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City of Leeds

EDUCATION COMMITTEE

REPORT

OF THE

SCHOOL MEDICAL OFFICER

(ALGERNON WEAR C.M.G. M.D. B.S. D.P.H.)

For the year ended 31st December 1929

INDEX

LEEDS EDUCATION COMMITTEE

Medical Inspection of School Children

MEDICAL SUB-COMMITTEE

Councillor O'DONNELL, (*Chairman*)
Alderman TALLANT
Councillor ARNOTT
,, BADLAY
,, GOTT, J.P.
,, HAMILL
,, BLANCHE LEIGH
,, MORRIS
,, THORNTON
Mrs. HARVEY

MEDICAL STAFF

School Medical Officer—ALGERNON WEAR C.M.G. M.D. B.S. D.P.H.

Deputy School Medical Officer—GEO. E. ST. CLAIR STOCKWELL B.A. M.B. B.C.

Full-time Assistant School Medical Officers—

GEO. P. P. CLAPHAM L.R.C.P. L.R.C.S. L.F.P.S. L.D.S. (*Died 30th October* 1929)
MAURICE E. WILLCOCK M.B. Ch.B. D.P.H.
FRANCES M. BEBB B.A. M.B. Ch.B.
HERBERT HARGREAVES M.B. B.S.
RONALD WOOD M.B. Ch.B.
MURIEL NORMAN M.B. Ch.B. (*left 31st October* 1929).
BASIL M. R. WEST, M.R.C.S., L.R.C.P.
IRENE M. HOLORAN M.B. Ch.B. (*appointed 25th November* 1929)

Oculist—RALPH HOPTON M.D. B.S. M.R.C.S. L.R.C.P. (*part-time*) (also Oculist to the School for Blind and the Special Classes for Myopes).

Consulting Surgeon (Nose, Throat and Ear)—ALEXANDER SHARP C.B. C.M.G. K.H.S. F.R.C.S. (Edin.).

Consulting Surgeon (Orthopædic)—S. W. DAW M.B. B.S. F.R.C.S.

Hon. Consulting Surgeon (School for Blind)—A. L. WHITEHEAD M.B. B.S. M.R.C.S. L.R.C.P.

MEDICAL STAFF—*continued*

Full-time School Dental Officers—

HARRY DRAKE L.D.S. (*Barrister-at-Law*).
JAMES LAW L.D.S.
ARTHUR B. MORTIMER L.D.S.
REGINALD B. T. DINSDALE L.D.S. (*left 30th April* 1929).
WALTER ALEXANDER ROBERTS L.D.S. (*left 27th April* 1929).
E. DOUGLAS COLLINS L.D.S. (*appointed 24th April* 1929 *left 31st December* 1929).
HERBERT J. EAGLESON L.D.S. (*appointed 22nd April* 1929).

Part-time School Dental Officer—G. HERBERT H. RUSSELL M.B. Ch.B. L.D.S.

School Nurses—

VIOLET J. WEBSTER (*Superintendent Nurse*)
JANE TOTTIE
FLORENCE N. CLAYTON
GERTRUDE SMITH
CARRIE LEWIS
ALISON WATSON (*left 31st March* 1929)
HELENA SIMPSON
EVELINE LOWE
ELSIE K. BRIGGS
ANNIE A. POSKITT
MONA K. MACPHERSON
SARAH E. WEBSTER
GERTRUDE M. PENFOLD
GRACE E. PRIOR (*appointed 8th April* 1929)
ELIZABETH M. WHURR
ROSE PAYNE
ISABEL FERGUSON
ELIZABETH E. BRAZIER (*left 31st December* 1929)
HILDA MOODY
EMMA M. HEARNSHAW
MARY CHERRETT
ELIZABETH M. BENSON
EDITH D. WYNN
LILLIAN MOODY
MARY D. CARRICK
KATE GRONOW
MINNIE ABBOTT
ALICE SHACKLETON
MARGARET TATE (*left 23rd November* 1929)

Masseuses—

EDITH A. REVILL
MARY F. E. HEWITT
ALICE M. M. SUGDEN
ELIZABETH SWANSON
VIOLET M. HOBBIS (*Died 15th September* 1929)

Dental Attendants—

MARY E. MORTIMER
GRACE E. BROWN
CLARA WILSON
ETHEL WHITE
CICELY M. BAXTER

Summary of the Work of the Leeds School Medical Service 1929

No. of Children examined by the School Medical Officers at Routine Inspections	24,413 *(25,937)*
Re-inspected in the Schools by the School Medical Officers	20,123 *(18,836)*
Examined by the School Dental Officers	51,159 *(53,162)*
Examined by School Nurses in the Schools	83,399 *(102,597)*
Re-inspected in the Schools by School Nurses ...	81,468 *(83,655)*
Number of Visits to Homes by School Nurses ...	3,649 *(4,152)*

Clinic Work

Total Attendances 1929	274,160 *(317,933)*

Clinic	Number of Attendances		Nature of Work
	Medical	Dental	
Central	20,588 *(25,118)*	4,579 *(4,647)*	Inspection Refraction X-ray Orthopædic Artificial Sunlight Aural External Eye Dental
Armley	27,623 *(29,781)*	3,770 *(3,538)*	
Burley	29,263 *(42,438)*	2,545 *(2,824)*	Inspection Treatment of Minor Ailments Refraction Orthopædic Dental
Edgar Street ...	62,955 *(76,380)*	5,132 *(4,864)*	
Holbeck	42,132 *(41,294)*	2,528 *(2,857)*	
Hunslet	37,471 *(46,014)*	3,737 *(3,443)*	
Meanwood	31,184 *(34,315)*	—	Inspection Treatment of Minor Ailments
Dental Hospital ...	—	653 *(420)*	Orthodontic

The figures in brackets are those for 1928.

CITY OF LEEDS

EDUCATION COMMITTEE

Report of the School Medical Officer for the Year ended 31st December 1929

To the Chairman and Members of the Education Committee

LADIES AND GENTLEMEN,

I have the honour to present my annual report upon the work of the School Medical Service of the City of Leeds for the year ended 31st December 1929. The year has been one of steady progress without any marked or important changes.

It is with the deepest regret that I put on record the loss of two colleagues by death. Dr. G. P. P. Clapham died on the 30th October from pneumonia after only three days' illness. He was appointed to the Medical Staff upon demobilisation in 1919 and had thus served the Education Committee for just over ten years. Miss Hobbis, of the Massage Staff, died almost as suddenly from appendicitis on the 15th September 1929; she was only 23 years of age. Dr. Norman resigned her post as Assistant School Medical Officer on the 31st October 1929, and her place has been taken by Dr. Irene M. Holoran, who was appointed on the 25th November 1929. Dr. J. Holmes was appointed as a *locum-tenens* in place of Dr. Clapham on the 5th November 1929. It is hoped that in the New Year the staff will be brought up to strength by the appointment of two Assistant Medical Officers—one as a replacement and the other in order to cope not only with arrears of work, but with the general increase of work. Two Dental Surgeons have resigned—Mr. Roberts on the 27th April, to take up the appointment of Dental Surgeon to the Borough of Carlisle, and Mr. Dinsdale on the 30th April, to become Dental Surgeon to the Bedford County Council. To replace these vacancies Mr. Eagleson and Mr. Collins were appointed on the 22nd and 24th April respectively; Mr. Collins resigned on appointment under the Buckingham County Council on the 31st December. This vacancy has not yet been filled. Nurse

Watson resigned in March and her place was filled by the appointment of Nurse Prior, who had previously been in the Committee's service. Nurse Tate resigned in November, and Nurse Brazier was appointed as a teacher in Mothercraft. These two vacancies had not been filled at the end of the year.

Dr. R. Wood, one of the Assistant School Medical Officers, and Mr. Mortimer, one of the School Dental Officers, suffered from scarlet fever in June and July respectively.

As mentioned later in this report, the School for Cripples in Clarendon Road has been transferred to Potternewton Park.

Owing to limitation of staff no research work has been undertaken during the year.

The year concludes with a considerable amount of outstanding work, particularly under the headings vision cases, tonsils and adenoids, and routine inspections. This is largely accounted for by depletion of staff either by death, resignation, or ill health.

Whilst the total attendances at the various clinics are somewhat less than in the previous twelve months, there has been a steady flow of general work.

Lectures have been given as in former years to students of the University, the Training College, and the College of Housecraft, and to Health Visitors.

Return of Number of Children on Roll on the 31st December 1929

Type of School	Number of Schools	Number of Departments	Number on Roll
Elementary—			
Council	76	170	46,397
Voluntary	51	96	19,871
Higher—			
Maintained	10	—	4,478
Non-maintained	5	—	1,874
Industrial	2	2	196
Special—			
Mentally Defective ...	5	5	309
Physically Defective ...	1	1	80
Blind	1	3	205
Deaf	1	1	85
Sanatorium	2	2	71
Nursery	1	1	47
Total	155	281	73,613

Payments

The scheme of the Committee by which parents are asked to contribute what they can afford towards the cost of medical treatment has been continued during the year ended the 31st December 1929. The sum of £2,013 2s. 9d. has been received as compared with £2,039 11s. 9d. for the year 1928.

In view of the amount of unemployment at the present time this sum must be regarded as satisfactory. The scheme is based upon a system of tickets in values from 1d. to 6s., which are issued as receipts, thus avoiding elaborate book-keeping and accounts.

The following return shows the details of the receipts during the year—

Minor Ailments, X-ray, Artificial Sunlight, and Dental Treatment

Clinic	Minor Ailments, X-ray and Sunlight				Dental Treatment			
	No. of Attendances	Amount Paid £	s.	d.	Per cent. of Payments to Attendances	No. of Attendances	Amount Paid £	s.	d.	Per cent. of Payments to Attendances
Central ...	10,473	211	11	5	22·1	3,978	114	12	4	69·0
	(10,689)	(254	11	3)	(19·9)	(3,984)	(104	3	4)	(63·0)
Armley ...	21,506	8	3	2	2·5	3,835	99	17	10	67·3
	(23,096)	(8	14	2)	(1·9)	(3,430)	(90	18	0)	(68·0)
Burley ...	20,798	5	14	5	1·6	2,577	59	10	0	56·7
	(35,401)	(12	3	1)	(1·4)	(2,730)	(63	6	3)	(56·1)
Edgar St.	46,211	6	11	7	3·2	5,110	94	4	1	51·2
	(54,847)	(9	18	10)	(2·3)	(4,959)	(84	15	10)	(46·6)
Holbeck...	32,141	9	1		2·5	2,344	36	15	7	45·9
	(31,816)	(6	6	1)	(0·9)	(2,932)	(45	17	0)	(48·4)
Hunslet ...	29,282	10	17	10	3·3	3,680	60	19	4	44·4
	(36,019)	(6	18	11)	(0·9)	(3,277)	(56	3	8)	(44·3)
Meanwood Road	27,429	5	9	1	0·7	—	—			—
	(29,693)	(7 | 11 | 3)	(1·2)	—	—			—
Total ...	193,840	*254	19	8	3·5	21,524	495	19	2	56·3
	(221,561)	†(306	3	7)	(2·4)	(21,312)	(445	4	1)	(54·2)

* Includes £159 13s. 4d. received for payment for Cod Liver Oil and Malt.
† Includes £229 1s. 7d. received for payment for Cod Liver Oil and Malt.
Corresponding figures for 1928 are shown in brackets.

Operative Treatment

Tonsils and Adenoids			Orthopædic Treatment		
£	s.	d.	£	s.	d.
173	11	6	64	18	11
(173	1	6)	(108	10	5)
173	11	6	64	18	11

Refraction Treatment and Provision of Spectacles

Clinic	Refraction Treatment and Supply of Spectacles		
	No. of Spectacles Ordered	Amount Paid £ s. d.	Per cent. of Payments
Central ...	1,262	314 16 11	98·4
	(1,271)	(308 2 6)	(98·1)
Armley ...	350	83 12 9	97·1
	(415)	(112 6 0)	(97·1)
Burley ...	312	79 13 3	97·1
	(397)	(107 17 3)	(97·7)
Edgar Street	914	230 14 6	99·5
	(733)	(184 17 1)	(99·6)
Holbeck ...	632	175 14 6	98·4
	(474)	(118 13 2)	(98·3)
Hunslet ...	593	139 1 7	99·1
	(603)	(151 3 7)	(97·2)
Meanwood Rd.	—	—	—
Total ...	*4,033	1,023 13 6	98·5
	†(3,593)	(982 19 7)	(98·1)

*Includes repairs to 834 pairs of spectacles.
†Includes repairs to 752 pairs of spectacles.

Complete payments for Spectacles	2,077	(2,037)
Spectacles supplied on the instalment basis ...	981	(969)
Spectacles supplied free of charge	59	(73)
Cases on hand at the end of the year	82	(62)

In addition, 834 pairs of spectacles were repaired, the full cost in all cases being paid by the parents.

Corresponding figures for 1928 are shown in brackets.

Summary of Payments 1929

	£ s. d.
Refraction Treatment and Supply of Spectacles	1,023 13 6
Dental Treatment...	495 19 2
Minor Ailments and X-ray Treatment	33 2 3
Supply of Cod Liver Oil and Malt	159 13 4
Treatment of Tonsils and Adenoids	173 11 6
Orthopedic Treatment—Operations, Appliances, etc. ...	94 18 11
Massage	19 18 10
Artificial Sunlight	42 5 3
Total cash received 1929	£2,013 2 9
Total cash received 1928	£2,039 11 9

Co-ordination

The scheme of co-ordination with the Health Department, the General Infirmary, the Public Dispensary, and the Tuberculosis Dispensary, remains unchanged. The Maternity and Child Welfare Centres transmit to the Medical Section returns from time to time which indicate the disabilities from which children under five years old suffer. The salient facts are abstracted and placed on the school record cards and are of value in the after careers of the particular children. The weakness of this procedure lies in the fact

that all children born in the city do not pass through the hands of the Welfare Centres, and therefore the information received affects only a comparatively small proportion of the children not on the school roll. More effectual linking up is required in the case of children under five years of age. This could best be done by placing the child welfare work under the control of the School Medical Service, and by the development of nursery schools and nursery classes in accordance with the suggestions made on the joint circular issued by the Board of Education and the Ministry of Health in December 1929. This method would secure continuity of records and treatment, and by means of the information available through the School Inquiry Officer would probably result in a greater number of defective children under five years of age receiving treatment.

School Hygiene

The School Medical Officers, from time to time, have drawn attention to defects of heating, lighting, and ventilation, and the conditions of the lavatories, etc., in various schools.

It is understood that arrangements have been made for bringing certain schools up to date in matters of heating and lighting. The newer schools are built on open-air lines, but there are still some of the older schools of the city where the conditions are far from satisfactory.

The teaching of hygiene now forms part of the ordinary curriculum of each school, and includes for younger children such matters as simple lessons on food and drink, cleanliness, care of teeth, digestion, circulation and alcohol, and for the older children causes of disease, infectious diseases, study of the organs of sense, ventilation, sanitation, etc. In addition, a course of Mothercraft has been arranged for all the older girls in the elementary schools of the city.

Medical Inspection

(*a*) *Medical*—Arrangements have been made as in previous years for the routine medical inspection of children in the three age groups prescribed by the Board of Education in the case of children attending the Elementary Schools.

In the Special Schools a routine inspection is arranged for all children in attendance in alternate years.

In the Secondary Schools children are inspected at the age of 8, 12, and 15 years. All pupils in attendance over 12 years of age are reinspected annually.

(*b*) *Dental*—The scheme of the Committee provides for the dental inspection and treatment of all children in attendance at all types of schools in the city, who are six years of age or over.

(*c*) *Cleanliness*—The School Nurses are required to visit each Elementary School in the city twice a year, and conduct a systematic

examination of all children in attendance for conditions of cleanliness. Children with defects are seen at intervals of not more than one month.

Findings of Medical Inspection

Routine Inspection—The total number of routine inspections carried out in all types of schools during the year was 24,413, which is 1,524 fewer than in 1928; whilst the number of special inspections was 25,594; a total of 50,007 medical inspections. In the Elementary Schools there were more children of the intermediate age group routine examined and fewer in the entrant and leaving groups, the total reduction in these groups being 1,433. The total number of defects found at routine inspections, excluding uncleanliness and dental cases, was 54,954, or 2·3 defects per child. The total number of defects found in the Elementary Schools alone, excluding uncleanliness and dental cases, was 50,692, in the Special Schools 1,045, and in the Secondary Schools 3,217, as compared with Elementary Schools 51,375, Special Schools 915, Secondary Schools 3,434, in 1928. The number of defects found per child in the Elementary Schools was 2·3, in the Special Schools 2·2, in the Secondary Schools 1·8.

Specials—Specials are defective children who are examined by a Medical Officer, and who are brought under review by the Medical Officers, Nurses, Teachers, Inquiry Officers, Parents, or otherwise. They are quite a distinct group from those known as Routines.

