[Report 1933] / School Medical Officer of Health, Leeds City.

Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
https://wellcomecollection.org

City of Leeds

EDUCATION COMMITTEE

REPORT

OF THE

SCHOOL MEDICAL OFFICER

(G. E. St. CLAIR STOCKWELL B.A. M.B. B.C.)

For the year ended 31st December 1933

Chorley & Pickersgill Ltd Leeds

City of Leeds

EDUCATION COMMITTEE

REPORT

OF THE

SCHOOL MEDICAL OFFICER

(G. E. St. CLAIR STOCKWELL B.A. M.B. B.C.)

For the year ended 31st December 1933

INDEX

LEEDS EDUCATION COMMITTEE

Medical Inspection of School Children

MEDICAL SUB-COMMITTEE

Councillor L. J. EDWARDS (*Chairman*)
Alderman H. MORRIS
" F. B. SIMPSON
" J. BADLAY
" J. THORNTON
Councillor BERTHA QUINN
" S. WEBSTER
" J. S. WALSH
" J. W. WOOTTON
" E. E. BULLUS

MEDICAL STAFF

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

Full-time Assistant School Medical Officers—

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.
BASIL M. R. WEST M.R.C.S. L.R.C.P. (*left 27th August 1933*)
IRENE M. HOLORAN M.B. Ch.B.
GWENDOLEN F. PRINCE M.B. Ch.B.
JOHN F. GALPINE M.D. M.R.C.S. L.R.C.P. D.P.H. (*appointed 11th September 1933*)

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.

Temporary Consulting Ophthalmic Surgeon—JOHN FOSTER F.R.C.S. D.O.M.S. (Blenheim Walk Home and School for Blind)

MEDICAL STAFF—*continued*

Full-time School Dental Officers—

JAMES LAW L.D.S.
ARTHUR B. MORTIMER L.D.S.
ROBERT D. KINNEAR L.D.S.
ELEANOR KNOWLES L.D.S. D.P.D.
NORMAN A. BUCK L.D.S. (*left 30th September 1933*)
DAVID E. TAYLOR L.D.S. (*appointed 1st November 1933*)

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

School Nurses—

ISABEL FERGUSON (*Senior Nurse*)
JANE TOTTIE
GERTRUDE SMITH
CARRIE LEWIS
HELENA SIMPSON
EVELYN LOWE
ELSIE K. BRIGGS
ANNIE A. POSKITT
MONA K. MACPHERSON
SARAH E. WEBSTER
GERTRUDE M. PENFOLD
GRACE E. PRIOR
VIOLET WOODCOCK
ETHEL WILSON
ELIZABETH M. WHURR
ROSE PAYNE
HILDA MOODY
EMMA M. HEARNSHAW
MARY CHERRETT
ELIZABETH M. BENSON
EDITH D. WYNN
LILIAN MOODY
MARY D. CARRICK
MINNIE ABBOTT
ALICE SHACKLETON
MARY LANHAM

Masseuses—

EDITH A. REVILL
ALICE M. M. SUGDEN
ELIZABETH SWANSON
WINIFRED WEAR

Dental Attendants—

MARY E. MORTIMER
GRACE E. BROWN
CLARA WILSON (*left 31st May 1933*)
CICELY M. BAXTER
MARJORIE M. HIXON
KATHLEEN HALEY (*appointed 1st June 1933*)

Summary of the Work of the Leeds School Medical Service 1933

Number of Children examined by the School Medical Officers at Routine Inspections	23,199 (24,015)
Reinspected in the Schools by the School Medical Officers	19,897 (19,065)
Examined by the School Dental Officers	30,366 (41,499)
Examined by the School Nurses in the Schools ...	183,060 (189,248)
Number of Visits to Homes by School Nurses ...	297 (1,043)

Clinic Work

Total Attendances 1933 ... ... 197,569 (222,975)

Clinic	Number of Attendances		Nature of Work
	Medical	Dental	
Central	12,291 (13,760)	4,239 (5,107)	Inspection, Refraction, X-ray, Orthopædic, Aural, External Eye, Dental
Armley	16,647 (20,728)	3,949 (4,059)	Inspection, Treatment of Minor Ailments, Refraction, Orthopædic, Dental
Burley	20,733 (21,703)	2,623 (2,499)	
East Leeds	15,496 (15,312)	2,889 (2,781)	
Edgar Street ...	29,651 (38,564)	3,524 (3,946)	
Holbeck	29,594 (35,363)	2,665 (2,688)	
Hunslet	19,019 (22,940)	3,838 (4,295)	
Meanwood Road ...	23,979 (24,318)	—	Inspection, Treatment of Minor Ailments
Middleton	5,803 (4,204)	—	
Dental Hospital ...	—	629 (618)	Orthodontic

Number of Children certified by the School Medical Officers

(a) Mentally Defective	212 (298)
(b) Physically Defective	600 (413)

The figures in brackets are those for 1932

CITY OF LEEDS

EDUCATION COMMITTEE

Report of the School Medical Officer for the year ended 31st December 1933

To the Chairman and members of the Education Committee

LADIES AND GENTLEMEN

I have the honour to present the Annual Report upon the work of the School Medical Service of the City of Leeds for the year ended 31st December 1933.

The School Medical Service was first established in Leeds in 1909, and has been in operation for 25 years. The 25th report seems an appropriate one in which to review the development of the work.

The Education (Administrative Provisions) Act 1907, placed upon Local Education Authorities the duty of providing medical inspection, and brought into being an organisation affecting the life of all children attending the elementary schools in the country. It is safe to say that the general health of the elementary school child has been greatly improved since the institution of a School Medical Service, which can justly claim a large measure of credit for this result, although other factors have contributed to it. By the early discovery and treatment of defects, the insistence of an improved standard of cleanliness and the gradual inculcation of the elementary principles of hygiene, an entirely different conception of health matters has been developed by the general public. In the early days of medical inspection the presence of nits and lice was regarded as quite normal and inevitable. To-day such things are looked upon as a disgrace, and are limited to a small proportion of the school population.

The Leeds scheme of medical inspection put into operation in May 1909, provided for the appointment of a part-time Chief School Medical Officer, and 20 part-time Medical Officers who gave approximately one half day a week to the work. In the first instance the examinations were limited to children admitted to the schools, and children who would leave during the year. The attention of parents, if present at the examination, was drawn to the defects discovered, but there was no provision for treatment or for "following up". A scheme for the control of infectious sickness was also introduced.

With such a large number of Medical Officers difficulty was experienced in securing uniformity in the examinations and in recording the results, and in the following year the number of examiners was reduced to 12. In this year the appointment of the Chief School Medical Officer was made a full-time one, and one full-time Nurse was appointed. The necessity for the provision of facilities for treatment became acute, and the first Clinic was opened in a cottage in Portland Crescent, where a little minor treatment was done.

The cost of the service for the first four years was approximately £5,000 for which no special contribution was made from national funds. The first Government grant was received in 1912, and amounted to £109 18s. 6d. for an expenditure over the five years of £6,599 14s. 4d.

In 1913 the services of part-time Medical Officers were discontinued, and three full-time Assistant Medical Officers were appointed. Three additional nurses also were added to the staff, and systematic examination of the children in the schools for conditions of cleanliness was introduced.

The Medical Officers spent practically the whole of their time in routine inspection at school, and, with the exception of X-ray treatment of ringworm, very little treatment was done. Children with defective vision went to the General Infirmary or Dispensary for examination—if they went at all. Teachers had no information as to whether a child should wear glasses or not. "Following up" was done by the doctors paying repeated visits to school, and by sending further advisory letters to parents. But there were no facilities provided for treatment, no possible examinations by Specialists, and no arrangements for minor treatment.

The Chief Medical Officer and the Senior Nurse were responsible for certain selected schools, including all special examinations, but otherwise the three Assistant Medical Officers with one nurse each, divided the city into three areas in which they did all the inspection work, cleanliness included. Each spent one afternoon each week at the old Clinic, in a small room with inadequate waiting-room accommodation, reviewing cases that had been excluded for any reason, and examining cases referred by teachers and enquiry officers. The numbers seen seldom fell below 100 per session, and generally much exceeded it. No cleansing was possible except a few rare cases on Saturday mornings, and the standard consequently was not very high. All special examinations for defective children of every degree were done by the Chief Medical Officer, as well as any other work that occurred, including the supervision and control of infectious sickness in school.

Routine inspection—still the basis of the work—was not as thorough as to-day. Conditions were more difficult; teachers did not always view medical inspection with the same interest and spirit of co-operation that they do to-day. Parents were present much less frequently, and disregarded advice, honestly given, whenever they could. Still, looking backwards, it is possible to see that the Service was getting on to its feet, and occasional appreciation of the work was shown by parents.

During the war period it became necessary to revert almost entirely to a part-time staff, but the work continued its development by the appointment of a doctor skilled in refraction work, by additions to the nursing staff and by the opening of six Branch Clinics as well as the expansion of the Central one. "Following up" became more active, and the treatment of minor ailments a very important duty.

Dental inspection was commenced in 1916. The Ear, Nose, and Throat Department began work in 1919, and the Orthopædic Department a little later.

To-day the staff of the School Medical Service consists of 8 full-time Medical Officers, 2 part-time Specialists, 5 full-time and 1 part-time Dental Officers, 26 School Nurses, 4 Masseuses, and 5 Dental Attendants.

There is a large Central Clinic where specialised work is undertaken, with eight Branch Clinics situated in various parts of the city. The work includes—

1—The full routine medical inspection of all children three times during school life, namely, on entering school, at eight years of age, and at twelve years of age. Children attending Secondary Schools have another full routine examination at fifteen years of age.

2—The reinspection of all children with defects and the "following up" of such cases until the defect is remedied.

3—The dental inspection and treatment of all school children in the city six years of age or over.

4—The systematic examination by nurses of all children in the schools twice each year, for conditions of cleanliness; the exclusion of verminous children and the "following up" of cases of minor defects of uncleanliness.

5—The ascertainment and examination of subnormal children in the area.

6—The treatment at the clinics of minor ailments, ringworm by X-ray, defective vision, dental defects, diseases of the nose and throat, including operative treatment at the Leeds Public Dispensary, orthopædic treatment, including massage, medical electricity and operative treatment at the Leeds General Infirmary. In addition, each clinic is opened at fixed times each week, when parents, teachers, or nurses may send children for medical advice.

Owing to the method of recording, and the different standards adopted, it is difficult to draw exact comparisons with conditions prevailing in 1909, but the average weight of children at five years has increased by two pounds, and at twelve years by four pounds. Cases of uncleanliness have been reduced from over 50 per cent. to less than 4 per cent., whilst the incidence of crippling has been reduced by half.

To-day facilities are provided for every school-child to come under periodical medical and dental supervision, and skilled medical advice is available for every sick or defective child.

The net cost for the year ended 31st March 1933, was £23,728 17s. 1d., and a grant of 50 per cent. of the approved expenditure was received from the Board of Education.

The London County Council recently appointed a Sub-Committee to consider and report—

1—Whether the equipment provided for medical inspection is adequate.

2—Whether the time allowed for medical inspection is sufficient.

3—Whether the inspections are sufficiently frequent.

The report is of interest for the points raised apply to all parts of the country, and it is advisable to quote therefrom. "Medical inspection is designed to detect children who are in any way disabled. Its object is to detect disablement, not to diagnose it; it should go no further than to establish the fact that abnormalities are present (or reasonably suspected), and to decide what further examination, with or without a view to treatment, is necessary. The scheme must provide that such further examinations are available at an appropriate time, in an appropriate place, by an appropriate person.

The time is not that of medical inspection, the place is not the school, the person may or may not be the medical inspector. The time must be short solely because what is sought by inspection can be discovered more readily in a short time than in a long examination."

Apparatus should be reduced to a minimum so as not to frighten the child, because though a frightened child may be examined, he cannot be inspected.

The report further discusses the times at which inspection should take place, and it is suggested that the present three examinations should become four, namely, on admission, at 7, 11, and just before leaving, and recent developments in education will explain the choice of these ages. Inspection as soon after admission to school as possible, is compulsory by the Board's orders, and is essential at present in Leeds because the Maternity and Child Welfare Service has no compulsory powers.

From the Medical Officer of Health's report it appears that 4,383 or 62·6 per cent. of the total number of new born babies did attend at a Welcome during the year, and made 58,979 attendances, but it is also to be noted that the number of attendances of children between one and five is only 38,996, so that mothers fail to take real advantage of the facilities offered, and until they do, the routine inspection of all entrants to school must continue. Sir George Newman notes that even those who do attend a Babies' Welcome do not attend long enough. Further attendances might enable us to have a routine inspection before entering school. This may be sound in theory; whether it is possible is doubtful. But the fact remains that the School Medical Service is the receiver of damaged goods, as shown by the figures of Table IIB, as 33 per cent. of our intake is noted as having defects, and the figures showing defects at the Nursery School are also remarkable.

In Leeds, the majority of children between three and five are on the school roll; even in December 1933, there were 6,438 under-five's on roll out of a total number of 13,409. Most of these will be inspected in the next year, many will have been examined already. Some few (and it is few) are still in attendance at a Babies' Welcome, but a large majority is under no systematic inspection when they come to school. It is desirable that some scheme should be formed to meet this difficulty.

Staff

The continued illness and the untimely death of Mr S. D. Lodge, Consulting Ophthalmic Surgeon to the Authority, coupled with other changes which have been necessary at the Eye Department of the Infirmary, have rather delayed the development of our work. Mr George Black, M.B., B.S.(London), F.R.C.S.(England), who was elected to fill Mr Lodge's vacancy on the Infirmary staff, has been appointed Consultant to the Blenheim Walk Home, and will have begun his work by the time this report appears. It is hoped that his services may prove useful to an unfortunate branch of the community.

In view of the expected report on the Partially Blind, of the Committee now sitting, it may be advisable, in the near future, for him to see such children as may need special educational treatment. This matter will be referred to later.

Dr. B. M. R. West resigned his post in August, in order to take up an appointment under the West Ham Authority, and Dr. J. F. Galpine, who holds the degree of M.D.(London) in State Medicine as well as the D.P.H., was appointed in his place. Dr. Galpine is also a skilful refractionist, and is already recognised by the Board of Education for the examination and certification of mentally defective children. Mr Buck, one of the Dental Officers, resigned in November, on his appointment to Ilford, and was succeeded by Mr David E. Taylor, L.D.S. Mr Buck had done very good work during the short time he was in Leeds, and was very popular with the children. There have been no changes in the nursing staff, but there has been one change in the Dental attendants, Miss Haley being appointed vice Miss Wilson, who resigned to be married.

Number on Roll

Return of Number of Children on Roll on the 31st December 1933

Type of School	Number of Schools	Number of Departments	Number on Roll
Elementary—			
Council	77	176	48,813
Voluntary	51	92	20,050
Higher—			
Maintained	13	13	5,495
Non-maintained	5	5	2,013
Home Office	2	2	192
Special—			
Mentally Defective ...	5	5	420
Physically Defective ...	1	1	103
Blind and Partially Blind...	2	3	202
Deaf	1	1	87
Sanatorium	2	2	82
Nursery	1	1	109
Open Air	1	1	231
Total	161	302	77,797

Co-ordination

Co-ordination remains cordial between the School Medical Service and the Public Health Service.

The Maternity and Child Welfare Service continues to send notes on children who arrive at school age, and these are forthwith entered on School Medical Records.

I have written elsewhere of the possibilities of improvement in the rising generation by greater use of Babies' Welcomes and whilst

the Child Welfare Staff deserve the wholehearted thanks of the community, they would, I feel sure, be the first to welcome increased powers.

It was a privilege to the Education Committee to be able to give them temporary accommodation and it is a matter of personal regret that the arrangements did not continue. Every effort would be made to accommodate them in our Clinics, should they desire it, and any further possible assistance will be given cheerfully.

To the Medical Officer of Health and his staff our thanks are due for their help frequently asked and generously given.

The Tuberculosis Dispensary continues its valuable help both in diagnosis and in classification. There is a complete interchange of information.

The co-operation of the General Infirmary and Public Dispensary is very satisfactory, especially the work done by the Almoners.

