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City of Leeds.

EDUCATION COMMITTEE.

REPORT

of the

School Medical Officer

For the year ended 31st December, 1909.



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Introductory Note by the Secretary for Education on the Financial Aspect of Medical Inspection.

The duty which Parliament has placed upon Local Education Authorities of carrying out the Medical Inspection of School Children is one that involves a heavy expense.

As Medical Inspection has now been in operation a year in Leeds, it is possible to state with some definiteness what the annual cost is likely to be. With the exercise of the most rigid economy in administration, the cost of the examinations cannot be less than £2,500.

In addition, it will be seen on reference to Table XXV. of the Medical Officer's Report that 8,657 children have been under medical treatment, as a result of the Medical Inspection, involving in most cases an absence from School, and in some cases a prolonged absence. A careful calculation shows that the loss of Grant through these absences will amount approximately to £1,600.

Further, a large amount of Grant will be lost by the exclusion of children suffering from epidemic sickness or coming from infected homes. Returns obtained from the Schools, extending over the last six months, show that on an average 1,895 children have been absent daily on account of epidemic sickness either of themselves or of some other members of the family. This means an approximate annual loss in Grant of £3,800, which amount would have been actually paid to the Local Authority by the Board of Education had "The Epidemic Grant," which was withdrawn some years ago, remained in force.

Altogether, the loss in Grant due to the exclusion of children in consequence of Epidemic Sickness, and to the absence of children under medical treatment as a result of Medical Inspection, is no less than £5,400. This, added to £2,500, the cost of Medical Inspection, makes a total of £7,900, which is closely approaching a penny rate.

That the Medical Inspection of School Children, if followed by remedial measures, will improve the physique of the children, and ultimately of the nation, is beyond question. But the improvement of the health of the nation is a national benefit; and it is unreasonable that the whole of the cost should be thrown upon the Local Authorities. There is a clear case for a very substantial portion of the expense being borne by the Imperial Exchequer.

JAMES GRAHAM,

Secretary for Education.

EDUCATION DEPARTMENT,
LEEDS.

MEDICAL STAFF.

School Medical Officer ALGERNON WEAR, M.D., B.S.

Medical Examiners :

A. T. BACON, L.R.C.P., M.R.C.S.
 THOMAS D. BELL, M.R.C.S., L.R.C.P.
 URSULA CHAPLIN, M.D., C.M.
 FRANK G. DOBSON, M.B., Ch.B.
 JOSEPH ELLISON, L.R.C.P.
 WILLIAM GOUGH, M.B., F.R.C.S.
 F. W. M. GREAVES, M.B., Ch.B.
 JOSEPH HOLMES, M.R.C.S., L.R.C.P.
 RALPH HOPTON, M.D., B.S.
 WALTER LISTER, M.R.C.S., L.R.C.P.
 C. R. LYALL, M.B., M.S.
 C. H. MOORHOUSE, M.B., B.S.
 T. M. NICHOLSON, M.A., M.R.C.S.
 MARY E. PHILLIPS, M.B.
 H. ARCHBOLD SMITH, M.R.C.S., L.R.C.P.
 W. L. SPINK, M.B., Ch.B.
 A. B. SETON STEWART, L.M.S.S.A.
 HENRY WAITE, M.R.C.S., L.R.C.P.
 H. DE C. WOODCOCK, M.R.C.S., L.R.C.P.
 W. MCGREGOR YOUNG, M.D., Ch.M.

CITY OF LEEDS.

EDUCATION COMMITTEE.

Report of the School Medical Officer for the Year
ended 31st December, 1909.

To the Chairman and Members of the Education Committee.

LADIES AND GENTLEMEN,

I have the honour to submit my report on the Medical Inspection of School Children in Leeds, for the year ended 31st December, 1909.

Under the provisions of Section 13 of the Education Act, 1907, a scheme for the medical inspection of children attending the Elementary Schools was adopted by the City Council, and was put into operation in May, 1909. The scheme provided for the work to be carried out by a part-time Chief School Medical Officer and 20 Medical Examiners—including two ladies.

There are in the City 113 Elementary Schools (in addition to 7 Special Schools for Mentally and Physically Defective Children), 67 being Council Schools and 46 Voluntary Schools, comprising in all 272 Departments, having on the roll 79,441 children.

School Hygiene.

I have visited 150 School Departments, paying attention to influences bearing on the health of the children, including sanitation, ventilation, overcrowding of classes, and cleanliness. The majority of the school buildings are up to date and, therefore, satisfy modern opinion upon the various questions of school hygiene. Some buildings, on the other hand, are old, badly lighted, and only fairly ventilated. These are, however, the exception, many of the old schools being bright and well ventilated. There was little evidence of overcrowding. One of the oldest schools I found fitted with an obsolete system of sanitary conveniences, only cleansed at infrequent intervals, and thus giving rise to much unpleasantness. Modern water closets should be substituted as soon as possible. Upon the whole, the closets of the schools are clean and well kept, flushed regularly, and in a good sanitary condition. The urinals in the Boys' Departments are also, as a rule, clean and well looked after. I have reported upon various defects, such as wasteful and inefficient fireplaces, ash-pits in undesirable situations, want of water for washing and drinking purposes, want of latrine accommodation, and the need for cleansing the school premises. The majority of these defects have either been corrected or are receiving attention. Wherever necessary, teachers and caretakers have been interviewed upon sanitary matters.

The playgrounds are generally good, but in some cases where the ground is sloping, the polished condition of the concrete renders the surface slippery, if not actually dangerous. In one of the newer schools, built evidently on made ground, the concrete had sunk in places, leaving hollows in which water had collected. Here infants were enjoying a paddle upon the occasion of my visit. This defect has now been rectified.

In the newer schools the cloak-room accommodation is all that can be desired, but in this matter many of the older schools are much behind the times. They are in many cases greatly cramped for room, not only for the children, but for the free circulation of air around the clothing. There is also in a large number of the schools no

means of drying damp clothing. In schools with hot-water heating apparatus there should be no difficulty. I am strongly of opinion that more cloak-room space is required in a large number of schools.

Drinking Water and Washing Accommodation.

Children should have free access to the water supply. Although it is understood that mugs are provided for every school, it is not the rule for them to be in evidence. In some schools the teachers keep a glass which the pupil can have by applying for it; in other schools there are two enamelled mugs per 100 children. One school (and there may be others) had no means at all for drinking purposes, except the hand basins, which I was told were actually used. Needless to say, such a state of things is far from satisfactory.

The hand basins are in proper proportion to the number of children. Only in one case did I find the water supply insufficient. This was owing to the high elevation of the Department, and the defect has now been remedied. On very rare occasions did I find no soap available. The towels were ample and clean.

Co-relation with the Public Health Department.

Much useful work can be accomplished in the prevention of the spread of infection and in the removal of causes of insanitation affecting the school environment, by co-operation between the School Medical Service and the Public Health Service. It is important, however, that the work should be so organised as to avoid overlapping between the two Departments. During the course of the inspections, notifications have been sent to the Medical Officer of Health of any matters affecting his Department.

In September last, a "Memorandum on Closure of and Exclusion from School," dealing with the prevention of infectious diseases occurring among school children, was issued jointly by

the Board of Education and the Local Government Board. This memorandum is a valuable guide to Medical Officers of Health and to School Medical Officers in dealing with these diseases.

It may not be generally known that, under the Infectious Diseases Act of 1889, certain diseases are compulsorily notifiable to the Medical Officer of Health by medical men. These are small-pox, cholera, diphtheria, membranous croup, erysipelas, scarlet fever, typhus, typhoid, relapsing, continued or puerperal fever. On the other hand, phthisis is only voluntarily notifiable.

There are other diseases which, although equally infectious or contagious and extremely troublesome, such as scabies, measles, ringworm, verminous heads and bodies, chicken pox, whooping cough, are not notifiable.

It will thus be seen that the Medical Officer of Health has practically no knowledge of the existence of such diseases, although it is vitally necessary, in dealing with infectious or contagious diseases amongst children in a large city like Leeds, that not only the School Medical Officer but also the Medical Officer of Health for the City should be made cognisant of such cases.

A scheme for carrying this into effect has been prepared, and has met with the approval of Dr. J. Spottiswoode Cameron, Medical Officer of Health for Leeds. Under this scheme, which will be put into operation forthwith, returns of scholars absent from school owing to infectious or contagious diseases, or from having been in contact with such cases, will be made to the Education Department by the teachers and school attendance officers, and from Dr. Cameron's Department. From these returns a list will be prepared of all children absent from school owing to infectious disease, or from contact with infectious disease.

We shall thus have at hand, definite information upon which we can act; the Medical Officer of Health will deal with the home, and the School Medical Officer with the school. Such information would be useless unless there was power to act further in the matter, and such power is possessed not only by the Sanitary Authority, but also by the School Medical Officer. The Sanitary Authority, acting on the recommendation of the Medical Officer of Health, may, if it be considered desirable in the interests of the public health, compulsorily close a school. Such compulsory closure is not, however, deemed advisable except for urgent reasons, the better course being the exclusion of the individual children who are suffering from or are in contact with infectious or contagious diseases.

The incidence of infectious disease can thus be watched and methods taken for the prevention of its spread. The following table, which has been issued to each Head Teacher, shows exactly when and under what circumstances a child may return to school after illness or contact with infection :—

I.—PERIODS OF EXCLUSION OF SCHOLARS IN CASES OF INFECTIOUS DISEASES.

Infectious Disease.	Periods of Exclusion from School of Children : (a)	(b)
DIPHTHERIA. MEMBRANOUS CROUP.	Until throat is reported healthy and after disinfection. Bacteriological examination desirable. School attendance should not as a rule be resumed for at least four weeks from date of discharge from Isolation Hospital. A medical certificate of freedom from the risk of conveying infection should, whenever possible, be produced.	Not ill but living in Infected Homes ["Contact" Cases]. <i>When Patient is Removed to Isolation Hospital.</i> —To be excluded for at least <i>two</i> complete weeks from the day on which disinfection subsequent to the removal of the patient has taken place. <i>When Patient is Treated at Home.</i> —As a rule to be excluded for <i>four</i> weeks after disinfection of the patient and the home. Or until a medical certificate of freedom from the risk of conveying infection is produced.
SCARLET FEVER. (OR SCARLATINA).	At least six weeks and until there is no discharge from the throat, nose, or ears, and no peeling of the skin. School should not be attended for at least a fortnight after discharge from Isolation Hospital. A medical certificate of freedom from the risk of conveying infection should, whenever possible, be obtained.	<i>When Patient is Removed to Isolation Hospital.</i> —To be excluded for at least <i>two</i> complete weeks from the day on which disinfection subsequent to the removal of the patient has taken place. <i>When Patient is Treated at Home.</i> —To be excluded for <i>two</i> weeks after disinfection of the patient and the home. Or until a medical certificate of freedom from the risk of conveying infection is produced.
SMALL POX.	Until scabs have gone and skin is healthy. School attendance not to be resumed for a fortnight after discharge from Isolation Hospital.	To be excluded for 18 days after disinfection of the patient and the home, or until a medical certificate of freedom from the risk of conveying infection is produced.
TYPHOID (OR ENTERIC) FEVER. ERYSIPELAS.	Until medical certificate of disinfection is obtained and the patient's strength is recovered.	Scholars from infected homes as a rule need not be excluded.