In addition to the above returns 29,695 defects were referred for treatment and 16 for observation as a result of the examination of Specials.

Summary of Defects Referred for Treatment or Observation
Elementary Schools

Defects	Routine Cases	Special Cases	Total
Tonsils and Adenoids ...	2,706	804	3,510
Tuberculosis	112	261	373
Skin Disease	609	11,633	12,242
External Eye Disease ...	248	1,939	2,187
Vision	3,698	5,015	8,713
Ear Disease and Hearing ...	971	1,826	2,797
Dental Defects	—	—	29,825
Crippling Defects	1,758	743	2,501
Other Defects	11,133	7,490	18,623

Infectious Disease

The problem of exercising effective control of infectious sickness is one of extreme difficulty. In the case of notifiable diseases, such as scarlet fever, diphtheria, smallpox, etc., the ascertainment of the cases and exercising of control is comparatively easy. In the case of non-notifiable diseases, however, there is considerable difficulty, first, in ascertaining the cases, and second, in getting the parents to

realise the necessity for keeping children with infectious diseases isolated, and in preventing them travelling in public conveyances or attending public places of amusement. Again, many children suffer from the diseases in slight form and are not really ill, consequently the symptoms are not recognised and the children go about spreading infection.

The scheme in Leeds is based mainly upon information received from the teachers who are required to report to the office immediately any cases of infectious sickness which occur in the schools. This method cannot be regarded as satisfactory. Teachers are dependent mainly on sources other than medical for the diagnosis and the cause of absence is not known until after many days, consequently the returns are unreliable and often received too late to render supervision effective.

All cases of infectious sickness coming to the notice of the School Medical Service are reported to the Medical Officer of Health the same day, and returns are received from the Health Department of all cases of notifiable diseases which have been reported to that Department. The duties of the respective Departments may be summarised briefly—

(1) The Health Department is responsible for the supervision of the children in the homes.

(2) The Education Authority is responsible for the supervision of children in the schools, e.g. when a case of infectious sickness is discovered in a school the usual procedure is for the nurse to take or send the child home, and recommend the parent to obtain medical advice. The case is at once reported to the Health Department and left in their hands for any further action.

Arrangements are made for the disinfection of the Schools after a case of Scarlet Fever or Diphtheria or during an epidemic of other infectious diseases.

Close co-operation is maintained with the infectious diseases department of the Medical Officer of Health and the Medical School in dealing with epidemics. An example may be quoted of a recent case of smallpox—immediately the case was reported an examination was made of children in the school, and the parents of those children who had not been vaccinated were asked to allow vaccination to be carried out. Arrangements were made with the Public Vaccinator of the district to attend at the school, and assistance was given by the School Medical Staff in vaccinating some 300 children.

The following is a summary of the cases of infectious sickness reported during the year 1929—

	Actual	*Contact*
Scarlet Fever	2,475 ...	1,187
Diphtheria	364 ...	211
Whooping Cough ...	1,209 ...	269
Chickenpox	2,326 ...	488
Measles	5,523 ...	1,502
Mumps	872 ...	163
Influenza	1,946 ...	—
Smallpox	3 ...	14
Typhoid	1 ...	1

Swab Report—This report shows that 141 swabs were taken during the year as compared with 416 in the previous twelve months, a diminution of 275. Only 12 swabs were positive, which is 16 less than in the previous year. This is gratifying, as diphtheria still remains a very serious disease. It is only by supervision of contacts in class, with the swabbing of the throats and noses of suspects, that we are able to combat the attacks of this disease. A considerable number of threatened epidemics have been checked through personal inspection and swabbing.

Swab Report 1929

Clinic	Positive	Negative	Total
Central	—	6	6
Armley	1	3	4
Burley	2	18	20
Edgar Street	4	28	32
Holbeck	1	15	16
Hunslet	1	18	19
Meanwood Road	3	41	44
Totals ...	12	129	141

Examination of Hairs in Ringworm Cases (All at own Laboratory)

Positive	Negative	More Hairs required	Total
135	134	38	307

Following Up

The policy of the Leeds Education Committee is, in the first instance, to draw the attention of parents to any defects of their children which require treatment, and thus to give them an opportunity of consulting their own doctor. All such children are reinspected after an interval of about two months, and those for whom treatment has not been obtained are "followed up" by further notices and invitations to the clinics. For example, a case of defective vision which has not received treatment when reinspected is invited to the clinic. If the child fails to attend, a second and more strongly worded notice is sent. This is followed by a final warning, and if this warning is disregarded the child is excluded from school and legal proceedings are taken against the parents.

Uncleanliness—Under the heading uncleanliness and verminous condition, the figures show a reduction of 2,703 defects found by the school nurses. The expected proportionate figure based on 1928 return would, however, be about 16,780, as against 16,258, so that there is a real decrease of roughly 500. The number of defects —16,258—found under this heading is still large, but the standard required at the present day is much higher than that of ten years ago. In view of this fact the figures may be looked upon as satisfactory. For the past four years the percentages of uncleanliness and verminous conditions found by the school nurses were as follows—

1926	22·2
1927	15·4
1928	10·2
1929	9·9

From this it may safely be deducted that there is a steady yearly decline, not only in the numbers of uncleanliness cases, but also in the percentage to the actual number examined. This result is particularly gratifying.

Summary of the Work of School Nurses 1929

(A) Inspection—	(1929)	(1928)
Number of Visits to School Departments	4,739	(4,939)
Number of children examined	83,399	(102,597)
Number of Re-inspections	81,468	(83,655)
Number of Defects discovered—		
Uncleanliness of Head	11,242	(13,212)
Uncleanliness of Body	5,016	(5,749)
Other defects	5,445	(7,656)

(B) Treatment of Minor Ailments—

Number of Dressings at Clinics—

Ringworm of Head	4,086	(5,262)
Ringworm of Body	4,765	(6,840)
Scabies	968	(1,262)
Impetigo	30,442	(44,545)
Other Skin Diseases	63,210	(64,970)
Ear Diseases	21,311	(29,604)
External Eye Diseases	26,917	(28,866)
Other Defects	65,485	(86,936)
	230,796	(268,285)

(C) Visits to Homes 3,649 (4,152)

(D) Proportion of Time given to Different Sections of Work

	(1929)		(1928)	
	Hours	%	Hours	%
Clinic Work	30,818¼	70·5	(32,309¼)	(70·2)
Examinations in Schools ...	7,096¼	16·2	(7,578¼)	(16·5)
Visits to Homes	2,160	5·0	(2,276½)	(4·9)
Office Work	3,634½	8·3	(3,875¼)	(8·4)
	43,709		(46,039¼)	

(E) Summary of the Work of Masseuses—

	(1929)	(1928)
Number of Visits to Homes	1,015	(641)
Number of Children Treated	619	(570)
Number of Treatments	25,175	(21,849)

Medical Treatment

Clinics—During the year the total number of attendances at the clinics for all purposes was 274,160, a diminution of 43,773. The total number of attendances for medical purposes alone was 251,216, a decrease of 44,124 as compared with the previous twelve months. This decrease is general at the individual clinics with the exception of Holbeck. The individual attendances were—Armley 27,623; Burley 29,263; Edgar Street 62,955; Holbeck 42,132; Hunslet 37,471; Meanwood 31,184; and the Central 20,588. The number of children who attended for medical purposes was 37,488 or 3,398 fewer than in the previous year; had those 37,488 children

made the same proportion of attendances as the 40,886 in 1928, the total attendances would have been over 270,000. From this statement it can be inferred that each child actually made fewer attendances. This is to the good, as it has been felt for some time that the children were forming a clinic habit, or in other words that the change from lessons to the clinic was attractive to some children. During the past year a somewhat stricter observation has been kept upon the number of attendances for trivial complaints, and this is, to some extent, reflected in the decreased number of attendances made. The returns for individual conditions show that both the number of attendances and the number of cases under the heading of what may be termed dirt disease, shows a considerable reduction in numbers. These dirt diseases include uncleanliness of the head and of the body, impetigo, scabies, other skin diseases, and a certain proportion of external eye diseases, ringworm of head and body. For these conditions the total reduction in attendances was 29,800. The decrease in the number of cases and attendances for these conditions is particularly satisfactory. The majority of cases of uncleanliness of the head are of slight nature; anything approaching the condition of ten or fifteen years ago is unknown to the present generation. Discharging ears account for 1,669 cases and 22,747 attendances, and whilst these figures are some 4,000 less than last year, the presence of so much ear disease is a matter of some concern. Every effort is made to check this large amount of disease, but as I have stated in earlier reports the treatment is of necessity long and tedious. It is hoped in the new year to treat some of these outstanding cases by ionisation. This treatment, whilst not generally applicable to all cases, will it is hoped tend to cure a certain number. This form of treatment has been tried in various parts of the country during the last few years, but medical opinion has been somewhat divided as to its benefit. Mr. Sharp, the Specialist, agrees that the treatment may now be tried.

Harehills Clinic—The plans for this new clinic have been approved by the Board of Education and it is hoped to have the premises completed in the early summer of 1930.

Meanwood Clinic—In previous reports attention has been drawn to the inadequacy of this clinic. It consists of two rooms only—waiting room and a treatment room. It is intended to supply the clinic needs of the north area of the city; it is bounded on the east by Roundhay Road and on the south by Meanwood Road. During the last five years there has been an average attendance of 34,913. The accommodation is so restricted that cases for special treatment cannot be attended to, but have to be sent to the Central

Clinic in Great George Street. There is urgent necessity for a properly equipped and up-to-date clinic in this district, and this matter is recommended for the early consideration of the Education Committee.

Holbeck Clinic—More accommodation is urgently required in this clinic for massage work. The work is being considerably handicapped by inadequacy of premises.

Middleton Clinic—A small house has been rented on the Middleton Estate and is now used as a sub-clinic for the district. The accommodation provides room for inspection work, treatment of minor ailments, and massage and remedial exercises.

This clinic is a great improvement upon the old one in the Church School building—which was quite inadequate and most inconvenient.

Minor Ailments—The School Clinics are open every morning for the treatment of minor ailments, and parents, teachers, nurses, or enquiry officers may, at their discretion, send a child for treatment. Number of children treated 3,025; number cured 2,772.

Tonsils and Adenoids—Children suffering from enlarged tonsils and adenoids are, in the first instance, seen at the Branch Clinics, and serious cases are referred to the Central Clinic for specialists' examination and advice. Operative treatment is available at the Leeds Public Dispensary, for which the Education Committee pay at the rate of 10s. for each operation, and 10s. a day during the period that the patient is detained in the hospital, with a maximum charge of £2.

During the year ended the 31st December 1929, 5,706 children have been referred for treatment for nose and throat defects by the School Medical Officers. Of this number 153 received operative treatment under the Education Committee's Scheme; 1,362 received remedial treatment at the School Clinics; 821 were reported as having had operative treatment at local hospitals or by general practitioners; and 1,275 as having received remedial treatment.

Inquiries have been made at the Leeds Public Dispensary and the Leeds General Infirmary, and it is ascertained that at these institutions 2,190 received operative treatment during the year. Some of these cases will, of course, be included in the figures ascertained by the School Medical Officers, but it may safely be assumed that the number of children suffering from nose and throat defects who receive treatment is satisfactory.

Summary of Nose and Throat Cases during the Year 1929

	Tonsils and Adenoids	Other Nose and Throat Defects	Total
No. of cases of Nose and Throat Defects referred by the School Medical Officers for treatment	1,966	3,740	5,706
No. of cases which have received treatment—			
Operative treatment by the School Medical Service	131	22	153
Private Practitioners	714	107	821
Other Forms of Treatment—			
By School Medical Service	455	907	—
By General Practitioners and Local Hospitals	570	705	2,637
Total treated	1,870	1,741	3,611
No. of cases examined by Mr. Sharp ...	547	602	1,149
No. referred for operative treatment ...	452	52	504
No. of cases accepting treatment	191	38	229
No. of cases actually treated	131	22	153

The figures in the above Table represent the results which have actually been verified by the School Medical Officers.

On inquiry at the Leeds Public Dispensary and the Leeds General Infirmary, it has been ascertained that the following operations have been performed at the Institutions for Leeds children under 14 years of age during the year ended the 31st December 1929.

LEEDS GENERAL INFIRMARY	
Tonsils and Adenoids	1,011
Operation for Tonsils and Adenoids and Sinuses	1
Operations for Sinuses	3
LEEDS PUBLIC DISPENSARY	
Tonsils and Adenoids	1,112
Operations for Tonsils and Adenoids and Sinuses	52
Operations for Sinuses	11

Tuberculosis—Close co-operation exists between the Leeds Tuberculosis Dispensary and the School Medical Service. Under the arrangement reports on all school children who attend the Dispensary are forwarded to the School Medical Officer and appropriate entries are made on the child's record cards.

Skin Diseases—Children attend the Central Clinic for X-ray treatment of ringworm. The X-ray apparatus installed in 1928 has proved very satisfactory. During the year 125 cases of ringworm of the scalp have been treated by X-rays. The average period of absence from school was 28·7 days, but 42 of the 125 cases observed were absent for only 21 days.

During the year the School Medical Officer of Blackburn made an inquiry, in twelve areas, regarding the length of exclusion of

ringworm cases treated by X-rays. A summary of the replies received shows that the period of exclusion varied from 14·7 to 78·5 school days. The usual period of exclusion, as judged by this return, would appear to be from 20 to 30 days.

With the new apparatus the time taken in treating cases of ringworm by X-ray has been considerably diminished. As a result it has been possible to undertake X-ray treatment for other authorities without any additional cost to the Leeds Committee. Arrangements have been made to deal with the cases from Harrogate. In addition, odd cases have been treated from Goole and Morley. A charge of £1 1s. 0d. a case is made to the authority.

Such defects as eczema, scabies, etc., are dealt with at the Branch Clinics each morning. The number of children treated at the clinics for skin diseases was 11,456, and of this number 10,523 were cured.

External Eye Disease—Arrangements are made for the treatment of external eye diseases at each Branch Clinic. Serious cases are referred to the Central Clinic for specialist's advice and treatment. The number of children treated for these defects was 1,830, and the number cleared was 1,623.

Defective Vision—Compared with the last two years, there is a larger percentage of children suffering from defective vision in need of treatment. The incidence is less in the Secondary than in the Elementary Schools, probably accounted for, in part, by the fact that children who have passed from Elementary Schools to Secondary Schools have already been treated for visual defect and are wearing satisfactory glasses. All scholarship holders have their vision tested before taking up their scholarships at the Secondary Schools, and any necessary treatment has been carried out. As a comparison with the total percentage, the figures for a particular school (Brownhill Council School) are given herewith, along with those for Elementary and Secondary Schools—

	Elementary Schools	*Secondary Schools*
1927	15·2% ...	13·9%
1928	14·5% ...	13·7%
1929	16·5% ...	13·9%
Brownhill	21·8% ...	—
	(Boys 25·8%, Girls 18·9%)	

The number of refraction cases dealt with under the Authority's Scheme was 4,731, or 526 more than in 1928; the number dealt with outside this scheme was 95. It is found that 10 per cent. of children referred for examination do not need spectacles. This 10 per cent. is made up of children who are doubtful cases, or cases of particular

difficulty, whose exact condition can be settled only by refraction. Spectacles were supplied to 3,563 children, whilst 558 lenses or spectacles were replaced without further refraction.

Ear Disease and Hearing—Defective hearing and ear diseases are dealt with at the Branch Clinics and the serious cases are referred to the Central Clinic. The question of ionisation treatment is under consideration, as already noted. The number of children treated was 1,736; the number cleared was 1,332.

Crippling Defects and Orthopædic Work—Five of the Branch Clinics and the Central Clinic are equipped for dealing with crippling defects by medical electricity, massage, and remedial exercises. The accommodation at the clinics has been taxed to the utmost during the year.

The following is a summary of the work—

Number of children examined by the Orthopædic Surgeon—

New cases	289
Reinspections	442

Number of children recommended for—

(*a*) Operative Treatment	61
(*b*) Surgical Appliances	129
(*c*) Remedial Exercises	164

Number of children who have been treated under the Committee Scheme—

(*a*) Operative Treatment	29
(*b*) Surgical Appliances	120
(*c*) Remedial Treatment	161

The total number of attendances for orthopædic treatment during the year was 8,834.

At the request of the Orthopædic Surgeon arrangements have been made for X-ray photographs of 28 children suffering from crippling defects. Close co-operation is maintained with the Leeds General Infirmary in respect of all children who attend the orthopædic department. The names of such children attending for the first time are notified to the School Medical Department, with particulars of diagnosis and recommendation. The school nurses "follow up" cases examined by the Orthopædic Surgeon at the School Clinic to ascertain that the treatment recommended is being followed, and to report as to future action; 371 visits were paid for this purpose during 1929.

Notification is received from the Maternity and Child Welfare Department of cripple children attaining five years of age, with particulars of diagnosis and suggested treatment.