Arrangements are now complete at the Infirmary for the operative treatment, where necessary, of certain conditions affecting vision. Otherwise there is no change to report. The Leeds Invalid Children's Aid Society continues its good work for the children attending the School for Physically Defectives and assists with the after-care.

School Hygiene

Every Medical Officer, during the time of Routine Inspection, is expected to make a report on the hygiene of the school and from these observations improvements in the school hygiene accrue.

There are many old-fashioned closets in the schools, as shown by the Table.

	Number of Schools	Number of Ranges	Number of Closets
Council			
Adam's or Wilcock's troughs with automatic cisterns	10	23	173
Adam's, Twyford's or Oates' and Green's pedestals, with automatic flush ...	8	23	153
Special			
Adam's earthenware troughs, automatic cisterns	1	2	8
Secondary			
Twyford's pedestals, trapped, with automatic cisterns...	1	4	32
Voluntary			
Iron troughs with plug outlet and ball tap Adam's or Wilcock's troughs with automatic cisterns	4	7	45
Adam's pedestals with automatic cisterns	3	5	26
Pedestal W.C.'s with traps and automatic cisterns	1	3	14

It will be seen that there is still need for improvement in the Council Schools. The matter has been raised on previous occasions and postponed on financial grounds. It is hoped that some of this work may be undertaken this year, especially the abolition of the remaining trough closets, although there are no iron troughs remaining in Council Schools.

It is realised that the difficulty with non-provided schools is greater. The Managers have all been informed of the desirability of alteration which should be done at an early date as children cannot be expected to learn hygiene under these circumstances.

Ventilation in general is good. Teachers take a keen interest in this problem, which always makes a good practical lesson in hygiene, and realise to the full that a well-ventilated classroom is the best method of reducing infective sickness.

It is sometimes found that ventilation is not so good in the early morning because the classroom is cold, and the relationship of exercise and hygiene under such circumstances is not always appreciated. It is a good general principle that a child should keep itself warm by exercise. It is not to be expected that a cold child will do good work.

Lighting is being improved gradually. The natural lighting of the new schools is excellent, but in some of the older schools the greater use of artificial light is necessary, which is never quite satisfactory. In some cases it is so poor as to necessitate the last period of the afternoon being an oral lesson. Electric light will, doubtless, find its way into all schools eventually, but there is still room for research into the lighting of schoolrooms to secure that every child's book or paper is adequately illuminated with little or no shadow, as there is evidence that anything likely to cause eyestrain is harmful especially in myopia or short sight.

Cloakrooms, whilst well looked after, do not always provide adequate drying for overcoats and boots; it must be remembered that damp clothing—whilst not the actual cause—may be a predisposing one of rheumatism and rheumatic fever.

The equipment remains much as before—the desks are still mostly of the dual type, with the result that the child has to fit in to a desk, instead of the desk being fitted to the child. Much of the attention given to posture and carriage by the Physical Training Staff and Masseuses is wasted because children go back immediately

after exercise to wrong conditions. The number of sizes of desks is adequate if every child could be fitted. Individual chairs and tables which would overcome the difficulty are not always popular as they tend to be noisy.

Medical Inspection

The three statutory age groups have been examined as usual. The examinations take place in school, the parents are always invited to be present and the teachers' co-operation is asked because mere presence is not sufficient. They can make their own notes on children requiring particular treatment or observation and they have a great influence on the parents. Difficult cases are discussed by teacher, parent, and doctor, and the resulting response is generally very gratifying. An examination without the presence of the teacher is not particularly useful.

There is a slight decrease in the number of children examined which cannot be altogether explained by the fall in the birth rate. Efforts have been made to ensure that all eligible children are inspected and to avoid duplication. Of recent years the migration of children to new housing estates has caused some difficulty in this respect.

Absence from school on the day appointed for medical inspection accounts for most of the drop, but efforts are being made to counteract this and it is expected there will be an increase shown in the next report.

Each child is inspected thoroughly—every point is carefully investigated and the parent has the opportunity of asking questions. In most cases advice is given at the time to the parent, and in others an invitation to the Clinic is issued for further examination.

It is still necessary in some schools to use classrooms for the inspection of children, but screens and blackboards are used to give the necessary privacy and the behaviour of the children who are waiting is generally very good.

It is a useful practice with babies and young children to allow them to watch an examination before they themselves are presented, as it tends to lessen that fear of the unknown which can render their own turn useless. A crying child cannot be inspected, he may be examined in part. Every effort is made, therefore, to put both children and parents at their ease, and it is gratifying to note that few children seem to be afraid of the School Doctor.

Summary of Defects Referred for Treatment or Observation— Elementary Schools

Findings of Medical Inspection

Defects	Routine Cases	Special Cases	Total
Tonsils and Adenoids ...	272	596	868
Tuberculosis	54	172	226
Skin Disease	507	9,793	10,300
External Eye Disease ...	250	1,370	1,620
Vision	4,322	5,517	9,839
Ear Disease and Hearing ...	855	1,613	2,468
Dental Defects	—	—	21,685
Crippling Defects	1,563	841	2,404
Other Defects	10,353	5,129	15,482

These are discussed under the appropriate section on treatment.

Following up

There is no change to report in the arrangements for "following up". The methods in operation produce excellent results, and year by year we get greater appreciation by parents and less disinclination to accept advice. This is proved by the smaller number of visits paid by Nurses to the homes. Consequently, they are able to spend far more time in visits to Schools both for cleanliness inspections, preparations for the doctor and investigation of infectious sickness.

Compared with 1931, 1,100 more visits have been made to school departments; the number of children examined for cleanliness has increased, with a gratifying decrease in the number of reinspections, showing greater keenness on the part of parents. Whilst the actual number of cases of uncleanliness of the head remains about the same, it is found that they clear up much more quickly.

The decrease in the total number of hours worked is accounted for by the fact that there is one Nurse less.

The work of the Massage Department shows little change, but 70 more children have received treatment. Erratic attendance is still a bugbear in this department.

Summary of the Work of the School Nurses 1933

(A) Inspection	1933	(*1932*)
Number of Visits to School Departments	5,580	(*5,531*)
Number of Children Examined*	129,510	(*122,565*)
Number of Reinspections	53,550	(*66,683*)
Number of Defects Discovered—		
Uncleanliness of Head	11,272	(*11,210*)
Uncleanliness of Body	3,129	(*4,407*)
Other Defects	2,546	(*3,537*)

*In addition to the usual examinations this figure includes special examinations, viz. special vision cases, doctors' routine cases, etc.

(B) Visits to Homes 297 (1,043)

(C) Proportion of Time Given to Different Sections of Work

	1933 Hours	%	1932 Hours	%
Clinic Work	29,178½	72·4	(29,711¾)	(71·0)
Examinations in Schools ...	10,719	26·6	(10,420¾)	(24·9)
Visits to Homes	231	·6	(693¼)	(1·7)
Office Work	185½	·4	(1,001½)	(2·4)
	40,314		(41,827¼)	

(D) Summary of the Work of Masseuses

	1933	(1932)
Number of Visits to Homes	73	(105)
Number of Children Treated	508	(435)
Number of Treatments	27,080	(27,134)

Arrangements for Treatment

Malnutrition—In asking for a review of certain facts disclosed by Medical Inspection, the Board of Education place Malnutrition at the head of the list, possibly because it is a subject on which so much research has been done of recent years. It is a condition difficult to define accurately, for it is an active process and not an event and cannot be registered like a birth or death. Therefore, some working definition is very necessary and a guide to its estimation still more so.

Sir George Newman's annual report on the Health of the School Child contains each year trite remarks and aphorisms, and he tells us that "sound nutrition is everything in childhood" and that "nutrition is not an alternative term for food". It is the total well-being of the human body and the normal functioning of its component parts.

We must realise that no machine, that has ever been made or ever will be made, is as complicated as the human body, which, unfortunately, often receives far worse treatment by its owner than any machine, and yet a properly co-ordinated harmony in every way is essential for sound nutrition. Malnutrition, then, is the opposite of good nutrition, partially or almost entirely, and will vary in kind as well as in degree. An ill-nourished child may have received insufficient or unsuitable food both in quantity or quality. Malnutrition does not in itself imply starvation, but frequently does imply improper feeding.

Nutrition cannot be measured by mere satisfaction of hunger, which can be appeased on improper diets for a long time without

visible signs of malnutrition. There are many other factors to consider.

The ill-nourished child may lack fresh air and sunlight to purify the blood. There are often marked deficiencies in his rest, which must be understood to mean more than sleep. His amount of exercise—too much or too little—may be a cause. Again the reason may be a physical one, such as, rickets, anæmia, dental decay, tuberculosis, and many others, and inadequate clothing also plays a part. Lack of food is only one cause. Meals at irregular times, of an unappetising kind, bolted (without even sitting down to them), play their full share in producing malnutrition. There are many children, who might, at first sight, be labelled "malnutrition" because they are below standard both in weight and height. I remarked last year on the necessity for a separation of the terms "physique" and "nutrition", for it does not follow that poor physique implies malnutrition. Probably more than half of the poor physique type is perfectly well fed, even if they do not appear to do credit to their feeding: we must look for other reasons. Often they come off small stock. Nutrition implies more than the supply of food and drink to the body; rest, exercise, and a contented mind, is absolutely essential.

We hear much of animal proteins and vitamins to-day: but no-one desires a completely scientific diet; appetite and a good palate being fairly good judges. But in the past, our diet was rawer, fresher, and possibly less refined, and there is much truth in the remarks that "there were more cooks and fewer tin openers" and that "the palate is a more decisive selector than the intellect".

In Leeds, the figures for 1933 show a marked similarity (4·7 per cent.) to those for 1932 (4·8 per cent.). This includes all children of sub-normal nutrition seen at Routine Inspection who require either treatment or observation.

No separate record has ever been kept of what may be termed starvation cases and it is a matter of common talk amongst the doctors that they do not see such cases. It is, however, interesting to note that our figures (4·7 per cent. and 4·8 per cent.) compare almost exactly with those of the London County Council, namely, 4·8 per cent. for 1930, 4·8 per cent. for 1931, and 4·9 per cent. for 1932, and further that out of 180,000 children examined, only 29 are shown as definitely ill nourished. Comparison with other large towns is difficult, as each seems to adopt a standard of its own. The actual figures given show a variation from ·01 per cent. upwards. This figure is that of a town very similar to Leeds, and probably more severely hit.

The Weight/Height Quotient which has been in use since 1926, still continues as a guide to diagnosis, although it can never be used alone—clinical observation will always be required.

In December last a questionnaire was sent out to Head Teachers in order to discover the number of children who came to school without breakfast. The replies revealed that very few children had no breakfast.

It was decided to experiment with a scheme whereby children who are receiving free dinners and milk should be given an apple in addition. This came into operation after the Christmas vacation and there should be valuable deductions to report next year.

A joint enquiry by the Ministry of Health and the Board of Education is, I understand, in process at the moment from which I hope to get valuable guidance.

It is interesting to note a small but steady gain in the weights of Leeds children over a period of years, varying from 2 lb. at five to 4 lb. at twelve years of age.

Uncleanliness—This condition shows a small but gratifying improvement, especially in view of the fact that a higher standard is taken. The aim must be that every child in school is absolutely free and kept free from infestation, because a slight laxity would soon produce serious results.

It is intended to raise the standard again this year, so that careful parents may feel they can send their children to school with perfect safety in this respect.

Minor Ailments and Skin Diseases—The treatment of minor ailments continues as before, but shows a further gratifying decrease.

The Nursing Staff is in attendance at the Branch Clinics each morning and from 4 p.m. to 5 p.m. daily except Saturdays.

The opening of the Clinics after school has been an undoubted success. It was tried partly at the request of the Head Teachers and has now been in operation nearly two years. It has several interesting points, firstly, that certain cases can be dealt with twice a day; secondly, that the more trivial cases need not waste any school time, and thirdly, malingering has been greatly reduced. All serious cases and those coming from a distance are still dealt with in the mornings and, so far as my information goes, every child who is in need of treatment has received it.

I cannot find a single case which, in the opinion of teachers or nurses, has suffered by the change, which is certainly in the interests of discipline.

Although there are a few more children, whose nutrition is under observation outstanding at the end of the year, the number of attendances made for observation is lower. In this group are to be found many children who attend for their daily doses of cod liver oil and malt, and who are weighed more frequently. Many of them are ailing children and require constant supervision.

As elsewhere explained, owing to the attempts to secure a higher standard of cleanliness, attendances show a slight increase for this defect. But it is noteworthy that these average only three per child, which shows a worthy effort on the part of the parents to secure cleansing. Where the mother is at work or is incapacitated, nurses help very considerably, but there is no doubt that this process must be one for the parents and for no-one else.

The number of attendances for minor skin affections is noteworthy. Practically 8,000 children have made over 44,000 visits for septic sores and abrasions of the skin. Whilst the number of children is only slightly less than last year, the number of visits is 8,000 less, showing, as was pointed out last year, the value of cleanliness in these cases. With the free use of soap and water when these minor accidents happen, a further diminution will be expected.

Arrangements have been made with the Health Department for the treatment of cases of scabies, which now receive their sulphur baths at one of the Cleansing Stations. Whilst some additional expense has been incurred, two great improvements have accrued—the child's clothing and bedding can be properly cleansed and the Nurse's time has not been diverted from its proper channels.

There is a satisfactory reduction in the number of cases of ringworm. Only 22 children have been submitted to X-ray treatment as opposed to 52 in 1932. This is a great improvement on 1922, when on one occasion 22 cases were done in a week. Hairs from suspected cases are examined microscopically in our own laboratory.

There have been no alterations in the number of Clinics during the year, but the standard of work has been maintained.

The Medical Staff continue their sessions at the Clinics to see children brought by their parents or referred by teachers and enquiry officers.

Visual Defects and External Eye Disease—During the period under review, the Nursing Staff has continued the practice of vision testing. They have examined the visual acuity of all children of the 8 and 12-year-old groups by means of Snellen's Test Type,

and they have also examined all children who should be wearing glasses, referring for retest children whose eyesight has apparantly become worse. They undertake also the work of testing the 5-year-old group either by reading or by matching, as noted in last year's report. Whilst this is a very slow process, it will mean eventually that all 5-year-old children whose vision is not satisfactory will be given an opportunity of a thorough investigation. But parents are still hesitant—many do not like the idea of a young child wearing glasses and they consequently fail to keep appointments for refraction. It is doubtful how far pressure can be brought in such cases. The ideal, of refracting every child at 5, would meet with much opposition, apart from the fact that it would mean a considerable increase in work. Dr. Wood has, however, been able to extract records of 166 children of 5 years of age so tested under proper conditions.

For the purposes of classification, the following bases were adopted—

When the correction required is

1—Under +1D Sph. the eye is considered to be Myopic and refracted annually.

2—At +1D Sph. the eye is considered Emmetropic.

3—Between +1·25D Sph. and +1·75D Sph. inclusive, Hypermetropic of low degree to be kept under observation.

4—At +2D Sph. or over, the eye is considered Hypermetropic.

Astigmatism of less than 1D Cyl. was neglected, and a difference of +1D or more either Sph. or Cyl. was considered to be Anisometropic.

Analysis of 5-year-old Children's Vision Inquiry

	R	%	L	%
Emmetropia	10	6·0	10	6·0
Emmetropic Astigmatism	5	3·0	5	3·0
Hypermetropia	78	47·0	72	43·4
Hypermetropic Astigmatism	54	32·5	60	36·1
Myopia	10	6·0	11	6·7
Myopic Astigmatism	2	1·2	2	1·2
Mixed Astigmatism	6	3·6	7	4·2
Anisometropia	17 cases or 10·24%			

Glasses prescribed in 130 cases.
Glasses not prescribed in 36 cases.

Further analysis shows that 220 children of various ages under 6 have been noted as requiring refraction (some of whom will undoubtedly be included in the above Table) and 328 are under observation. This means the ascertainment of 600 cases of defective vision, which would not have been found, in most cases, till the children were 8.

Dr. Wood calls attention to the fact that, as expected, the majority of cases are either Hypermetropia or Hypermetropic Astigmatism. The investigation will continue on the same lines so that eventually the number of cases examined will be sufficient to form a sound estimate of what may be termed a basic scale for 5-year-old children. Otherwise, there is little to add as regards either the findings or treatment of visual defects and external eye disease during the year. There is a slight increase in the total number of refractions, but the number done by the staff remains stationary. There is a gratifying decrease of 400 in the number of children treated for minor eye defects, such as Blepharitis and Conjunctivitis, and it is hoped that these conditions so often aggravated by ignorance and carelessness, will tend to disappear.