MEASLES (OR GERMAN MEASLES.)	Four weeks from appearance of rash.	Twenty-one days from the date of onset of the illness of the last patient with measles in the house. (See footnote.)
WHOOPING COUGH.	At least six weeks or until cough has completely gone.	Six weeks from the date of onset of the illness of the last patient with whooping cough in the house. (See footnote.)
CHICKEN POX.	About three weeks or until scabs have gone and skin is healthy.	} Twenty-one days from last exposure to infection. (See footnote.)
MUMPS.	At least three weeks.	

+ *These periods should be regarded as the minimum, as cases will occur where a longer absence is necessary.*

Scholars must not be allowed to resume School Attendance until the Period for Exclusion has expired, unless a Medical Certificate of freedom from the danger of conveying infection has been produced.

Children must not attend an Infants' School from a house where there is a case of any of the above-named diseases, but scholars who have previously had Measles, Whooping Cough, Chicken Pox, or Mumps need not be excluded from Upper Departments, although coming from homes in which there are cases.

II.—PERIODS OF EXCLUSION OF SCHOLARS SUFFERING FROM CONTAGIOUS DISEASES.

Ringworm.—Until no broken-off or diseased hairs can be seen, and until a microscopical examination reveals no evidence of the presence of ringworm fungus.

Scabies (Itch).—Until all itching or pimples have disappeared.

Vermín on Head or Body.—Until all vermin have been removed.

Ophthalmia.—Until the eyes have been free from discharge for a month.

Or until a Medical Certificate of freedom from the Contagious Disease is produced.

It is hoped that this information will materially check the spread of infection.

Infection in the Schools.

I have visited a considerable number of schools with respect to epidemic sickness. In one school there was an outbreak of purulent ophthalmia, which affected teachers and children alike. The spread of this contagion was traced to the use of a towel, considered by the Mistress to be innocent of infection, for the reason that the children did not dry their faces on it, but only their hands. It is a common habit with children (especially those with sore eyes) to rub the eyes with the hands. Here then was the explanation ; the hands carried the infective organism from the eyes to the towel in general use. By the exclusion from school of 43 cases, and by attention to the washing arrangements, the disease has been practically stamped out.

It has been found necessary to close 19 school Departments during the year for epidemic sickness. This has been forced upon the Committee by the prevalence of a large amount of infectious disease in the City. The principal cause of closure was measles, which is often spread by the thoughtlessness of parents who allow their children to attend school when just recovering from the disease, and sometimes when the rash is actually present. It cannot be too strongly impressed upon parents that while with proper attention measles is one of the mildest diseases of infancy, without that attention it is one of the most fatal. It is through want of thought and care that chills commonly supervene and complications arise.

Under the new system of dealing with infectious disease, it is hoped that the necessity for the closure of schools will be considerably lessened.

Exclusion of Scholars from School.

The following figures show the number of scholars excluded from school by the Medical Officers on the occasion of their visits, with a view to prevent the spread of infection :—

TABLE I.

Infectious (or Suspected Infectious) Disease.					Boys.	Girls.	Total.
Whooping Cough	...	...	...	...	9	2	11
Measles	...	...	...	...	4	1	5
Diphtheria	...	...	...	...	3	4	7
Chicken Pox	...	...	...	...	2	2	4
Febricula	...	...	...	...	—	1	1
Total	...	...	...	...	18	10	28

Scope of the Work of Medical Inspection.

Returns as to weight, height, presence or absence of defects, &c., are useful not merely as statistical data, but as a means of ascertaining which children require treatment. It should not be forgotten that valuable as the statistics in themselves are, the main object of medical inspection is the physical improvement of the children, and through them of the coming generation.

Medical inspection being new to Leeds, much thought and careful preparation were necessary before the commencement of the actual inspection. It was necessary that a system of inspection should be so organised that the work could be carried out on a uniform plan. It is a matter of satisfaction to be able to report that although medical inspection is still in its infancy, the methods of examination and the general working of the scheme have been such as to give satisfaction to the parents and to the teachers. After the establishment of the scheme, the amelioration of the defects found by the examiners was next dealt with. The efforts in this direction have borne fruit to a remarkable extent, to which attention will be drawn later in this report.

Scholars' Record Cards.

In order that the examinations might be carried out on a uniform plan, record cards were adopted on the lines issued by the Board of Education.

Some difficulty was at first experienced in getting the necessary uniformity of examination and record, as the personal factor enters so largely into the calculation ; but, with experience, a higher standard of uniformity has been obtained.

The record card, which accompanies the child throughout his school life, contains the record of four examinations, namely, at the age of 5, 7, and 10, and on leaving school. It thus becomes a valuable medical history of the child. Should he leave one school and remove to another, or to another town, the card follows him. It is thus analogous to the "medical history sheet" of the soldier, but of vastly more importance, as it represents the medical history of the growing child, the other that of the grown man.

The Actual Medical Inspection.

The 20 Medical Examiners were allocated to groups of schools away from the areas in which they practised.

In order to carry out the requirement of the Board of Education, that all scholars admitted and all scholars leaving during the educational year should be examined, it was found necessary for the Medical Examiners to devote on an average three half-days per week to the work, from May 17th to the closing of the schools for the Midsummer Holidays, as the year's work had to be crowded into little more than two months. In the new educational year, commencing in August, it has not been necessary for each Medical Examiner to devote more than one half-day per week to the work.

In addition to the scholars newly admitted and those leaving the schools, it was found possible to include in the examinations a number of children, who evidently required medical attention.

Procedure.

A notice is sent to the Head Teachers, stating the day and hour on which the examination will take place, the number of children to be examined ; and a supply of invitation forms is sent for the parents.

The invitation, which is taken home by the scholars, reads as follows :—

.....School.
Department.
19...
 To the Parents (or Guardians)
 of.....

In accordance with the provisions of the Education Act, 1907, the School Doctor is about to make an examination of the children in this School, and will examine your child onat.....o'clock.

This examination offers a valuable opportunity for the early discovery of ailments, which, if neglected, may greatly interfere with the child's progress during School life and afterwards. It is, therefore, very important that you should make an effort to be present when your child is examined.

In order to facilitate the work of the examination, I shall be glad if you will kindly fill up and return the enclosed form to me at once.

.....
Head Teacher.

The Medical Examiner conducts the whole of the examination with the exception of weighing and measuring the scholars and testing their vision. This work is undertaken by the teachers. The vision is tested, prior to the Medical Examiner's visit, by the Head Teacher, who fills in on the record card the number of the line of the vision test up to which the child is able to read, with each eye separately. Any child whose acuity of vision is worse than $\frac{6}{8}$ ths is reported by the Head Teacher to the Medical Examiner, who again tests the child's eyesight.

Each child's chest is bared, so that the heart and lungs can be examined, and the development of the chest noted.

The results of the examination are then entered on the child's record card. Supplementary cards are filled up for children found to be suffering from any ailment or defect, and on the completion of the examination, all cards are forwarded to the Education Office.

The supplementary cards are retained at the Office, in order that the cases can be followed up, and the record cards, with the year inserted when the child again comes up for examination, are returned to the school.

When a child leaves one school to go to another, the record card is forwarded to that school by the Head Teacher; when a child leaves school finally, the record card is sent to the Office to be filed.

Notices to Parents as to Scholars' Ailments.

Immediately the record cards are received at the Education Department, parents are notified of the ailments of their children. A schedule containing the names and the ailments of the scholars is at the same time sent to the Head Teachers, who are asked to report in due course whether such defects have received the necessary treatment. Where no remedial action has been taken, notices of a stronger character are sent to the parents, and, if necessary, these are followed up by visits of an officer to the homes of the children.

I have to acknowledge the willing and valuable services rendered by the Head Teachers in reporting upon the action taken by parents. The success of this branch of the work is largely due to the keen interest which they have taken in the health of their scholars. The fact that the teachers are in daily contact with the children, and have opportunities of observing their varying physical and mental conditions, renders their co-operation invaluable.

Reception of the Scheme.

The scheme has been received by the parents with almost universal appreciation, and refusals to permit examination have been extremely few. Letters have been received from parents and teachers expressing their satisfaction at the institution of the work, and, as a result, many parents have put their children under medical treatment.

Number of Scholars Examined.

The number of scholars examined is 8,521 boys and 8,139 girls, making a total of 16,660.

Attendance of Parents.

As many as 11,857 parents (or guardians) were present at the examinations; 81 per cent. of the parents of the infant scholars examined attended the examinations, and 60 per cent. of the parents of the older scholars were present, giving 71.2 per cent. for the whole.

General Review of the Facts disclosed by the Medical Inspection.

The schools were arranged in groups, according to the character of the district in which they were situated.

The Medical Examiners as a rule examined 30 children per half-day; and the average time taken in the examination of a child was six minutes.

Advantage was taken by the Medical Examiners to impress upon parents, who were present at the examinations, the importance of attending to their children's ailments.

Clothing and Footgear.

The clothing and footgear of 1.9 per cent. of the children examined were "very poor," indicating that the clothing was insufficient or in need of repair, and the boots were incapable of keeping out wet. In 13.3 per cent. the clothing and footgear were reported as "fair," indicating that they were hardly sufficient for the comfort and health of the scholar, whilst in 84.8 per cent. the children had satisfactory clothing and boots.

The "Poor District Schools," as might be expected, show the largest percentage of "very poor" clothing and footgear, namely, 4.7 per cent., and the lowest percentage of good clothing and footgear, namely, 73.2 per cent. The disparity in the percentage of clothing and footgear in the various schools is perhaps not so great as might have been expected in a large manufacturing city like Leeds, particularly when it is remembered that there has been during the past year a marked depression in trade and consequent slackness of work.

Nervous Diseases.

One hundred and sixty-eight children, or one per cent. of the number examined, were reported to be suffering from nervous ailments. The following are the returns :—

TABLE II.

Disease.					Number.
Chorea	...	...	...	...	38 (.2)
Epilepsy	...	...	...	...	44 (.3)
Vertigo	...	...	...	...	5
Paralysis	...	...	...	...	47 (.3)
Raynaud's Disease	...	...	...	...	2
Migraine	...	...	...	...	8
Neurosis, &c.	...	...	...	...	24 (.1)

The figures within brackets show the percentages.

The 44 scholars suffering from epilepsy were cases of a mild type. At the same time it would be better for these children to be educated apart from other scholars.

Of the children suffering from chorea, 21 were attending schools in "Ordinary School Districts," whilst no Jewish scholars were affected.

Mental Condition.

As four Special Schools are provided for the education of Mentally Defective Children, it is not surprising to find that only 21 children, or $\cdot 1$ per cent. of the scholars examined in the ordinary schools, were classed as "mentally defective." Of this number, 15 will be re-examined when they reach the minimum age for admission to Special Schools. Of the remaining six scholars, two were certified as "imbecile," and steps are being taken to secure their admission to the Royal Albert Schools, Lancaster. One boy has since left school on reaching the age limit; another child has been admitted to a Special School, and two are awaiting vacancies.

The statistics show that 1.7 per cent. of the scholars examined were reported as "dull" or "backward."

TABLE III.

SHOWING THE NUMBER AND PERCENTAGE OF SCHOLARS REPORTED TO BE (a) DULL OR BACKWARD AND (b) MENTALLY DEFECTIVE.

Character of School District.	Number Examined.	Number Dull or Backward.	Number Mentally Defective.	Total.
Suburban ...	1,677	16 ($\cdot 9$)	1 ($\cdot 1$)	17 (1.0)
Better ...	2,817	19 ($\cdot 6$)	2 ($\cdot 1$)	21 ($\cdot 7$)
Ordinary...	7,543	152 (2.0)	9 ($\cdot 1$)	161 (2.1)
Poor ...	4,065	83 (2.0)	8 ($\cdot 2$)	91 (2.2)
Jewish ...	558	15 (2.9)	1 ($\cdot 2$)	16 (2.9)
Total ...	16,660	285 (1.7)	21 ($\cdot 1$)	306 (1.8)

The figures within brackets show the percentages.