Twenty children have been treated at country hospitals, six being new admissions. Ten have been discharged and the number still in hospitals is nine. Of the children detained two have been inmates over three years.

Artificial Sunlight Treatment—Owing to shortage of staff it was necessary to reduce the number of sessions for sunlight treatment from six to four half days a week. There is a large list of children awaiting treatment, and when additional staff is available it is hoped that it will be possible to utilise the lamps to a greater extent.

The Assistant School Medical Officers, who carry out the treatment by ultra-violet rays or artificial sunlight, have issued an illuminating report upon the effect of the rays upon various conditions of ill health. Their general conclusions are that for the present the treatment should be continued, as there is benefit in certain cases, but how far this benefit could have been produced by other means is uncertain. Their combined report is as follows—

The total number of cases invited to attend was 660; the number who refused the invitation was 125; the number accepting but who did not complete the course was 250; the number who completed the course was 258. Of this number 258, collected opinions of medical officer, teacher, and parents, show benefit in 18 cases. It is also agreed that in 52 cases there was no improvement. In the others opinions vary.

During the year 1929, 258 children completed a course of treatment by artificial sunshine—averaging 25 exposures per course. The dose given was measured by a photometric test, and each dose was rapidly worked up to the maximum.

Very few cases occurred during the year of children whose treatment had to be stopped on account of unfavourable symptoms. Large numbers either did not attend at all for treatment, or did not complete the course. The results of the treatment in the 258 cases who underwent a complete course are as shown in the tables. Every case was examined by the doctors at the beginning and at the end of the course, and was under observation by both doctor and nurse during exposure; it is felt that such observation is necessary if accurate data are to be obtained. In general the results appear disappointing in so far that the number of cases in which improvement is noted by doctor, parent, or teacher collectively is a comparatively small one. The figures do not justify the assumption that artificial sunlight is a cure for the majority of children's ailments, as was at one time supposed. In all cases

where treatment was completed, the teacher was asked to answer the following questions—

A—EFFECT ON SCHOOL WORK

Has the child's work shown—

Retardation.
Ordinary Progress.
Progress greater than normal.

B—EFFECT ON PHYSICAL CONDITION

Retrogression.
Ordinary improvement.
Marked improvement.

The answers to these questions were analysed and appear in the Tables.

The parents also have been asked by the doctors (without any leading questions) their views as to any change having been noticed, including sleep, appetite, energy, etc. They were also invited to attend the clinic with the child three months after the end of the course, in order that further views might be expressed by them. The doctor was thus able to form a more reliable opinion as to the after-results of treatment. It is a matter of regret that so few parents availed themselves of this opportunity.

Particular conditions treated—

Rickets—Latterly the amount of deformities in the legs was measured at the first and last exposure and at the final reinspection. In the majority of cases there was no change noticeable at the end of the course, but there was a slight improvement at the final inspection three months later. But, as there is a spontaneous tendency to recovery in the case of rickets, and as many of these children were having accessory treatment in the form of massage, cod liver oil, virol, etc., it is particularly difficult to determine to which of these improvement may be attributed. Some of the children were of an age at which no improvement could be expected, especially where the deformity is slight.

Bronchitis—There is no evidence to show that respiratory catarrh was in any way improved without additional treatment, e.g. cod liver oil or attention to nasal cleanliness.

Malnutrition and Debility—In these diseases the results are also very disappointing; more data are required as to what is the average gain in weight and height of a normal child month by month throughout its school life. Most children showed no greater gain in weight and height than might be expected without artificial aid.

Other conditions treated gave no better results than the ones mentioned. As regards anæmia there were no blood counts or hæmoglobin estimations made.

The following is Dr. Stockwell's personal report—

General Conclusions—The fact that barely 40 per cent. of the cases recommended completed a course is an indication that the general public had little faith in the treatment. This is borne out by the fact that a large number who began did not complete the course and that many parents did not attend to give their personal views as to possible benefits which might have been derived. There should be no doubt of the advisability of continuing the treatment at present, but it appears desirable to have a definite number of cases under treatment which are having sunlight, cod liver oil and malt, and of those having artificial sunlight alone. The question of a milk control could also be taken into consideration.

The question arises as to whether the method used is the best, or the best possible at present. Dr. Rollier himself insists on prolonged periods of rest in association with real sunlight, and it may be that if more could be done in this way better results would accrue. An open-air school is far more likely to produce permanent and satisfactory results than artificial sunlight.

The following is Dr. Wood's personal report—

I have been "running" the artificial sunlight since first it was installed by the Education Committee. No one could have started more hopefully than I but, unfortunately, the greater my experience of it becomes, the lower becomes my opinion of its benefits.

I think it is now generally agreed that the effect of ultra-violet rays is to produce vitamin D in the skin from its precusor ergosterol. Any benefit, therefore, which we may expect from irradiation must be that resultant upon supplying, in adequate amount, the vitamin D, of which there was previously a deficiency. Now vitamin D appears to produce its effect, solely, by permitting the body to make full use of the calcium supplied to it. It does not, thus, seem reasonable to expect irradiation can have any effect on such cases sent up because they "catch cold" frequently, and so on. What is required here is the anti-infection vitamin A found in cod liver oil, but not produced by exposure to ultra-violet rays.

We can, therefore, claim that the treatment will cure rickets and that in theory it should help certain types of anæmia and chilblains. The curious thing is that anæmia seems to be almost unaffected in our series of cases. That rickets, etc., may be treated, at any rate, just as successfully by cod liver oil in some form is worth noting, and that the children derive additional benefit from their malt and cod liver oil on account of the other vitamins A and B also found in this mixture.

I think it would be worth while to consider whether we might get improved results by the children having a bath before exposure, and whether the arc lamp in place of the mercury vapour used at present might give better results. Both Dr. Stockwell and I agree that the open-air school as a method of treatment (including correct feeding and malt and oil) is incomparably ahead of anything we do or can hope to do by the artificial sunlight treatment.

Sunlight Treatment Analysis

NUMBER OF CHILDREN TREATED—258

	Number of Children			
	Showing Improvement	Showing No Change	Showing Retrogression	Not Reported on
Weight	232	14	10	2
Height	130	43	—	85
Teacher's Views—				
Mental Condition ...	31	194	11	22
Physical Condition ...	62	163	7	26
Parents' Views—				
Sleep	66	112	2	78
Appetite	104	84	—	70
Energy	98	90	—	70
General Views	25	46 63*	3	121
Doctor's Conclusions—				
General Condition ...	73	137	11	37
Special Condition for which Treated ...	58	134	19	47

* In these cases the parents expressed themselves as "satisfied."

Analysis of Effect of Treatment on Particular Diseases

Disease	Number of Cases	Number Showing Improvement	Number Showing No Change	Number Showing Retrogression	No Report
Anæmia ...	60	11	33	6	10
Rickets ...	50	13	29	1	7
Malnutrition	37	6	20	3	8
Bronchitis ...	21	5	12	2	2
Debility ...	25	6	13	2	4
Pre-tubercular	9	2	3	—	4
Adenitis ...	12	4	7	—	1
Neurasthenia	7	3	2	1	—
Miscellaneous	37	10	18	3	6

Number of Children who have had Cod Liver Oil, Malt and Cod Liver Oil, Milk or Virol, etc., whilst undergoing Sunlight Treatment, 69.

Dental—The total number of children inspected by the Dental Surgeons was 51,748. Of this number 29,825 were found to require treatment, whilst the number actually treated was 19,181; that is only 45·6 per cent. of those needing treatment actually came to the dental chair. This figure is almost the same as that of the previous

year, and whilst better than formerly is still much too low. Only a very small proportion of children attending the Elementary Schools obtain dental treatment privately. If 29,000 children needed dental attention then surely 29,000 should have received this help. The figures show that 10,644 are going about their daily life with diseased teeth in their gums, which should either have been filled or extracted. They are laying up for themselves a sure foundation of indifferent health in the future. Dr. Russell, of the Dental Staff, observes on this point—"It is gratifying to find that each year considerably more parents desire to have their children's teeth treated; it shows that people are overcoming their prejudice and realise that the dentists are out for the children's good, and the children's good only. At the same time figures prove that of the children of these parents two out of every seventeen gave us the slip. This is surely more than can be attributed to sickness, and besides being disappointing to us it must be decidedly annoying to the parents who realise the value of dental treatment. Of the children treated approximately four out of every thirteen had to lose a permanent tooth. This average is much too high, and I feel sure, since we mostly fill the first permanent molars—the teeth that are 'cut' behind the temporary back teeth about the age of $5\frac{1}{2}$–$6\frac{1}{2}$, that, if these teeth had been treated in the child's first year at school the loss by extraction would be very greatly reduced. Good teeth make better health and better health means better brains."

During the past year no less than 5,809 permanent teeth had to be extracted. How many might have been saved by earlier application to the Dental Department it is impossible to say. This year the number is 27 more than last year, 545 more than 1927, and 1,034 more than 1926. The fact that practically 6,000 permanent teeth are extracted each year should be a matter of concern to the parents or guardians of the children. It is the endeavour of the Dental Department to save every permanent tooth possible, and yet each year we find this wholesale extraction taking place; the fault does not lie with the Dental Department or with the children, but entirely with the parents. They alone are responsible. False teeth in adult life are a poor substitute for the natural teeth, which by attention to direct cleanliness and periodical visits to the dentist can in the majority of cases be kept free of disease and be an asset of great importance to the child.

School Camp—The School Camp at Ilkley was occupied by 1,978 children during the year. Boys and girls attended alternate weeks. The whole of these children are specially medically examined prior to departure to Camp in order to ascertain not only their fitness for Camp and the likelihood of deriving benefit by the

Open Air Education

change, but also to prevent the influx of any infectious disease. At one of these inspections 73 boys attended from a poor district school which formerly gave considerable trouble on account of dirt disease, and not one of these boys bore evidence of lice, nits, or fleas. The School Nurses again took duty at the Camp for a week each during the season. They made 2,235 examinations and carried out 1,095 treatments. The largest number of treatments was for septic skin conditions, whilst 99 children had unclean heads.

Open-air School—Plans have been prepared for an Open-air School on the Lawns House Estate, Farnley, to accommodate 250 day and 50 residential scholars. It is expected that the school will be open during the latter part of 1930.

Physical Training—See Appendix B.

Provision of Meals

During the year ended 31st December 1929, 173,556 meals have been provided for 1,254 children, as compared with 159,051 meals for 1,315 children, during the year ended 31st December 1928.

The Centres are visited from time to time by the School Medical Officers, and the dietary is submitted for approval to the School Medical Officer. The meals are well cooked and ample, and the serving arrangements are entirely satisfactory.

Malt and cod liver oil is supplied to school children on the recommendation of the School Medical Officers.

During the year 6,747 lbs. of malt and oil have been issued at a cost of £182 5s. 10d. The sum of £168 2s. 2d. has been received from the parents.

Supply of Milk—Experiments which have been carried out in various parts of the country tend to prove that most children derive considerable benefit from a regular daily supply of milk, and the question of providing facilities for the supply of milk in the Leeds schools was considered early in the year. A preliminary inquiry was made from the teachers as to the demand for such facilities, and it was ascertained that the parents of 16,800 children were prepared to pay one penny a day for a glass of milk. Inquiries were also made as to the operation of similar schemes in other towns. The relative values of dried and natural milk, and the difficulties of distribution and administration were investigated.

The National Milk Publicity Council gave valuable assistance and advice during the investigation.

It was ultimately decided to supply natural milk, and the following scheme was adopted—

(1) "To appoint a small Committee of representatives of the Education Authority, the Leeds and District Retail Dairymen's Association, and the Leeds and District Branch of the National Farmers' Union, to organise the initiation of a scheme and to deal with difficulties that may arise from time to time.

(2) "The Dairymens' Association to recommend suitable dairymen to supply the milk. (It is understood that the list of approved dairies will be submitted for the approval of the Medical Officer of Health.)

(3) "Milk of a guaranteed quality to be supplied in bottles, complete with discs and straws. (One-third pint capacity.)

(4) "The dairymen to be responsible for the provision of bottles, discs, and straws, for delivery and collection, and for the efficient sterilising of the bottles.

(5) "The sources of supply and the premises in which the milk is handled to be open for inspection at any time by an authorised officer of the Committee.

(6) "Teachers to ascertain on Thursday of each week the number of children in the school requiring milk for the following week, and to collect payment in advance.

(7) "Payment to be made by the teacher direct to the dairyman, except in necessitous cases, for which the Education Authority will accept responsibility.

(8) "The teachers to be asked to impress upon the scholars the importance of taking the milk regularly so as to assist the dairymen in disposing of their supplies on Saturdays and Sundays, and during school holidays. Arrangements can be made for the milk to be supplied during the week-ends and during holidays at the homes of the children or at the dairymen's premises."

At the first meeting of the Sub-Committee two representatives of the Leeds Head Teachers' Association were co-opted.

The scheme was initiated on the reopening of the schools after the Midsummer vacation, and arrangements were made for the milk to be supplied by 37 local dairymen.

The following return shows the extent to which advantage has been taken of the scheme—

	No. of Bottles supplied.	*No. of Individual Children.*	*No. of Bottles supplied free of charge.*
September	259,238	29,755	6,406
October ...	440,540	28,366	12,043
November...	411,799	22,549	16,105
December ...	233,106	18,015	12,071

An unfortunate incident occurred on the 30th September at the Roundhay Temporary and Moortown Schools. Over 80 children were taken ill with severe vomiting soon after the reopening of the schools for the afternoon session. A School Medical Officer and Nurses were immediately dispatched to the schools and arrangements made as far as possible for the comfort of the scholars and for

their removal home. On investigation it was found that the sickness had been caused by the milk which had been taken during the morning. Fortunately, the sickness was of short duration and most of the children had completely recovered by the following day. Steps were taken to stop the particular source of supply.

In conjunction with the Medical Officer of Health, arrangements are made for the inspection of the dairies and the sources of supply, and reports as to any unsatisfactory milk are promptly dealt with.

The scheme has not been in operation sufficiently long to justify an expression of opinion as to the effect of the extra food on the health of the children, but a number of children who have had milk continuously for three months or more in representative schools have been weighed. As compared with the average weight of children in the city, the results are as follows—

Age	Children who have had Milk		Average for All Children	
	Number Weighed	Average	Number Weighed	Average
		lbs.		lbs.
3—Boys ...	8	36·0	636	33·6
Girls ...	3	33·5	525	32·4
4—Boys ...	38	38·1	1,031	37·0
Girls ...	29	37·2	1,003	35·6
5—Boys ...	86	40·9	1,649	40·1
Girls ...	93	39·4	1,669	38·4
6—Boys ...	92	45·4	362	44·1
Girls ...	118	42·9	334	42·6
7—Boys ...	93	49·7	287	49·7
Girls ...	120	48·2	222	47·7
8—Boys ...	114	56·6	3,821	53·6
Girls ...	121	53·3	3,801	51·7
9—Boys ...	92	60·4	370	57·7
Girls ...	143	58·0	423	55·8
10—Boys ...	61	63·8	59	63·7
Girls ...	126	62·5	73	61·3
11—Boys ...	45	69·6	148	72·3
Girls ...	81	70·4	147	69·8
12—Boys ...	27	75·0	2,443	74·8
Girls ...	60	77·6	2,589	76·7
13—Boys ...	8	76·0	234	80·7
Girls ...	43	82·6	200	81·9
14—Boys ...	—	—	17	93·5
Girls ...	2	112·0	—	—

It will be noticed that with the exception of boys at 7 years of age whose weights are equal, and boys at 11 years of age whose weights are below, the average weight of the children who have had milk is substantially above that of the average for the city.

Malnutrition—For malnutrition 1,080 children made 39,025 attendances, an increase of 309 attendances over the previous twelve months. Whilst this increase is almost negligible the majority of the total number of 39,025 attendances is accounted for by the visits of such children for the administration of malt and oil, and cannot be looked upon as showing any marked increase in the actual number suffering from malnutrition. As a general maxim it may be stated that many of these children are in need of a good mid-day meal and more sleep.

The number of cases and the number of attendances for the last five years for malnutrition are as follows—

1925 ...	...	912	cases	27,027	attendances.
1926 ...	...	1,360	,,	42,039	,,
1927 ...	...	1,384	,,	41,546	,,
1928 ...	...	1,202	,,	38,716	,,
1929 ...	...	1,080	,,	39,025	,,

From this table it may be observed that the years 1927 and 1926 were the worst within the period, and also that the 1929 figure is the lowest since 1925.

Co-operation of Parents

The work of the School Medical Service is each year becoming better appreciated by the parents, as is evidenced by the fact that children are now brought voluntarily to the clinics in large numbers, and that 68·9% of parents invited attended at the schools for the routine inspection of their children, as compared with 67·9% for the year 1928.