Summary of Ear, Nose, and Throat Work 1933

	Ear	Enlarged Tonsils	Adenoids	Enlarged Tonsils and Adenoids	Other Conditions	Total
Number of cases of Ear, Nose, and Throat Defects referred by the School Medical Officers for treatment ...	2,301	780	81	833	2,610	6,605
Number of cases which have received operative treatment—						
By the School Medical Service ...	1	4	10	65	6	86
By General Practitioner or Local Hospital	43	34	2	958	92	1,129
Other Forms of Treatment—						
By the School Medical Service ...	1,515	18	36	482	850	2,901
By General Practitioner, Local Hospital or otherwise	641	728	5	57	1,185	2,616
Total Treated ...	2,200	784	53	1,562	2,133	*6,732
Number of cases examined by Mr. Sharp	114	22	46	547	510	1,239
Number referred for operative treatment ...	1	4	28	379	11	423
Number of cases accepting treatment... ...	1	4	16	188	10	†219
Number of cases actually treated	1	4	10	65	6	86

* This figure includes all children of school age sent by General Practitioners as well as the School Medical Officers, treated during the year at Local Hospitals.

† Includes 115 operations arranged by the School Medical Service at the Leeds Public Dispensary through the Leeds Workpeople's Hospital Fund.

Nose, Throat, Ear, and Hearing—The work of this Department under Mr A. D. Sharp continues to make progress. There is no change in the arrangements, but there is a drop in the number referred to him for examination. Further, there is a considerable drop in the number of children for whom the Authority has assumed financial responsibility for operative treatment at the Dispensary, probably because more parents have taken advantage of the facilities provided by the Workpeople's Hospital Fund. There is, however, a tendency to-day towards referring fewer cases of tonsils and adenoids for operation than formerly and this will account for some of the drop.

It will be noted that the total numbers referred for treatment show an increase and therefore that the remedial measures adopted at the Branch Clinics are effective.

The daily douching of the nose, which is so essential, is now becoming much more of a habit, with the result that not only do cases of otorrhœa recover far more rapidly and with less tendency to relapse, but the drop in the numbers of cases referred for operative treatment is also largely due to this action. The importance of this hygienic habit cannot be over emphasised.

Nose drill has become a fixed rule in many of our Infant Schools, with benefit to the children.

The actual number of cases of ear disease—mostly otorrhœa—seen by Mr Sharp shows a further decrease during the period under review and there is a definite opinion of the doctors that they do not see as many at the Branch Clinics. There can be no doubt that the routine treatment as carried out has had a good effect.

Dental—The work of the Dental Department shows certain unsatisfactory features. The number of children inspected shows a considerable decrease. This is almost entirely due to the fact that the Dental Officers have such a large volume of work in hand that it is useless to do further inspections, although the work is nearly two years behind.

Further, whilst the number of children who are treated as "casuals" remains about the same, it is far too big; one result of dealing with "casuals" is to reduce the number both of acceptances and of those actually treated by conservative methods. "Casual" treatment must almost invariably consist of extractions of teeth which would have been saved if they had been dealt with earlier. Many of these children have been told two and even three years running that treatment is needed, but it has been declined. Many

The following is a Summary of the Work of the School Dental Service 1933

	Number Examined	Number Referred for Treatment	Per cent.	Number Accepting Treatment	Per cent.	Number Actually Treated	Per cent.
Elementary Schools (excluding casuals) ...	30,366 *(38,389)*	21,685 *(26,271)*	71·4 *(68·4)*	12,893 *(15,062)*	59·5 *(57·3)*	11,312 *(12,552)*	52·2 *(47·8)*
Casuals ...	— —	— —	— —	7,285 *(7,395)*	— —	7,285 *(7,395)*	— —
Secondary Schools ...	— *(3,110)*	— *(2,297)*	— *(73·9)*	33 *(346)*	— *(15·1)*	68* *(392)**	— *(17·1)*
TOTAL (excluding casuals) ...	30,366 *(41,499)*	21,685 *(28,568)*	71·4 *(68·8)*	12,926 *(15,408)*	59·6 *(53·9)*	11,380 *(12,944)*	52·5 *(45·0)*
TOTAL (including casuals) ...	30,366 *(41,499)*	21,685 *(28,568)*	71·4 *(68·8)*	20,211 *(22,803)*	93·2 *(79·8)*	18,665 *(20,339)*	86·1 *(71·2)*

The figures in brackets represent the corresponding totals for 1932.

* This figure includes those who accepted treatment in 1932, but were actually treated in 1933.

times have we got proof that children fill up the form themselves declining treatment; there is always the fear of being hurt. Further, parents still decline fillings and prefer extractions, but this is bad dentistry. No tooth should be extracted if it can be saved and it must be galling to Dental Officers to see, as they do every day, the results of their advice being disregarded.

An increase in staff will certainly be necessary and even then some modification of the scheme will be required if we are to make any progress towards dental fitness at 14 years of age. Far too few of our children leave school with good mouths—most of them have lost valuable teeth by reason of neglect.

The ideal is Annual Inspection followed by rapid and complete treatment where required. Complete because it should be such as is advised by the Dental Officer and rapid because, if there is much delay, conservative treatment may be useless. It is an appalling fact that less than three out of four appointments are kept. This means waste of the Dentists' time as well as a loss of efficiency in later life.

Faced with problems such as these one has wondered whether it would not be better to take a retrograde step and only deal with children whose parents will support the scheme or to limit the treatment to certain age groups which could be dealt with adequately each year, and to reduce opportunities for casual treatment to children for whom treatment has been previously refused.

In an endeavour to secure much needed improvements in the scheme and its working, I have asked for the guidance of the Advisory Dental Officer of the Board, and a visit from him is expected shortly. It is to be hoped that considerable help will be derived from his suggestions.

So much industrial efficiency is lost by dental inefficiency that greater endeavours should be made to see that children leave school "dentally fit", and that dental supervision of young persons under insurable age is forthcoming.

I feel that the Dental Officers themselves must lose heart when they see the lack of appreciation of their efforts.

Propaganda lectures are given whenever possible; some schools obtain better results than others; but there is still a lack of understanding of the necessity of a good mouthful of teeth.

With the present staff of Dental Officers it is not possible to carry out the scheme of the Committee which provides for the annual dental inspection and treatment of all children 6 years of age and over attending the Elementary and Secondary Schools of the city.

The work is roughly two years behind and the position gets worse each month. Unless additional staff is available the question of the revision of the scheme should be considered.

Orthopædic—The work of this department under Mr S. W. Daw has continued.

There is again a drop in the number both of new cases and of reinspections; there is a slight increase in the number of operations advised, but this does not of necessity apply to the new cases, as children have palliative measures tried before operation is advised.

As Mr Daw, besides being Senior Surgeon to the Orthopædic Department at the Infirmary, also acts for the Maternity and Child Welfare Service, overlapping is reduced to a large extent, but it still exists. Parents do not always disclose that their children are already under treatment elsewhere, especially if they do not intend to follow advice that has been given previously.

The following is a Summary of the Work done under the Orthopædic Scheme

	In 1933	Since Inception of Scheme
Number of Children examined by the Orthopædic Surgeon—		
New Cases	178	2,312
	(202)	—
Reinspections	555	3,863
	(612)	—
Number of Children recommended for—	—	
(a) Operative Treatment	34	545
	(39)	—
(b) Surgical Appliances	165	1,299
	(143)	—
(c) Remedial Treatment	148	1,243
	(121)	—
Number of Children who have been treated under the Committee's Scheme—		
(a) Operative Treatment	15	272
	(17)	—
(b) Surgical Appliances	136*	1,208
	(130)	—
(c) Remedial Treatment...	145	1,215
	(117)	—
89 Children have been discharged as cured		
Number of cases sent to Country Hospitals ...	3	54
	(3)	—
There are 4 children still in Country Hospitals		

* In 94 cases appliances were supplied free, or parents were allowed to pay by instalments.

Neither operations nor splints are popular; they are dodged if possible. Parents request massage and then fail to keep appointments regularly.

If orthopædic treatment is to be satisfactory, the advice of the specialist should be followed in its entirety and everything done at home that is possible.

There is still waste of effort, because of the lack of home interest or of enthusiasm to pursue the course of treatment.

The work of the Massage Staff is within reasonable limits and would be more so if there were no broken appointments. Some cases remain on the books for lengthy periods with only occasional attendances, but as they still need treatment they are frequently retained. Much benefit would accrue if the lessons taught by the Masseuses were continued at home.

The new cases seen during the year have been classified as follows—

Rickets	85
Curvature of Spine	20
Tuberculosis	14
Paralysis	21
Others	38

This shows that almost half of them are due to rickets—a disease which is entirely preventable and due to improper feeding. It begins in early infancy and would seldom exist if the Babies' Welcomes were better used.

The tuberculosis cases, if active, are referred to the Tuberculosis Dispensary, but most of them are quiescent or arrested cases seen with a view to attendance at the school for Physically Defectives.

The cases of paralysis are often the most difficult, as many of them can only be improved and not cured, especially those where the cause of paralysis lies in the brain.

Heart Disease and Rheumatism—This year the Board asked for a review of the findings and treatment of heart disease and rheumatism, conditions which are probably as great as any in the production of crippling.

It cannot be emphasised too strongly that the rheumatism of childhood is a different disease to that of adults, and that its manifestations are many and various. Its worst result is the production of organic disease of the heart, which is the most serious form of crippling that can be imagined. It is probably one of the biggest factors in absence, especially in the subacute form shown by such signs as growing pains and constant slight sore throats, and from such slight beginnings serious results ensue.

It is a matter of grave concern to find that we have 439 such children on the list—most of them (406) in ordinary schools—17 are so bad as to be out of school altogether and the balance is in Special Schools.

A very full note was made on this subject in the Report for 1931, during which year about 50 cases were treated at the Meanwood Children's Home, but the arrangement was stopped owing to the difficulty in the selection of cases. The children admitted were mostly those with advanced heart disease for whom no permanent benefit could be expected.

I pointed out that careful instructions are given to the teachers of such children, and these instructions are received gratefully and obeyed very willingly. But it is a fact that most of these children are unsuitable for occupations under the Factory Acts and although they have spent their school life with normal children (and some of them take part in every activity) they find themselves with a big handicap when they come to seek employment.

Some children are born with heart disease, but by far the larger number owe their defect to acute rheumatism of which the only sign may have been growing pains and it may occur that the first signs of an affected heart do not show themselves for some time.

In the early part of 1932 I presented a memorandum to the Committee drawn up with the co-operation of Dr. C. W. Vining. In this it was pointed out that the main objective must be the prevention of heart disease, and that a new scheme would have to be evolved.

To make the position clear, a classification of rheumatic children into four groups was made.

1—Children acutely ill with rheumatic fever or acute chorea with or without rheumatic heart disease. These are, for the time being, cases for the private doctors and hospitals. They are temporarily unfit for any form of school or education.

2—Children with established heart disease with efficient muscular compensation. These children, while requiring medical supervision by the private doctor or School Medical Officer, are usually fit for school and may live a normal life with certain reservations as regards games, drill, or exercise generally. Some of these children would undoubtedly be very suitable for Lawns House School.

3—Children with established heart disease suffering with temporary or more or less permanent cardiac breakdown with loss of compensation. Such children are cases for the private doctors and hospitals and are temporarily or permanently unfit for school of any type.

4—Children who have previously been in class (1) or children who have, within recent weeks or months, suffered from their first or second attack of rheumatism of a milder and more insidious type and who have quite recently developed signs of valvular affection of the heart. These are the children to concentrate upon very specially and who require energetic hunting for and who are urgently in need of care and supervision.

It will be understood that it is the class (4) children for whom provision is required.

Following on the memorandum, I was instructed by the Committee to explore any suitable propositions and in company with Dr. Dick, the Medical Superintendent of St. James's Hospital, visited a very suitable building belonging to the Rothwell Hospital. It is self-contained, separate from the rest of the Institution, and easily adaptable.

Consultations took place between the two Committees, and a working arrangement was agreed. The scheme has been placed before the Board of Education on two occasions and I note with great regret that they are unable to give it their sanction, on the ground that the treatment can be obtained at the general hospitals. With all due respect, I disagree. It is quite true that the hospital service of the country can, does, and should supply the necessary treatment during the "ill stage", but they neither can nor should undertake the lengthy period of treatment that Dr. Vining and other distinguished children's physicians are seeking. They cannot, because beds are not available for 18 months to 2 years as will be required and they should not because the school atmosphere must be brought in as soon as possible.

Dr. Vining remarks that it is a great mistake to keep "well" children of school age in bed for long periods of time with nothing to do mentally, and there is no reason why their education should not be continued during this very important period of cardiac convalescence. He is constantly sending me the names of suitable children and has offered his assistance. Most of the cases will come through him, because the children, at the time the treatment should begin, are not at school.

The Open-air School is not suitable for such cases unless a separate pavilion is built for them, for they should not mix, at this stage, with the ordinary occupants of an open-air school—nor is it advisable to utilise Lawns House for children who are permitted out of bed for a few hours only each day. Exercise is essential and mental employment necessary, in order that the child shall not become a chronic invalid from the lack of desire to be otherwise.

Tuberculosis—The main remark this year is that the Board of Education has asked for a fresh system of classification. This means that all cases of tuberculosis marked quiescent or arrested are now to be shown as delicate children. Consequently, there is a drop in the number shown as suffering from pulmonary tuberculosis from 170 to 62 in the Table of Exceptional Children, none of whom are in attendance at school.

This requirement may seem curious at first sight, until it is realised that what the Board of Education desire to know is how many children there are for whom special accommodation is required. Such accommodation is provided in Leeds at the Hollies and at Killingbeck Sanatorium, and the treatment of all such cases is in the hands of the Tuberculosis Officer for the city.

The same arrangements continue with the Tuberculosis Dispensary, where all suspected cases are seen and, in order to avoid any possible duplication, their diagnosis is always accepted.

Number of Cases of Infectious Disease Reported during 1933

Disease	Actual	Contacts
Scarlet Fever	1,515	857
Diphtheria	835	554
Whooping Cough	743	182
Chicken Pox	1,501	397
Measles	2,582	559
Mumps...	763	222
Influenza	2,556	19
Totals	10,495	2,790

Infectious Disease

The Table of Infectious Disease this year shows certain noteworthy points. Firstly, a large increase of scarlet fever and of influenza. Secondly, a smaller increase in cases of diphtheria, which has again been of a severe type. Thirdly, and unexpectedly, an epidemic of measles, which began in an unusual manner.

No schools or classes have been closed during the year, action being taken to exclude all infected pupils, in accordance with the memorandum issued jointly by the Ministry of Health and the Board of Education.

Circulars are sent to Head Teachers immediately on signs of an outbreak and all necessary instructions to them are given in the administrative handbook, which is in their possession.

Last year I wrote at length on the advisability of parents protecting their children against diphtheria by immunisation. This work is carried out by the Health Department and it is impossible to lay too much stress on its value.

Numbers of children have been so treated during the year, but nothing like enough. The time should come when all children (especially infants) who have no natural immunity, should receive protection against this disease.

Information as to procedure will be given to parents on application either to Head Teachers or to the Branch Clinics.

Swab Report, 1933

Clinic	Positive	Negative	Total
Central	3	265	268
Armley	3	32	35
Burley	4	50	54
East Leeds	3	30	33
Edgar Street	6	35	41
Holbeck	14	67	81
Hunslet	4	130	134
Meanwood Road	8	43	51
Totals ...	45	652	697

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

Positive	Negative	More Hairs required	Total
34	34	9	77

Open-air Education

Every opportunity is taken to hold classes in the open air, whenever possible. Much use is made of the parks, and school journeys are frequently organised. But there remains the question of physical exercise. This should take place out of doors not only in the summer but on every possible occasion during the year. The Assembly Hall should only be used for this purpose on rare occasions. Except in inclement and wet weather children will derive far more benefit from working out of doors and it is gratifying to note how often this occurs (although the surface of some playgrounds need attention). It is impossible to go out of doors when it is raining, but on dry cold days every effort should be made, because fresh air is not only essential for the child but it also reduces risk of infection. That a child should keep himself warm by exercise is Nature's wish.