TABLE IV.

SHOWING THE NUMBER AND PERCENTAGE OF SCHOLARS WITH
DEFECTIVE SPEECH.

	Boys.	Girls.	Total.
Number Examined	8,521	8,139	16,660
Defect.	Number.	Number.	Number.
Stammering	50 (·6)	25 (·3)	75 (·5)
Defective Articulation	124 (1·5)	59 (·7)	183 (1·1)
Lisping	56 (·7)	54 (·7)	110 (·7)
Late Development	4	6 (·1)	10 (·1)
Aphasia	1	1	2
Total	235 (2·8)	145 (1·8)	380 (2·2)

The figures within brackets show the percentages.

Condition as to Cleanliness.

As many as 2,923 scholars, or 17·5 per cent. of the children examined, have been returned as dirty or verminous—practically one child in every six examined. Assuming the same ratio for the total number of children attending Elementary Schools (79,000), the number of verminous children would be roughly 13,000.

Of children attending the "Jewish Schools" 36·2 per cent. were affected, as compared with 20 per cent. in "Poor District Schools" and "Ordinary District Schools." Four times as many girls were affected as boys.

Either the parents do not understand, or do not appreciate, what it means for a child to have nits in the hair. Nits are merely the eggs of the head louse, and it stands to reason that before you have the eggs you must have the lice. These lice are particular as to their habitat, infesting principally the back of the head. The lice themselves are not difficult to get rid of, but the nits are tenacious, as each one is glued to a hair by a firm cement.

Instructions as to how to free a child from this plague—it is nothing less—are sent to parents along with the notice directing their attention to the matter. By following the instructions, the head can usually be cleared in a few days. It is extraordinary that parents should tolerate such a loathsome condition of the head. The Local Authority have powers under the Education Acts, when the parents do not attend to the condition after due notice, to exclude the children from school and to take proceedings against the parents for the non-attendance of their children.

TABLE V.

SHOWING THE CONDITION AS TO CLEANLINESS OF SCHOLARS EXAMINED.

Character of School District.	Number Examined.	Dirty.	Verminous Heads.	Verminous Bodies.	Total.
Suburban ...	1,677	5 (·3)	129 (7·7)	2 (·1)	136 (8·1)
Better ...	2,817	19 (·7)	203 (7·2)	2 (·1)	224 (8·0)
Ordinary ...	7,543	280 (3·7)	1,147 (15·2)	89 (1·2)	1,516 (20·1)
Poor ...	4,065	98 (2·4)	631 (15·5)	116 (2·9)	845 (20·8)
Jewish ...	558	21 (3·8)	139 (24·9)	42 (7·5)	202 (36·2)
Totals ...	16,660	423 (2·5)	2,249 (13·5)	251 (1·5)	2,923 (17·5)

The figures within brackets show the percentages.

Skin Diseases.

Ringworm, which is a very contagious disease, is the cause of prolonged absence of scholars. Seventy-six children, or ·5 per cent., were found to be suffering from this disease and were excluded from school. It is estimated that there are about 200 children absent from school each week from this complaint. Under the old system of treatment a scholar would have been absent on an average for not less than three months, extending in some cases to a year or longer. Treatment by the Röntgen Rays reduces the period of absence to about one month.

Two cases of favus were found in the schools.

TABLE VI.

SHOWING THE NUMBER AND PERCENTAGE OF CHILDREN WITH SKIN DISEASES.

					Boys.	Girls.	Total.
Number Examined					8,521	8,139	16,660
Disease.					Number.	Number.	Number.
Eczema					90 (1·1)	70 (·9)	160 (·9)
Impetigo Contagiosa					34 (·4)	41 (·5)	75 (·5)
Scabies					17 (·2)	28 (·3)	45 (·3)
Seborrhœa					44 (·5)	47 (·6)	91 (·5)
Ichthyosis					5 (·1)	1	6
Dermatitis					4	14 (·2)	18 (·1)
Psoriasis					4	2	6
Lichen					10 (·1)	8 (·1)	18 (·1)
Boils					5 (·1)	2	7
Alopecia Areata					11 (·1)	6 (·1)	17 (·1)
Favus					1	1	2
Ringworm					46 (·5)	30 (·4)	76 (·5)
Other Skin Diseases, <i>e.g.</i> , Prurigo, Herpes, Acne					7 (·1)	12 (·1)	19 (·1)
Totals					278 (3·2)	262 (3·2)	540 (3·2)

The figures within brackets show the percentages.

Defective Teeth.

As is usual in large towns, the condition of the teeth of the children, both as regards cleanliness and decay, leaves much to be desired. The prevalence of decay is very pronounced. Of 16,660 children examined, 9,261, or 55·6 per cent., were returned as having caries of teeth. Of the number of children with defective teeth,

4,779, or 28·7 per cent., were scholars under nine years of age, and 4,482, or 26·9 per cent., were older scholars. The presence of decayed teeth is the cause of much ill-health, particularly of the alimentary system. A child who has decayed teeth cannot masticate its food properly; this leads to indigestion and ill-health. The causes of decay are, as a rule, want of cleanliness and attention, and improper diet, particularly during infancy. Every child should be taught to clean its teeth. There is a great want of conservation of the teeth among the poorer children. Much can be done by proper dental treatment in the way of stopping, but the majority of parents are unmindful of the decay, so long as the tooth does not ache, and when it does, a visit to the dentist is usually for extraction only. It is gratifying to notice that the subject is receiving attention in some of the schools. Toothbrush-drill has been introduced, and the practice has been followed with excellent results. Teachers who take so real an interest in this matter are deserving of the highest praise. I hope in time to see toothbrush-drill established in every school.

TABLE VII.

SHOWING THE NUMBER AND PERCENTAGE OF SCHOLARS WITH DEFECTIVE TEETH.

Character of School District.	Number Examined.	Dental Caries.
		Number.
Suburban	1,677	910 (54·3)
Better	2,817	1,664 (59·1)
Ordinary	7,543	4,522 (59·9)
Poor	4,065	1,938 (47·7)
Jewish	558	227 (40·7)
Total	16,660	9,261 (55·6)

The figures within brackets show the percentages.

Number of scholars above referred to reported as having

- (a) Hutchinsonian teeth 25 or ·1 per cent.
 (b) Crowded teeth 41 or ·2 „

Enlarged Glands.

Of the 2,241 scholars with enlarged submaxillary or cervical glands, 1,450, or 8·7 per cent. of the number examined, were scholars under nine years of age; and 791, or 4·7 per cent. of the number examined, were older scholars. The boys were affected 1·4 per cent. more than the girls.

TABLE VIII.

SHOWING THE NUMBER AND PERCENTAGE OF SCHOLARS SUFFERING FROM ENLARGED SUBMAXILLARY AND CERVICAL GLANDS.

Character of School District.	Number Examined.	Enlarged.	Suppurating.	Total.
Suburban ...	1,677	67 (3·9)	1 (·1)	68 (4·1)
Better ...	2,817	487 (17·3)	1	488 (17·3)
Ordinary ...	7,543	970 (12·9)	9 (·1)	979 (13·0)
Poor ...	4,065	534 (13·2)	1	535 (13·2)
Jewish ...	558	171 (30·6)	—	171 (30·6)
Total ...	16,660	2,229 (13·3)	12 (·1)	2,241 (13·4)

The figures within brackets show the percentages.

Diseases of the Nose and Throat.

Enlarged tonsils and adenoid growths are very common amongst school children, particularly amongst infant scholars. The mental progress of the children in school is seriously interfered with by the existence of these conditions.

Of the children examined on admission to school, 10·7 per cent. were found to be suffering from adenoid growths, and 17·8 per cent. had enlarged tonsils; 1·5 per cent. more boys than girls had adenoid growths.

The Jewish children showed the highest percentage of children suffering from these conditions.

Mouth breathing is a habit with children suffering from enlarged tonsils and adenoids, and the effect on the physique of the children in after life is of a serious character, if ameliorative measures are not taken.

The training of children to overcome mouth breathing cannot be too carefully attended to by parents and teachers, even after adenoids and enlarged tonsils have been removed.

TABLE IX.

SHOWING THE NUMBER AND PERCENTAGE OF SCHOLARS SUFFERING FROM ENLARGED TONSILS OR ADENOIDS.

Character of School District.	Number Examined.	Number with Enlarged Tonsils.	Number with Adenoids.
Suburban ...	1,677	226 (13·5)	92 (5·5)
Better ...	2,817	545 (19·3)	215 (7·6)
Ordinary ...	7,543	1,415 (18·7)	858 (11·4)
Poor ...	4,065	646 (15·9)	303 (7·5)
Jewish ...	558	123 (22·0)	102 (18·3)
Total ...	16,660	2,955 (17·7)	1,570 (9·4)

The figures within brackets show the percentages.

TABLE X.

SHOWING THE NUMBER AND PERCENTAGE OF SCHOLARS WITH
DISEASES OF THE NOSE AND THROAT.

	Boys.	Girls.	Totals.
Number Examined	8,521	8,139	16,660
Disease.	Number.	Number.	Number.
Nasal Catarrh	359 (4.2)	283 (3.5)	642 (3.9)
High Palate	44 (.5)	41 (.5)	85 (.5)
Bifid Palate	15 (.2)	8 (.1)	23 (.1)
Papilloma	3	2	5
Pharyngitis	4	21 (.3)	25 (.2)
Follicular Tonsilitis	18 (.2)	13 (.2)	31 (.2)
Ulcerated Throat	26 (.3)	1	27 (.2)
Uvula (Elongated or Cleft) ...	15 (.2)	4	19 (.1)
Nasal Stenosis	5 (.1)	1	6
Broken or Deformed Nose ...	4	3	7
Depressed Bridge of Nose ...	5 (.1)	3	8
Other Diseases, <i>e.g.</i> , Rhinitis, Granulations, Polypus ...	21 (.2)	13 (.2)	34 (.2)
Total	519 (6.0)	393 (4.8)	912 (5.4)

The figures within brackets show the percentages.

Ear Disease and Hearing.

Out of the total number of children examined in the various classes of schools, the following were returned as "slightly deaf"—

Ordinary Districts	485 cases, or 6.4 per cent.
Better Districts	155 .. 5.5 ..
Poor Districts	177 .. 4.3 ..
Suburban Districts	69 .. 4.1 ..
Jewish Districts	17 .. 3.0 ..

It may be of interest to note that of the infant scholars examined 5 per cent. were returned as "slightly deaf"; and of the older scholars 5.9 per cent. In 187 of the cases, the deafness was due to adenoid growths.

Only two boys were found to be totally deaf.

By far the commonest cause of permanent deafness in children is suppuration in the middle ear during infancy, frequently following one of the febrile diseases. This ear condition is often not treated for a sufficiently long period, in some cases it is not treated at all. No child who suffers from ear-ache or discharge of the ears should ever be treated without proper medical advice. No condition is more serious for the child's future as regards deafness and the risk of brain mischief.

In Leeds one child in every 42 examined had discharging ears. Of the 390 scholars affected, 225 were infants.

TABLE XI.
SHOWING THE NUMBER AND PERCENTAGE OF SCHOLARS WITH
DEFECTIVE HEARING.

Character of School District.	Number Examined.	Slightly Deaf.	Deaf.	Total.
Suburban	1,677	69 (4.1)	—	69 (4.1)
Better	2,817	155 (5.5)	1	156 (5.5)
Ordinary	7,543	485 (6.4)	—	485 (6.4)
Poor	4,065	177 (4.3)	1	178 (4.3)
Jewish	558	17 (3.0)	—	17 (3.0)
Total	16,660	903 (5.4)	2	905 (5.4)

The figures within brackets show the percentages.