During the year 58 parents have refused routine examination for their children. There has been a gradual increase in the number of refusals from 4 in 1919; 20 in 1922; 28 in 1926; 34 in 1928, to 58 in 1929. The figure 58 represents a very small percentage of the total number of those actually examined, but small as it is, it is regrettable. It is not only possible, but probable, that in certain cases signs of early disease were present and remained unnoticed by the parents, with the chance of subsequent failure of health in some form. It has to be borne in mind that medical inspection is as much concerned with prevention as with treatment and cure, and that it is only by early discovery of defects that prevention can operate.

Co-operation of Teachers

The teachers of Leeds fully appreciate the value of safeguarding the health of the children and render invaluable service in assisting the Medical Officers, Dental Officers, and Nurses in the discharge of their work.

During the year the Leeds Branch of the National Association of Schoolmasters drew attention to the fact that a large number of children lost an appreciable amount of school time by attendance at the clinics for apparently very trivial defects, and a number of cases were instanced where children had lost one particular lesson over a period of many months, greatly to the detriment of their education.

In order to form an estimate of the position throughout the city, an analysis was made of the medical records of all children who were in attendance at the school clinics for minor ailments on the 28th March 1929. The total number of children under treatment was 1,299. The number of separate periods of treatment which involved attendances varying from one to over a thousand was as follows—

		Per cent.
Attended for the first period of visits ...	315	24·2
Attended on 1 previous occasion ...	273	21·0
,, 2 ,, occasions ...	189	14·5
,, 3 ,, ,, ...	145	11·2
,, 4 ,, ,, ...	107	8·2
,, 5 ,, ,, ...	91	7·0
,, 6 ,, ,, ...	54	4·1
,, 7 ,, ,, ...	36	2·8
,, 8 ,, ,, ...	32	2·5
,, 9 ,, ,, ...	23	1·8
,, 10 ,, ,, ...	7	·5
,, 11 ,, ,, ...	10	·8
,, 12 ,, ,, ...	6	·5
,, 13 ,, ,, ...	11	·9
	1,299	100·0

The approximate total attendances of each child during its school life was—

	Children	*Per cent.*
Under 10 attendances ...	264	20·3
,, 20 ,, ...	197	15·2
,, 50 ,, ...	370	28·5
,, 100 ,, ...	278	21·4
,, 200 ,, ...	138	10·6
,, 300 ,, ...	33	2·5
,, 400 ,, ...	7	·5
,, 500 ,, ...	5	·4
,, 750 ,, ...	5	·4
,, 1,000 ,, ...	1	·1
Over 1,000 ,, ...	1	·1
	1,299	100·0

The incidence of the attendances analysed under diseases is as follows--

Number of Attendances (per period)	Defects Treated											
	Ear Diseases	Eye Diseases	Impetigo	Scabies	Skin Diseases	Minor Injuries	Nose and Throat Defects	Ringworm	Uncleanliness	Other Defects	Total	Per cent.
1— 10	184	279	333	20	999	266	75	83	315	336	2,896	62·6
11— 20	81	126	167	10	327	49	39	63	1	16	879	19·0
21— 50	93	109	142	4	156	12	42	52	—	7	617	13·3
51—100	46	31	24	1	22	—	23	15	—	4	166	3·6
101—200	32	10	4	—	—	—	—	—	—	—	46	1·0
201—300	9	4	—	—	—	—	—	—	—	—	13	·3
301—400	2	2	—	—	—	—	—	—	—	—	4	·09
Over 400	3	4	—	—	—	—	—	—	—	—	7	·2
	450	565	670	41	1,504	327	179	213	316	363	4,628	

The returns indicate that approximately all children who made over a hundred attendances suffered from ear diseases or external eye diseases, requiring prolonged daily treatment. There is no doubt that many scholars attend the clinics for trivial complaints which might be reasonably expected to be treated at home, but it would not be advisable to put any restriction on the cases for treatment as a slight defect might become septic and lead to a more serious condition.

As an experiment it was decided to deal at the Holbeck Clinic with children suffering from trivial defects at 4 o'clock instead of during the morning session.

Co-operation of School Enquiry Officers

The work of the School Medical Service and that of the School Enquiry Section become more closely linked up each year. The Enquiry Officers are called upon to assist in "following up" serious cases of neglect by serving warning notices, by issuing summonses, and by collecting medical and dental fees, etc. On the other hand, the Medical Officers assist the School Enquiry Department by the

examination of children suspected of malingering, or those who are unable to attend school for prolonged periods, or those to whom latitude in school attendance should be given. The Enquiry Officers may send to the clinics on certain fixed half days each week any child they consider in need of medical advice.

Co-operation of Voluntary Bodies

For some years past a grant of £50 a year has been made to the Leeds Invalid Children's Aid Society towards the cost of meals, cod liver oil and malt, surgical dressings, etc., supplied by the Society to the children attending the School for Cripple Children.

Co-operation is maintained with the National Society for the Prevention of Cruelty to Children, who arrange for the visitation of cases of serious neglect and assist in securing that adequate treatment is provided for the children.

Children recommended for the Leeds Rotary Camp are examined by the School Medical Officers and members of the School Medical Staff assist in connection with the work of the Poor Children's Holiday Camp Association.

Blind, Deaf, Defective and Epileptic Children

Special Schools—There is a reduction of 61 in the total number of children attending the Special Schools of the city. There are, however, 15 more children in attendance at the four myopic centres. During the year the Hunslet Lane Centre was closed and a new Centre was opened at Roundhay Road. There are 15 fewer children attending the School for the Deaf and 63 fewer attending the Schools for Mentally Defectives. Potternewton Park School for Cripples is full and there is a waiting list for entry.

Number of Children on Roll in Special Schools on 31st December 1929

School	Number on Roll		
	Leeds Cases	Outside Cases	Total
Mentally Defective—			
Armley Special School	90	4	94
East Leeds	45	7	52
Hunslet Hall Road	37	6	43
Hunslet Lane	51	—	51
Lovell Road	69	—	69
School for Deaf	48	37	85
School for Blind—			
Blind	22	66	88
Partially Blind ... ...)	3	25	28
Blenheim Walk Myopic ... ...)			
Armley Myopic	24	1	25
Roundhay Road Myopic	63	1	64
Physically Defective—			
Potternewton	80	—	80

In addition to the foregoing table the following number of children are in residential schools—

CRIPPLES—	
Marguerite Home, Thorparch	5
Kirbymoorside	1
The Heritage Craft Schools, Chailey	1
EPILEPTICS—	
Soss Moss	1
Starnthwaite	2
Sandlebridge	1
MENTALLY DEFECTIVE—	
Besford Court	1
Pontville	1
DEAF—	
Boston Spa	4

Mental Deficiency—The following resolutions were passed at the January meeting of the Industrial and Special Schools Sub-Committee—

(*a*) That the five Medical Officers in the service of the Education Committee, who are approved by the Board of Education as Certifying Officers for Mentally Defective Children, be requested to undertake a systematic review of the children in the Special Schools.

(*b*) That the standard of admission to or retention in the Special Schools shall be capability of receiving benefit from the instruction given, benefit to be interpreted as capacity to profit by the instruction to a degree sufficient to warrant the belief that the children will become self subsistent.

In view of this instruction a comprehensive examination was made of all children attending the five Special Schools of the city. It was first carried out by each Medical Officer alone and afterwards by the Medical Officers working in couples. The examination embraced the following heads—Reasoning power, manual result, educational result, improvement, character, school class, physical condition, Terman percentage, Ballard result, remarks, and recommendations. The Medical Officers had the whole-hearted co-operation of the Head Teachers concerned. A few children, such as newcomers and prolonged absentees were left out of consideration. It was found that in the case of 133 children the results were too meagre and the prospect of future advancement so small that retention in these schools could not be further recommended.

Consequent upon this report joint meetings of the Medical and Inspectorial Staff were held on some three or four occasions, when the scheme of ascertainment and retention of the mental defectives was discussed.

It was agreed that 133 children who had reached the limit of education should be recommended for discharge from the Special Schools forthwith; that 20 children who had not made progress in reading, writing, and arithmetic should have special handwork instruction for a further period; and that 200 children should remain in the Special Schools. It was further agreed that a School Medical Officer and an Inspector should be allocated to each Special School and that the Inspector should draw the attention of the Medical Officer to any child who, in his opinion, was not making satisfactory educational progress; that Head Teachers of Elementary Schools should be invited to attend at the certifying examinations of children reported to be mentally defective; and that lectures to Head Teachers should be arranged for by prominent men interested in the problem. The names of Dr. Tredgold, Dr. Eichholz, and Mr. Cyril Burt were suggested.

As an outcome of these discussions 67 boys and 48 girls were certified as incapable of receiving further benefit from the instruction in the Special Schools. They were therefore discharged and their names notified to the Control Authority.

During the year the total number of examinations made for the purposes of the ascertainment of the mental condition of children was 645. Of this number 62·1 per cent. were allowed to remain in ordinary schools for periods varying up to one year. This figure represents cases about which a definite diagnosis cannot be made at one examination, and they are therefore referred for further observation. The percentage of those classified for Special Schools was 31·2, an increase of 8·7 per cent. over the year 1928. There was an increase of 5·3 per cent. in the number referred directly to the Control Authority.

There is a tendency on the part of other authorities to send a somewhat lower type for admission to the Leeds Special Schools, and experience teaches us that these cannot be educated. These applications are all duly considered by the School Medical Officer before the child is accepted.

The question of dealing with mentally defective children, especially the selection of children for examination, the type of child who should be admitted to the Special School, and the difficulty of overcoming the objection of parents to sending their children to Special Schools has been under consideration for some years past. It was finally agreed under existing legislation that the Education Committee were not justified in spending Education Funds on children who were incapable of making sufficient educational progress to warrant the belief that they would become more or less self-supporting in after life.

Summary of Examinations for Mental Conditions 1929

	Boys	Girls	Total	%	% for 1928
Certified to continue in attendance at Ordinary Elementary Schools	180	156	336	62·1	64·7
Certified for Day Special Schools for Mentally Defective Children	117	84	201	31·2	22·5
Certified as Imbeciles	30	17	47	7·3	6·9
Certified as Idiots	1	—	1	·1	·3
Certified as Moral Defectives...	3	—	3	·5	—
Excluded from school pending examination at a later date	—	3	3	·5	·9
Certified Mentally Defective. Permission to remain in Private Schools	—	—	—	—	1·2
Certified for Residential Special School for Mentally Defective Children	1	2	3	·5	·8
Certified Mentally Defective but recommended for notification to the Mental Deficiency Act Committee	18	20	38	5·9	·6
Certified Mentally Defective. Allowed to continue at ordinary Elementary School, but to be kept under observation until 16 years of age	2	4	6	·9	1·2
Children from other Authorities examined prior to admission to a Leeds Day Special School for Mentally Defective Children	4	3	7	1·1	·9
TOTALS	356	289	645	...	...

In addition to the above, 67 boys and 48 girls were certified as incapable of receiving further benefit from the instruction and discharged from the Special Schools. Their names were notified to the Local Control Authority.

Potternewton Park School for Physically Defective Children—Owing to the unsatisfactory character of the premises of the Clarendon Road School for Cripples, the school was transferred in May to Potternewton Park Mansion. The use of the building, together with a reasonable amount of surrounding land, has been obtained from the Parks Committee. The building is ideal for its purpose. It stands high, faces south, and is well sheltered from cold winds. The accommodation is entirely on the ground floor, which obviates the use of steps and provides ready access to the grounds. The rooms are large and airy, and with one exception are well lighted. This exceptional room is used as a medical treatment room. The cloakrooms and lavatories are ample, the latter being separate wash-down W.C.'s. The workshop, 25×20 feet,

which is a newly erected addition situated behind the main building, is light, well warmed, and equipped with modern apparatus for boot repairing instruction. The massage room is also an addition. It is conveniently placed adjoining the main building and is light and well warmed. Owing to the increased distance from the other districts of the city, two ambulances are now required in place of one formerly used. It is as yet too early for any benefit to be noticed in the physical condition of the children; they certainly appear to be more mentally alert than formerly. The medical supervision has been carried out as in former years. The School Medical Officer paid 11 visits and made 254 examinations. Of this number 215 were special and 39 were routine examinations. The number of baths given was 1,876. At present there is a waiting list for admission to the school.

Invalid Chairs—Spinal carriages, invalid chairs, and push chairs, which were obtained as a result of an appeal through the Press, have been in constant use throughout the year.

Some of the push chairs are now worn out. At the present time three spinal carriages, three invalid chairs, and four push chairs are available for cripples who are unable to walk and whose parents cannot afford to provide the means of transport for getting them into the open air.

The amount standing to the credit of the fund at the 31st December was £1 5s. 10d. and, therefore, funds will be necessary if the work is to be continued.

Analysis of the After Careers of Children who have Left the Special Schools during 1923 to 1929 Inclusive

(A) Mentally Defective

Males

	Employed	Out of Work	Industry or Occupation Centres	In Institutions	Unemployable or useful at home	Deceased	Unknown	Total
Exempted cases (children exempt from school before reaching 16 years of age subject to obtaining satisfactory work)	13	—	—	—	—	—	—	13
Voluntary cases (children who left Special Schools at 16 years of age but who were not reported to require supervision)	50	1	—	4	8	—	—	63
STATUTORY CASES								
Notified under Section 2 (2)*b* (children who left Special Schools at 16 years of age who require supervision) ...	21	3	2	1	4	4	1	39
Notified under Section 2 (2)*a* (children who were dismissed from Special Schools before reaching 16 years of age as ineducable)	7	—	102	27	31	5	2	174
	91	4	104	35	43	9	3	289

Females

Exempted cases (children exempt from school before reaching 16 years of age subject to obtaining satisfactory work)	14	—	—	—	—	—	—	14
Voluntary cases (children who left Special Schools at 16 years of age but who were not reported to require supervision)	28	6	1	4	14	—	1	54
STATUTORY CASES								
Notified under Section 2 (2)*b* (children who left Special Schools at 16 years of age who require supervision) ...	14	4	—	12	14	—	2	46
Notified under Section 2 (2)*a* (children who were dismissed from Special Schools before reaching 16 years of age as ineducable)	10	—	72	36	40	1	—	159
	66	10	73	52	68	1	3	273

Total

Exempted cases (children exempt from school before reaching 16 years of age subject to obtaining satisfactory work)	27	—	—	—	—	—	—	27
Voluntary cases (children who left Special Schools at 16 years of age but who were not reported to require supervision)	78	7	1	8	22	—	1	117
STATUTORY CASES								
Notified under Section 2 (2)*b* (children who left Special Schools at 16 years of age who require supervision) ...	35	7	2	16	18	4	3	85
Notified under Section 2 (2)*a* (children who were dismissed from Special Schools before reaching 16 years of age as ineducable)	17	—	174	63	71	6	2	333
	157	14	177	87	111	10	6	562

Occupations

	Boys	Girls	Total
Clothing Trade	9	26	35
Shoemaking	3	1	4
Domestic Work...	—	10	10
Miner	7	—	7
Farm Work	2	—	2
Messengers	3	—	3
Firewood	16	—	16
Rug Making	6	—	6
Mills	6	4	10
Laundry	—	1	1
Miscellaneous	25	10	35

Wages

Age at 31/12/29	MALES			FEMALES			Total
	No. of Wage Earners	Wages Unknown	Average Wage	No. of Wage Earners	Wages Unknown	Average Wage	
14	—	—	12/–	3	—	6/6	3
15	—	—	9/11	3	—	7/6	3
16	8	—	10/9	4	—	10/3	12
17	14	—	8/–	22	—	9/8	36
18	10	—	13/9	4	—	11/–	14
19	12	—	10/6	7	—	13/2	19
20	18	—	15/10	4	—	12/9	22
21	14	—	14/3	5	—	19/–	19
—	76	—	—	52	—	—	128

(B) Physically Defective

Report on Children who have Left the School for Physically Defective, 1924-1929 Inclusive

Year	Discharged to Ordinary Schools as Cured	Em-ployed	Out of Work	Unem-ployable	Left City	Deceased	Total
1924	13	4	1	1	1	1	21
1925	21	11	—	3	1	1	37
1926	20	5	1	1	—	—	27
1927	14	5	3	1	—	—	23
1928	23	6	4	—	—	—	33
1929	11	7	1	2	3	—	24
	102	38	10	8	5	2	165

Two children were certified as mentally defective, and have been transferred to institutions for mentally defectives during 1929.

One child has been transferred to a Myopic centre, four have been admitted to Marguerite Home, Thorparch, and one has been certified imbecile.

Occupations

	Boys	Girls	Total
Clerical	2	—	2
Tailoring and Dressmaking	3	15	18
Boot Repairing and Manufacturing ...	7	—	7
Engineering	4	—	4
Domestic Work...	—	1	1
Confectionery	—	1	1
Weaving	—	1	1
Picture Framing	—	1	1
Laundry	—	1	1
Packer	—	1	1
Hawking...	1	—	1
	17	21	38

Wages

Age	Boys		Girls	
	Number	Average Wage	Number	Average Wage
14	1	4/6	3	9/5
15	1	9/–	5	13/11
16	2	11/–	2	20/–
17	3	16/8	3	15/4
18	3	16/–	—	—
19	2	20/–	1	18/–
20	1	6/–	5	24/–
21	1	20/–	2	12/–

One boy is in receipt of 6/– a week unemployment insurance benefit.