The School Camp was again open from May 15th to October 2nd —a period of 20 weeks. 2,573 Children spent a profitable week there, 226 being free cases, and homesickness was almost conspicuous by its absence.

Their weight is taken on the day of arrival and the day of departure. Records are available of 1,343 boys and 1,208 girls.

	Boys	*Girls*
Showing gain	73·6%	81·5%
Showing no change	12·0%	10·8%
Showing loss...	14·4%	7·7%

The maximum gain in weight in the boys was 6½ lb. (2 cases) and the maximum loss was 5½ lb.; amongst the girls, the maximum gain was 5½ lb. (3 cases) and the maximum loss 2½ lb. (5 cases), but the improvement generally was so marked that the Camp can be regarded as a great asset to the city.

There are certain unfavourable conditions in connection with the Camp, and I would suggest for consideration that another site is required if for no other reason than the inadequacy of the water supply.

Further accommodation is necessary, bathing facilities are essential, and it would be better not to undertake anything more on the present site with the existing unsatisfactory conditions of tenure.

I am satisfied that many improvements are possible and that more children will be available.

Every child is examined as to fitness and cleanliness before going, and the health of the Camp was very good.

One of the School Nurses was present every week to do minor treatment, and was able to call in Dr. Bates when required.

Physical Training

The report of the Organiser of Physical Training is appended later in this report.

To clear up any misconceptions on this point, may I make it clear that the Medical Officers do not regard themselves as Inspectors of physical training nor do they make any reports on the teaching thereof. They certainly have a deep interest in the results, and the line of demarcation between Remedial and other Physical Exercise is purely artificial. The relations between the Physical Training Staff and the Medical Department remain extremely cordial.

Provision of Meals

Dinners—There is no change to report in the method of feeding necessitous children. The dietary is good and well prepared and any alterations suggested are carried out.

The number of meals provided has exceeded 2,200 daily, but there is always a definite falling off on Saturdays, when, at some Centres, the attendance has fallen to 50 per cent.

The dinners are provided through the year except Sundays and Bank Holidays, and are distributed now to 17 Centres daily (an increase of 4) by three motor vans, as all cooking is done in a central kitchen.

Last year's report contained a full account of the various problems of nutrition, and notes on malnutrition appear elsewhere so that further discussion here would be out of place, but the problem of adequate feeding remains.

During the year ended 31st December 1933, 499,708 dinners have been provided as compared with 406,770 in 1932; 304,975 in 1931; 216,929 in 1930; and 173,556 in 1929. Of the 499,708 dinners provided during the year, 461,388 (370,249) have been supplied from the Central Kitchen, 28,503 (23,935) at Special Schools and 9,817 (12,586) at Special Centres, including 447 (3,449) at Domestic Subjects Centres. The figures in brackets refer to the year ended 31st December 1932.

This increase in the number of Centres accounts for the decreases shown above in the numbers of dinners supplied at Special Centres and at Domestic Subject Centres. The latter have not been called upon for assistance in this respect since the beginning of April 1933.

The feeding of children at the Potternewton Park School for Physically Defectives is still undertaken by the Invalid Children's Aid Society, to which the Authority makes an annual grant.

An urgent need is the provision of a good mid-day meal for all children in attendance at the various Special Schools. Some, it is true, can go home to dinner, but others bring very unsuitable food with them, and adequate dinners would probably improve their work. The Special Schools all have suitable kitchen arrangements, and a meal is prepared daily to all "free" cases, but there remain some who would benefit if the parents could arrange to contribute.

Milk—All children who are receiving free meals have also a bottle of milk daily and the experiment is to be tried in 1934, in certain schools, of an apple in addition.

Table Showing Distribution of Milk

Summary of the Work since the Scheme was instituted in September 1929

	Year ended July 1930	Year ended July 1931	Year ended July 1932	Year ended July 1933
Total number of bottles supplied	2,816,155	2,058,777	1,870,756	1,918,680
Total number of bottles supplied free of charge	159,644	254,074	369,895	523,459
Percentage of number of bottles supplied free of charge ...	5·7	12·3	19·8	27·3
Total cost of milk supplied ...	£11,733 19 7	£8,578 4 9	£7,794 16 4	£7,994 10 0
Total cost to Committee of free supply	£655 3 8	£1,058 12 10	£1,541 4 7	£2,181 1 7
Maximum number of individual children supplied in any month	29,755 (Sept.)	15,066 (March)	12,323 (Oct.)	12,429 (March)
Minimum number of individual children supplied in any month	9,565 (July)	10,476 (Sept.)	9,779 (July)	10,781 (Jan.)

Extract of Malt and Cod Liver Oil—The issue of Cod Liver Oil and Malt still continues. Whilst many children pay for this, there is also a large issue to necessitous children. During the year 9,125 lb. has been issued. The cost was £180 12s. and a sum of £83 11s. 7d. was received from the parents.

Co-operation (a) Parents

It can be said that year by year parents show a greater appreciation of the work—no less than 75·3 per cent. of children examined at the Routine Inspection having a parent present. This figure would be greater still if the twelve-year-old boys did not discourage their mothers from attending—only 50 per cent. of these are accompanied by parents.

The "Leaver" examination is extremely important in view of vocational guidance and it would be of great benefit if more parents were present.

The view of parents on dental treatment is mentioned elsewhere. Otherwise they are generally only too glad to accept advice.

Sometimes there is difficulty in trying to make them understand that a child who is not actually "ill" at the time needs treatment, although we are not told so frequently as of old that parents propose to wait until the child is poorly.

Co-operation (b) Teachers

The co-operation of the Teacher continues to be extremely valuable and is given wholeheartedly.

The work of Medical Inspection must cause some upset of school arrangements, but unstinted help is given and the success or failure of the scheme must largely depend on the way the Teacher gives his support. The Teacher's influence is supreme in securing treatment and in observation on certain children, and it is a pleasure to say how much their aid is valued by the Medical Staff.

Co-operation (c) Enquiry Officers

As usual, their assistance is given ungrudgingly although the demands on their time by the Medical Section must be very great.

Their assistance in following up defaulters, who fail to secure treatment or to attend for special examination is extremely helpful, whilst their annual census brings to light children with defects who are not in attendance at school.

Co-operation (d) Juvenile Employment

Much assistance has been given, particularly in the matter of placing exceptional children.

Constant transfer of information takes place and the Medical Service will remain in close co-operation with this Department.

The Subnormal Child

Blind, Deaf, Defective, and Epileptic Children—The part of the report which refers to what the Board of Education describes as Exceptional Children must always cause the greatest anxiety to a School Medical Officer.

Last year I wrote of them as "Sub-normal Children" in an effort to discuss the problem in its most favourable light, and yet some parents object to their children being classified as exceptional, failing to understand that their child needs extra care and attention to secure the best possible results. In some ways this can be understood, for often attendance at any Special School has been a handicap as regards satisfactory employment.

Most of these children require not only exceptional treatment at school, but also help in securing suitable work.

Thanks to the good offices of the Juvenile Employment Department, these children are viewed by employers and Welfare Workers with great sympathy. When they are known to be sub-normal they are given chances of making good, that might have been denied them if thought normal. Candour helps the provision of suitable employment which is of paramount importance.

There is still a feeling that the "Special School" stigma is attached to such children with the inevitable attempts of concealment, instead of a realisation that they must be given more and better opportunities.

Number of Children on Roll in Special Schools on 31st December 1933

School	Number on Roll		
	Leeds Cases	Outside Cases	Total
Mentally Defective—			
Armley Special School	122	3	125
East Leeds	89	1	90
Hunslet Hall Road	56	2	58
Hunslet Lane	70	—	70
Lovell Road	73	—	73
School for Deaf	44	41	85
School for Blind—			
Blind	26	61	87
Blenheim Walk Home	1	27	28
Armley Myopic	23	1	24
Roundhay Road Myopic	56	—	56
Physically Defective—			
Potternewton	103	—	103
Open-air School	231	—	231

In addition the Education Authority is responsible for the maintenance of Leeds children in residential schools as follows—

CRIPPLES—
- Marguerite Home, Thorp Arch 3
- Kirby Moorside 1

EPILEPTICS—
- Starnthwaite 3

MENTALLY DEFECTIVE—
- Sandlebridge 2
- Littleton House, Girton 1

DEAF—
- Boston Spa 2

Position with regard to the disposal of Subnormal Children on 31st December 1933

TYPE	At No School or Institution	Attending Public Elementary Schools	Attending Special Schools	At Other Institutions
Blind	—	—	26	—
Partially Blind ...	—	46	80	—
Deaf	—	—	46	—
Partially Deaf	—	—	—	—
Epileptics	8	—	3	—
Mentally Defectives ...	48	65	413	12
Physically Defectives...	78	1,844	338	94

Blind and Partially Blind—Owing to circumstances already explained, little progress was made in reclassification of the pupils at the Blind School.

I wrote of the necessity of separating the Blind from the Partially Blind and pointed out that children were being taught on "Blind" lines who would not receive the benefits of the Blind Persons' Act.

It has been customary to classify as blind children those whose vision was so bad that "they could not use the ordinary school books". However, in October 1933, a circular was received from both the Board of Education and the Ministry of Health on the certification of Blind Persons, giving stricter definitions of blindness and abolishing the old form of certificate.

The new certificate is so worded as to suggest the necessity of all such children passing through the hands of an Ophthalmic Surgeon.

A preliminary survey made of the children who are being taught as "blind" gives the following results—

Total Number on Roll	92
Certifiable as Blind	51
Partially Blind only	29
Ascertainment incomplete	12

The Leeds children concerned show—

Number on Roll	26
Certifiable	11
Partially Blind only	9
Ascertainment incomplete	6

Whilst further examination by Mr Black may alter these figures, there is ample evidence that many children who are being taught by blind methods will not receive the benefits of the Act. Fifteen cases have been admitted and fifteen discharged during the year.

The disposal has been—

For training at Technical Institutes for the Blind	9
De-certified as not Blind	2
Higher Education at Norwood	1
Mentally unsuitable	2
Mentally doubtful	1

Partially Blind (including Myopes of severe degree)—A Departmental Committee will issue its report on this problem shortly, but in general it may be said that the majority of these children are myopes or shortsighted persons for whom it has been the custom rather to sacrifice education than to run any risk of further damaging their sight.

Reading has been reduced to a minimum, writing restricted to the use of white chalk on black paper and in other ways their education has been limited. In one case only can any record be found of such children reaching scholarship standard.

Our Leeds figures show 126 such cases of whom 80 are in attendance at Partially Blind Classes and the remainder in ordinary schools because their parents object to the efforts made to safeguard the eyesight of their children.

Whilst the report will probably necessitate great changes in dealing with myopes especially, it will be realised that it is of great importance to secure the best results.

Deaf and Partially Deaf—The total number of children on roll at the School for Deaf is 86, of whom 43 are Leeds cases (the three other Leeds cases are at Boston Spa).

They are classified—

	On Roll	Leeds Children
Total Congenital ...	46	28
Total acquired ...	12	5
Partial...	26	10

The 26 partially deaf possess—

Vowel hearing only	11
Short word hearing only	5
Short sentence hearing	12

The ages of admission during the year were—

Ages	Leeds	Outside
5— 6	3	3
6— 7	1	1
7— 8	—	3
8— 9	1 (new comer)	1
9—10	1 (acquired)	—
10—11	—	—
11—12	—	2 (1 acquired)
12 and over	—	1
Total ...	6	11

For some time past the teachers of the deaf have been pressing for the statutory age of admission to be reduced from 7 to 5, and although in Leeds we do make every effort to admit at 5 as well as to ascertain, yet there is a tendency on the part of parents to decline admission before 7.

If the compulsory age is reduced by legislation the establishment of a Deaf Nursery Class will be a worthy matter for consideration. As regards the partially deaf, the problem is to ensure adequate use of what hearing they possess, and once these children can be made to hear their own voice improvement is often rapid. Whilst the individual speaking tube is frequently used, successful experiments have been carried out recently in Manchester and London in the use of valve amplifiers for teaching the partially deaf and it seems very desirable to improve our equipment with such apparatus not only for the partially deaf but for certain children whose deafness

has been acquired later in life. The apparatus can be adapted from certain wireless sets, sufficiently powerful to deal with 12 pairs of headphones.

The advantages are—

1—A number of children are enabled to hear simultaneously at a good lip-reading distance.

2—The child can hear speech more exactly and more clearly.

3—The development of language attainment, which is always the chief hindrance in deaf teaching, can be speeded up.

The totally deaf child, especially the congenital, remains the biggest problem. They are among the most difficult to educate and to secure satisfactory employment.

There is a general belief in the almost miraculous results of lip reading and speech training. Lip reading is a great asset to a deaf person, but the best lip readers are nearly always people with some hearing or those who have become deaf later in life. The total congenital deaf is not a good subject; every sound, every word, has to be drilled into him and he has to be made to associate certain sounds with either certain objects or actions. He has further to learn the association of the signs made by the lips with their written symbols—in short the greatest difficulty in the education of these total congenitally deaf persons is the instilling of a sufficient vocabulary not only of words but of the uses of those words, and the learning of each additional word is often a lengthy process.

A stone-deaf nursery class is a most interesting place to study. A child will soon learn to associate certain written signs with objects animate or inanimate; without knowing his letters he associates H A T with hat. Show him a hat and his first lesson is to fetch the correct word card, next to write it from the sight of the object, then to recognise the mouth signs of it and later by a process of addition to attempt to make a sound that will be intelligible to a hearing person. The whole process is so long and so difficult that the earlier the training begins the better chance the child will have. But a deaf child will not lip read a word he does not know, or if he does will not be able to associate it and herein is the limitation of lip reading for this class.

For employment purposes these children can generally only obey written instruction, as many people are not easy to lip read and those that are easy must face the reader in a good light without making those grimaces which most people make to the deaf in an effort to be distinct. Again, the learning to talk is a very slow process

and every word has almost to be taught separately. Consequently, their speech is always very limited in vocabulary and frequently unintelligible even in their own homes. It will be understood that these children must have more than their share of natural intelligence to have any chance of competing in the outside world.

The child who goes deaf later in life has already got the power of word association and, with even a shred of hearing, will become a better lip reader with the same amount of intelligence and will seldom, if ever, speak in that toneless voice that is associated with their congenital colleagues.

It is only necessary to remind ourselves that, in the lifetime of living man, what are known as the deaf and dumb were mostly relegated to the imbeciles, and rarely were given a chance of performing even the services of which they were capable.

There are 46 of these children at the Leeds School for Deaf of varying degrees of intelligence. These have been examined and classified by Mr Sharp with the assistance of Mr Andrews, the Superintendent of the Deaf School. Each case is discussed on arrival and reviewed from time to time and classification is complete. One point Mr Sharp stresses frequently is the necessity for vocational vocabulary, if more definite vocational training is not possible at the present time, because the question arises "What can be done to effect a better placement of leavers ?"

The report on the deaf by the late Dr. Eichholz advised—

1—More vocational training.

2—More placement officers for the deaf.

Mr Andrews, whilst agreeing that more vocational training is necessary, dislikes the idea of further training beyond 16 under school conditions. He says with truth that the place for learning a trade is in the trade under the trade conditions, and that the best method is to cultivate a general manual dexterity and to pay more attention to the language atmosphere of particular trades.

Frequently the deaf child is an apt pupil from a manual point of view and the chief difficulty between him and his employer is a language one. Our pupil, then, must be prepared with workshop vocabulary and be familiar with the type of order or instruction he is likely to meet.

To this end more craft work after a certain age, say 11 or 12, is very necessary. The trouble is the numbers are few and there might be a demand for a class of one pupil only. There is no doubt that the matter of vocational training could be dealt with more

effectively if the problem were dealt with nationally or at any rate by large areas, say the six northern counties.

Technical school facilities are required so that they might be taught to make a piece of cabinet work, upholster, and polish it, thus preparing for three trades. This is only given as an illustration.

Suitable occupations for boys are—

In towns—Joinery and cabinet work; upholstery; painting and decorating; baking; boot repairing and possibly making; and, for a few selected cases, printing or mechanical dentistry.