TABLE XII.
SHOWING THE NUMBER AND PERCENTAGE OF SCHOLARS SUFFERING
FROM DISCHARGING EARS.

Character of School District.	Number Examined.	Number.
Suburban	1,677	26 (1.6)
Better	2,817	62 (2.2)
Ordinary	7,543	200 (2.7)
Poor	4,065	96 (2.4)
Jewish	558	6 (1.1)
Total	16,660	390 (2.3)

The figures within brackets show the percentages.

TABLE XIII.

SHOWING THE NUMBER AND PERCENTAGE OF SCHOLARS WITH EAR DISEASES.

Character of School District.	Number Examined.	Wax.	Diseases of Drum.	Middle Ear Disease.	Polypus.	Total.
Suburban ...	1,677	12 (·7)	—	—	3 (·2)	15 (·9)
Better ...	2,817	60 (2·1)	5 (·2)	8 (·3)	2 (·1)	75 (2·7)
Ordinary ...	7,543	142 (1·9)	12 (·2)	2	—	156 (2·1)
Poor ...	4,065	5 (·1)	—	4 (·1)	—	9 (·2)
Jewish ...	558	5 (·9)	—	2 (·4)	—	7 (1·3)
Total ...	16,660	224 (1·3)	17 (·1)	16 (·1)	5	262 (1·5)

The figures within brackets show the percentages.

Defective Vision.

The method of examination of the vision of school children is somewhat crude, but it is the only one practicable under school conditions, and it is sufficiently accurate to determine whether a child's eyes require attention. It is not, nor indeed does it pretend to be, a scientific test of the amount of visual error. The vision of scholars over six years of age was tested with Snellen's Type. Directions were given to the teachers to test each scholar individually, in a well lighted room, and to report to the Medical Examiner on the occasion of his visit to the school all scholars whose vision was found to be worse than $\frac{6}{3}$ ths, in order that their vision might be re-tested before they were returned as defective. If the eyes were found to be faulty, glasses were recommended.

It was found that 10·7 per cent. of the scholars examined were suffering in a marked degree from defective eyesight.

The following is a comparison of the number of children with marked defective vision in the various School Districts of the City :—

Character of School District.	Number Tested.	Vision $\frac{6}{18}$ or worse.
Suburban	851	68 (8.0)
Better	1,693	126 (7.4)
Ordinary	3,077	317 (10.3)
Poor	1,594	226 (14.1)
Jewish	278	68 (24.4)
Total	7,493	805 (10.7)

The figures within brackets show the percentages.

The defect in vision is 6.6 per cent. greater in girls than in boys, whilst the vision of scholars ready for leaving school was less defective by 4 per cent. than the vision of the other scholars examined.

In addition to the scholars whose defective vision was disclosed by the medical examinations, 831 scholars have been reported by the Head Teachers as not able to derive proper benefit from the instruction owing to poor eyesight. Communications calling attention to this have been sent to the parents. These have resulted in many of the children obtaining spectacles or securing other means of relief.

External Eye Disease.

Of the scholars examined 285, or 1.7 per cent., were suffering from squint. Of this number, 210, or 1.3 per cent., were infants, and 75, or .4 per cent., older scholars. Parents were urged to place their children under medical treatment, particularly in the case of infant scholars.

The following is the percentage of scholars suffering from squint in the various school districts :—

Suburban	1.6 per cent.
Better	1.2 „
Ordinary	1.8 „
Poor	2.1 „
Jewish	1.0 „

Tables XIV. and XV. set out the defects in detail.

TABLE XIV.
SHOWING THE ACUITY OF VISION OF SCHOLARS OVER SIX YEARS OF AGE.

The record for each eye is shown separately, though whether the right or left eye is not indicated.

Vision of (a) One Eye;		*6/6						†6/9						6/12					
(b) The Other Eye.		6/6	6/9	6/12	6/18	6/24	6/36	6/60	6/0	6/9	6/12	6/18	6/24	6/36	6/60	6/0			
Scholars over 6 years and under 12																			
years ...		*364	43	14	4	2	1	1	3	†171	42	7	1	3	—	3	2	2	2
Scholars over		2849	584	154	70	32	18	9	27	839	365	73	36	23	9	13	31	14	9
12 years ...																			
Total ...		7.493	3213	627	168	74	34	19	10	30	1010	407	80	37	26	9	17	579	227
																	60	34	16
																	11		

Vision of (a) One Eye;		6/18						6/24						6/36						No Vision.		Vision 6/18 or worse.		Per cent. 6/18 or worse.	
(b) The Other Eye.		6/18	6/24	6/36	6/60	6/0	6/9	6/12	6/18	6/24	6/36	6/60	6/0	6/9	6/12	6/18	6/24	6/36	6/60						
Scholars over 6 years and under 12																									
years ...		64	12	2	2	3	27	10	—	3	5	2	1	4	—	—	—	—	—			135		14.2	
Scholars over		213	96	30	11	9	88	45	12	4	69	26	6	41	4	16	—	—	—			670		10.2	
12 years ...																									
Total ...		277	108	32	13	12	115	55	12	7	74	28	7	45	4	16	—	—	—			805		10.7	

Directions for reading the above tables:—

* 364 Children could read 6/6 with each eye separately; 43 could read 6/6 with one eye and 6/9 with the other eye; 14 could read 6/6 with one eye and 6/12 with the other eye; and so on.

† 171 Children could read 6/9 with each eye separately; 42 could read 6/9 with one eye and 6/12 with the other eye; 7 could read 6/9 with one eye and 6/18 with the other eye; and so on.

TABLE XV.

SHOWING THE NUMBER AND PERCENTAGE OF SCHOLARS WITH
DISEASES OF THE EYE.

	Boys.	Girls.	Total.
Number Examined	8,521	8,139	16,660
Disease.	Number.	Number.	Number.
Squint	143 (1·7)	142 (1·7)	285 (1·7)
Blepharitis	141 (1·7)	138 (1·7)	279 (1·7)
Conjunctivitis	32 (·4)	28 (·3)	60 (·4)
Nævoid Eyelid	2	4	6
Corneal Opacity	4	15 (·2)	19 (·1)
Phlyctænulæ	8 (·1)	10 (·1)	18 (·1)
Eye Destroyed or Removed ...	1	—	1
Nystagmus	4	4	8
Interstitial Keratitis	3	1	4
Photophobia	3	1	4
Stye	7 (·1)	15 (·2)	22 (·1)
Granular Lids and Ectropion ...	9 (·1)	4	13 (·1)
Cataract	2	3	5
Ptosis	7 (·1)	6 (·1)	13 (·1)
Staphyloma	—	2	2
Epiphora	1	—	1
Opacity of Lens	1	1	2
Ingrowing Lash	1	—	1
Cyst on Eyelid	2	1	3
Ecchymosis	1	1	2
Total	372 (4·3)	376 (4·6)	748 (4·4)

The figures within brackets show the percentages.

Tuberculosis.

The number of cases of tuberculosis recorded was 175 boys, and 129 girls, making a total of 304, or 1·8 per cent. The highest percentage is found in the "Jewish schools," with 4·8 per cent. Next in order come the "Poor District schools" with 2·8 per cent. The "Suburban" have, as one would expect, the smallest percentage, viz., ·3 per cent. In general pulmonary affections, "Jewish schools" have the high rate of 5·2 per cent. The "Poor District schools" follow with 3·7 per cent., while the "Suburban schools" show only 1·1 per cent. How far racial and climatic conditions affect the Jews it is impossible to say, but their environment and their very elementary sanitary knowledge, are undoubtedly factors in producing pulmonary complaints. Phthisis, or what is popularly known as consumption, is extremely rare in young children, in fact the death rate for this disease is much lower in childhood than in later life. It would be of the greatest advantage for children with a tendency to phthisis if an open air school on the outskirts of the City could be provided. Such schools have been established in Sheffield and Bradford. Of the 103 cases of phthisis, 51 were boys and 52 were girls.

The following figures taken from recent reports of medical inspection in other towns may be of interest.

Towns.	Number of Children Examined.	Number suffering from Phthisis.	Percentage.
Bradford	3,658	23	·63
Birmingham	9,404	31	·33
Liverpool	2,179	6	·27
Sheffield	4,140	7	·17
Leeds	16,660	103	·62

The details as regards Leeds are set out in Tables XVI and XVII.

TABLE XVI.
SHOWING THE NUMBER AND PERCENTAGE OF SCHOLARS WITH TUBERCULOSIS.
(a) OVER THREE AND UNDER SEVEN YEARS OF AGE.

Character of School District.	Number Examined.	General.	Pulmonary Phthisis.	Doubtful Phthisis.	Osseous.	Glandular.	Abdominal.	Skin.	Total.
Suburban ...	908	—	—	1 (·1)	—	1 (·1)	—	—	2 (·2)
Better ...	1,133	—	2 (·2)	1 (·1)	2 (·1)	4 (·3)	—	—	9 (·7)
Ordinary ...	4,504	2	25 (·6)	12 (·3)	6 (·1)	12 (·3)	12 (·3)	1 (·02)	70 (1·6)
Poor... ..	2,473	7 (·3)	19 (·8)	3 (·1)	4 (·2)	17 (·7)	9 (·4)	1	60 (2·4)
Jewish ...	294	—	7 (2·4)	5 (1·7)	—	7 (2·4)	—	—	19 (6·5)
Total ...	9,312	9 (·1)	53 (·5)	22 (·2)	12 (·1)	41 (·4)	21 (·2)	2 (·02)	160 (1·7)

(b) OVER SEVEN AND UNDER TWELVE YEARS OF AGE.

Suburban ...	91	—	—	—	—	—	—	—	—
Better ...	137	—	2 (1·5)	—	—	1 (·4)	—	—	3 (2·2)
Ordinary ...	224	—	—	1 (·4)	1 (·4)	—	—	—	2 (·8)
Poor... ..	221	2 (·9)	3 (1·3)	1 (·4)	3 (1·3)	2 (·9)	—	1 (·4)	12 (5·4)
Jewish ...	32	—	1 (3·1)	—	—	—	—	—	1 (3·1)
Total ...	705	2 (·3)	6 (·9)	2 (·3)	4 (·6)	3 (·4)	—	1 (·1)	18 (2·6)

The figures within brackets show the percentages.

TABLE XVI—(continued).
(c) OVER TWELVE YEARS OF AGE.

Character of School District.	Number Examined.	General.	Pulmonary Phthisis.	Doubtful Phthisis.	Osseous.	Glandular.	Abdominal.	Skin.	Total.
Suburban ...	678	1 (·1)	1 (·1)	—	1 (·1)	—	—	—	3 (·4)
Better ...	1,547	4 (·3)	16 (1·0)	4 (·3)	5 (·3)	15 (·9)	—	—	44 (2·8)
Ordinary ...	2,815	2 (·07)	8 (·3)	3 (·1)	6 (·2)	10 (·4)	—	1 (·03)	30 (1·1)
Poor... ..	1,371	2 (·1)	18 (1·3)	6 (·4)	5 (·4)	9 (·7)	2 (·1)	—	42 (3·0)
Jewish ...	232	—	1 (·4)	4 (1·7)	—	2 (·9)	—	—	7 (3·0)
Total ...	6,643	9 (·13)	44 (·7)	17 (·3)	17 (·3)	36 (·5)	2	1	126 (1·9)

TOTAL NUMBER AND PERCENTAGE OF SCHOLARS WITH TUBERCULOSIS.