An accurate statement of the earnings of three boys could not be obtained but it was said that all were doing well—one as a clerk, one as a boot repairer on his own account, and the third hawking greengrocery on his own account.

The average weekly earnings of boys are 15/– as compared with 13/– last year, and of girls 15/10 as compared with 14/7 last year.

One girl aged 19 years is married and has a child six months old.

(C) Blind

Report on Children who have Left the School for Blind Children, 1926-1929 Inclusive

Year	Employed	Out of Work	Unemployable	Collegiate Training	Total
1926	6	—	—	—	6
1927	4	—	1	1	6
1928	2	—	1	1	4
1929	3	—	—	1	4
	15	—	2	3	20

Occupations

	Boys	Girls	Total
Basket-work, Chair-caning and Knitting ...	—	6	6
Basket-work	3	—	3
Piano-tuning	2	—	2
Brush-making	3	—	3
Mat-making	1	—	1
Further training at Worcester College ...	3	—	3

Wages

	Boys		Girls	
Age	No.	Average Wages	No.	Average Wages
16	2	10/-	1	10/-
17	1	15/-	1	13/-
18	3	13/-	1	16/-
19	3	19/-	3	16/-

In most cases employment includes training at the Institute for the Blind.

(D) Deaf

Report on Children who have Left the School for Deaf Children, 1926-1929 Inclusive

Year	Employed	Out of Work	Further Training	At Home	Deceased	Discharged to Ordinary School (sufficient hearing)	Total
1926	4	—	—	—	1	—	5
1927	7	—	—	—	—	—	7
1928	2	—	—	—	—	—	2
1929	7	1	1	1	—	1	11
	20	1	1	1	1	1	25

Occupations

	Boys	Girls	Total
Tailoring	2	8	10
Domestic Work	—	1	1
Upholstering	3	—	3
Blouse Making	—	2	2
Hairdressing	1	—	1
Leather-work	1	—	1
Brush-making	1	—	1
Further training at Manchester ...	1	—	1
	9	11	20

Wages

Age	Boys		Girls	
	No.	Average Wages	No.	Average Wages
16	3	12/6	1	10/–
	2 (apprentices)	5/–		
17	1	10/–	—	—
	1 (apprentice)	5/–		
18	1	20/–	5	20/–
	1 (apprentice)	7/6		
19	—	—	4	20/–

Exceptional Children—Table III is a record of the exceptional children in the area. The total number of such children is 2,905 or 176 more than in the previous twelve months.

The deaf, the blind, and the partially blind are all properly placed; the 20 partially blind shown as attending ordinary Public Elementary Schools are under medical observation. The 22 feeble-minded children attending no school or institution are out on account of age or other circumstances.

There are nine case of severe epilepsy in no school or institution. This is due to the fact that epileptic colonies will not accept severe cases unless there is a reasonable chance of benefit to the child's condition. These institutions are kept full by the milder and curable cases. The 31 cases of epilepsy attending Public Elementary Schools are there with medical approval. It is considered wiser that mild cases which do not upset the work of a class or school should be in school rather than out. Their attacks are frequently of a mild, quickly passing form, they are mixing with other children and are being helped against introspection and moping.

Non-infective but active pulmonary and glandular tubercular children at Public Elementary Schools number 452, at no school or institution 175; of delicate children there are 512 at Public Elementary Schools and 49 at no school or institution; whilst there are 581

cripples attending Public Elementary Schools and 37 at no school or institution. Of these cripples possibly 500 are wrongly placed. These figures when added together give a total of 1,708 children, all of whom should be in an open-air school.

Stammerers—With the object of ascertaining the requirements of the city in regard to special classes for stammerers, the Head Teachers of the Public Elementary Schools were asked to forward to the Education Office the names and addresses of any scholars who were stammerers, or who suffered from any other form of speech impediment. The result of this inquiry has established the fact that the number of cases of stammering, or of other speech impediment, in Leeds Elementary School children is considerable. There are between four and five hundred stammerers and approximately two hundred scholars with some other form of impediment—the majority being in senior departments.

These children are fairly evenly distributed over the city, and it would appear from the distribution and the numbers that the formation of special classes for training in the four geographical districts of the city is a matter for consideration.

Nursery School

The children attending the Grove Nursery School have been inspected by the Medical Officer on nine occasions during the year. In addition periodical visits were paid by a Nurse to the school throughout the year. A masseuse paid 78 visits to the school and carried out 156 treatments.

The number of children routine inspected was 28, of whom 23 had defects, whilst five only were found free from defect. The total number of defects found was 73, of which 18 needed treatment and nine needed observation only. The number of children referred for treatment was nine, with an average of two defects per child.

The outstanding fact is, that 28 children had 73 defects, or 2·6 defects per child. It is true that 18 only needed treatment, but here is evidence of great importance in child welfare. The number of defects to the number of children routine inspected in the Elementary Schools, exclusive of vision and uncleanliness, was 1·9, and in the Nursery School there were 2·6 defects per child. Unfortunately for purposes of comparison there is only one Nursery School in the city, and the conclusions may be affected, as one Nursery School might not tally with another in results depending a good deal upon environment. The figures may, however, be looked upon as practically representative of this class of school, and are thus an indication of the need for medical inspection taking place at the younger ages throughout the city. The infection in the school during the year was inconsiderable, consisting of five cases of measles. Although the children are young and therefore possess particular susceptibility

to infection, the control and prevention of the spread of infection is easily maintained in a school of so small a size.

The more important defects disclosed in this school by medical inspection were 16 cases of enlarged tonsils, 13 of nose and throat, and 14 of enlarged neck glands. The largest number of defects referred for treatment was seven cases of respiratory conditions. There is here evidence of the relationship of these conditions and of the ill effects upon the respiratory tract by defects of the nose and throat.

Grove Nursery School—Summary of Routine Examinations

No. of Children Examined	No. of Defects Found	No. of Defects Referred for Treatment	No. of Defects Referred for Observation	No. of Children with Defects	No. of Children Referred for Treatment	No. of Children Referred for Observation	No. of Children without Defects
28	73	18	9	23	9	4	4

Summary of Defects Found at Routine Examinations and Re-inspections

Disease or Defect	No. of Defects Found	No. of Defects referred for		*No. of Defects Treated			* Under Observation not yet Treated
		Treatment	Observation	L.E.A.	Hosp.	Otherwise	
Enlarged Tonsils ...	16	—	2	—	—	—	—
Tonsils and Adenoids...	1	—	—	—	—	—	—
Nose and Throat ...	13	1	6	1	—	1	—
Heart and Circulation	1	1	—	—	—	—	—
Enlarged Glands ...	14	—	—	—	—	—	—
Nutrition	4	3	—	2	—	1	—
Impetigo	—	—	—	—	—	—	—
Other Skin Diseases ...	5	4	—	3	—	—	—
T.B. (Non-Pulmonary)	—	—	—	—	—	—	—
Rickets...	4	1	—	3	—	—	—
Respiratory	7	7	—	3	—	4	—
Ear Defects	3	3	—	2	—	—	1
Miscellaneous	25	17	2	4	1	8	—
Total	93	37	10	18	1	14	1

*Included under these Heads are defects found in 1928 which were treated in 1929 or are still under observation.

Special Inquiries

Chest Conditions and Altitude of Schools—A comparison is again made upon the prevalence of chest diseases in relation to the altitude above sea level of a series of schools.

In the Report for the year 1928 the figures were somewhat inconclusive, apparently due to the fact that in the number of high altitude schools was included one situated on a new housing estate immediately above a low lying district, and that in the higher situated school many children were in attendance whose parents

Table showing Relation between Altitude and Diseases of the Lungs

Year	Type	No. of Children Examined	Definite T.B. Lungs		Suspected T.B. Lungs		Bronchitis		Other Lung Diseases		Total		Per cent. of Defects to No. of Children Seen
			Defects Found	No. of Defects Referred for Treatment or Observation	D	T or O	D	T or O	D	T or O	D	T or O	
1925	Low Altitude	952	1	1	2	2	83	30	16	10	102	43	10·7
	High Altitude	952	—	—	2	2	77	55	10	8	89	65	9·4
1926	Low Altitude	902	1	1	—	—	174	141	9	5	184	147	20·4
	High Altitude	841	—	—	—	—	46	32	9	7	55	39	6·6
1927	Low Altitude	1,643	5	5	1	1	145	94	12	10	163	110	9·9
	High Altitude	1,655	2	2	3	3	55	27	17	14	77	46	4·7
1928	Low Altitude	1,812	4	4	5	5	198	127	17	16	224	142	11·8
	High Altitude	1,723	1	1	—	—	204	49	12	9	217	59	12·6
1929	Low Altitude	1,278	2	2	3	3	201	84	14	10	220	99	17·2
	High Altitude	1,380	—	—	—	—	36	19	7	6	43	25	3·1

had removed to the higher altitude, amongst other reasons, for the sake of the health of their children, an attitude which, whilst praiseworthy in itself, had prejudiced the returns. This year the new school has been replaced in the series by an old established high altitude school. The results bear out what was found in earlier years, that the children attending higher altitude schools do not suffer so severely from lung conditions as do those attending lower lying ones. For purposes of comparison the number of children considered in such cases is approximately the same. The total percentage of those affected in the higher altitude schools is 3·1 only, as compared with 17·2 in the lower lying schools. Under the heading bronchitis the difference between the two types of district is marked, for whereas in low lying schools the number of cases discovered was 201, in the higher altitude schools it was 36 only. The number of children referred for treatment or observation for this condition was in the higher altitude schools 19 and in the lower lying 84. In addition three cases of suspected and two of definite tuberculosis were found in the lower lying schools.

Theatrical Children—Two groups of Elementary School children who were taking part in the Pantomimes in Leeds were medically examined in the Spring at the end of the season's run.

One group appeared to have been doing theatrical work for twelve months on end and not for the Pantomime period only, and to this extent were more adversely affected than the second group. Taking the weights into consideration, it was found that of the 32 children, 11 are equal to normal weight for their age, nine were in excess of normal, whilst 12 were below normal weight, some of the latter being considerably below normal. No less than 13 of the children were nervously and mentally tired; two had weakened heart's action; two had delicate chests (one even suggestive of tuberculosis); two had slight goitre; and three had nose or throat defects. Taking them as a whole, the standard of health was not as high as it should be. Both groups appeared to be tired and suffering from overstrain, the result of long hours, overwork, and lateness to bed. It has to be borne in mind that not only do these children appear on the stage each night, but also at regular matinees. It would appear that for such a strenuous life only the exceptional physical type should be certificated. The report submitted to the Committee at the time contained these words—"They are undermining their constitutions and laying the foundation for early disease at a time when they are unfitted to carry any extra strain at all."

Weights—A comparison of the weights of Elementary School children is made with the scale known as the "Average Weight for England and Wales, Artisan Towns 1883," and also with former averages of Leeds children. The ages chosen are those of 5, 8, and 12 years, at which age the numbers weighed are considerable and a comparison is useful. At the age of 5 years the boys are only ·8 and the girls 1·9 lb. below the country average; at the age of 8 years the boys are ·7 and the girls ·1 lb. below the standard; but at the age of 12 years both the boys and girls are 1·8 lb. above the standard, which is highly satisfactory. When we compare these results with those of former years we find that the present-day Elementary School children hold a much better position. For instance, in the year 1913, at the age of 5 years the boys were 3·1 and the girls 3·6 lb. below standard; at the age of 12 years (figures for 8 years not being available) the boys were 3·2 and the girls 4·1 lb. under weight. Here then is a marked improvement, for the figures indicate that to-day the Elementary School children of 12 years of age are not only up to standard but exceed that standard, and are 5 lb. heavier than in the year 1913. In former years the lowness of the weight of Elementary School children gave rise to misgivings as to the physique of children approaching adult life, but the tendency to increase in weight has been steady though slow. It can now be said that the Leeds Elementary School children of 12 years are more than equal in weight to any comparable group or standard.

The Secondary School children continue to maintain the equality to, or excess of, standard weights as in former years.

Heights—The Elementary School children also hold their own in the matter of height; we find that at the age of 5, 8, and 12 years they are over the standard heights by an average of 1·5 inches.

Exclusions—As the greater proportion of exclusions from school is for conditions of uncleanliness, it is gratifying to report that there has been a steady diminution in the number during recent years. In the year 1922 the number was 5,427; 1923 4,935; 1924 4,581; 1925 4,711; 1926 4,884; 1927 3,795; 1928 3,766; and in 1929 3,484. There is thus a decrease of 1,943 compared with the figures for the year 1922, and the figure for 1929 is less than that of 1928 by 282.

The number of exclusions for ringworm in 1921 was 1,257; in 1923 905; in 1929 the number had fallen to 231, which indicates the lessened amount of ringworm nowadays. The marked reduction in this disease may be referred to three principal factors—The introduction of X-rays in the treatment; the intensive treatment carried out in the clinics; and the fashion of short hair for girls.

Children's Day—The healthy children's competitions which have been a successful feature of Children's Day for the past six

years were again arranged. Two hundred silver spoons were awarded to the most healthy children in the following age groups—

Babies under 6 months on the 1st April 1929.

Babies between 6 months and 12 months on the 1st April 1929.

Children between 1 and 2 years of age on the 1st April 1929.

Children between 2 and 3 years of age on the 1st April 1929.

Prizes were offered to each School Department for the children between the ages of 12 and 14 on the 1st April 1929, with the best cared-for teeth. Prizes were also given to the boy and girl of each year of age from 6 to 9 on the 1st April 1929, for the best stories on "My Teeth," and to the boy and girl at each year of age from 10 to 14 on the 1st April 1929, for the best essays on "A Toothbrush and a Pocket handkerchief."

The competitions proved popular; 1,343 entries were received for the healthy children's competitions, and 2,326 for the dental competitions, and the children in the city took part in the essay competition.

Propaganda work in all forms is valuable in getting parents to realise and appreciate the necessity for medical and dental inspection, and in drawing their attention to the facilities that are offered for the treatment of defects.

Conclusion

By bringing the Medical Staff up to strength in April next it is hoped that in the coming year we may be able not only to complete the year's work in the year, but also to cope with outstanding inquiries. The completion of the Harehills Clinic and the Open-air School at Lawns House are matters of urgency. It is understood that the provision of a fresh clinic for the Meanwood area, which includes a wide district, is projected for 1931.