In the country—Gardening and farm work; boot repairing.

For girls everywhere—

Dressmaking and designing; laundry work; cookery.

Adequate training time should be allowed for these as soon as scholastic attainments permit. Some of the deaf are, however, by reason of the cause of their deafness, also mentally retarded and this tends to complicate the problem.

There is a pressing need for a Deaf Persons' Act on the same lines as the Blind. They are not so numerous possibly, but they are deserving of a great deal more practical sympathy than they receive.

Thanks to the assistance of the Juvenile Employment Bureau and Mr Taylor of the Leeds Institute for the Deaf, our leavers have received much consideration. Of this year's leavers—five in number—four are satisfactorily employed. Of the 42 leavers during the last six years, 35 are usefully employed, one girl is married, and six in all are unemployed.

Of this six, the mental condition of three is so low that they might be termed unemployable. Of the outside cases the reports we receive are less assuring, indicating that the view of Dr. Eichholz, as regards placement officers, is correct. There have been no Leeds cases sent for further training during the period under review.

Mental Deficiency—Last year's report contained a full statement of the nature of mental deficiency and an account of the occupations and wage-earning capacity of many of the children. It will not be necessary to repeat anything given then, but it is advisable to make some reference to the future of Special Schools for the Mentally Defective, because there is a large body of opinion to the effect that Special Schools contain too many low-grade cases whose educability is so slight, especially as day pupils, as to render it impossible to make them successful social units. The Act which authorised the education of defectives preceded the Mental Deficiency Act by

over 10 years. There was a time, therefore, when the only places available for all grades of mentally defective children were the Specials Schools and Poor Law Hospitals.

To-day the old negative definitions are replaced by more positive ones and the highest grade of Mentally Defective is defined as those individuals who require care, supervision, or control for their own protection or that of others, whilst defective children are defined as those who appear to be "permanently incapable of receiving proper benefit from the instruction in ordinary schools".

Mental deficiency, then, must be a question of social efficiency, and the examining officer has to probe deeply into any evidence that appears to foretell the future.

There are only two courses open; the first is to utilise the Special Schools for low-grade cases until they reach the age of 16 when they are notified to the Mental Health Services Committee, and the second is to retain the Special Schools for higher-grade cases who will derive benefit and in many cases prove themselves able to live in the community rather than on it, and even not become notifiable.

As regards the first alternative, it should be remembered that the Board of Education is only responsible for educable children, and it seems that most of the low grades should be excluded from school. This means that many will have to be admitted for a period of probation in order that their social ability may be tested, and at once appears the main argument against the second alternative, mixing high and low-grade children together. Yet the high-grade children are the ones who make the Special Schools worth while.

Defectives are often divided to-day into two classes, the pathological and the sub-caltural whom Dr. Penrose describes "as just as normal as anyone else but not so clever".

All classifications, even in the Act, are somewhat arbitrary especially about border line cases where one doctor says the child is dull and another certifies him as defective. The Leeds procedure has been for some time to notify low-grade cases as soon as satisfactory evidence has been secured and to endeavour to reach a higher standard for admission. There is a genuine feeling that the work done in the Special Schools is much better, and the policy of permitting certain cases to leave on license to take up suitable work to prove social ability before settling whether a particular child is notifiable has been, so far, very successful. If the work is not retained, they return to school and at once we have some proof of social inadaptability.

It is sometimes urged that if a child is sent to a Special School and is not notified, that a wrong diagnosis has been made. Here I disagree, because, in my opinion, the Special School should be a sorting ground.

A child notified to the Mental Health Services Committee is definitely labelled Mentally Defective, but the wording of the appropriate sections of both Acts seems to realise that the Education Authority will find children who, although taught in defective schools, prove to have a sufficient amount of social adaptability.

It is a tragedy that so much stigma still attaches to a Special School—a tragedy especially to a child who needs extra chances that cannot be given in an ordinary school. A tragedy, too, to the community because such schools cannot fulfil their real function, and to the schools because they do not get the right material.

The work of the two committees is entirely different, and the difference needs much more understanding. The need for separation of Special School boys at 11+ is still pressing. They should be taught by men with more facilities for handwork. I visualise the time when all Special School children over 11 who have a mental age of about 8 will spend half their time in craft rooms. Leeds still lacks the service of trained psychologists. They are very necessary now and will become far more so when child guidance is really understood. That so much of the responsibility, under the new Children's Act, is put on the Education Authority makes a Child Guidance Clinic an absolute essential.

Physically Defective Children—This group includes not only those children suffering from severe crippling defects that necessitate prolonged attendance at the Potternewton Park School, but also those described as "delicate", who are in attendance at the James Graham Open-air School.

Children attending either of these schools must be certified by the Medical Officer as unable to derive proper benefit from the instruction provided in an ordinary elementary school, and therefore neither the Potternewton Park School nor the James Graham School should be regarded as convalescent homes.

Dr. Willcock has written on the Open-air School and its function. There remains the School for Cripples which is held at the Mansion in Potternewton Park. Here are gathered over 100 children with severe physical defects, which in some cases necessitates their attendance throughout their school life. The number on roll is 103; the conditions from which they suffer are—

Tuberculosis (quiescent or arrested) mostly of bones and joints	39
Paralysis of all kinds	30
Heart Disease due to Rheumatism	9
Rickets and Curvature of the Spine	13
Other conditions	12

Thirty-two children have been admitted and 32 discharged during the year.

The discharged have been dealt with as follows—

To ordinary school	16
Imbecile	1
To M. D. School	1
Too ill to attend	1
To Alton	1
Left Leeds	2
Gone to work	6
Died	4

There are still children known, whose defect is such that they cannot even attend the school, and there are still children in the school who appear to derive little benefit educationally.

There are really two classes of crippled children.

(i) Those who, with care and attention, will be able to return to an ordinary school after a period.

(ii) Those who will have to spend their school life in a Special School and for whom the future holds little promise.

In the opinion of many, Cripple Schools should be utilised mainly for the former group, whilst the latter should be dealt with in residential institutions, in which the best can be got out of every individual child by such grading as will only be possible if Authorities over a large area join together to ensure a better return both to the community and to the individual.

During the year, I felt constrained to ask the opinion of the Chief Inspector on the educational possibilities of the children, and received confirmation of my view that there are some from whom little result can be expected. It is intended at an early date to reclassify these children who may be described as those with "dual" defects or those who beside their crippling have an associated mental defect which may or may not require notification to the Mental Health Services Committee.

If such a class is formed it will be advisable to give the teacher a helper similar to those at the Nursery School.

There is no other place in the City where these children can be given their opportunity and most of them would not get that were it not that they are transported to and from school.

Those in the first group and the better of those in the second are followed up and many of them do well in spite of their great handicap.

Epileptics—There is a decrease in the number of epileptics shown in the Table. This is due to the recent requirements of the Board and does not mean that we have fewer epileptics.

Mild cases still attend the ordinary schools but the more serious ones are either remaining at home (8) or in Special Residential Institutions (3). There is a great lack of such institutions. Vacancies are hard to find and, as Sir George Newman points out, when they occur should be reserved for high-grade recoverable cases.

There are 41 other known cases who are in attendance at ordinary schools, none of whom are reported by the teachers as being subversive of discipline.

The James Graham Open-air School

Dr. Willcock reports that during the first term in which the Open-air School was in being—the Christmas term, 1932—there were 120 children in attendance as Day Scholars. For the Spring Term 1933, the number was increased to 180, and for the Summer and Autumn Terms there were 240 children—215 Day and 25 Resident. In all, during the year 1933, 512 children have attended the School.

The majority of the children who have attended the School have been cases of malnutrition, anæmia, or debility. Some of these children have been convalescent after acute illnesses, such as pneumonia, but many of them have been cases where the home circumstances—owing to unemployment, poverty, bad housing, parental faults, or neglect—have been at least partly responsible for the condition of the children. During the year 159 children attended the School without being charged fees—that is to say, in these cases the family income, after deducting rent, has been less than the Committee's scale. A considerable proportion of the other children in the school have paid modified fees owing to their poor home conditions.

The next largest group into which children admitted to the Open-air School may be divided, is that labelled Pre-Tubercular and Quiescent or Arrested Tuberculosis. Pre-Tubercular cases are children in whom there have been no definite clinical signs of disease but who have a family history of tuberculosis or whose physique and

general health have caused apprehensions as to the strength of their powers of resistance to infection. A number of these have been examined at the Central Dispensary and reported negative for tuberculosis. No cases of Quiescent Tuberculosis have been admitted to the School except with the approval of the Tuberculosis Officer, and in no case has any child in whom there was the slightest probability of infection being present, been admitted. There is probably less risk of being exposed to tubercular infection in the Open-air School than in any of the other schools in the city.

A third group of children is included under the title Bronchitis, Bronchiectasis, etc. This includes a number of cases of Chronic Bronchitis and Pulmonary Fibrosis as well as a few cases of Asthma. Several of these children have been referred to the Education Authority from the Leeds General Infirmary as suitable for the Open-air School. This group differs from the others in that the children require a much longer period in the Open-air School to attain results which are likely to be of permanent value. Up to the present no case has been retained in the school for longer than two consecutive terms—owing to the existence of a waiting list.

A fourth group in which children have been classified is that of rheumatism. There seems to be a general consensus of opinion that there ought to be special school-hospital provision for rheumatic cases apart from Open-air Schools. In the absence of such provision in Leeds a number of cases has been admitted to the Open-air School. Our experience so far has been that sub-acute cases of rheumatism with no established heart lesion and the children known as pre-rheumatic, seem to derive considerable benefit from their stay in the Open-air School. More advanced cases are not suitable both by reason of the risk of further damage to their health and also because of administrative difficulties which their presence in an Open-air School entails.

The following Table shows the gain in weight during each term in 1933, for all children and also for the four groups into which the children have been divided.

Term	Easter	Summer	Christmas
	Lb.	Lb.	Lb.
All children	2·68	3·29	3·67
Day children	2·68	3·23	3·57
Residents	—	6·12	4·49
Boys	2·37	2·82	3·67
Girls	2·96	3·84	3·68
Rheumatism	3·0 (14)	4·29 (20)	3·88 (15)
Pre-tubercular, etc.	2·87 (36)	2·92 (48)	3·73 (43)
Malnutrition, etc.	2·73 (97)	3·45 (115)	3·70 (113)
Bronchitis, etc.	2·03 (23)	2·65 (34)	3·47 (41)

There are one or two points of interest in this Table—

(1) The results as regards weight at any rate, for the Easter term are not so good as for the other two terms. This is usually the shortest term of the three and also the period in which our climate is at its worst. It may be possible in the future to arrange that children who are in the School for that term have either had the benefit of the previous Autumn term or are given the opportunity of continuing in the School during the succeeding Summer Term.

(2) The position of the groups enumerated above in relation to each other appears remarkably consistent as regards gain in weight. The rheumatic group shows the greatest gain in weight for each term and the bronchitis group shows, as might be expected, the smallest gain. For two terms of the three the pre-tubercular has done better than the malnutrition group.

(3) The residents show a marked superiority in results as regard weight over the day scholars. This was most marked in the Summer term when their average gain in weight was nearly double that of the day scholars. In the Christmas term the difference was not so marked, but one resident—a case of bronchitis and asthma—lost several pounds in weight during the term and, owing to the small number of residents—25—this unduly affected the average gain in weight.

The residents during the Summer and Christmas terms have been girls. Their progress has been on the whole most satisfactory. The children have been happy and contented, and there has been remarkably little serious illness among them. The results must be gratifying to those specially concerned with them. It is to be regretted that at present it is not practicable to increase the number of residents.

The diet provided in the school meals has proved very satisfactory. It is varied in character and meals have been served expeditiously and attractively. Cheese has been added to the menu for tea once a week, and has been appreciated. The addition of an egg once a week to the breakfast would add to the variety, and would be a valuable addition to the diet. The Matron and her staff deserve great credit for the arrangement and service of the meals.

The Rest and Hygiene periods are undoubtedly important factors in promoting the health of the children. The shower baths have been thoroughly enjoyed by the children with few exceptions. Occasionally there has been an objection or complaint, usually from a mother who regarded the baths as a reflection on the cleanliness of her family or feared injury to the health of her child. It has been

thought advisable to make it clear that, whilst a child might be excused for some temporary condition, constant inability to take advantage of this important part of the school programme meant that the child was not a suitable case for the School.

A note of the attendance in the School during the year may be of interest. During the Easter term the average attendance was 90·1 per cent., during the Summer term 91·5 per cent., and during the Christmas term 90·4 per cent. It should be explained that the Summer term includes three weeks in August when the other Elementary Schools in the city were closed. The attendance during these weeks was satisfactory but not unnaturally was considerably below the average for the term. Also the figure for the Christmas term includes four children who made no attendances after the first week, but whose names had to be retained on the school register till the end of the term.

In conclusion one would like to emphasise once more that in selecting children for the School it has always been kept in mind that the place is a School and not an institution for sick children. If too large a proportion of cases of chronic illness were allowed to accumulate, it would be fatal to the function of the school as described in the first report after the school opened "to produce the greatest benefit to the community in the shortest possible time".

Nursery Schools—Summary of Routine Examinations

	No. of Children Examined	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
Nursery School	98	14	120	88	14	58	10
Nursery Class	37	22	57	33	17	14	4

Dr. Prince writes that—

The Hunslet Nursery School

The recent report of the Consultative Committee on Infant and Nursery Schools has emphatically stressed the necessity for more adequate supervision of the health of the pre-school child, and has made certain observations and recommendations with which I wish to express hearty agreement.

The Committee has recorded its opinion that sufficient supervision of the health of the child below the age of five is a pressing need, and that the possibility of extending existing services should be explored with a view to providing more adequate facilities for the medical inspection and treatment of such children. They consider that the Nursery School fulfils an important function in providing a centre in which problems connected with the general

development and nurture of children may be investigated. They think, therefore, that apart from purely social and economic considerations model nursery schools for children from the age of two onwards are educationally desirable, and that they should be made available for teachers from other schools.

The report goes on to state that, where children below the age of five are admitted to Infant Schools or Departments, Nursery Classes should eventually be the normal type of provision. The Committee accordingly recommends that each local authority should survey the needs of its area, with regard to the wishes of the parents; and, after consultation with the Board of Education, should take such steps as may seem to them desirable to provide nurture and training in schools for children below the age of five.

While contending that, where the home conditions are good, the best place for the child till he approaches the age of five is at home, the Committee expresses the opinion that "there are homes where the environment is such that the child is of necessity deprived of his proper supply of fresh air, sleep, and exercise, and where suitable food is hard to provide, and cleanliness hard to attain. In such cases the work of the Nursery School and Class is preventive rather than remedial. The nation cannot afford to leave it undone".

The fundamental purpose of the Nursery Class, in the Committee's opinion, is to produce the healthy conditions of a good nursery in a well-managed home. Good work has been done for many years in the Babies' Classes of the Leeds Elementary Schools, but it cannot be claimed that these reproduce ideal nursery conditions. At present nurture is provided in the form of morning milk, an afternoon sleep, and elementary habit training. In order to compensate for the damage done to the children's health by poor home conditions, it would be necessary to supply carefully chosen food, ample space, light and air, and opportunities for learning the niceties of the toilet. With adequate lavatory and sanitary equipment the children could adopt standards of cleanliness impossible at home. Of all these factors diet is probably the most important, and has the most far-reaching results. Very much could be done by the provision of nursery dinners, to counterbalance the effects of poverty and injudicious feeding.

It is generally conceded that at the nursery stage of development, nasal and bronchial catarrh are constant concomitants of rickets, and the three conditions may be regarded as an index of faulty diet and environment. The following figures relate to the routine medical examination at entry of children at present on roll at the Hunslet Nursery School, and the St. Peter's Square Nursery Class. While too small for the compilation of formal statistics, the figures

are sufficiently striking to suggest that there is a very real need for the medical inspection and treatment of the pre-school population of Leeds.

At the Hunslet Nursery School 114 entrants with an average age of 2 years 6 months, showed a total of 239 defects, of which 26 received treatment other than the usual dietetic and hygienic routine of the school. Nasal catarrh was present in 52 cases, bronchial catarrh in 25 cases and rickety defects of bone in 19 cases.