Suburban ...	1,677	1 (·06)	1 (·06)	1 (·06)	1 (·06)	1 (·06)	—	—	5 (·3)
Better ...	2,817	4 (·1)	20 (·7)	5 (·2)	7 (·2)	20 (·7)	—	—	56 (1·9)
Ordinary ...	7,543	4 (·05)	33 (·4)	16 (·2)	13 (·2)	22 (·3)	12 (·2)	2	102 (1·4)
Poor... ..	4,065	11 (·3)	40 (·9)	10 (·2)	12 (·3)	28 (·7)	11 (·3)	2	114 (2·8)
Jewish ...	558	—	9 (1·6)	9 (1·6)	—	9 (1·6)	—	—	27 (4·8)
Total ...	16,660	20 (·1)	103 (·6)	41 (·2)	33 (·2)	80 (·5)	23 (·1)	4	304 (1·8)

The figures within brackets show the percentages.

Thirteen of the scholars above referred to have a family medical history of tuberculosis.

TABLE XVII.

SHOWING THE NUMBER AND PERCENTAGE OF SCHOLARS WITH ABNORMAL LUNG AND CHEST CONDITIONS.

Character of School District.	Number Examined.	Impaired Breathing, Bronchitis, &c.	Chronic Cough.	Thickened Pleura.	Empyema.	Emphysema.	Cirrhosis of Lung.	Hæmoptysis.	Totals.
Suburban ...	1,677	16 (.9)	2 (.1)	1 (.1)	—	—	—	—	19 (1.1)
Better ...	2,817	81 (2.8)	1 (.04)	4 (.1)	—	1 (.04)	1 (.04)	1 (.04)	89 (3.1)
Ordinary ...	7,543	224 (3.0)	40 (.5)	10 (.1)	3	1	—	—	278 (3.7)
Poor ...	4,065	141 (3.5)	8 (.2)	3 (.07)	—	—	—	—	152 (3.7)
Jewish ...	558	25 (4.5)	1 (.2)	3 (.5)	—	—	—	—	29 (5.2)
Total ...	16,660	487 (2.9)	52 (.3)	21 (.1)	3	2	1	1	567 (3.3)

The figures within brackets show the percentages.

TABLE XVIII.
SHOWING THE NUMBER AND PERCENTAGE OF SCHOLARS WITH DISEASES OF THE HEART.

Character of School District.	Number Examined.	Anæmic.	Hæmic Murmur.	Aortic Murmur.	Mitral Disease, &c.	Tricuspid Murmur.	Congenital Heart Disease.	Irregularity, &c.	Dilatation and Hypertrophy, &c.	Total.
Suburban	1,677	11 (·6)	—	3 (·2)	3 (·2)	—	—	5 (·3)	1 (·1)	23 (1·4)
Better ...	2,817	41 (1·4)	15 (·5)	6 (·2)	40 (1·4)	—	1	16 (·5)	1 —	120 (4·1)
Ordinary	7,543	178 (2·3)	15 (·2)	16 (·2)	44 (·5)	—	3	34 (·4)	3 —	293 (3·7)
Poor ...	4,065	65 (1·6)	2 —	4 (·1)	24 (·6)	1	3	12 (·3)	2 —	113 (2·8)
Jewish ...	558	1 (·2)	3 (·5)	1 (·2)	9 (1·6)	—	—	10 (1·8)	1 (·2)	25 (4·5)
Total	16,660	296 (1·8)	35 (·2)	30 (·2)	120 (·7)	1	7	77 (·5)	8 —	574 (3·5)

The figures within brackets show the percentages.

24 Boys and 24 Girls with diseases of the heart had previously suffered from rheumatism.

Nutrition, Rickets, and Deformities.

The nutrition of 1,427 scholars, or 8·6 per cent. of the number examined was reported as "poor," and the nutrition of 121 scholars, or ·7 per cent., was reported as "very poor." The number of children whose nutrition is returned as below normal is thus 9·3 per cent., 6·4 per cent. being infant scholars. In the "Suburban District Schools" only 3 per cent. are classified as "poor" or "very poor," whereas the "Jewish Schools" have 14·3 per cent., the "Poor District Schools" 11·5 per cent.

With regard to deformities, "Poor District Schools" have a percentage of 9·5, the "Ordinary District Schools" 6·9, the "Jewish" 6·1, and the "Suburban" 3·2. In the majority of cases the deformities found in the scholars were the result of rickets. As regards rickets the "Poor District Schools" lead the way with 8·8 per cent., and are closely followed by the "Jewish Schools" with 8 per cent., while the "Suburban Schools," on the other hand, have only 2·3 per cent.

It is interesting to observe that 8·6 per cent. of the children examined on admission to School were reported as affected with rickets, whilst of the scholars examined at the leaving age, only 1·6 per cent. were rachitic.

As might be expected, the "Suburban Schools" take the lead in good results.

TABLE XIX.

SHOWING THE NUMBER AND PERCENTAGE OF SCHOLARS OF SUB-NORMAL NUTRITION.

Character of School District.	Number Examined.	Nutrition.		Total.
		Poor.	Very Poor.	
Suburban	1,677	45 (2·7)	5 (·3)	50 (3·0)
Better	2,817	166 (5·9)	30 (1·1)	196 (7·0)
Ordinary	7,543	700 (9·3)	54 (·7)	754 (10·0)
Poor	4,065	436 (10·7)	32 (·8)	468 (11·5)
Jewish	558	80 (14·3)	—	80 (14·3)
Total	16,660	1,427 (8·6)	121 (·7)	1,548 (9·3)

The figures within brackets show the percentages.

TABLE XX.

SHOWING THE NUMBER AND PERCENTAGE OF SCHOLARS SUFFERING FROM RICKETS.

Character of School District.	Number Examined.	Slight Rickets.	Marked Rickets.	Total.
Suburban	1,677	31 (1·8)	8 (·5)	39 (2·3)
Better	2,817	70 (2·5)	15 (·5)	85 (3·0)
Ordinary	7,543	307 (4·0)	122 (1·6)	429 (5·6)
Poor	4,065	216 (5·3)	142 (3·5)	358 (8·8)
Jewish	558	38 (6·8)	7 (1·2)	45 (8·0)
Total	16,660	662 (4·0)	294 (1·7)	956 (5·7)

The figures within brackets show the percentages.

TABLE XXI.
SHOWING THE NUMBER AND PERCENTAGE OF SCHOLARS WITH DEFORMITIES AND DEFECTS.

Character of School District	...	Suburban.	Better.	Ordinary.	Poor.	Jewish.	Total.
Number Examined	...	1,677	2,817	7,543	4,065	558	16,660
Deformity or Defect.	...	Number.	Number.	Number.	Number.	Number.	Number.
Meningocele	...	—	—	1	—	—	1
Hydrocephalus	...	—	—	2	—	—	4
Wry Neck	...	—	1	2	2	—	5
Lateral Curvature	...	7 (·4)	10 (·4)	38 (·5)	14 (·3)	1 (·2)	70 (·4)
Ankylosis	...	—	—	1	—	—	1
Bifid Sternum	...	—	—	—	1	—	1
Rickety Chest	...	22 (1·3)	49 (1·7)	97 (1·3)	57 (1·4)	18 (3·2)	243 (1·5)
Dislocation of Limbs	...	1 (·1)	1	5 (·1)	2	1 (·2)	10 (·1)
Bow Leg	...	3 (·2)	13 (·5)	118 (1·6)	94 (2·3)	7 (1·3)	235 (1·4)
Knock Knee	...	14 (·8)	18 (·6)	143 (1·9)	93 (2·3)	3 (·5)	271 (1·6)
Bowed Tibia	...	5 (·3)	7 (·2)	76 (1·0)	41 (1·0)	1 (·2)	130 (·8)
Bowed Femora	...	—	—	2	21 (·5)	—	23 (·1)
Talipes	...	1 (·1)	2 (·1)	8 (·1)	6 (·1)	—	17 (·1)
Flat Foot	...	—	2 (·1)	4 (·1)	5 (·1)	1 (·2)	12 (·1)
Bowed Ulna or Radius	...	—	1	2	2	—	5
Asymmetry of Face	...	—	—	2	1	—	3
Enlarged Epiphysis	...	—	2 (·1)	3	13 (·3)	—	18 (·1)
Harrison's Sulcus	...	—	1	2	—	—	3
Fractures	...	—	—	5 (·1)	3 (·1)	—	8
Contracted Finger	...	—	—	3	3 (·1)	—	6
Exostosis	...	—	—	—	1	—	1
Cicatrix	...	—	2 (·1)	4 (·1)	3 (·1)	—	9 (·1)
Retraction of Ribs	...	—	1	—	19 (·5)	2 (·4)	22 (·1)
Malformation of Ear...	...	—	—	—	3 (·1)	—	3
Total	...	53 (3·2)	110 (3·9)	518 (6·9)	386 (9·5)	34 (6·1)	1101 (6·6)

The figures within brackets show the percentages.

TABLE XXII.

SHOWING THE NUMBER AND PERCENTAGE OF SCHOLARS WITH
DISEASES OR DEFECTS (NOT PREVIOUSLY CLASSIFIED).

Number Examined	Boys.	Girls.	Totals.
	8,521	8,139	16,660
Disease or Defect.	Number.	Number.	Number.
Abscesses	9 (·1)	8 (·1)	17 (·1)
Biliousness	1	6 (·1)	7
Congenital Syphilis	4	2	6
Diarrhœa	5 (·1)	4	9 (·1)
Enlarged Abdomen	15 (·2)	7 (·1)	22 (·1)
„ Inguinal Glands	6 (·1)	1	7
„ Testis	1	1	2
„ Veins of Chest	4	—	4
Gastric Ulcers	1	—	1
Goitre	—	11 (·1)	11 (·1)
Hernia	31 (·4)	8 (·1)	39 (·2)
Hæmaturia	1	1	2
Incontinence of Urine	31 (·4)	20 (·2)	51 (·3)
Jaundice	1	3	4
Kidney Disease	1	1	2
Leucorrhœa	—	1	1
Osteitis	2	1	3
Phimosis	165 (1·9)	—	165 (1·0)
Rectal Incontinence	4	—	4
Rheumatism	2	10 (·1)	12 (·1)
Scars	24 (·3)	30 (·4)	54 (·3)
Sunstroke	2	2	4
Undescended Testicle	4	—	4
Worms	15 (·2)	11 (·1)	26 (·2)
Total	329 (3·9)	128 (1·6)	457 (2·7)

The figures within brackets show the percentages.

ABSTRACT OF RETURNS

SHOWING THE TOTAL NUMBER AND THE PERCENTAGE OF SCHOLARS
EXAMINED WHO WERE REPORTED WITH DISEASES OR DEFECTS.