I am,

Ladies and Gentlemen,

Your obedient servant,

ALGERNON WEAR

March 1930 *School Medical Officer.*

Appendix A

STATISTICAL TABLES

TABLE I

Return of Medical Inspections

A—Routine Medical Inspections

NUMBER OF CODE GROUP INSPECTIONS—	
Entrants	7,200
Intermediates	7,622
Leavers	5,553
TOTAL	20,384
NUMBER OF OTHER ROUTINE INSPECTIONS	2,137

B—Other Inspections

NUMBER OF SPECIAL INSPECTIONS	25,594
NUMBER OF RE-INSPECTIONS	43,396
TOTAL	68,990

TABLE II

A—Return of Defects Found by Medical Inspection in the Year ended 31st December 1929

Defect or Disease	Routine Inspections		Special Inspections	
	Number of Defects		Number of Defects	
	Requiring Treatment	Requiring to be kept under Observation but not Requiring Treatment	Requiring Treatment	Requiring to be kept under Observation but not Requiring Treatment
MALNUTRITION	707	409	1,085	1
UNCLEANLINESS (*See* Table IV, Group V)	—	—	—	—
SKIN—				
Ringworm—Scalp	6	—	539	—
Body	26	—	408	—
Scabies	5	—	215	—
Impetigo	100	3	2,204	—
Other Diseases (non-Tuberculous)	346	123	8,267	—
EYE—				
Blepharitis	98	21	634	—
Conjunctivitis	50	9	480	—
Keratitis	2	—	1	—
Corneal Opacities	8	—	31	—
Defective Vision (excluding Squint)	2,628	661	4,980	2
Squint	299	110	33	—
Other Conditions	40	20	793	—
EAR—				
Defective Hearing	369	140	157	—
Otitis Media	145	27	1,072	—
Other Ear Diseases	278	12	597	—
NOSE AND THROAT—				
Enlarged Tonsils only	605	1,412	207	—
Adenoids only	40	13	75	—
Enlarged Tonsils and Adenoids	438	108	522	—
Other Conditions	2,688	1,167	1,046	2
ENLARGED CERVICAL GLANDS (Non-Tuber.)	123	677	241	1
DEFECTIVE SPEECH	3	76	—	—
TEETH—				
Dental Diseases (*See* Table IV, Group IV)	—	—	—	—
HEART AND CIRCULATION—				
Heart Disease—Organic	111	72	55	—
Functional	—	49	9	—
Anæmia	216	89	170	1
LUNGS—				
Bronchitis	607	359	66	1
Other Non-Tuberculous Diseases	109	98	4	—
TUBERCULOSIS—				
Pulmonary—Definite	20	9	21	—
Suspected	17	13	88	—
Non-Pulmonary—Glands	21	7	114	—
Spine	2	2	3	—
Hip	2	1	1	—
Other Bones and Joints	2	2	22	—
Skin	4	1	—	—
Other Forms	7	2	12	—
NERVOUS SYSTEM—				
Epilepsy	8	8	24	—
Chorea	18	5	54	—
Other Conditions	161	139	19	2
DEFORMITIES—				
Rickets	249	102	466	—
Spinal Curvature	37	6	40	—
Other Forms	1,034	330	237	—
OTHER DEFECTS AND DISEASES	1,045	2,189	4,703	6

B—Number of Individual Children Found at Routine Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases)

GROUP	Number of Children		Percentage of Children found to require Treatment
	Inspected	Found to Require Treatment	
CODE GROUPS—			
Entrants	7,209	2,353	32·6
Intermediates	7,622	2,946	38·7
Leavers	5,553	1,968	35·4
Total (Code Groups)	20,384	7,267	35·7
Other Routine Inspections	2,137	825	38·6

TABLE III

Return of All Exceptional Children in the Area 1929

			Boys	Girls	Total
BLIND (including partially blind)	(1) Suitable for training in a School or Class for the Totally Blind	Attending Certified Schools or Classes for the Blind	10	12	22
		Attending Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	(2) Suitable for training in a School or Class for the Partially Blind	Attending Certified Schools or Classes for the Blind	38	52	90
		Attending Public Elementary Schools	10	10	20
		At other Institutions	2	1	3
		At no School or Institution	—	—	—
DEAF (including deaf and dumb and partially deaf)	(1) Suitable for training in a School or Class for the Totally Deaf or Deaf and Dumb	Attending Certified Schools or Classes for the Deaf	31	22	53
		Attending Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	1	—	1
	(2) Suitable for training in a School or Class for the Partially Deaf	Attending Certified Schools or Classes for the Deaf	—	—	—
		Attending Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
MENTALLY DEFECTIVE	Feeble-minded Cases not notifiable to the Local Control Authority	Attending Certified Schools for Mentally Defective Children	174	118	292
		Attending Public Elementary Schools	32	34	66*
		At other Institutions	11	20	31
		At no School or Institution	13	9	22
	Notified to the Local Control Authority during the year	Feeble-minded	88	72	160
		Imbeciles	27	17	44
		Idiots	1	—	1
EPILEPTICS	Suffering from Severe Epilepsy	Attending Certified Special Schools for Epileptics	2	1	3
		In Institutions other than Certified Special Schools	2	3	5
		Attending Public Elementary Schools	—	—	—
		At no School or Institution	3	6	9
	Suffering from Epilepsy which is not severe	Attending Public Elementary Schools	13	18	31
		At no School or Institution	—	—	—
PHYSICALLY DEFECTIVE	Infectious Pulmonary and Glandular Tuberculosis	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	Non-infectious but Active Pulmonary and Glandular Tuberculosis	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	20	18	38
		At Certified Residential Open-air Schools...	—	—	—
		At Certified Day Open-air Schools ...	—	—	—
		At Public Elementary Schools... ...	250	196	452
		At other Institutions	1	2	3
		At no School or Institution	87	88	175
	Delicate Children (e.g., pre or latent Tuberculosis, Malnutrition, Debility, Anæmia, etc.)	At Certified Residential Open-air Schools	—	—	—
		At Certified Day Open-air Schools ...	—	—	—
		At Public Elementary Schools... ...	257	255	512
		At other Institutions	2	5	7
		Attending Certified Day Cripple School	2	2	4
		At no School or Institution	22	27	49
	Active non-Pulmonary Tuberculosis	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	8	2	10
		At Public Elementary Schools... ...	28	28	56
		At other Institutions	6	2	8
		At Certified Day Cripple School ...	12	7	19
		At no School or Institution	15	18	33
	Crippled Children (other than those with Active Tuberculous Disease), e.g., Children suffering from Paralysis, etc. and including those with severe Heart Disease	At Certified Hospital Schools	5	2	7
		At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple School ...	37	20	57
		At Public Elementary Schools ...	288	293	581
		At other Institutions	3	2	5
		At no School or Institution	17	20	37

* This number includes 33 children recently certified and awaiting admission on the commencement of the new Term

TABLE IV

Return of Defects Treated during the Year ended 31st December 1929

Treatment Table

Group I—Minor Ailments (excluding Uncleanliness, for which see Group V)

Disease or Defect	Number of Defects Treated, or Under Treatment, during the Year		
	Under the Authority's Scheme	Otherwise	Total
Skin—			
Ringworm—Scalp	525	23	548
Body	400	22	422
Scabies...	182	35	217
Impetigo	2,186	104	2,290
Other Skin Diseases	8,163	321	8,484
Minor Eye Defects (External and other, but excluding cases falling in Group II)	1,792	288	2,080
Minor Ear Defects	1,736	525	2,261
Miscellaneous (e.g. minor injuries, bruises, sores, chilblains, etc.)	3,025	2,944	5,969
Total	18,009	4,262	22,271

Group II—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I)

Defect or Disease	Number of Defects Dealt with			
	Under the Authority's Scheme	Submitted to Refraction by Private Practitioner or at Hospital apart from the Authority's Scheme	Otherwise	Total
Errors of Refraction (including Squint)	4,731	62	33	4,826
Other Defect or Disease of the Eyes (excluding those recorded in Group I)	38	—	—	38
Total ...	4,769	62	33	4,864

Total number of Children for whom spectacles were prescribed—
(*a*) Under the Authority's Scheme 3,475
(*b*) Otherwise 88

Total number of children who obtained or received spectacles—
(*a*) Under the Authority's Scheme 4,033*
(*b*) Otherwise 88

* Includes alterations to lenses and spectacles replaced without further refraction.

TABLE IV—continued

Group III—Treatment of Defects of Nose and Throat

Number of Defects				
Received Operative Treatment			Received other Forms of Treatment	Total Number Treated
Under the Authority's Scheme, in Clinic or Hospital	By Private Practitioner or Hospital apart from the Authority's Scheme	Total		
153	821	974	*2,683	3,657

* This total includes 1,408 cases treated at the School Clinics.

Group IV—Dental Defects

(1) Number of Children who were—

(*a*) Inspected by the Dentist—

Aged:		No.		
Routine Age Groups	5	723	Total	47,032
	6	5,493		
	7	6,558		
	8	7,077		
	9	7,127		
	10	4,699		
	11	4,333		
	12	4,762		
	13	5,251		
	14	1,009		
Specials				4,716
GRAND TOTAL ...				51,748

(*b*) Found to Require Treatment		20,825
(*c*) Actually Treated		19,181
(*d*) Re-treated during the year as the result of periodical examination		11,321
(2) Half-days devoted to Inspection	449	
Treatment	1,329	
		1,778
(3) Attendances made by Children for Treatment		22,489
(4) Fillings—Permanent Teeth	8,270	
Temporary Teeth	8	
		8,278
(5) Extractions—Permanent Teeth	5,809	
Temporary Teeth	31,611	
		37,420
(6) Administrations of General Anæsthetics for Extractions ...		15,586
(7) Other Operations—Permanent Teeth	303	
Temporary Teeth	64	
		367

TABLE IV—continued

Group V—Uncleanliness and Verminous Conditions

(1) Average Number of Visits per School made during the year by the School Nurses	37
(2) Total number of Examinations of Children in the Schools by School Nurses	164,867
(3) Number of Defects discovered by School Nurses	16,258
(4) Number of Children cleansed under arrangements made by the Local Education Authority	1,027
(5) Number of Cases in which legal proceedings were taken—	
(*a*) Under the Education Act, 1921	93
(*b*) Under School Attendance By-laws	110

Group VI—Other Forms of Treatment

Disease or Defect	Number of Defects treated or under Treatment during the Year		
	Under the Authority's Scheme	Otherwise	Total
Rickets	404	168	572
Deformities	215	313	528
Heart and Circulation*... ...	89	396	485
Lungs	5	839	844
Malnutrition	1,027	504	1,531
Other Defects	149	258	407
Total	1,889	2,478	4,367

* These cases are kept under observation and inspected from time to time.

TABLE V

HIGHER EDUCATION

A—Return of Defects Found by Medical Inspection in the Year ended 31st December 1929

Defect or Disease	No. of Defects Requiring Treatment	No. of Defects to be kept under Observation but not Requiring Treatment
Malnutrition	4	15
Skin—		
Ringworm—Scalp	—	—
Body	—	—
Scabies	2	—
Impetigo	2	—
Other Diseases (non-Tuberculous)	14	20
Eye—		
Blepharitis	1	1
Conjunctivitis	—	—
Keratitis	—	—
Corneal Opacities	—	—
Defective Vision (excluding Squint)	294	85
Squint	7	3
Other Conditions	3	2
Ear—		
Defective Hearing	15	1
Otitis Media	5	3
Other Ear Diseases	2	—
Nose and Throat—		
Enlarged Tonsils only	53	38
Adenoids only	6	—
Enlarged Tonsils and Adenoids	10	4
Other Conditions	99	38
Enlarged Cervical Glands (non-Tuberculous)	4	1
Defective Speech	1	3
Teeth—Dental Diseases (*See* Table VI)	—	—
Heart and Circulation—		
Heart Disease—Organic	12	5
Functional	—	1
Anæmia	6	3
Lungs—		
Bronchitis	1	3
Other Non-Tuberculous Diseases	4	2
Tuberculosis—		
Pulmonary—Definite	—	—
Suspected	—	—
Non-Pulmonary—Glands	—	—
Spine	—	—
Hip	1	—
Other Bones and Joints	—	—
Skin	—	1
Other Forms	—	—
Nervous System—		
Epilepsy	—	1
Chorea	—	—
Other Conditions	11	5
Deformities—		
Rickets	—	—
Spinal Curvature	21	4
Other Forms	126	33
Other Defects and Diseases	35	75

B—Number of Individual Children Found at Routine Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases)

Number of Children		Percentage of Children found to Require Treatment
Inspected	Found to Require Treatment	
1,892	522	27·6

TABLE VI

HIGHER EDUCATION

Dental Defects

(1) Number of Children who were—

(a) Inspected by the Dentist—

	Aged :	No.		
Routine Age Groups	5	43	Total 4,127	
	6	54		
	7	53		
	8	113		
	9	133		
	10	129		
	11	289		
	12	556		
	13	760		
	14 & Over	1,997		
Specials			—	
GRAND TOTAL ...			4,127	

(b) Found to require treatment 2,468

(c) Actually treated 256

(d) Re-treated during the year as the result of periodical examination 192

(2) Half-days devoted to Inspection 41

Treatment 62

103

(3) Attendances made by Children for treatment 455

(4) Fillings—Permanent Teeth 626

Temporary Teeth ... ... —

626

(5) Extractions—Permanent Teeth 176

Temporary Teeth 84

260

(6) Administrations of general anæsthetics for extractions ... 131

(7) Other Operations—Permanent Teeth 35

Temporary Teeth ... ... —

35

TABLE VII

Return of Attendances at Medical Clinics 1929

CLINIC	Cases Outstanding 31st Dec. 1929	ARMLEY			BURLEY			EDGAR ST.			HOLBECK			HUNSLET			MEANWOOD RD.			CENTRAL			TOTAL		
Number of Attendances... ...		27,623			29,263			62,955			42,132			37,471			31,184			20,588			251,216		
DEFECTS		No. of Cases	No. of At'nd-ances	Clear'd	No. of Cases	No. of At'nd-ances	Clear'd	No. of Cases	No. of At'nd-ances	Clear'd	No. of Cases	No. of At'nd-ances	Clear'd	No. of Cases	No. of At'nd-ances	Clear'd	No. of Cases	No. of At'nd-ances	Clear'd	No. of Cases	No. of At'nd-ances	Clear'd	No. of Cases	No. of At'nd-ances	Clear'd
Malnutrition	427	172	3,432	107	89	2,800	74	243	9,435	180	156	10,206	89	164	4,459	77	256	8,693	126	—	—	—	1,080	39,025	653
Uncleanliness of Head	48	211	586	206	387	1,263	379	410	918	398	478	1,415	467	194	535	186	260	505	256	—	—	—	1,940	5,222	1,892
Uncleanliness of Body	8	22	39	22	72	167	72	73	125	70	120	190	118	34	53	33	52	72	50	—	—	—	373	646	365
Nose and Throat Defects ...	726	97	1,129	87	196	1,521	176	223	1,668	201	77	829	64	167	2,966	116	112	483	106	973	1,221	369	1,845	9,817	1,119
External Eye Diseases	210	237	2,523	209	239	2,522	218	497	9,605	434	270	5,553	244	334	3,791	297	324	2,553	305	38	185	22	1,939	26,732	1,729
Ear Diseases	367	161	3,837	126	246	2,980	209	351	4,902	301	206	3,814	172	284	3,722	237	233	2,919	204	188	573	53	1,669	22,747	1,302
Teeth (see Dental pp 51, 54 & 56)	—	3	4	3	8	10	8	30	40	30	7	7	7	3	3	3	7	9	7	—	—	—	58	73	58
Heart and Circulation	116	12	24	10	21	30	16	64	195	40	6	10	6	4	8	4	7	8	6	117	2,969	33	231	3,244	115
Lung Diseases	110	7	12	4	—	—	—	13	17	13	9	14	9	23	49	10	1	4	1	117	152	23	170	248	60
Nervous System	40	5	14	5	1	1	—	28	46	25	1	3	—	4	8	4	4	11	4	52	73	17	95	156	55
Impetigo	196	162	1,629	149	239	2,689	204	761	8,446	700	337	3,422	313	342	2,102	304	363	3,145	338	—	—	—	2,204	21,433	2,008
Scabies	23	26	203	22	46	336	39	52	405	50	39	275	34	21	127	20	31	313	27	—	—	—	215	1,659	192
Other Skin Diseases	577	799	7,537	739	931	7,448	832	2,382	16,936	2,286	1,275	11,192	1,179	1,529	11,858	1,396	1,332	9,033	1,243	17	35	13	8,265	64,039	7,688
Minor Injuries	171	258	1,849	244	568	3,419	510	761	2,718	705	239	1,595	227	348	2,035	331	281	1,259	267	—	—	—	2,455	12,875	2,284
Ringworm of Head	113	34	729	23	66	991	58	81	1,150	65	26	320	24	74	866	66	56	729	53	202	1,236	137	539	5,961	426
Ringworm of Body	35	55	681	53	55	713	48	144	1,532	130	41	632	37	72	989	67	41	446	38	—	—	—	408	4,993	373
Enl. Cerv. Glands (Non-Tuber.)	39	19	65	12	23	90	15	70	154	70	21	117	21	68	553	50	40	178	34	—	—	—	241	1,157	202
Rickets	344	34	914	13	17	411	9	83	1,226	20	32	876	9	30	674	6	2	2	—	268	2,348	65	466	6,451	122
Deformities	176	31	1,289	7	12	392	5	16	590	9	10	307	8	25	722	8	—	—	—	178	1,126	59	272	4,426	96
Tuberculosis (Non-Pulmonary)...	25	—	—	—	—	—	—	138	315	122	1	1	—	—	—	—	1	2	1	10	15	2	150	333	125
Speech	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vision and Squint	135	437	541	418	808	1,064	767	1,134	1,234	1,091	565	633	544	693	696	687	42	43	37	1,314	1,640	1,314	4,993	5,851	4,858
Hearing	41	35	245	32	11	133	11	11	29	11	12	53	12	30	283	29	14	23	11	41	57	7	154	823	113
Miscellaneous	196	177	341	162	145	283	129	578	1,269	563	338	668	318	424	1,032	393	388	754	358	181	3,076	112	2,231	7,423	2,035
Mental Cases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	645	645	—	645	645	—
Employment Cases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	795	851	—	795	851	—
Scholarship Cases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	520	589	—	520	589	—
Camp Cases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2,192	2,192	—	2,192	2,192	—
Children's Day Examinations ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1,343	1,605	—	1,343	1,605	—
TOTALS	4,123	2,994	27,623	2,653	4,180	29,263	3,779	8,143	62,955	7,514	4,266	42,132	3,902	4,867	37,471	4,324	3,847	31,184	3,472	9,191	20,588	2,226	37,488	251,216	27,870