At St. Peter's Square, which is situated in a slum clearance area, the incidence of defects is more severe. The 38 children at present on roll, with an average age on entry of 3 years 2 months, showed on admission a total of 114 defects, 17 of which required specific medical treatment. There were 26 children suffering from nasal catarrh, 11 with bronchial catarrh, and 17 with signs of rickets. Six cases of rickets were immediately ordered massage, and in several instances the deformity was of a distressing severity. In only one of these rickety cases have we any record of treatment having been sought at the Infant Welfare Centres.

Attendance at school dinners is optional at the Nursery Class, but it is satisfactory to state that all cases of definite rickets are taking their mid-day meal in school. An average of 32 children dine at school daily, of whom 15 are entitled to free meals. That the school meals are appreciated by the parents is shown by the fact that several old class-mates recently promoted join the Nursery children for this meal.

The willing response of parents in this neighbourhood to suggestions made by the Medical Officer at the monthly inspections is very gratifying, and is no doubt encouraged by tactful representations on the part of the teachers concerned, who frequently meet the mothers and have many opportunities for health propaganda.

A further proof of parental interest in the nursery establishments is a waiting list of 22 children over two years of age at the Hunslet Nursery School; while the Nursery Class can only avoid a waiting list by promoting a number of children to the Infant's Department at the age of $4\frac{1}{2}$ years. This arrangement, though regretted, appears to be the only one possible at the moment.

The average stay of children in the Nursery School is two and a half years, while that in the Nursery Class is 14 months. In this period many defects are remedied, and many prevented.

The records of 39 children, with an average age of 5 years, who have left the Nursery School during the last two years, show 13 cases of nasal obstruction, one case of bronchial catarrh, and traces of rickets in three instances.

The incidence of nasal obstruction would seem to be unduly high, but probably represents an aftermath in the form of adenoids of the previous nasal catarrh. The decrease in bronchitis and rickets is encouraging.

A great decrease in the incidence of catarrh is a very marked feature. This is the joint result of diet, training, and environment. The value of the third factor is stressed by the Nursery School Superintendent, who has noted a very marked improvement in this respect during the two years spent in the new building, which is planned on open-air principles. Important results are also obtained by the early detection of defective eyesight, hearing, and mental development, and by the elimination of behaviour difficulties. Most cases of rickets are completely cured before the children are promoted, and even cases of marked deformity are well on the way to normality before they are transferred to the Infants' School.

There is a uniform improvement in muscular tone and in the condition of the skin. The bright appearance and alert bearing of the five-year-olds are very noticeable. They indicate an all-round improvement in health and development of personality, which epitomise the work of the Nursery School.

Had these children not come under the notice of the School Authorities, many of them would have started their formal education under a severe handicap, due in many cases to the fact that parents had not realised the possibility of prevention or cure, and had accepted a low standard of physical well being as usual and therefore normal.

Secondary Schools and other Institutions of Higher Education

Following the receipt of Circular 1153 in March 1920, a scheme was adopted in Leeds to provide for the Medical and Dental Inspection and Treatment of pupils attending the schools for Higher Education maintained by the Authority. Similar facilities were offered to the Managers of non-maintained Secondary Schools.

The scheme provided for—

1—The routine medical inspection of pupils in the following age groups.

(*a*) Entrants who were not examined during the previous year in an Elementary School.

(*b*) Pupils between 8 and 9 years of age.

(*c*) Pupils between 12 and 13 years of age.

(*d*) Pupils 15 years or over who had not been examined since reaching the age of 15, except in the case of Junior Technical Schools where pupils are seen in their last year.

(*e*) Pupils submitted by the Principals for special examination.

2—The reinspection of all pupils 12 years of age or over who were not due for routine inspection.

3—The dental inspection and treatment of all pupils in attendance.

4—The facilities of the School Clinics to be available for treatment subject to payment of the following charges which might be excused in necessitous cases.

For Refraction	10/6
,, Dental Treatment	5/-
,, Specialist Services	10/6
,, X-ray Treatment	21/-
,, Massage or Medical Electricity ...	1/-
	per attendance

The inspections are arranged to suit the convenience of the individual schools. In some schools the Medical Officer attends at various times throughout the year and in others the whole inspection is completed on consecutive days.

All the schools for Higher Education maintained by the Authority except the College of Art and the College of Technology, where the majority of the pupils are part-time or adult students, are included in the scheme.

The following Table shows the number of children examined—

School	No. of Routine Inspections	No. of Reinspections
Maintained Secondary—		
City of Leeds	240	382
Cockburn Boys'	135	219
Cockburn Girls'	97	145
Thoresby	310	14
Leeds Modern	132	211
Lawnswood High	232	274
West Leeds Boys'	179	201
West Leeds Girls'	239	191
Roundhay	185	169
Roundhay High	227	193
Chapel Allerton	116	25
Non-maintained Secondary—		
Notre Dame	94	176
Maintained Junior Technical—		
College of Commerce	51	67
Woodhouse Junior Technical	45	40
Holbeck Junior Technical	39	52

There are four non-maintained Secondary Schools which have not accepted the Education Authority's Scheme of Medical Inspection.

Generally speaking, the health of the children is well safeguarded by private practitioners, and as it might be doubted whether the time

spent can be justified, I wrote fully in last year's report on the opinions of the Principals, who were unanimous in their views of the value of the work both on the physical and also on the psychological side.

There is little to call for special attention in the defects found (treatment is usually forthcoming) except in the case of defective vision and especially of myopia.

An enquiry has been made during the last year into the question of myopia in Secondary Schools, firstly with a view of ascertaining the incidence and secondly, of determining whether Secondary School life should be restricted in myopia. Whilst it cannot be contended that every myope was found, it is probable that nearly every one is included in the figures.

Every child wearing glasses or known to have them was seen and the lenses measured.

The Table shows the admissions to the Secondary Schools during the last four years, and also the number remaining beyond the normal Secondary School Course.

	1933	1932	1931	1930	Remaining from other years
Admissions to main School ...	822	999	1,015	814	837
Number of Myopes	67	104	94	104	131
Number less than —3D ...	37	67	62	66	82
Number between —3D and —6D	26	29	32	34	49
Number more than —6D ...	4	8	—	4	9

	Often	*Seldom*	*Never*
Do you find cases in which Myopia is proved, and parents refuse to provide glasses? ...	—	In 7 Schools	In 4 Schools
Do you know many cases in which Myopia is suspected and treatment avoided?	—	In 6 Schools	In 5 Schools

Whilst I am unable to give any comparative figures for Elementary Schools, it will be noted that the incidence of Myopia is high, and that the degree of severity varies.

To discover any possible harmful effects of Secondary education on Myopes a questionnaire was sent out to the Principals and is appended with their replies.

Most of the questions could be answered by Often, Seldom, or Never.

Have you ever refused admission on the ground of Myopia?	Never
Do you find that Myopia prevents a pupil from following the normal school course to the School Leaving Certificate?	Seldom or Never
Has the normal period of study for the School Leaving Certificate to be unduly extended in the case of Myopes?	Do. do.
Has the normal period of study for the Higher School Certificate to be unduly extended in the case of Myopes?	Do. do.
Do you find that pupils suffering from Myopia are debarred from their chosen career?	Do. do.
Have you known in your teaching experience, cases of Myopia which have become totally blind in later years?	Never
Do you think from your observations that Myopia is increasing?	Generally No
What practical measures do you take to assist the Myope?	Careful placing in Form Room
Do you modify the curriculum to meet the needs of myopic cases, e.g. homework, etc.?	Generally No
Do you find that Myopes take full share of all school activities, including games?	Yes
Have you any observations to make on the harmful effect of the Secondary School curriculum on Myopic pupils?	Generally No

It will thus be seen that there is general agreement that there is no reason why Secondary education should be denied to Myopes.

Payments

The scheme providing for contributions of parents towards the cost of medical and dental treatment has been continued.

Details of the receipts are as follows—

Minor Ailments, X-ray, Massage, and Dental Treatment

Clinic	Minor Ailments, X-ray and Massage				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 ...	1,802	90	17	9	12·7	3,617	65	3	2	47·0
	(4,195)	(156	0	8)	(32·3)	(4,413)	(87	17	3)	(50·6)
Armley ...	13,459	2	15	6	1·0	4,120	85	1	3	60·4
	(17,589)	(6	1	10)	(2·8)	(3,883)	(90	15	4)	(63·0)
Burley ...	13,021	2	8	5	·6	2,032	56	4	11	52·8
	(13,981)	(5	5	11)	(3·9)	(2,466)	(46	0	3)	(46·6)
East Leeds	10,018	5	6	5	2·9	2,970	91	10	2	73·0
	(10,804)	(10	13	3)	(4·3)	(2,772)	(88	11	7)	(74·3)
Edgar St.	27,509	3	1	1	·6	3,644	33	16	8	30·4
	(31,433)	(3	10	0)	(2·7)	(3,738)	(35	0	6)	(32·1)
Holbeck...	19,305	4	19	1	1·1	2,558	29	12	7	36·5
	(31,858)	(6	18	9)	(2·6)	(2,710)	(27	3	8)	(31·4)
Hunslet ...	13,041	4	10	2	3.2	3,855	58	4	2	43·2
	(20,003)	(4	1	9)	(3·6)	(4,085)	(63	4	8)	(43·6)
Meanwood Road	18,549	1	15	10	·4	—	—			—
	(22,574)	(2 | 6 | 4)	(·6)	—	—			—
Total ...	127,364	*115	14	3	1·3	23,396	419	12	11	49·0
	(152,437)	†(194	18	6)	(3·5)	(24,067)	(438	13	3)	(48·8)

* Includes £83 11s. 7d. received for payment for Cod Liver Oil and Malt.
† Includes £143 17s. 8d. received for payment for Cod Liver Oil and Malt.
Corresponding figures for 1932 are shown in brackets.

Operative Treatment

Tonsils and Adenoids	Orthopædic Treatment
£ s. d.	£ s. d.
114 5 5	48 16 9
(227 7 10)	(58 19 4)

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 ...	1,224	273 19 0	80·6
	(1,188)	(229 17 3)	(96·1)
Armley ...	491	110 9 2	91·0
	(481)	(102 14 4)	(91·9)
Burley ...	552	119 18 6	91·8
	(518)	(122 16 2)	(96·1)
East Leeds ...	350	90 16 0	98·6
	(277)	(47 9 0)	(97·8)
Edgar Street	694	128 11 1	93·7
	(767)	(151 9 10)	(97·5)
Holbeck ...	756	146 18 11	92·3
	(676)	(117 3 1)	(97·0)
Hunslet ...	548	113 10 8	93·1
	(650)	(134 3 7)	(96·1)
Meanwood Rd.	—	—	—
Total ...	*4,615	984 3 4	89·8
	†(4,557)	(905 13 3)	(96·2)

*Includes repairs to 1,292 pairs of spectacles.
†Includes repairs to 999 pairs of spectacles.

Complete payments	2,506	(1,830)
Supplied on the instalment basis	1,589	(1,472)
Supplied free of charge	471	(175)
Cases on hand at the end of the year	49	(81)

Corresponding figures for 1932 are shown in brackets.

Summary of Payments, 1933

	£ s. d.
Refraction Treatment and Supply of Spectacles	984 3 4
Dental Treatment...	419 12 11
Minor Ailments and X-ray Treatment	16 0 7
Supply of Cod Liver Oil and Malt	83 11 7
Treatment of Tonsils and Adenoids	114 5 5
Orthopædic Treatment—Operations, Appliances, etc. ...	48 16 9
Massage	16 2 1
Total cash received 1933	£1,682 12 8
Total cash received 1932	£1,825 12 2

Health Education

The teaching of hygiene is entirely in the hands of the teaching profession, who base their schemes on the Handbooks on Health Education issued by the Board.

This work is well done, even in the Babies' Classes, where it must consist of very practical lessons.

Formal lessons must be postponed until children can understand their meaning.

Doctors and Dentists do use such time and opportunities as present themselves, and so do Nurses, but there is no organised system—nor is one possible. The teaching of Mothercraft to older girls is largely carried out by Nurses who were formerly on the staff but are now transferred entirely to the teaching side.

Defects of Vision—Dr. Wood writes—

Special Enquiries

"In continuation of the research into the rate of increase of Myopia (short-sightedness), all available children, having this defect, have been re-examined.

The average rate of increase in the degree of the defect in each eye in those children having no astigmatism during the years 1930, 1931, 1932, and 1933, has been calculated and is shown in the Table. This can only be done in those children whose vision has been tested two or more times.

Observations during 1930-31-32-33.

Age	Number of Eyes		Average Rate of Increase	
	R	L	R	L
6– 7	42	41	·53	·50
7– 8	89	89	·49	·54
8– 9	223	226	·49	·52
9–10	431	430	·47	·49
10–11	442	433	·44	·46
11–12	379	377	·44	·43
12–13	278	280	·43	·44
13–14	103	103	·35	·39
14 & over	19	18	·36	·46

It will be noted that the number of right eyes differ from the number of left. This is due to some of the children having one short-sighted eye and one either normal, long-sighted, or astigmatic. Eyes with less than one dioptre of astigmatism have been considered as non-astigmatic.

Where for any reason a myopic child's vision has not been retested each year, the rate of increase has been assumed to be constant and an average taken over a period, i.e., a period of three

years with total increase in myopia in right eye of —1D, left eye of —1·25D, the annual rate of increase is assumed to be Right 0·33D, Left 0·42D.

All available myopic children attending the Roundhay Road Myopic School, have been retested this year and figures extracted as above, with the addition of those cases with astigmatism, where this remained constant.

Myopic Schools
(19 Children)

Age	Number of Eyes		Average Rate of Increase	
	R	L	R	L
6– 7	1	1	·25	·50
7– 8	3	3	·08	·17
8– 9	2	2	·58	·37
9–10	5	5	·38	·60
10–11	8	8	·47	·55
11–12	8	8	·30	·38
12–13	6	6	·12	·33
13 & over	2	2	·12	·50

There does not appear to be any definite relationship between the presence of myopic crescents in the fundus of the eye and the rate of increase in the degree of myopia. I found, almost invariably, that when a child with myopic eyes has been growing rapidly, increase in the degree of myopia is greater than the average."

Stammerers—Dr. Hargreaves writes—

"In view of the great importance now attached to Mental and Physical efficiency as a national asset, speech defects assume a serious position.

The increasing use of the telephone between places of business or for inter-departmental work demands quick response, and what better example of a handicap do we require than the endeavour of a stammerer to conduct a conversation.

For nearly three years a class for stammerers has been held in different parts of the city term by term, and since the departure of Mr J. Nettleton last November this has been conducted by Mr E. T. Jordan, who holds an Honours Diploma in Speech Training. Since its inception 148 children have attended the class (some few for two terms) and a recent investigation into results shows—

Cured ... ... 53 per cent.
Much improved ... 30 per cent.
Improved ... ... 17 per cent.

Not a single child is tabled as having derived no benefit.

Both teachers and parents are asked to visit the class, so that there may be both co-operation at home and continuity after return to their ordinary school.

As far as possible touch is kept with the past pupils, so as to avoid retrogression.

Recently the parents of most of these have been interviewed in order to find out both their views on results and their ideas as to the causation. They were unanimous in their appreciation of the efforts made to help their children, and were emphatic as to the improved mental outlook and the increase in self-confidence and general well being, which point to the fact that as the capacity increases to speak well, the child becomes brighter and feels a sense of living more on an equality with his fellows. This shows that there must be a psychological basis in many cases.

Amongst 55 cases recently investigated, there were only five whose parents did not see 'much' improvement. Many used the word 'cured', which was corroborated by the way the children repeated 'tongue twisters'. Fully 60 per cent could answer any questions put unexpectedly and most impressive was the way they corrected themselves when a difficulty arose, showing how well they had retained the instruction. Some parents expressed the wish for a longer period than one term.

Investigation into factors gave the following results—

Heredity appeared in 40 per cent.
Imitation appeared in 16 per cent.
Original left-handedness appeared in 22 per cent.
Present left-handedness appeared in 6 per cent.
Abnormal fears appeared in 22 per cent.
Other known neuroses appeared in 20 per cent.
Unknown neuroses (shock, etc.) appeared in 24 per cent.
Age of onset under 5 in over 60 per cent.

