholic Elementary School in the Deepdale area. This mixed school was newly built in 1926 and served all ages 5 to 14, as did most of the elementary

schools of the town. The sexes, as was common practise, were separated as far as possible. The two flagged playgrounds had outside toilets at one end and there were no grassed areas.

All the children went home for dinner, as there were no facilities at school. Nor was there initially any school milk, although teachers made and sold Horlicks for Catholic charities, at one half penny per cup. Leo's family could not afford it. As Leo recalls, half of the pupils at St. Gregory's School were fairly poor, whilst the other half had a parent in employment. Usually, fathers worked for a wage and mothers stayed at home, whilst an elder child starting work was a valuable bonus. Half of the children at the school wore clogs; the other half wore shoes. Preston Education Committee ran a clog fund for the needy.

Regarding education welfare, Leo's recollections are that a school doctor was available, and looked the children over 'from time to time', without the aid of diagnostic equipment. The 'weakly' children went to the Open Air School at the northern end of Moor Park, whilst the School Clinic was available for borderline cases and dressings, etc. There was a school dentist whose treatment the children all dreaded, with fillings being particularly painful. Spectacles were provided for the needy. The 'Nit Nurse' visited the school at intervals and ringworm was a common affliction.

Describing family difficulties, Leo recounts how his mother's first husband died in the 1919 flu epidemic. There were six children in the mixed family. Four of them contracted scarlet fever in 1925 and one died following diphtheria complications. Leo's half sister was admitted to Preston Royal Infirmary suffering from lupus outbreaks in her leg. In 1932, Leo's younger brother died from tuberculous meningitis. The family bought raw milk, because pasteurised milk and T.T. milk were more expensive. When

the Milk Marketing Board Scheme for school milk, at a half-penny for a third of a pint bottle of pasteurised milk was introduced in 1934, Leo's family could not afford it. Two pence per week was paid to a Workman's Fund from the father's weaver's wage to provide him with free hospital treatment. The 'Doctor's Man' called every Friday to collect what the family could afford for the doctor's bills. The father's general health was poor, but doctor and medicine were provided on what he called the 'Lloyd George'. His health, together with the insecurity of working in a struggling cotton industry beset by industrial disputes, made every penny important to the family. Meanwhile, Leo's mother struggled through years of chronic stomach problems.

Regarding education opportunity, Leo has described how in the early 1930s he was ready for the scholarship examination at 11 years of age, when he passed comfortably. However, although his ambition had always been to be a doctor, even a surgeon, he realised that this was merely a dream, for according to 'folk-knowledge' it cost £1,000 to train for medicine. In working class homes the aim was to be apprenticed to a trade, although a difficulty was that the best trades always favoured the sons of their tradesmen. An apprenticeship had normally to be started at 14 years of age or 15 at the latest, so going to a secondary school, where staying on until 16 was expected, wasn't an option available to Leo. He went instead to a selective central school, where there was no uniform to buy, but only an embroidered cap badge.

Describing physical education in the early 1930s, Leo recalls walking to the nearby Moor Park on Wednesday afternoons for football or cricket, depending upon the season. His school had no gymnasium for physical training and very little equipment, apart from some gymnasium benches. However, they did do 'drill', which Leo likened to today's aerobic exercises.

Regarding the further prospects for a working-class boy, Leo described the extent to which it was necessary to 'graft' for an apprenticeship. He managed to get one to a French-polisher when he was 15, at 8 shillings per week. This could eventually have led to a tradesman's wage, which in the mid 1930s was £3 12 shillings. Recalling working-class attitudes of the period, Leo said that few people thought of owning their own houses. Doing this would have been like putting a 'stone round your neck'. The rent (with rates) where Leo lived, in a terraced row, with backyard toilet, no bathroom and only cold water, was 8 shillings and 4 pence per week.

Postscript: Leo went on to describe how, in 1945, following war service, he took advantage of a scheme open to returning servicemen, through which he trained to become a schoolteacher. Eventually, he became head of English at Wellfield High School, Leyland.