TABLE VIII—Summary of the Work at the School Dental Clinics 1929

	CENTRAL CLINIC				ARMLEY CLINIC				BURLEY CLINIC				EDGAR STREET CLINIC				HOLBECK CLINIC				HUNSLET CLINIC				TOTAL ELEMENTARY SCHOOLS				SECONDARY SCHOOLS				Total Sessions	Total Work
	No. of Sessions	New Cases	Re-inspections	Total	No. of Sessions	New Cases	Re-inspections	Total	No. of Sessions	New Cases	Re-inspections	Total	No. of Sessions	New Cases	Re-inspections	Total	No. of Sessions	New Cases	Re-inspections	Total	No. of Sessions	New Cases	Re-inspections	Total	No. of Sessions	New Cases	Re-inspections	Total	No. of Sessions	New Cases	Re-inspections	Total		
No. of Children Examined	73	1,504	5,635	7,139	70	1,325	5,804	7,129	67	1,115	5,644	6,759	111	2,279	10,574	12,853	48	812	4,125	4,937	80	1,095	7,120	8,215	449	8,130	38,902	47,032	41	832	3,295	4,127	490 (530)	51,159 (53,162)
No. of Children Requiring Treatment	—	1,082	3,786	4,868	—	1,002	4,140	5,142	—	676	3,382	4,058	—	1,321	5,781	7,102	—	589	2,815	3,404	—	796	4,455	5,251	—	5,466	24,359	29,825	—	477	1,991	2,468	— —	32,293 (31,470)
No. of Children Accepting Treatment	—	1,494	2,257	3,751	—	1,191	2,491	3,682	—	750	1,558	2,308	—	2,520	3,200	5,720	—	930	1,580	2,510	—	1,336	2,333	3,669	—	8,221	13,419	21,640	—	116	278	394	—	22,034 † (21,787)†
No. of Children Actually Treated	—	1,483	1,898	3,381	—	1,032	1,994	3,026	—	754	1,467	2,221	—	2,422	2,687	5,109	—	907	1,252	2,159	—	1,262	2,023	3,285	—	7,860	11,321	19,181	—	64	192	256	—	19,437 † (19,693)†
No. of Attendances for Extractions	93	1,465	1,651	3,116	95	1,246	1,660	2,906	63	792	1,113	1,905	62	2,382	1,082	3,464	54	942	1,021	1,963	78	1,306	1,521	2,827	445	8,133	8,048	16,181	5	38	93	131	450 (455)	16,312 (16,457)
No. of Teeth Extracted—Temporary	—	3,072	3,594	6,666	—	2,740	2,575	5,315	—	1,630	1,874	3,504	—	4,747	2,227	6,974	—	1,694	1,974	3,668	—	2,410	3,074	5,484	—	16,293	15,318	31,611	—	43	41	84	—	31,695 (32,586)
Permanent	—	371	798	1,169	—	268	875	1,143	—	181	542	723	—	674	555	1,229	—	199	549	748	—	263	534	797	—	1,956	3,853	5,809	—	36	140	176	—	5,985 (5,952)
No. of Attendances for Fillings	195	148	959	1,107	124	69	755	824	99	53	587	640	249	110	1,558	1,668	89	45	520	565	128	44	807	851	884	469	5,186	5,655	57	87	237	324	941 (886)	5,979 (5,716)
No. of Teeth Filled—Temporary	—	—	—	—	—	—	3	3	—	—	—	—	—	2	1	3	—	—	—	—	—	1	1	2	—	3	5	8	—	—	—	—	—	8 (4)
Permanent	—	261	1,539	1,800	—	107	1,071	1,178	—	78	820	898	—	214	2,463	2,677	—	65	689	754	—	50	913	963	—	775	7,495	8,270	—	184	442	626	—	8,896 (8,094)
No. of Anæsthetics given General	—	—	—	2,980	—	—	—	2,877	—	—	—	1,782	—	—	—	3,344	—	—	—	1,856	—	—	—	2,747	—	—	—	15,586	—	—	—	131	—	15,717 (15,891)
Local	—	—	—	—	—	—	—	3	—	—	—	12	—	—	—	—	—	—	—	12	—	—	—	1	—	—	—	28	—	—	—	—	—	28 (—)
Other Operations—Temporary	—	—	—	14	—	—	—	—	—	—	—	45	—	—	—	—	—	—	—	5	—	—	—	—	—	—	—	64	—	—	—	—	—	64 (30)
Permanent	—	—	—	88	—	—	—	15	—	—	—	60	—	—	—	48	—	—	—	60	—	—	—	32	—	—	—	303	—	—	—	35	—	338 (415)
*Regulations—No. of Children ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
No. of Attendances...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	64 (43)
No. of Appointments made	—	—	—	5,660	—	—	—	4,596	—	—	—	3,306	—	—	—	6,281	—	—	—	3,135	—	—	—	4,631	—	—	—	27,609	—	—	—	571	—	653 (420)
No. of Appointments kept	—	—	—	4,223	—	—	—	3,739	—	—	—	2,545	—	—	—	5,132	—	—	—	2,528	—	—	—	3,678	—	—	—	21,836	—	—	—	455	—	28,180 † (28,199)† 22,291 † (22,173)†

In addition, 40 Sessions were spent in the examination of children in connection with the competition for the care of the teeth (2,326 examinations).

† Includes "Casual."

* Work carried out at the Leeds Dental Hospital.

TABLE IX—Average Height

Age last Birthday	Elementary Schools				Secondary Schools				Average Height England & Wales 1883 Artisan Towns Inches	
	No. Measured		Inches		No. Measured		Inches			
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
3	630 (627)	525 (592)	37·0 (37·1)	36·6 (36·6)	— —	— —	— —	— —	— —	— —
4	1031 (1252)	1003 (1111)	39·5 (39·2)	39·1 (38·9)	3 (1)	3 (2)	42·0 (42·0)	39·9 (43·5)	— —	— —
5	1649 (1896)	1669 (1915)	41·6 (41·4)	41·2 (41·0)	13 (15)	24 (26)	43·9 (43·8)	44·3 (42·9)	39·7 —	39·8 —
6	362 (506)	334 (510)	43·8 (43·5)	43·5 (43·3)	10 (3)	11 (14)	45·2 (44·2)	44·9 (46·0)	41·9 —	41·8 —
7	287 (261)	222 (261)	46·7 (46·1)	46·3 (45·8)	10 (13)	7 (17)	48·7 (48·5)	47·2 (47·3)	44·6 —	43·6 —
8	3821 (3662)	3801 (3446)	47·8 (48·0)	47·8 (47·7)	30 (17)	23 (49)	49·9 (48·9)	49·9 (50·2)	46·5 —	45·5 —
9	370 (465)	423 (449)	49·7 (49·1)	49·4 (48·7)	37 (25)	33 (24)	51·2 (51·1)	51·5 (52·2)	48·9 —	47·4 —
10	59 (88)	73 (72)	51·7 (52·2)	51·4 (51·8)	26 (24)	33 (29)	53·9 (53·4)	54·4 (54·0)	50·7 —	49·0 —
11	148 (94)	147 (79)	53·9 (53·6)	54·1 (54·0)	73 (81)	118 (118)	54·7 (55·3)	55·7 (55·9)	52·7 —	51·5 —
12	2443 (2656)	2589 (2644)	55·2 (55·0)	55·9 (55·5)	251 (299)	185 (229)	56·3 (56·6)	58·0 (57·7)	53·7 —	54·0 —
13	234 (464)	260 (498)	56·9 (55·7)	57·1 (57·2)	75 (125)	112 (91)	58·7 (58·5)	60·0 (60·0)	55·8 —	56·2 —
14	17 (22)	10 (16)	60·2 (58·3)	59·0 (59·8)	75 (88)	114 (75)	61·7 (61·6)	61·4 (61·2)	58·6 —	58·6
15	— —	— —	— —	— —	325 (393)	193 (230)	63·5 (63·4)	62·6 (62·2)	— —	— —
16	— —	— —	— —	— —	18 (30)	72 (46)	65·8 (64·1)	62·3 (62·3)	— —	— —
17	— —	— —	— —	— —	3 (5)	12 (1)	67·9 (66·4)	62·5 (61·5)	— —	— —
18	— —	— —	— —	— —	1 (2)	1 (2)	62·0 (63·5)	62·5 (63·9)	— —	— —
19	— —	— —	— —	— —	— (1)	1 (1)	— (61·2)	59·0 (61·5)	— —	— — —

The figures in brackets represent the corresponding averages for 1928.

TABLE X—Average Weight

Age last Birthday	Elementary Schools				Secondary Schools				Average Weight England & Wales 1883 Artisan Towns	
	No. Weighed		Lb.		No. Weighed		Lb.		Lb.	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
3	636 (627)	525 (592)	33·6 (33·3)	32·4 (32·1)	— —	— —	— —	— —	— —	— —
4	1031 (1252)	1003 (1111)	37·0 (36·9)	35·6 (35·4)	3 (1)	3 (2)	46·2 (41·2)	43·8 (49·9)	— —	— —
5	1649 (1896)	1669 (1915)	40·1 (39·7)	38·4 (38·5)	13 (15)	24 (26)	41·8 (42·6)	43·2 (42·2)	40·9 —	40·3 —
6	362 (506)	334 (510)	44·1 (43·4)	42·6 (41·9)	10 (3)	11 (14)	45·5 (44·1)	47·7 (47·5)	44·6 —	43·1 —
7	287 (261)	222 (261)	49·7 (48·3)	47·7 (47·4)	10 (13)	7 (17)	54·3 (51·7)	47·7 (51·5)	50·7 —	46·2 —
8	3821 (3662)	3801 (3446)	53·6 (53·4)	51·7 (51·2)	30 (17)	23 (49)	56·7 (52·1)	56·2 (56·9)	54·3 —	51·8 —
9	370 (465)	423 (449)	57·7 (56·2)	55·8 (54·2)	37 (25)	33 (24)	60·3 (60·5)	58·3 (64·0)	58·3 —	55·2 —
10	59 (88)	73 (72)	63·7 (64·8)	61·3 (62·1)	26 (24)	33 (29)	66·5 (69·4)	70·1 (69·4)	64·0 —	60·5 —
11	148 (94)	147 (79)	72·3 (68·8)	69·8 (68·4)	73 (81)	118 (118)	69·4 (73·1)	72·9 (75·8)	69·0 —	66·8 —
12	2443 (2656)	2589 (2644)	74·8 (74·5)	76·7 (76·3)	251 (299)	185 (229)	76·1 (78·9)	83·3 (83·3)	73·0 —	74·9 —
13	234 (464)	260 (498)	80·7 (78·6)	81·9 (81·9)	75 (125)	112 (91)	85·1 (85·0)	95·8 (92·7)	79·0 —	84·9 —
14	17 (22)	10 (16)	93·5 (87·9)	93·0 (90·4)	75 (88)	114 (75)	100·5 (100·8)	102·8 (103·9)	87·3 —	97·7 —
15	— —	— —	— —	— —	325 (393)	193 (230)	108·9 (109·2)	109·7 (108·2)	— —	— —
16	— —	— —	— —	— —	18 (30)	72 (46)	122·8 (113·5)	114·2 (109·4)	— —	— —
17	— —	— —	— —	— —	3 (5)	12 (1)	135·7 (127·3)	118·2 (119·5)	— —	— —
18	— —	— —	— —	— —	1 (2)	1 (2)	114·7 (110·7)	123·5 (145·5)	— —	— —
19	— —	— —	— —	— —	— (1)	1 (1)	— (130·0)	132·5 (112·0)	— —	— —

The figures in brackets represent the corresponding averages for 1928.

TABLE XI

Number of Notices Issued to Parents of Children Reported to have Defects during 1929

SCHOOL MEDICAL OFFICERS' CASES—			
First Notices...		6,028	
Second Notices		1,530	
			7,558
DEFECTIVE VISION CASES			11,605
SCHOOL NURSES' CASES—			
Uncleanliness of Head—			
First Notices	9,592		
Second Notices	4,394		
Special Notices	1,216		
Final Notices	1,948		
		17,150	
Uncleanliness of Body—			
First Notices	983		
Second Notices	246		
Final Notices	43		
		1,272	
			18,422
SCHOOL DENTAL OFFICERS' CASES			32,293
SECONDARY SCHOOL CASES			918
TOTAL			70,796

TABLE XII

Number of Exclusions 1929

DEFECT	REFERRED FOR EXCLUSION BY		TOTAL
	School Medical Officers	School Nurses	
Uncleanliness of Head ...	19	1,907	1,926
Uncleanliness of Body ...	6	386	392
Ringworm	123	108	231
External Eye Disease	86	185	271
Defective Vision*	97	1	98
Skin Diseases	175	361	536
Other Diseases	24	6	30
TOTAL 1929	530	2,954	3,484
TOTAL 1928	734	3,032	3,766

*In addition to these cases children are excluded who do not wear the spectacles that have been supplied, or who fail to take steps to repair or replace spectacles that have been broken or lost.

Appendix B

REPORT ON PHYSICAL EDUCATION IN ELEMENTARY SCHOOLS 1929

Staff—Mr. Robert Jarman resigned the position of Organiser of Physical Education on 31st August 1929, in order to take up a similar position under the Winnipeg School Board, Canada. The present Organiser was appointed on 1st September 1929.

Mrs. Laing was granted leave of absence from 1st April to 25th September, to visit South Africa.

The present Staff consists of one Organiser, and three Assistant Organisers—one man and two women.

In order to give a comprehensive report on the progress of Physical Training activities in the Elementary Schools for the year 1929, particulars are summarised in the following sections—

A—Physical Training and Organised Games in the Schools, Playing Fields, Evening Classes.

B—Leeds Elementary Schools' Athletic Association.
- **1—Annual Report.**
- **2—Children's Day.**
- **3—Affiliated Associations.**

C—Swimming Instruction.

D—School Camp.

E—Other Activities.
- **Play Centres.**
- **Physical Education Circle.**
- **Gray Trophies.**

A—PHYSICAL TRAINING AND ORGANISED GAMES IN THE SCHOOLS

On the whole the work throughout the city reaches a satisfactory level, but the standard in the different schools varies considerably. This is due partly to lack of proper facilities for conducting the Physical Training Lesson. It is not possible for the Physical Education Staff to visit every school in the city with even regularity. The visit of a member of the Physical Education Staff to a department not only helps the teachers in technical points, but brings some enthusiasm and inspiration to the school. It is this enthusiasm that needs to be more evenly distributed throughout the schools of the city.

Day Courses in Physical Education are essential in a sound scheme of Physical Education. These courses create widespread interest and keenness in the work, and thus cover a wide area of the

city in a short time. It is proposed to arrange several such courses for men and women teachers at the earliest opportunity, by which it is hoped to widen the general scope of Physical Education and to improve the methods of teaching. Lessons frequently include a proportion of activity work as well as formal exercises, but a sufficient sense of the importance of good form in exercises and general posture is not always shown. These points are the index of efficient teaching and correct performance, and on them depends the effectiveness of the training. It is important therefore that teachers should have a thorough grasp of the aims and objects of Physical Education in general, and a clear idea of the purpose of each exercise. Attendance at instruction classes is the most effective way of securing this right interpretation of aim.

Organised Games remain the weakest part of the Physical Education Scheme. There are several reasons for this, but perhaps the fundamental one is lack of knowledge on the part of the teachers. The playing of a game of football, netball, or cricket in any sort of style and without definite instruction cannot be regarded as a legitimate use of school time. It is only by sound organisation and coaching that definite practices can be carried out by teams, leading to the playing of the main games in a skilful manner with proper appreciation of technique and tactics.

Playing Fields—Another factor which is essential to better work in the organised games period is the provision of suitable playing fields. This has been stressed year after year and yet little has been done. A wide expanse of cinder-covered moor open to the public is of little use to the teacher—especially the woman teacher—who wishes to coach the children and to carry out a proper scheme of organised instructional training. The teacher should be granted some privacy in this as in any other subject.

A successful attempt to provide playing fields for the Elementary School children has been made by the L.E.S.A.A. in the purchase of a large plot of land adjoining Oldfield Lane. This area is now called "The T. V. Harrison Sports Ground," in memory of the late T. V. Harrison, who was an enthusiastic worker for Children's Day since its inception in 1922. The field has now been enclosed by a substantial wall and improvements of the ground itself will no doubt be put in hand during 1930.

Co-operation with the Parks Committee has been maintained and full use is made of the arrangement by which the schools have the use of the playing areas of the parks during school hours and on Saturday mornings. At a rough estimate a total area of 300 acres is used for organised games by the Elementary Schools of the city, but with a few exceptions (notably Oldfield Lane, Ash Road,

Middleton Clearing), most of the playing pitches are too open to the public to meet the requirements of the schools satisfactorily.

Evening Classes—The attendances at evening classes for women teachers have been satisfactory. Applications for admission to classes dealing with the groundwork of the Physical Education lesson—particularly for men teachers—have not merited the formation of any special classes. Past experience has shown that the attendance at all evening classes is stimulated by day courses.

B—LEEDS ELEMENTARY SCHOOLS' ATHLETIC ASSOCIATION

The Association continues its excellent work in linking up various sports organisations and in encouraging the formation of new branches. Extracts from the tenth Annual Report of the Committee are given—

In presenting the tenth Annual Report, the Committee are pleased to be able to place on record a successful continuance of the work of the Association.