Whilst left-handedness cannot be claimed as a cause, the change over was stated in some cases to have coincided with an increase in the defect. This point will be watched because of its bearing on the child's future.

This is a right-handed world as far as machinery goes, but if conversion from left-handedness upsets the co-ordination required for correct speech, it must be questioned whether a change should be enforced.

The mental condition of the children is being tested by the Northumberland Group Tests at the commencement of each course

and the results checked by enquiry at the ordinary school and by observation. The accuracy of the results was confirmed and shows no marked incidence of severity in any of three groups.

Results above normal were obtained in 30 per cent.
Average results were obtained in 50 per cent.
Results below average were obtained in 20 per cent.

It has been found that in cases of high-grade intelligence, quicker correction was possible, due to better co-operation with the teacher, whilst in some of the lower-grade cases—possibly border-line M.D.—multiple defects of speech were present, which had to be cleared up before the actual stammering could be cured.

A 'silent' period has been in force at the beginning of each class and respiratory re-education is proving a most valuable mode of treatment. An attempt is being made to establish a definite technique, for unless the raw material of speech be handled correctly, good enunciation is impossible.

One interesting fact came to light in two cases who talk in their sleep—no stammer is heard. This leads me to think that the psychological basis warrants the attention it is now receiving and that the course adopted by the teacher must be one of diagnosis of cause, followed by individual psychological, phonetic, and respiratory training in the class.

In addition to the corrective work, the question of following up of and occasional revision work for ex-pupils requires care to secure the permanence of the new habits taught in the class.

I hope to continue the investigation with Mr Jordan's assistance."

Dental Caries—Miss E. M. Knowles writes—

"It has been shown that dental caries is related to the action of mouth bacteria on the fermentable carbohydrate debris which remains on the teeth after meals, resulting in the production of an acid which decalcifies the enamel.

Resistance to caries depends on good tooth structure, and as the permanent teeth develop during the ante-natal period and early life of the child, maternal and infant feeding with a rich vitamin diet is an advantage.

Dental caries is the most prevalent of all diseases affecting the child population to-day, and a comparison of the respective diets of elementary school children who are (1) free from dental caries with those (2) with extensive caries, yields interesting results.

The following is a brief comment on some of these observations—

Particulars noted in the dietetic histories of each child were—

Feeding in infancy, the present general diet and type of food eaten at all meals with special reference to the amount of fruit, vegetables, raw milk, sweets, and cakes taken daily. Habits such as tooth brushing and nose or mouth breathing were also noted.

In Group 1 were children with complete dentitions and with no carious or filled teeth. All the diets had a common feature outstanding, in that sweets were very rarely or never eaten. In addition the meals were of plain wholesome fare with a minimum of sugary foods, such as, biscuits, pastries, and cakes. Most of them preferred fruit to sweets, but other children of this group in poorer circumstances could only get fruit on rare occasions. Eighty-three per cent. were breast fed, 66 per cent. paid particular attention to oral hygiene, and only one child had a history of constant mouth breathing.

In Group 2 children with extensive caries, the diets either seemed to be inadequate and predisposing to defective tooth structure, or they showed a preponderance of soft sugary foods, and without exception over-indulgence in sweets. In this group 40 per cent. were breast fed (some of them only for a short period), 20 per cent. brushed their teeth regularly and 50 per cent. had a history of constant mouth breathing. It was also noticed that the use of the comforter when dipped in sugar or honey, was frequently followed by caries in the deciduous incisor teeth.

The following Table gives the results of a recent dental inspection, and is probably representative of the conditions in many Leeds schools.

No. Examined	Age	Complete Dentitions and free from Caries	No Caries in Permanent but Caries in Deciduous Teeth	Fillings or Caries in Permanent Teeth
111	13	9	1	101
122	12	3	5	114
89	11	3	9	77
101	10	—	16	85
87	9	—	17	70
96	8	—	30	66
111	7	1	47	63
53	6	3	31	19
770	—	19	156	595
Per cent. ...		2·5	20·25	77·25

The 13 Age Group has the highest percentage of sound and complete dentitions. This high percentage is probably due to the deciduous teeth having been shed, as records of these same children show that most of them had carious deciduous teeth in earlier years. This gives a more favourable prognosis for the 8, 9, and 10 Age Groups all of whom have dental caries.

It is a common experience to find rampant caries in children under 6 years old. Teachers report that the majority of children in the Infants' Departments spend money on sweets every day.

Certain Authorities are of opinion that children can eat abundant sweets and still have perfect teeth. This is contrary to our findings, where the evidence suggests that sugary foods have a direct association with the incidence of dental caries. If for general health reasons it is considered necessary to give sweets to the child, they should be taken at meal times and followed by strict oral hygiene.

This investigation on diets in relation to dental caries is proceeding in conjunction with Professor T. Talmage Read of the Leeds Dental School, and it is with his kind permission that these results are published."

Miscellaneous

Candidates for Scholarships and Admission to Training Colleges—All successful candidates for scholarships are examined by the Medical Officers before they begin their courses. Where necessary, advice is given and in cases of defective vision and decayed teeth treatment insisted upon. No drastic action has yet been taken in refusing a scholarship to Myopes, although it has occurred elsewhere and some Training Colleges do not encourage their entrance. The collective views of the Leeds Secondary School Principals do not support such action, and pending further information from the Departmental Committee, none will be suggested.

The examination of all prospective entrants to the City of Leeds Training College, the Carnegie Physical Training College, and the College of Housecraft, has again been undertaken by the School Medical Officer. The "passing out" examination has been included, the advantage being that the Principal has full medical records to assist him at interviews.

There are cases on which conference between Principal and Doctor is essential. It is rare for a prospective entrant to be turned down on plain medical examination. Such cases have been weeded out earlier and do not often get as far as applying. But there still remain problems, such as Myopia and left-handedness amongst others, for which guidance is required.

The standard of health both in scholarship holders and in entrants for the Training College is high. The practice of asking candidates for the College either to bring or to send on their School Medical Records has proved most valuable and will be continued.

Theatrical Children—All requirements have been fulfilled. I should like to record my appreciation of the way in which the more permanent Pantomime troupes have been looked after. I have seen no sign of any physical stress at all—and their cleanliness and well being are beyond reproach.

Children's Day—The Healthy Children's Competitions in connection with Children's Day were again organised. 577 Children were examined by School Medical Officers, 144 by the Medical Officers of the Maternity and Child Welfare Departemnt, and 150 from outside areas by a Medical Officer provided by the *Yorkshire Evening Post*, who again offered 200 silver spoons for the winners.

As a matter of interest the following Table is submitted—

	1923	1933
Percentage of children losing marks for—		
(1) Weight and Height... ...	79	42
(2) Defective Teeth	31	20
(3) Uncleanliness	37	30

In addition, 2,853 children presented themselves for the Dental Competition, Class 1 (12 years and over), and 1,153 in Class 2 (10 and 11 years).

General—The Department has also been utilised by Doctors who are taking a Diploma in Public Health and for Nurses undergoing a course of training for Health Visitors, whilst students from the Leeds University and the City of Leeds Training College have been given opportunities to make themselves acquainted with the work.

A further addition of considerable interest to the work of the Department is made by the new Children and Young Persons' Act of 1933.

The procedure of the new Children's Courts will be watched by everybody with great interest, and the responsibility placed on the School Medical Service will, in the interests of the children concerned, be willingly undertaken.

Conclusion

It is still difficult to persuade some parents that treatment is advisable when the child appears well to them, and it is still more difficult to persuade the community as a whole of the ultimate

value of systematic medical inspection. We cannot think only of to-day; our vision must be much beyond that and if we are to improve the next generation to an A1 category, it is essential that all and any defects should be ascertained early and remedied promptly, for the function of the Education Authority is to teach a child to live and not to earn a living.

May I repeat the view, expressed last year, that the work begun by the Babies' Welcomes and continued by the School Medical Service contains, in their records, every essential for the backbone of National Health Insurance.

I have the honour to be, Ladies and Gentlemen,

Your obedient servant

G. E. St. CLAIR STOCKWELL

School Medical Officer

Appendix A

MEDICAL INSPECTION RETURNS

YEAR ENDED 31st DECEMBER 1933

TABLE I

Return of Medical Inspections

A—Routine Medical Inspections

NUMBER OF INSPECTIONS IN THE PRESCRIBED GROUPS	
Entrants	6,704
Second Age Group	5,644
Third Age Group	6,704
TOTAL	19,052
NUMBER OF OTHER ROUTINE INSPECTIONS	1,819

B—Other Inspections

NUMBER OF SPECIAL INSPECTIONS	21,205
NUMBER OF RE-INSPECTIONS	25,700
TOTAL	46,905

TABLE II

A—Return of Defects Found by Medical Inspection in the Year ended 31st December 1933

Defect or Disease	Routine Inspections — Number of Defects		Special Inspections — 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	570	418	1,081	—
SKIN—				
Ringworm—Scalp	1	—	143	—
Body	10	1	148	—
Scabies	12	—	327	—
Impetigo	42	2	1,228	—
Other Diseases (non-Tuberculous) ...	323	116	7,947	—
EYE—				
Blepharitis	114	27	402	—
Conjunctivitis	39	8	347	—
Keratitis	1	1	—	—
Corneal Opacities	3	1	7	—
Defective Vision (excluding Squint) ...	2,258	1,612	5,490	—
Squint	224	228	27	—
Other Conditions	37	19	614	—
EAR—				
Defective Hearing	344	133	105	—
Otitis Media	23	8	743	—
Other Ear Diseases	309	38	765	—
NOSE AND THROAT—				
Chronic Tonsillitis only	596	1,270	171	1
Adenoids only	29	2	52	—
Chronic Tonsillitis and Adenoids ...	229	43	596	—
Other Conditions	1575	967	1,011	—
ENLARGED CERVICAL GLANDS (Non-Tuber.)	113	442	156	—
DEFECTIVE SPEECH	26	130	82	—
HEART AND CIRCULATION—				
Heart Disease—Organic	119	82	68	—
Functional	16	253	14	—
Anæmia	117	93	43	1
LUNGS—				
Bronchitis	403	323	75	—
Other Non-Tuberculous Diseases ...	54	46	24	—
TUBERCULOSIS—				
Pulmonary—Definite	8	1	19	—
Suspected	1	2	103	—
Non-Pulmonary—Glands	17	10	9	—
Bones and Joints	3	2	39	—
Skin	—	1	—	—
Other Forms ...	5	4	2	—
NERVOUS SYSTEM—				
Epilepsy	15	7	26	—
Chorea	20	7	35	—
Other Conditions	98	211	12	—
DEFORMITIES—				
Rickets	109	26	324	—
Spinal Curvature	54	78	142	—
Other Forms	918	378	375	—
OTHER DEFECTS AND DISEASES (excluding Uncleanliness and Dental Diseases) ...	886	1,465	2,265	12

B—Number of Individual Children Found at Routine Medical Inspection to Require Treatment

(excluding Uncleanliness and Dental Diseases)

GROUP	Number of Children — Inspected	Number of Children — Found to Require Treatment	Percentage of Children found to require Treatment
PRESCRIBED GROUPS—			
Entrants	6,704	2,218	33·1
Second Age Group ...	5,644	1,900	33·7
Third Age Group ...	6,704	2,243	33·5
Total (Prescribed Groups)...	19,052	6,361	33·4
Other Routine Inspections	1,819	614	33·8

TABLE III

Return of all Exceptional Children in the Area, 1933

Children Suffering from Multiple Defects

Defects	At M.D. Schools		At Deaf School		At Blind School		At Private School		Total
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
M.D. and Deaf	—	1	—	1	—	—	—	—	2
M.D. and Cripple	7	4	—	—	—	—	—	—	11
M.D. and Epileptic ...	1	1	—	—	—	—	—	—	2
M.D. and Tubercular ...	2	—	—	—	—	—	—	—	2
M.D. and Heart Disease ...	—	—	—	—	—	—	—	1	1
Blind and Cripple... ...	—	—	—	—	—	1	—	—	1
Totals	16		1		1		1		19

Blind Children

At Certified Schools for the Blind	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
26	—	—	—	26

Partially Blind Children

At Certified Schools for the Blind	At Certified Schools for the Partially Blind	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
—	80	46 (*a*)	—	—	126

Deaf Children

At Certified Schools for the Deaf	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
46	—	—	—	46

Partially Deaf Children

At Certified Schools for the Deaf	At Certified Schools for the Partially Deaf	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
—	—	—	—	—	—

Mentally Defective Children—Feeble-minded Children

At Certified Schools for Mentally Defective Children	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
413	65 (*b*)	12 (*c*)	48 (*d*)	538

TABLE III—continued

Return of all Exceptional Children in the Area, 1933

Epileptic Children—Children Suffering from Severe Epilepsy

At Certified Special Schools	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
3	—	—	8	11

Physically Defective Children

A—Tuberculous Children

I—Children Suffering from Pulmonary Tuberculosis (Including pleura and intra-thoracic glands)

At Certified Special Schools	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
—	—	44	18	62

II—Children Suffering from Non-Pulmonary Tuberculosis

At Certified Special Schools	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
13	114	17	23	167

B—Delicate Children

At Certified Special Schools	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
223 (*e*)	1112	27	8	1370

C—Crippled Children

At Certified Special Schools	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
88	212	4	12	316

D—Children with Heart Disease

At Certified Special Schools	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
14 (*e*)	406	2	17	439

NOTES

(*a*) These children have been recommended for attendance at Myopic Classes but parents object.

(*b*) Twelve of these children were admitted to Special Schools on the 9th January 1934, 12 were certified Mentally Defective, but owing to their age they were allowed to remain in ordinary schools under supervision. These children are inspected from time to time and will be reviewed by the Medical Officer on reaching 16 years of age. Forty-one are awaiting admission to Special Schools.

(*c*) These children have been placed in Private Schools by their parents and are examined annually by the School Medical Officer.

(*d*) Forty-seven children have left the Special Schools on license to take up approved employment. They will be under supervision until reaching 16 years of age.

(*e*) During the three terms at the Open-air School in 1933, 512 children have attended. The number shown in the table are those in attendance at the end of the year.

TABLE IV

Return of Defects Treated during the Year ended 31st December 1933

Treatment Table

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

Disease or Defect	Number of Defects Treated, or Under Treatment, during the Year		
	Under the Authority's Scheme	Otherwise	Total
Skin—			
Ringworm—Scalp (The number which were treated by X-ray are shown separately in brackets)	128 (22)	18	146 (22)
Body	142	17	159
Scabies...	271	62	333
Impetigo	1,220	69	1,289
Other Skin Diseases	7,812	453	8,265
Minor Eye Defects (External and other, but excluding cases falling in Group II)	1,323	248	1,571
Minor Ear Defects	1,515	736	2,251
Miscellaneous (e.g. minor injuries, bruises, sores, chilblains, etc.)	3,197	3,687	6,884
Total	15,608	5,290	20,898

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

Defect or Disease	Number of Defects dealt with				Number of children for whom Spectacles were			
					Prescribed (1)		Obtained (2)	
	Under the Authority's Scheme	By Private Practitioner or at Hospital, apart from the Authority's Scheme	Otherwise	Total	(i) Under the Authority's Scheme	(ii) Otherwise	(i) Under the Authority's Scheme	(ii) Otherwise
(1)	(2)	(3)	(4)	(5)				
Errors of Refraction (including squint) ... (Operations for squint should be recorded separately in the body of the School Medical Officer's Report)	5,270	63	270	5,603	3,903	100	4,689*	100
Other Defect or Disease of the Eyes (excluding those recorded in Group I) ...	—	—	—	—				
Total	5,270	63	270	5,603				

* Includes alterations to lenses and spectacles replaced without further refraction (1,292)

TABLE IV—continued

Group III—Treatment of Defects of Nose and Throat

Number of Defects													
Received Operative Treatment												Received other forms of Treatment (4)	Total number Treated (5)
Under the Authority's Scheme in Clinic or Hospital (1)				By Private Practitioner or Hospital, apart from the Authority's Scheme (2)				Total (3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
4	10	65	6	31	—	836	92	35	10	901	98	3,361*	4,405

(i) Tonsils only. (ii) Adenoids only (iii) Tonsils and Adenoids. (iv) Other defects of the nose and throat. * Includes 1,386 cases treated at School Clinics.