Number of Table.	Number Examined.	Boys.	Girls.	Totals.	
		8,521	8,139	16,660	Per cent. of Scholars with defects.
	Disease or Defect.	No.	No.	No.	
I.	Infectious Diseases (or Suspected Infection) ...	18	10	28	·2
II.	Nervous Ailments ...	89	79	168	1·0
III.	Dull, or Backward, and Mentally Defective Children ...	157	149	306	1·8
IV.	Defective Speech ...	235	145	380	2·2
V.	Dirty and Verminous Scholars. ...	605	2,318	2,923	17·5
VI.	Skin Diseases ...	278	262	540	3·2
VII.	Dental Caries ...	4,708	4,553	9,261	55·6
VIII.	Enlarged Submaxillary and Cervical Glands ...	1,204	1,037	2,241	13·4
IX.	(Enlarged Tonsils ...	1,515	1,440	2,955	17·7
X.	(Adenoids ...	869	701	1,570	9·4
X.	Diseases of Nose and Throat ...	519	393	912	5·4
XI.	Defective Hearing ...	466	439	905	5·4
XII.	Discharging Ears ...	186	204	390	2·3
XIII.	Ear Diseases ...	157	105	262	1·5
XIV.	Defective Vision (i.e., Acuity of Vision worse than 6/9ths) ...	1,241	1,402	2,643*	35·2
XV.	(External Eye Disease ...	229	234	463	2·8
XVI.	(Squint ...	143	142	285	1·7
XVI.	Tuberculosis ...	175	129	304	1·8
XVII.	Abnormal Lung or Chest Conditions ...	319	248	567	3·3
XVIII.	Diseases of the Heart and Circulation ...	293	281	574	3·5
XIX.	Sub-normal Nutrition ...	768	780	1,548	9·3
XX.	Rickets ...	532	424	956	5·7
XXI.	Deformities and Defects...	607	494	1,101	6·6
XXII.	Unclassified Diseases or Defects ...	329	128	457	2·7
	Totals ...	15,642	16,097	31,739	—

* The eyesight of 7,493 scholars was tested.

Heights and Weights.

The duty of weighing and measuring the scholars was undertaken by the Teachers. The scholars were weighed and their heights taken in ordinary indoor clothing but with boots removed. The charts, appended to the report, show the average weight and height of Leeds scholars, as compared with the standard for the country.

TABLE XXIII.
WEIGHT OF SCHOLARS.

Age last Birthday.	Character of School District.		Suburban.		Better.		Ordinary.		Poor.		Jewish.		Average.		Average Weight, England & Wales.	
	Number Weighed.		Lbs.		Lbs.		Lbs.		Lbs.		Lbs.		Lbs.		Lbs.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
3	425	379	33.8 (15.3)	33.3 (15.1)	33.7 (15.3)	33.9 (15.3)	32.9 (14.9)	32.3 (14.6)	32.2 (14.6)	31. (14.)	38. (17.2)	32.2 (14.6)	32.9 (14.9)	32.1 (14.5)	34. (15.4)	31.6 (14.3)
4	1,705	1,605	37.1 (16.8)	35.4 (16.)	36.6 (16.6)	35.8 (16.2)	35.3 (16.)	34.3 (15.5)	34. (15.4)	33.5 (15.2)	38.4 (17.4)	37.2 (16.8)	34.8 (15.8)	34.6 (15.7)	37.3 (16.9)	36.1 (16.3)
5	1,922	1,916	39.3 (17.8)	38.3 (17.3)	39.6 (17.9)	37.8 (17.1)	38.5 (17.4)	36.5 (16.5)	37.6 (17.)	36.1 (16.3)	40.3 (18.2)	38.2 (17.3)	38.5 (17.4)	37. (16.8)	39.9 (18.1)	39.2 (17.8)
6	299	291	44.9 (20.3)	42.5 (19.2)	40.7 (18.4)	42.6 (19.3)	41.5 (18.8)	40. (18.1)	40.2 (18.2)	39.2 (17.8)	44.3 (20.1)	42. (19.)	42. (19.)	40.6 (18.4)	44.4 (20.1)	41.7 (18.9)
7	239	249	45.5 (20.6)	46.1 (20.9)	47.5 (21.5)	43.1 (19.5)	44.1 (20.)	43.3 (19.9)	43.9 (19.9)	43.8 (19.8)	46.6 (21.1)	45.4 (20.6)	45. (20.4)	43.9 (19.9)	49.7 (22.5)	47.5 (21.5)
12	2,056	1,864	72.1 (32.7)	74. (33.5)	72.3 (32.8)	73.9 (33.5)	68.6 (31.1)	70.4 (31.9)	71.9 (32.6)	71.3 (32.3)	76.3 (34.6)	79.8 (36.2)	70.7 (32.)	72. (32.6)	76.7 (34.8)	76.4 (34.6)
13	564	623	77.9 (35.3)	79.6 (36.1)	79.3 (35.9)	79.4 (36.)	73.4 (33.3)	77.5 (35.1)	72.2 (32.7)	74.4 (33.7)	76.3 (34.6)	85. (38.5)	75.9 (34.4)	73.2 (33.2)	82.6 (37.4)	87.2 (39.5)

No statistics are given for scholars of 8, 9, 10, 11, and 14 years of age, owing to the comparatively small number examined at these ages.

The figures in brackets are kilogrammes.

TABLE XXIV.
HEIGHT OF SCHOLARS.

Age last Birthday.	Character of School District.		Suburban.		Better.		Ordinary.		Poor.		Jewish.		Average.		Average Height, England & Wales.	
	Number Measured.		inches.		inches.		inches.		inches.		inches.		inches.		inches.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
3	425	379	36.9 (93.7)	37. (94.)	37.4 (95.)	37.1 (94.2)	36.6 (92.9)	36.4 (92.4)	35.7 (90.6)	35.3 (89.6)	38.5 (97.8)	37.2 (94.5)	36.4 (92.4)	36.1 (91.7)	36.8 (93.5)	36.2 (92.0)
4	1,705	1,605	39.5 (100.3)	38.8 (98.5)	39.2 (99.5)	39.1 (99.3)	38.7 (98.3)	38. (96.5)	37.7 (95.7)	37.4 (95.)	38.4 (93.5)	39. (99.)	38.6 (98.)	38.1 (96.7)	38.5 (97.7)	38.3 (97.2)
5	1,921	1,915	41.2 (104.6)	40.7 (103.3)	41.1 (104.4)	40.6 (103.1)	40.2 (102.1)	39.7 (100.8)	39.5 (100.3)	39.3 (99.8)	40.9 (103.9)	40.3 (102.3)	40.2 (102.1)	39.9 (101.3)	41. (104.1)	40.5 (102.8)
6	299	291	43.5 (110.5)	43.3 (110.)	43.2 (109.7)	43.4 (110.2)	42. (106.7)	41.9 (106.4)	41. (104.1)	40.9 (103.9)	43.8 (111.2)	41.7 (105.9)	42.3 (107.4)	42.1 (106.9)	44. (111.7)	42.8 (108.7)
7	239	249	44.7 (113.5)	44.6 (113.3)	45.6 (115.8)	44.2 (112.2)	49.5 (125.7)	43.4 (110.2)	43.2 (109.7)	43.3 (110.)	43.9 (111.5)	43.9 (111.5)	45.8 (116.3)	43.6 (110.7)	45.9 (116.6)	44.4 (112.7)
12	2,056	1,885	54.3 (137.9)	55.2 (140.2)	55.2 (140.2)	55.6 (141.2)	53.9 (136.9)	54.2 (137.6)	55.2 (140.2)	54.1 (137.4)	54.6 (138.7)	55.4 (140.7)	54.5 (138.4)	54.6 (138.7)	54.9 (139.4)	55.6 (141.2)
13	564	625	56.8 (144.2)	57.1 (145.)	57.4 (145.8)	57.2 (145.3)	54.8 (139.2)	55.7 (141.4)	54.3 (137.9)	55.5 (140.9)	54.7 (138.9)	56.4 (143.2)	55.8 (141.7)	56.4 (143.2)	56.9 (144.5)	57.7 (146.5)

No statistics are given for scholars of 8, 9, 10, 11, and 14 years of age, owing to the comparatively small number examined at these ages.

The figures in brackets are centimetres.

WEIGHT.

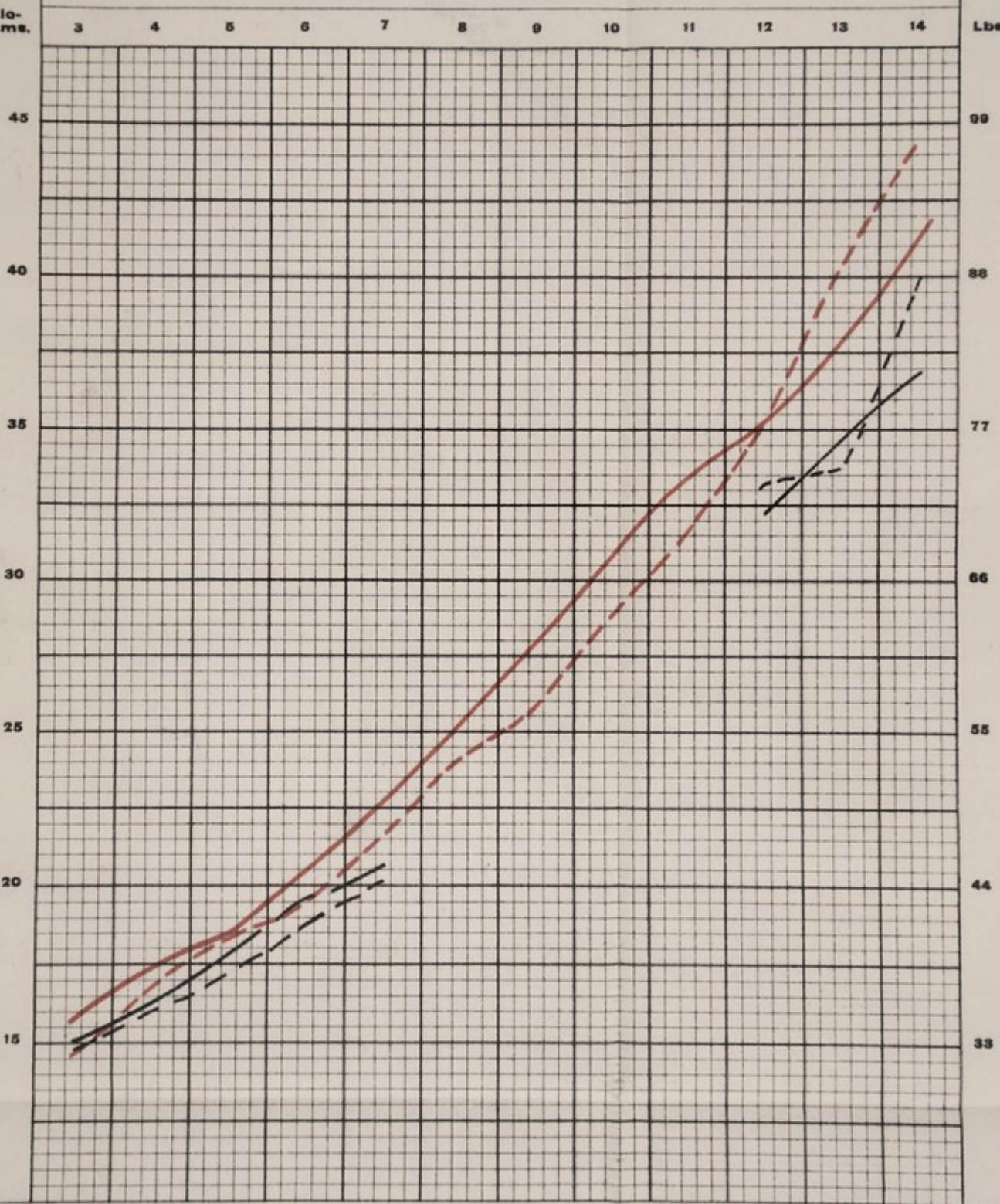
A

————— Anthropometric Standard for England and Wales—Boys.
 - - - - - " " " " Girls.
 ————— Average Weight of Leeds Boys.
 - - - - - " " " Girls.

AGE LAST BIRTHDAY—YEARS.

Kilo-grams.

Lbs.



No. Examined.

Boys.
Girls.