This year has seen the commencement of the improvements to the T. V. Harrison Sports Ground, which, we hope, when completed, will make it the finest equipped sports ground in the country for Elementary School children. The fence has already been constructed, and we hope in the immediate future to proceed with the levelling of the ground, the building of the pavilion and large open shed, the laying of a cricket pitch, and the making of net ball and American ball courts. The management of the ground is now vested in the Executive of the Association. Grants have been promised from the National Playing Fields Association (£100) and the Carnegie United Kingdom Trust (£400), towards the equipping of the ground, for which the Association desires to express its most hearty appreciation and thanks.

During the year the following grants to charities have been made—

	£	s.	d.
Teachers' Benevolent and Orphan Funds	80	0	0
The Head Teachers' Association, to reduce the deficit on their annual collection for children's charities	25	0	0
Northern Police Orphanage	10	10	0
Boots for Bairns Fund	10	10	0

The sum of £120 was allocated for the sending of necessitous children to the Schools' Camp during the summer.

Grants have been made to the following Associations—

Yorkshire Schoolgirls' County Sports Association £10

Hunslet Schools' Rugby Union 10

while the following sums have been expended in rents, rates, and ground equipment—

	£	s.	d.
Ash Road Ground	39	0	0
Middleton Clearings	3	15	11
Oldfield Lane	535	9	2

There is still a wide scope in Leeds for the work of our Association. The need for playing fields and equipment is most urgent, especially in the congested areas. It is hoped that during the coming year improved travelling facilities will be afforded by the Tramways Committee, either by free transport or by very reduced fares.

It will be seen from the following statement of accounts that the Association is in a strong financial position—

General Account—Season 1929

Income

	£	s.	d.
By Balance brought forward from 1928	192	13	10
,, ,, from Children's Day (net) from 1929 ...	1,011	16	5
,, ,, from Oldfield Lane Fund (Y.E.P.) ...	424	10	11
,, Rents	42	0	4
,, Subscriptions	5	5	0
,, Interest, *less* Commission	6	5	5
	£1,682	11	11

Expenditure

	£	s.	d.
To Oldfield Lane	535	9	2
,, Allocations and Grants	167	14	5
,, Free Places to Camp	102	0	0
,, Medals and Prizes	6	19	6
,, Printing	26	5	0
,, Postage and Administration	17	7	0
,, Teas	9	7	6
,, Miscellaneous and Equipment	58	6	5
	£923	9	0
By Balance in Bank	759	2	11
	£1,682	11	11

Children's Day—The Central Sports, on Children's Day, Saturday, 29th June, were again held in Roundhay Park, by the kindness of the Leeds Parks Committee. Owing to the combined efforts of Flag Day and Children's Day, a profit of over £1,000 was made. This is a record for the Association. A large and varied programme on Children's Day was carried out as in previous years.

Affiliated Associations—The following notes on Affiliated Associations give some idea of the enormous amount of work accomplished by teachers outside school hours in the organisation and training of the popular national games.

Leeds Schools' Football Association—The information below is taken from the 23rd Annual Report—

"The membership has been approximately the same as during the previous season, but the competitive element has been stronger and a larger number of matches have been played—

322 League Games.
82 Schools' Cup Matches.
70 Meadow Cup Ties.
37 Samuel Cup Ties.
30 Royston Cup Matches.
43 *Dispatch* Shield Ties.
5 Teachers' Shield Championship.
3 *Yorkshire E.H.* Championship.
10 City Matches.
200 Friendly Matches.

802 Contests.

Our leading teams have been more equal in ability than in recent seasons, and in supporting this contention it may be pointed out that in four finals and two semi-finals it has been necessary for the teams to meet a second time. The experiences of our City Team were very similar to those of the previous season, their dismissal from the Yorkshire Shield Competition being at exactly the same point, namely, the round prior to the semi-final, but in the English Tournament progress was one round further into the competition proper. Three boys earned recognition by the County Authorities.

A tribute is paid to the scores of Leeds teachers who ungrudgingly give of their leisure for the physical and moral improvement of the younger generation."

Leeds Schools' Rugby League—There are three distinct divisions of the League—Division I, consisting of eight teams; Division II, consisting of ten teams; and "A" League, of ten teams, the members automatically filling the vacancies in the Senior Teams.

Each year has seen an increase in the number of boys who are taking up the game, and the great difficulty of equipment is gradually being overcome.

"The playing fields at Ash Road present a very busy spectacle on Saturday mornings. Most of the six pitches are engaged twice and some three times during the morning. The number of boys engaged is between four and five hundred.

While the standard of play has not been so high this year, the boys have enjoyed their games immensely, and have derived much benefit both physically and morally—all of them having increased in weight and physical fitness." . . .

The following trophies are again being competed for—

Sheldon Shield.
Yorkshire Schools' Cup.
Inter-Town Trophy.
Wilson Trophy.
Wynne Trophy.
Montague Burton Cup.

Hunslet Schools' Rugby League—There are 11 schools playing Rugby, six of which run two teams. These 17 teams are divided into Senior and Junior Leagues, with eight and nine teams respectively.

The number of matches played, exclusive of friendly and city, are as follows—

Senior League	112
Junior League	144
Cup Ties	26
	282

The Secretary stresses the lack of suitable playing fields in the district. The nearest ground is "Middleton Clearings," and this is such a distance that the use of the tram is almost necessary, and at present there are no facilities for transport. The question of lack of pitches is relieved by the kindness of the Hunslet Rugby Club in allowing important matches to be played on the Parkside Ground.

Cricket—Much progress has been made during the season 1929. The exceptionally fine summer enabled all schools to complete their fixture lists, which were unusually heavy owing to a welcome increase in membership. The Association, in co-operation with a local newspaper, published its first handbook, which was distributed to all senior boys in the schools which had joined the Association.

The City Team won 5 matches out of 6, losing to Huddersfield in the Second Round of the County Shield Competition. Matches were played against the Junior Team of the City of Leeds School. These matches, which created a healthy rivalry, were very evenly contested, each school winning three.

"One new pitch, at Ash Road Ground, has been provided. However, there is still a lamentable lack of good grass wickets, and were it not for the generous support of several Senior Clubs, the Association would not be able to carry out any programme for the City Team."

Leeds Elementary Schools' Girls Games Association—This Association was formed in February 1929, with a view to uniting the two girls' sections (net ball and American ball), which hitherto had been functioning as separate units. By this means an attempt has been made to raise the standard of play and to create a greater interest in the games branch of Physical Education for girls in the city. A handbook was compiled containing the rules of the new Association, with fixture lists for both net ball and American ball, and hints to players and coaches. The success of this new Association has justified its formation.

Leeds Elementary Schools' Net Ball Association—Owing to the growth of this Association the city has been divided into seven districts instead of four. The winning team of each district competed in a championship tournament in Chapeltown Council School-yard. During the summer a knock-out tournament was arranged, the final being played on Children's Day.

The City Team was chosen with greater care, district and final trials being arranged. The result was encouraging, for out of six City Matches five were won and only one lost. In October the Yorkshire Net Ball Tournament was held in Bradford, Leeds occupying third place.

Leeds Elementary Schools' American Ball Association—Twenty-six schools were entered in the League Competition, and friendly matches were played during the summer.

The rules of American ball—including the marking out of the ground—were altered in February 1929, following a demonstration given by Miss Baker, of Hull. This has had a marked effect in raising the general standard of play.

The two teams competing on Children's Day at Roundhay Park are the finalists of the knock-out tournament. Another competition is arranged by which the winning teams from each of the four districts compete for a silver bowl.

No City Team has yet been formed.

Leeds Elementary Schools' Swimming Association—The work of this Association is mentioned under "Swimming Instruction."

The fifth Inter-City Schools' Swimming Gala was held at Rotherham on Saturday, 28th September. The standard of swimming was exceptionally high. Ten City Teams competed, Leeds obtaining four firsts and four thirds. This success can be attributed largely to the Advanced Course of Swimming (referred to in "Swimming Instruction"). All members of the Leeds team attended this course.

C—SWIMMING INSTRUCTION

This commenced on Monday, the 22nd April, and continued for 18 weeks until Friday, the 4th October.

Seven public baths and three school baths were used for instruction.

During the season 136,041 attendances have been made by the scholars during school hours, giving an average weekly attendance of 7,557·8.

The Education Committee awarded Certificates of Proficiency as follows—

	Boys		*Girls*
Third Class	1,271	...	762
Second Class	685	...	445
First Class	408	...	251
Total ...	3,822.		

The popularity of swimming in out-of-school hours is growing; 119,667 attendances were made during the season, as compared with 111,031 attendances in 1928.

The Annual Swimming Galas were arranged as usual by a Joint Committee of the Corporation Property Committee and the Leeds Elementary Schools' Athletic Association. The seven District Galas were held as an innovation during the Summer Term. The Semi-Final and Final Galas were held in September. Large audiences attended and some excellent performances were witnessed. A team of both boys and girls was entered for the fifth Inter-City Swimming Gala, which was held at Rotherham on Saturday, 28th September. The standard of swimming was exceptionally high and Leeds gained third place, Sheffield and Bradford occupying first and second places respectively.

A scheme for Advanced Instruction in Swimming was tried as an experiment during the season. The scheme was intended to give those children who had obtained all three of the Education Committee's Certificates an opportunity of studying and becoming accomplished in the more advanced forms of swimming. The total

attendance during the season was 2,771 and the number of classes 124. The scheme will be continued during the winter months.

There has been a distinct improvement in the method of swimming instruction, and as a result the standard of swimming is undoubtedly higher than that of previous years.

It has been found necessary to institute a more difficult test, and a fourth certificate will in future be awarded to successful candidates. The conditions of the test are—(1) To swim 100 yards in 110 seconds (boys) and 120 seconds (girls), (2) dive in and rescue an apparently drowning person, using the First Method (Royal Life Saving Society Rules) for a distance of 20 yards.

D—THE SCHOOL CAMP

The Camp, which accommodates 60 girls and 72 boys each week, reopened on Whit-Monday, 20th May, and closed on Monday, the 23rd September, 1929. During the 18 weeks it was open 1,978 children from the Leeds schools spent a week there. This number includes 204 children who were given free places, the cost being borne by the Leeds Elementary Schools' Athletic Association.

During the season a hut was erected to serve as a hospital. It is divided into three sections—the centre cubicle for the nurse—the end rooms being available for sick children. Hitherto the nurse has occupied a cubicle in one of the girls' huts, and close observation of any patient who may have been under her care has not been possible. The new hut is isolated from the rest of the Camp.

E—OTHER ACTIVITIES

Play Centres—Seven Play Centres were opened in October for three evenings each week. Four were organised by the Committee and three by Voluntary Organisations at the following schools—

Park Lane C.	Organised by the Education Committee.
Primrose Hill C. ...	
Isles Lane C.	
Low Road C.	
Hunslet Lane C. ...	Yorkshire Ladies' Council of Education.
Woodhouse C.	
Cross Stamford Street ...	Jewish Welfare Committee.

These centres are open from 5.0 p.m. to 7.0 p.m. and take an average of over 2,000 children from the streets each evening they open, at a time when traffic is perhaps most congested. A good deal of useful handwork, including woodwork, basketry, needlework, raffia work, and housewifery is done in these centres, and the pleasure that the children derive is illustrated by the fact that many are refused admission owing to lack of accommodation.

Gray Trophies—The competition this year has been confined to children under 11 years of age. There is a slight increase in entries. These trophies—one for girls and one for boys—were presented by Mr. P. L. Gray, late H.M.I., and Mrs. Gray, and are competed for each year by teams from schools in the city.

Physical Education Circle—Although the membership has shown a slight decrease, the lectures have been better attended. The following programme was arranged—

"Physical Education and the Adolescent Girl"	Dr. Margaret Sharp, Bradford.
"The Coaching of Hockey" ...	Miss Marjorie Pollard.
"Skipping"	Miss Baker, Hull.
"The Primary Lesson and the Classroom Lesson for Infants" ...	Miss N. Reed, Sunderland.
"Breaks and General Activity Exercises"	Mr. E. Major, Manchester.
"Physical Training for Infants" ...	Miss M. Wardle.
"The Coaching of Cricket"	Mr. Herbert Sutcliffe.

SIDNEY SHAW

Organiser of Physical Education.

Appendix C

EMPLOYMENT OF CHILDREN
EDUCATION ACT 1921, PART VIII, SECTIONS 90-108

There has been no change in the Regulations controlling young people trading in the streets and for the employment of children generally.

(1) General Employment

The total number of children between twelve and fourteen years of age employed out of school hours at the end of the year was nine hundred and seventy-eight (978). Of these, nine hundred and forty-five (945) were boys, and thirty-three (33) were girls. An increase on the previous year of thirty-seven (37).

The following are the occupations in which they were engaged—

Nature of Employment		Boys	Girls	Totals
Newspapers	†7–8 a.m.	376	2	378
,, ...	5–7 p.m.	207	6	213
Milk	†7–8 a.m.	28	2	30
,, ...	5–7 p.m.	13	1	14
Grocers	5–7 p.m.	64	2	66
Greengrocers	5–7 p.m.	47	2	49
Butchers	5–7 p.m.	63	—	63
Bakers and Confectioners	5–7 p.m.	42	6	48
*Various	5–7 p.m.	105	12	117
Total ...		945	33	978

*NOTE—(*a*) Employed as messengers for chemists, tailors, drapers, milliners, jewellers, firewood dealers, florists, laundries, drysalters, fancy-goods dealers, ironmongers, and as surgery assistants.

(*b*) On Saturday or during school holidays the hours which employers may select are either from 9 a.m. to 1 p.m., or 2 to 6 p.m.

†(*c*) Children employed before school hours, may be employed in the afternoon only between 5 and 6 p.m.

During the year seven hundred and ninety-five (795) applications were made for working certificates. These entailed eight hundred and fifty-one (851) examinations by the School Medical Officer as to the fitness of the children for employment. Only twenty-four (24) of these were girls.

Four (4) boys were refused certificates on account of being physically unfit—

2 because of heart trouble,

1 in consequence of suffering from fits, and

1 because of chronic bronchitis.

Fifty-six (56) children on the first examination were found to be suffering from various minor ailments, and while not being unfit for work, the issue of the certificates was delayed until these conditions had received satisfactory attention.

Two full-time Inspectors are employed to enforce the regulations, and to safeguard the welfare of the children employed out of school hours.

Four hundred and eight (408) juveniles were employed before morning school in the delivery of milk and newspapers. Four (4) only of these were girls.

The total number of offences discovered during the twelve months was three hundred and twenty (320). Of these, sixty-two (62) were in respect of children under twelve years of age.

Forty-one (41) employers were warned by the Committee for offences under the By-laws.

Twelve (12) employers were prosecuted; three were fined 40s., three 20s., two 10s., two 5s., two were dismissed under the Probation of Offenders' Act, and the defendants were directed to pay the costs of the proceedings.

(2) Street Trading

Trading in the streets by young people under sixteen years of age has practically ceased. Only thirteen (13) youths between fifteen and sixteen years of age follow this occupation. Three (3) of these sold newspapers. The remainder were engaged in the sale of—

Milk	2
Greengrocery	3
Firewood	2
Farm Produce	1
Confectionery	1
Coal	1
	10

Twenty-six (26) offences were discovered under the Street Trading Regulations. One (1) prosecution was taken. The Magistrates dismissed the case under the Probation of Offenders' Act, and ordered the offender to pay the costs.

(3) Children Employed in Entertainments

During the year thirty-two (32) children visited Leeds to take part in public entertainments. Twenty-six (26) of these were

engaged in local Pantomimes and remained in Leeds for a continuous period of eight weeks. The remaining six (6) were on tour with travelling entertainments.

Only one application for a license was made to the Local Education Authority during the past twelve months. It was in respect of a child who was associated with a concert party for occasional engagements. The license is still in force.

There was no serious breach of the conditions of the licenses in respect of children taking part in public entertainments, but where any irregularity was found, the attention of the persons concerned was drawn to the matter and it received immediate attention.

The present regulations controlling the employment of children in public entertainments have been in force since August 1921, and, speaking generally, the result has been an improvement in conditions all round.

Notwithstanding this improvement, however, and particularly in view of the proposed increased school-leaving age, the question arises as to whether—

(*a*) The time has not arrived when the minimum age for this kind of employment should be raised to fourteen years; or

(*b*) For altering the latest hour at which a child shall take part in a public entertainment to nine o'clock, in order that full benefit may be obtained from the education provided.

The Chief School Medical Officer, at the close of the Pantomime season last year, examined a batch of thirty-two children who had taken part in the performances. He found all the children mentally and nervously tired, while the Schoolmaster reported that these juveniles, though normally quite intelligent girls whose interest is easily aroused and held, it was noticeable by their vacant and lack-lustre eyes that they are by no means normal between 9 and 10.30 a.m.

It would appear, therefore, that in the interests of all concerned the Board of Education should consider the advisability of reviewing the present regulations controlling children taking part in public entertainments.

J. H. CAPES

Chief Inspector for the Employment of Children.