425
379

1,705
1,605

1,922
1,916

299
291

239
249

No Leeds figures available for these ages.

2,056
1,864

564
623

45
53

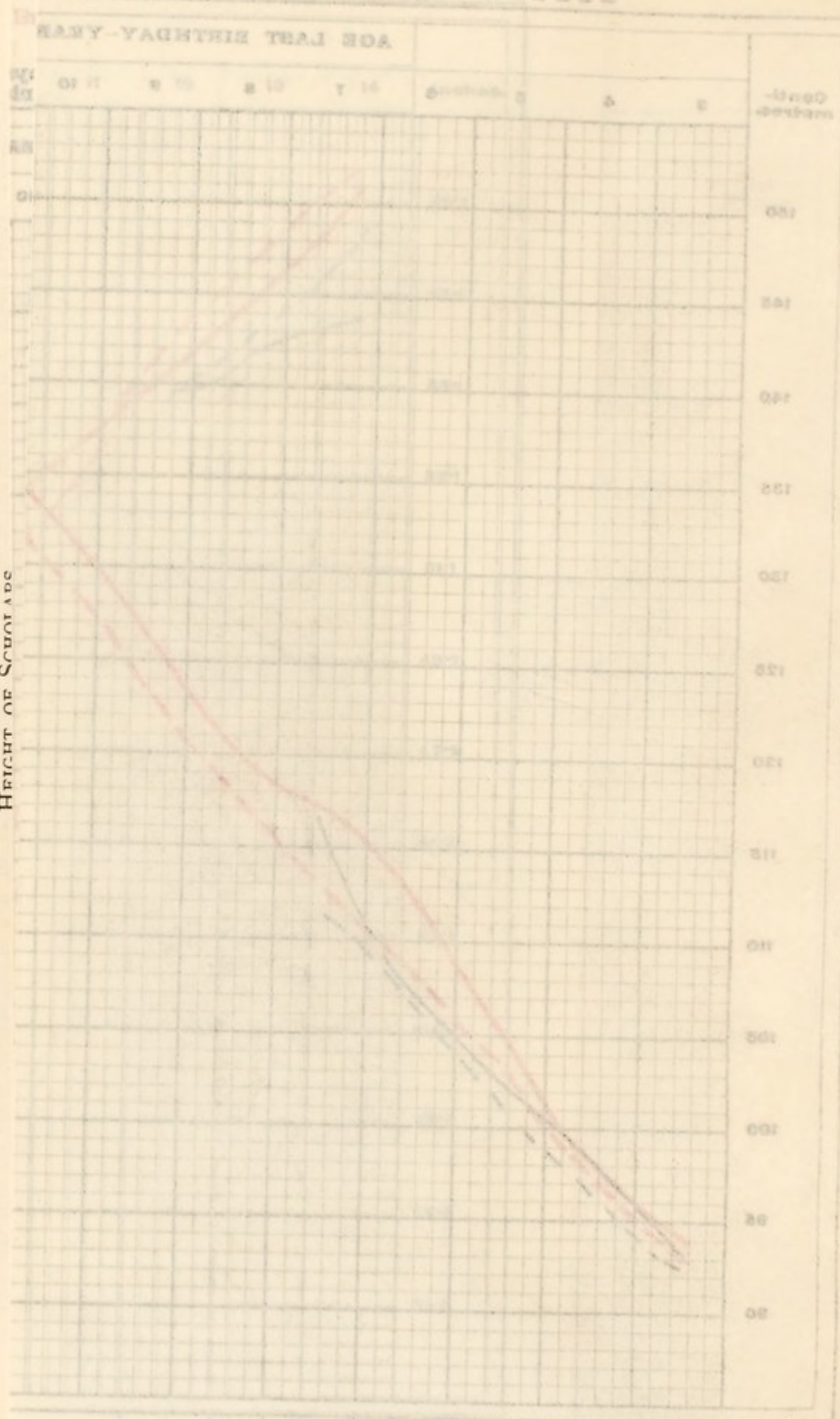
TABLE XXIV.
HEIGHT OF SCHOLARS.

B

		AGE LAST BIRTHDAY—YEARS.													
		3	4	5	6	7	8	9	10	11	12	13	14		
No. examined.	Boys.	425	1,705	1,921	299	239	No Leeds figures available for these ages.				2,056	564	45		
	Girls.	379	1,605	1,915	291	249					1,885	625	53		

TABLE XXIV.

HEIGHT OF SCOUTS AND



Average Height of Leads Boys

Girls

AGE LAST BIRTHDAY-YEAR

10 11 12 13 14 15 16

Height-
inches

150
145
140
135
130
125
120
115
110
105
100
95
90

Boys- 432 432 432 432 432 432 432
1921 1921 1921 1921 1921 1921 1921
208 208 208 208 208 208 208
1921 1921 1921 1921 1921 1921 1921
1921 1921 1921 1921 1921 1921 1921
1921 1921 1921 1921 1921 1921 1921

MEDICAL TREATMENT.

Having set in motion the machinery for ascertaining the condition of the scholars, the Committee's next task has been to press upon the parents the duty of attending to their children's ailments.

In the interests of the children, apathetic and neglectful parents should be severely dealt with, whilst every assistance should be given to parents who are willing, but unable by stress of circumstances, to attend to their children's physical defects.

In the following *résumé* of the remedial results which have already followed medical inspection, it should be borne in mind that the number of scholars reported to have been placed under medical treatment does not take into account scholars who left school and for whom no information is available.

Verminous Scholars.

With the exception of 44 scholars recommended for exclusion from school, all the scholars reported by the Medical Inspectors have been cleansed.

To secure this result, the first notices to the parents, if not attended to, were followed by second notices, and where necessary by final warnings, prior to the exclusion of the scholars as unfit to be in school.

Defective Vision.

The following figures show the number of children with defective eyesight reported to have been placed under medical treatment :—

Number of Notices Issued to Parents.	Number of Scholars Reported.				Percentage of Scholars Treated.
	Under Treatment.	Provided with Spectacles.	Left School.	Not Treated.	
2,618	587	460	980	591	39·9
	1,047				

Of 805 scholars with marked defective vision, i.e., $\frac{6}{18}$ ths or worse, 54 per cent. were reported to have received treatment, 34 per cent. were reported to have received no treatment, and 12 per cent. had left school.

Provision of Spectacles.

Arrangements have been made with local opticians for scholars, whose parents upon investigation are found to be too poor to pay the ordinary cost of spectacles, to obtain them at a greatly reduced charge.

The Leeds Old Scholars' Choral Society has generously contributed £5 from the proceeds of a dramatic entertainment, for the purchase of spectacles for scholars whose parents are too poor to pay any part of the cost.

Tuberculosis.

Scholars reported to be suffering from phthisis were referred to the Leeds Tuberculosis Association for re-examination. Several have since been admitted to a sanatorium for open air treatment.

Nurses.

As stated earlier in the report, the amelioration of the various defects is the main object of medical inspection. This should be in the hands of the general practitioners of the city; but there is also a need for capable and properly Trained Nurses, who can go into the homes and give the mothers kindly advice and help. Discharging ears, lice, ringworm, ulcers, &c., cannot be properly attended to by inexperienced mothers.

The question of the appointment of Nurses is a matter for the serious consideration of the Education Committee.

TABLE XXV.

SHOWING THE NUMBER AND PERCENTAGE OF SCHOLARS REPORTED
TO HAVE RECEIVED TREATMENT.

Disease or Defect.	Number of Scholars' Ailments which have been notified by Letters to parents.	Number of Scholars Reported			Percentage of Scholars Treated.
		Under Treatment or to have been Cured.	Left School, and Result of any Treatment not known.	Not Treated.	
External Eye Disease	538	379	103	56	70.4
Defect in Vision ...	2,618	1,047	980	591	39.9
Ear Disease and De- fective Hearing ...	1,301	819	261	221	62.9
Diseases of the Nose and Throat ...	3,733	1,963*	784	986	52.6
Enlarged Submaxil- lary and Cervical Glands ...	1,230	744	265	221	60.5
Dental Caries ...	2,496	552	908	1,036	22.1
Diseases of the Heart and Circulation ...	90	51	24	15	56.7
Tuberculosis & Chest and Lung Ailments	262	204	30	28	77.9
Malnutrition and Rickets ...	535	391	60	84	73.1
Nervous Diseases ...	61	44	9	8	72.1
Skin Diseases ...	379	320	42	17	84.4
General Diseases and Deformities ...	562	334	84	144	59.4
Verminous Scholars...	2,500	1,809	647	44 (recommended for exclusion)	72.3
Totals ...	16,305	8,657	4,197	3,451	53.

* 549 scholars reported to have been operated upon for enlarged tonsils or adenoids.

General Conclusions.

In drawing conclusions from the foregoing statistics, one is able to compare the various classes of schools, and also the Jewish schools with Gentile schools. There is a large population of Jews in this City, and as they inhabit practically one locality, it becomes possible to compare the schools of this district with those of the other districts. A good deal has been published, from time to time, as to the physical superiority of Jewish children over Gentile children, but a study of the returns in this report does not show that the comparison is as favourable to the former as has been thought. The Jews appear to suffer from the variable and damp climatic conditions of this country, as well as from overcrowding, and in the poorer districts from a want of knowledge of the most elementary ideas of sanitation.

They are thus more subject to chest and lung complaints, to adenoids, enlarged tonsils and enlarged glands. On the other hand, they show to advantage as regards height and weight, and defective teeth, and are on a par with Gentile children with regard to rickets and deformities generally.

Under the head of tuberculosis the Jews show the highest figure, namely, 4.8 per cent., compared with a Gentile average of 1.7 per cent. Strangely enough no Jewish children show tubercular disease of joints.

With regard to deformities, "Poor District Schools" show 9.5 per cent. affected, as compared with 6.1 per cent. in "Jewish Schools," and an average for the whole of the "Gentile Schools" of 6.6 per cent.

The highest percentage of rickets is shown by the "Poor District Schools," namely 8.8 per cent., whilst the average for all schools is 5.7 per cent.

The returns of children with decayed teeth show that the "Jewish Schools" compare very favourably with the other schools, their average being 40.7 per cent., as against 56.1 per cent. in "Gentile Schools." Taking the scholars examined at the leaving

age, the average of the "Jewish Schools" is 33.1 per cent., of the "Poor District Schools" 56.3 per cent., and of the "Better District Schools" 68.5 per cent. Taking the scholars examined on admission, the "Jewish Schools" show 42.8 per cent. with defective teeth, the "Poor District Schools" 41 per cent., and the "Better District Schools" 44.4 per cent.

In the Jewish Schools the number of children with decayed teeth is 10 per cent. lower among the older scholars than among the infants. In the Gentile Schools the reverse is the case; there are 18 per cent. more children with bad teeth among the older scholars than among the infants, and in the "Better District Schools" the percentage is very high. From this it would appear that children whose parents are comparatively well off, have, as a rule, superior teeth when young, but that after the age of six their teeth deteriorate, giving a much higher percentage of decay than one would anticipate. The increased facilities for purchasing sweets and richer foods may have some bearing on this deterioration.

Taking the children examined at the leaving age, it is observed that 17.2 per cent. in "Jewish Schools," 5.5 per cent. in "Poor District Schools," and 6.4 per cent. in "Better District Schools" are suffering from adenoids. Of the "Jewish" scholars, 26.2 per cent., as compared with 16.7 per cent. of "Poor District Schools," have enlarged tonsils; and 25 per cent. of "Jewish" children, as compared with 12 per cent. "Poor District Schools," have enlarged glands.

The "Jewish Schools" show no returns of "very poor" nutrition, but under the heading "poor nutrition" we find the "Jewish Schools" have the highest percentage, namely, 14.3, as compared with 8.3 per cent. in the "Gentile Schools."

As regards weight, the Jewish children, as a rule, are heavier than Gentile children of the same age. Upon comparing heights, it is found that the girls in "Better District Schools" are the tallest; and, as might be expected, the boys and girls in the "Poor District Schools" are the shortest, as they are also the lightest. There is little difference in the height of boys in "Jewish," "Suburban," and "Better District Schools."

Finally, it is evident that medical inspection has disclosed an enormous number of defects which would otherwise, although passing under the eye of the kindest and most loving parent, have been entirely overlooked. It has been the means of giving the parents most valuable information, whether they act upon it or not. Medical inspection is as yet in its infancy, and not until every child has been examined, its medical history made known, and its defects removed or ameliorated, can we expect to reap the full benefit in the improvement of the coming generation. As Dr. Newman states, "The question of the physical condition of the people is one of the most pressing and insistent national problems."

I have the honour to be,

Your obedient servant,

ALGERNON WEAR, M.D., B.S.

ADDENDUM to the School Medical Officer's Report.

REVIEW *by the SECRETARY FOR EDUCATION of the methods adopted for dealing with Blind, Deaf, Mentally Defective, Physically Defective, and Epileptic Children of the City.*

The Education Authority have taken advantage of their statutory powers to make provision for the education of the various types of defective children in Leeds—

- (a) by the establishment of schools, and
- (b) by sending suitable cases to residential schools outside the Authority's area.

Education of the Blind and the Deaf.

The blind and the deaf children of the City, with the exception of four scholars in the St. John's Institution for the Deaf, and two children in the Jews' Home for the Deaf and Dumb, London, are educated in the Committee's Schools for the Blind and the Deaf, situated in Blenheim Walk.

These schools have certified accommodation for 106 blind scholars and for 163 deaf scholars. In addition to the accommodation in the day schools, there are 117 places for residential scholars, and sleeping accommodation for 30 blind girls is provided at Clarendon House.

Of the 239 scholars in attendance, 90 are Leeds children—44 blind and 46 deaf. The others are sent by the Education Authorities of Bedford, Beverley, Blackburn, Bradford, Bridlington, Burton-on-Trent, Cambridge, Derby, Gateshead, Harrogate, Huddersfield, Hull, Keighley, Mansfield, Morley, Ossett, Pontefract, Scarborough, Sheffield, Wakefield, Berkshire, East Riding, Kesteven, Lindsey, Notts., Oxford, Rutland, and the West Riding, and by the Basford and Derby Unions.

The charges for scholars sent by other Local Authorities are at the rate of £32 per child per annum for maintenance, clothing, and education ; and at the rate of £6 6s. per child per annum for the education of day scholars.

The Department for the Blind is in charge of a Head Mistress assisted by a staff of 13 teachers, and the Department for the Deaf is in charge of a Head Master assisted by 13 teachers.

In addition to the ordinary subjects, the blind children are taught a variety of manual occupations, as a preparation for the crafts they are likely to follow on leaving school. Basket-making, chair-caning, rug-making, Braille-shorthand, typewriting, and pianoforte tuning are among the subjects taught.

The Oral method of instruction is followed in teaching the deaf, except in the case of the comparatively few scholars who are unable to benefit by this method. These are taught on the Silent system.

As in the case of the blind, special attention is given to the training of deaf scholars in manual occupations likely to be useful to them in after-life.

The following is the Medical Staff of the Institution :—Hon. Aural and Ophthalmic Surgeon, Mr. R. N. Hartley, M.B., B.S.; Hon. Medical Officer, Mr. G. H. Rowe, M.R.C.S.; Surgeon Dentist, Mr. G. A. Phillips, L.D.S.

Boarded-Out Scholars.

In addition to the scholars resident in the Institution, there are nine deaf scholars who are boarded-out with foster parents in approved homes.

After-Care of the Blind and Deaf.

Since the passing of the Education Act of 1902 a considerable advance has been made by Education Authorities in the provision of suitable technical training, especially for blind scholars, when, on reaching the age of 16, they leave the schools. In the majority of cases a few years' further training in a workshop or college for the adult blind will produce a skilled artisan, who might otherwise have become a dependant upon society.

The future of each scholar, prior to leaving the Institution, receives the careful consideration of the Special Schools' Sub-

Committee. Many of the Leeds blind children are admitted to the Leeds Workshops for the Adult Blind. Others are sent to such institutions as the Royal Normal College, Upper Norwood, and the Nottingham Institution for the Blind. The Contributing Authorities, as a rule, provide for their children's further training by means of Scholarships, or Grants-in-Aid, and assist them to obtain suitable situations on their return to their homes. The deaf scholars on leaving the school, as a rule readily find employment in the vicinity of their homes.

Education of the Mentally Defective.

There are four Special Schools for Mentally Defective Children in Leeds, having a total accommodation for 175 children. Two of these are carried on in premises built specially for this purpose, each with accommodation for 50 children. The other two are, for the present, held in hired premises, providing accommodation for 35 and 40 children respectively.

Plans have been submitted to the Board of Education for the erection of premises in East Leeds and in Armley, to take the place of the two temporary schools. The new schools, which are planned on the most modern lines, with ample playground and garden space, will accommodate 80 scholars each.

The accommodation in the Special Schools has been so fully taxed, that during the past year it has not been possible to receive all the cases certified for admission. With a certified accommodation for 175, there were at the end of the year 244 on the roll, with an average attendance of 197. The provision of additional accommodation in the near future is an urgent necessity.

Scholars are admitted to the Special Schools on being certified by the Medical Officer that, on the one hand, they are not merely dull or backward and, on the other hand, that they are not imbecile, but are capable of benefiting by the instruction.

The prejudice of parents against sending their children to the Special Schools is declining, as the valuable work of these schools comes to be more fully recognised.

The curriculum of the Special Schools is very similar to that of the ordinary Infants' School, with an abundance of Kindergarten occupations and suitable manual instruction.

Provision is made for cooking the dinners of scholars unable to reach home for the mid-day meal ; and, where necessary, guides are found to take the scholars to and from the schools. The guides are, as a rule, scholars attending ordinary Elementary Schools in proximity to the Special Schools.

The Education Committee pay the car fares of the poorest children coming from a distance. The staff of the Special Schools is composed of women teachers, who are selected because they possess, in a special degree, the patience, tact, and sympathy so necessary in dealing with feeble-minded children.

Boarded-Out Scholars.

In addition to the Leeds children in attendance at the Special Schools, there are on the roll 15 mentally defective children sent by other Education Authorities. These children are boarded-out in carefully selected homes near to the Special Schools which they attend as day scholars. They are under the supervision of the Leeds Boarding-out Committee, whose members visit and report upon the homes each month.

After-Care of the Mentally Defective.

The question of establishing an After-care Committee, for the children when they leave school at the age of 16, is receiving consideration. It is estimated that, taking the country generally, 70 per cent. of the children leaving Special Schools are unable to support themselves, and many of them, through the lack of supervision and help, drift into the ranks of the permanently unemployed, and become in many cases a charge upon the rates.

The following is a return of scholars who have left Leeds Special Schools on reaching 16 years of age, for the years 1908-9 :—

Number left and likely—			1909.		1908.
(a) to be "self-supporting" ...	...	...	4	} 15	2
(b) to be partially "self-supporting" ...	...	...	5		2
(c) to be not "self-supporting" ...	...	...	6		1
Number of above—					
(a) requiring supervision ...	...	...	10	} 15	4
(b) not needing supervision ...	...	...	5		1

Present Occupations.

Of the 20 children above referred to, 1 is an errand boy, 2 girls work as tailoresses, 4 girls help in the home, 10 are reported as not following any occupation, 1 girl is in the Workhouse Asylum, and 2 girls cannot be traced.

Imbecile Children.

There are in the City 55 known imbecile children, for whom no provision is made. From time to time the Medical Officer discharges children from the Special Schools who are found to be incapable of benefiting from the instruction by reason of imbecility. The parents of these children are urged to obtain their admission to suitable Institutions, either through the Poor Law Guardians, or as elected cases by the votes of subscribers.

Owing to the pauperising conditions attaching to applications to the Poor Law Guardians, and to the difficulty of obtaining admission to charitable institutions, the majority of the children are left to drag along their existence in an unsuitable environment, often grossly neglected, or injuring the health of their relatives by the constant supervision they require. For the effective improvement of the unhappy lot of imbecile children, a change in the law is necessary.

Education of the Physically Defective.

In 1904 the Education Committee purchased a residence in one of the better districts of the City, and converted it into a school, providing accommodation for 66 crippled or invalid children.

Prior to admission the children must be certified by the Committee's Medical Officer as "physically defective" within the meaning of the Defective and Epileptic Children Act. Children from 7 to 16 years of age are admitted. In addition to the ordinary subjects, the scholars are taught manual occupations, such as rug-making, chair-caning, shorthand, typewriting, wood-carving, dressmaking (for girls), and boot repairing (for boys). It will be noticed that the forms of manual instruction are such as are likely to enable the scholars afterwards to earn their own livelihood.

Except in the case of scholars living near to the school, the children are conveyed to and from the school in an ambulance.

There is on the staff a Trained Nurse, who accompanies the ambulance on its rounds and attends generally to the children's infirmities.

The Leeds Invalid Children's Aid Society provides the scholars with a substantial mid-day meal on school days at a charge of 2d. each.

The school staff consists of a Head Mistress, and six assistant teachers and officers.

After-Care of the Physically Defective.

On reaching 16 years of age, physically defective scholars are transferred to the workshops established by the Invalid Children's Aid Society to provide employment for these afflicted children. The girls are engaged principally at needlework, and the boys at boot-repairing.

Epileptics.

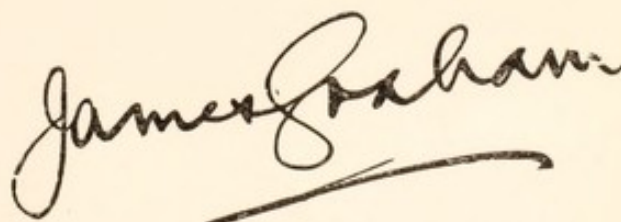
A few years ago the Committee considered the cases of all known epileptic children in the City and sent several of them for training to Epileptic Colonies. It is felt, however, that, until statutory powers are given for the permanent detention of epileptics in Colony homes, expenditure in this direction is largely wasted. The scholars on attaining the age of 16 are, as a rule, returned to their homes benefited but not cured. In some cases they drift into hopeless insanity and become a source of trouble to the community.

General.

The Committee have given careful consideration to the Report of the Royal Commission on the Care and Control of the Feeble-minded, and have passed a resolution pressing upon the Prime Minister the urgent need for legislation on the lines recommended by the Royal Commission.

SPECIAL SCHOOLS STATISTICS.

SCHOOLS.	Accommo- dation.	Average Number of Children on Roll for the Year.		Average Attendance for the Year.	
		1909.	1908.	1909.	1908.
Armley	40	48	46	39	35
Clark Lane	35	55	52	44	42
Hunslet Hall Road ...	50	60	52	54	48
Lovell Road	50	69	65	57	55
Total Mentally Defective Children	175	232	215	194	180
School for Crippled and Invalid Children ...	66	87	80	62	59
School for the Blind ...	106	104	103	91	93
School for the Deaf ...	163	139	136	128	127
Total Physically Defective Children	335	330	319	281	279



Secretary for Education.

EDUCATION DEPARTMENT,
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