Group IV—Orthopædic and Postural Defects

	Under the Authority's Scheme (1)			Otherwise (2)			
	Residential Treatment with Education (i)	Residential Treatment without Education (ii)	Non-Residential Treatment at an Orthopædic Clinic (iii)	Residential Treatment with Education (i)	Residential Treatment without Education (ii)	Non-Residential Treatment at an Orthopædic Clinic (iii)	Total number Treated
Number of children treated	6	10	396	62	245	586	1,305

Group V—Dental Defects

(1) Number of Children who were—

(*a*) Inspected by the Dentist—

Aged:	No.		
Routine Age Groups	5	709	Total 30,366
	6	3,197	
	7	3,679	
	8	3,813	
	9	3,634	
	10	3,853	
	11	3,761	
	12	3,784	
	13	3,549	
	14	387	
Specials		7,285	
GRAND TOTAL ...		37,651	

(*b*) Found to Require Treatment 21,685

(*c*) Actually Treated 18,597

(2) Half-days devoted to Inspection 194

" " Treatment 1,723

1,917

(3) Attendances made by Children for Treatment 24,210

(4) Fillings—Permanent Teeth 9,603

Temporary Teeth 2

9,605

(5) Extractions—Permanent Teeth 5,651

Temporary Teeth 24,716

30,367

(6) Administrations of General Anæsthetics for Extractions ... 14,596

(7) Other Operations—Permanent Teeth 1,099

Temporary Teeth 10

1109

TABLE IV—continued

Group VI—Uncleanliness and Verminous Conditions

(1)	Average Number of Visits per School made during the year by the School Nurses	43
(2)	Total number of Examinations of Children in the Schools by School Nurses	132,945
(3)	Number of Defects found	14,401
(4)	Number of Children cleansed under arrangements made by the Local Education Authority	1,802
(5)	Number of Cases in which legal proceedings were taken—	
	(*a*) Under the Education Act, 1921	58
	(*b*) Under School Attendance By-laws	76

Group VII—Other Forms of Treatment

Disease or Defect	Number of Defects treated or under Treatment during the Year		
	Under the Authority's Scheme	Otherwise	Total
Heart and Circulation*... ...	8	440	448
Lungs	8	946	954
Malnutrition	870	710	1,580
Other Defects	157	430	587
Total	1,043	2,526	3,569

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

TABLE V

Return of Attendances at Medical Clinics, 1933

CLINIC	ARMLEY			BURLEY			EAST LEEDS			EDGAR ST.			HOLBECK			HUNSLET			MEANWOOD RD			CENTRAL			TOTAL			Cases Outstanding 31st Dec. 1933
Number of Attendances... ...	16,647 (20,728)			20,733 (21,703)			15,496 (15,312)			20,651 (38,564)			29,594 (35,363)			*24,822 (27,144)			23,979 (24,318)			12,291 (13,760)			173,213 (196,892)			
DEFECTS	No. of Cases	No. of Attendances	Cleared	No. of Cases	No. of Attendances	Cleared	No. of Cases	No. of Attendances	Cleared	No. of Cases	No. of Attendances	Cleared	No. of Cases	No. of Attendances	Cleared	No. of Cases	No. of Attendances	Cleared	No. of Cases	No. of Attendances	Cleared	No. of Cases	No. of Attendances	Cleared	No. of Cases	No. of Attendances	Cleared	
Malnutrition	117	1,083	47	126	1,742	47	80	250	40	181	6,294	107	233	9,100	144	160	5,407	56	183	5,953	46	—	—	—	1,080	29,829	487	593
Uncleanliness of Head	353	1,013	337	513	1,836	510	32	81	30	547	1,455	535	347	698	326	158	431	153	383	1,285	372	—	—	—	2,333	6,799	2,263	70
Uncleanliness of Body	22	44	22	35	94	34	—	—	—	53	80	52	8	14	7	10	17	10	41	108	41	—	—	—	169	357	166	3
Nose and Throat Defects ...	69	198	66	31	132	29	69	131	64	36	74	32	130	240	121	277	740	262	83	161	74	1,127	1,528	554	1,822	3,204	1,202	620
External Eye Diseases	120	1,307	103	143	1,240	135	160	1,172	139	298	3,198	267	291	3,456	267	154	1,107	140	203	2,073	182	—	—	—	1,369	13,553	1,233	136
Ear Diseases	146	2,456	114	198	2,385	177	99	880	86	272	3,261	240	198	2,560	158	335	3,175	288	174	2,026	142	86	322	29	1,508	17,065	1,234	274
Teeth (see Dental pp. 68, 71 & 75)	1	1	1	1	1	1	9	10	9	9	10	9	11	12	11	7	7	7	4	6	4	—	—	—	42	47	42	—
Heart and Circulation	8	15	7	3	8	2	33	78	19	1	3	—	5	13	—	3	8	2	5	10	3	66	125	10	124	260	43	81
Lung Diseases	28	49	27	3	5	2	13	33	11	2	3	1	4	8	—	32	58	13	4	7	1	133	145	27	219	308	82	137
Nervous System	14	25	11	—	—	—	6	12	6	1	3	1	4	7	4	3	5	3	3	6	2	42	80	7	73	138	34	39
Impetigo	175	1,607	158	136	1,538	131	159	1,526	151	406	3,160	379	128	1,307	120	116	1,144	105	108	950	93	—	—	—	1,228	11,232	1,137	91
Scabies	28	201	27	53	331	48	41	251	41	54	276	49	34	166	31	17	67	15	49	265	47	51	168	51	327	1,725	309	18
Other Skin Diseases	846	5,662	805	655	4,755	618	625	4,838	612	1,609	6,321	1,529	1,407	6,150	1,336	1,531	8,992	1,444	1,269	7,668	1,187	4	6	4	7,946	44,392	7,535	411
Minor Injuries	118	583	109	513	3,271	501	493	2,412	473	522	2,184	499	554	2,210	521	312	1,371	299	422	1,825	406	—	—	—	2,934	13,856	2,808	126
Ringworm of Head	13	52	12	22	400	20	12	36	7	17	140	16	9	120	8	11	14	10	22	400	20	37	152	30	143	1,314	123	20
Ringworm of Body	10	46	8	41	485	37	22	175	20	27	267	18	23	208	21	9	97	8	16	152	16	—	—	—	148	1,430	128	20
Enl. Cerv. Glands (Non-Tuber.)	8	24	8	21	84	21	44	94	43	27	69	23	20	93	17	16	39	16	20	65	18	—	—	—	156	408	146	10
Rickets	37	692	25	17	308	8	17	331	6	34	614	9	26	633	6	12	319	6	—	—	—	181	626	52	324	3,523	112	212
Deformities	24	597	13	31	1,035	18	46	1,009	21	32	723	10	43	1,455	12	24	638	13	3	6	—	310	1,820	55	513	7,283	142	371
Tuberculosis (Non-Pulmonary)...	2	3	2	—	—	—	8	17	6	1	1	1	1	3	—	1	1	1	3	225	3	34	66	7	50	316	20	30
Speech	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	—	—	—	79	79	79	80	80	80	—
Vision and Squint	581	642	578	654	713	647	765	886	749	702	754	674	902	921	896	598	599	597	25	26	25	1,276	1,292	1,276	5,503	5,833	5,442	61
Hearing	4	75	3	12	52	11	44	242	44	—	—	—	—	—	—	12	140	8	3	5	3	28	37	5	103	551	74	29
Miscellaneous	170	272	168	175	318	165	570	1,032	560	486	761	461	133	220	124	264	445	255	340	757	302	127	212	22	2,265	4,017	2,057	208
Mental Cases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	541	541	541	541	541	541	—
Employment Cases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	660	675	660	660	675	660	—
Scholarship Cases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	502	554	502	502	554	502	—
Camp Cases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2,713	2,713	2,713	2,713	2,713	2,713	—
Children's Day Examinations ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	871	1,150	871	871	1,150	871	—
TOTALS	2,894	16,647	2,651	3,383	20,733	3,162	3,347	15,496	3,137	5,317	29,651	4,912	4,511	29,594	4,130	4,063	24,822	3,712	3,303	23,979	2,987	8,868	12,291	7,495	35,746	173,213	32,186	3,560

The figures in brackets represent those for 1932. * Includes attendances made at the Middleton Sub-Clinic.

	CENTRAL CLINIC		ARMLEY CLINIC		BURLEY CLINIC		EAST LEEDS CLINIC		EDGAR STREET CLINIC		HOLBECK CLINIC		HUNSLET CLINIC		TOTAL ELEMENTARY SCHOOLS		SECONDARY SCHOOLS		Total Sessions	Total Work
	No. of Sessions	No. of Cases	No. of Sessions	No. of Cases	No. of Sessions	No. of Cases	No. of Sessions	No. of Cases	No. of Sessions	No. of Cases	No. of Sessions	No. of Cases	No. of Sessions	No. of Cases	No. of Sessions	No. of Cases	No. of Sessions	No. of Cases		
No. of Children Examined	17	3,512	34	5,217	9	1,464	32	4,753	36	5,835	19	2,525	47	7,060	194	30,366	—	—	194 (288)	30,366 (41,499)
No. of Children requiring Treatment ...	—	2,948	—	4,252	—	1,246	—	2,784	—	3,567	—	2,176	—	4,712	—	21,685	—	—	—	21,685 (28,568)
No. of Children accepting Treatment ...	—	2,978	—	3,294	—	1,839	—	2,661	—	3,248	—	2,226	—	3,932	—	20,178	—	33	—	20,211* (22,803)*
No. of Children actually Treated	—	2,800	—	3,092	—	1,688	—	2,849	—	3,263	—	1,983	—	2,922	—	18,597	—	68	—	18,665* (20,339)*
No. of Attendances for Extractions	42½	2,160	83½	2,584	33	1,776	75	2,219	87	2,767	39	1,959	85	2,632	445	16,097	1	16	446 (436)	16,113 (16,837)
No. of Teeth Extracted—Temporary	—	2,977	—	4,231	—	2,278	—	3,964	—	4,593	—	2,541	—	4,132	—	24,716	—	4	—	24,720 (27,412)
Permanent	—	526	—	1,068	—	503	—	801	—	1,132	—	559	—	1,062	—	5,651	—	23	—	5,674 (5,836)
No. of Attendances for Fillings	351	1,954	197	1,347	169	847	88	670	115	757	150	706	208	1,203	1,278	7,484	20	130	1,298 (1,321)	7,614 (8,628)
No. of Teeth Filled—Temporary	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	—	—	—	2 (2)
Permanent	—	3,075	—	1,568	—	855	—	952	—	1,036	—	703	—	1,414	—	9,603	—	185	—	9,788 (11,100)
No. of Anæsthetics given General	—	1,735	—	2,542	—	1,509	—	2,171	—	2,661	—	1,617	—	2,361	—	14,596	—	15	—	14,611 (15,789)
Local	—	—	—	—	—	1	—	—	—	—	—	1	—	3	—	5	—	—	—	5 (4)
Other Operations—Temporary	—	6	—	—	—	—	—	—	—	—	—	—	—	4	—	10	—	—	—	10 (2)
Permanent	—	376	—	50	—	216	—	43	—	27	—	216	—	171	—	1,099	—	43	—	1142 (1,137)
†Regulations—No. of Children ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	70 (75)
No. of Attendances	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	629 (618)
No. of Appointments made	—	6,224	—	5,176	—	3,381	—	3,745	—	4,607	—	3,635	—	5,502	—	32,270	—	157	—	32,457* (33,893)*
No. of Appointments kept	—	4,114	—	3,931	—	2,623	—	2,889	—	3,524	—	2,665	—	3,835	—	23,581	—	146	—	23,727* (25,465)*

In addition, 21 Sessions were spent in the examination of children in connection with the Competition for the care of the teeth (4,006 examinations). * Includes "Casuals." † Work carried out at the Leeds Dental Hospital. The figures in brackets represent the corresponding totals for 1932.

TABLE VII

Number of Notices Issued to Parents of Children Reported to have Defects during 1933

SCHOOL MEDICAL OFFICERS' CASES—				
First Notices...			6,761	
Second Notices			1,111	
				7,872
DEFECTIVE VISION CASES				10,016
SCHOOL NURSES' CASES—				
Uncleanliness of Head—				
First Notices	7,826			
Second Notices	4,054			
Special Notices	2,258			
Final Notices	2,124			
			16,262	
Uncleanliness of Body—				
First Notices	638			
Second Notices	119			
Final Notices	59			
			816	
				17,078
SCHOOL DENTAL OFFICERS' CASES				21,685
TOTAL				56,651

TABLE VIII

Number of Exclusions 1933

DEFECT	REFERRED FOR EXCLUSION BY		TOTAL
	School Medical Officers	School Nurses	
Uncleanliness of Head ...	2	2,260	2,262
Uncleanliness of Body ...	—	214	214
Ringworm	26	21	47
External Eye Disease	10	32	42
Defective Vision*	25	—	25
Skin Diseases	148	297	445
Other Diseases	5	9	14
TOTAL 1933	216	2,833	3,049
TOTAL 1932	414	3,353	3,768

*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.

TABLE IX

Average Height

Age last Birthday	Elementary Schools			
	Number Measured		Inches	
	Boys	Girls	Boys	Girls
4	1,047 (1,117)	987 (1,109)	39·6 (39·4)	38·8 (39·2)
5	1,376 (1,599)	1,478 (1,553)	41·7 (41·6)	41·5 (41·4)
8	2,820 (2,960)	2,824 (2,972)	48·2 (48·1)	47·9 (47·8)
12	3,130 (3,128)	3,143 (3,176)	55·2 (55·4)	56·0 (55·7)

The figures in brackets represent the corresponding averages for 1932.

TABLE X

Average Weight

Age last Birthday	Elementary Schools			
	Number Weighed		Lbs.	
	Boys	Girls	Boys	Girls
4	1,047 (1,117)	987 (1,109)	37·1 (36·9)	35·3 (35·7)
5	1,376 (1,599)	1,478 (1,553)	40·4 (40·2)	38·9 (39·0)
8	2,820 (2,960)	2,824 (2,972)	53·9 (53·5)	52·0 (52·2)
12	3,130 (3,128)	3,143 (3,176)	75·2 (74·8)	77·5 (76·1)

The figures in brackets represent the corresponding averages for 1932.

TABLE XI

HIGHER EDUCATION

A—Return of Defects Found by Medical Inspection in the Year ended 31st December 1933

Defect or Disease	No. of Defects Requiring Treatment	No. of Defects to be kept under Observation but not Requiring Treatment
Malnutrition	3	30
Skin—		
Ringworm—Scalp	—	—
Body	—	—
Scabies	—	—
Impetigo	1	—
Other Diseases (non-Tuberculous)	16	21
Eye—		
Blepharitis	7	1
Conjunctivitis	1	1
Keratitis	—	—
Corneal Opacities	—	—
Defective Vision (excluding Squint)	282	212
Squint	10	12
Other Conditions	4	3
Ear—		
Defective Hearing	5	7
Otitis Media	—	1
Other Ear Diseases	11	11
Nose and Throat—		
Enlarged Tonsils only	30	101
Adenoids only	4	—
Enlarged Tonsils and Adenoids	2	—
Other Conditions	48	46
Enlarged Cervical Glands (non-Tuberculous)	2	19
Defective Speech	—	7
Teeth—Dental Diseases (*See* Table VI)	—	—
Heart and Circulation—		
Heart Disease—Organic	5	6
Functional	4	34
Anæmia	9	13
Lungs—		
Bronchitis	10	11
Other Non-Tuberculous Diseases	2	5
Tuberculosis—		
Pulmonary—Definite	—	1
Suspected	—	—
Non-Pulmonary—Glands	—	—
Spine	—	—
Hip	—	—
Other Bones and Joints	—	—
Skin	—	—
Other Forms	—	—
Nervous System—		
Epilepsy	1	—
Chorea	—	1
Other Conditions	12	14
Deformities—		
Rickets	—	1
Spinal Curvature	42	10
Other Forms	210	89
Other Defects and Diseases	50	109

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	
2,328	617	26·5

TABLE XII

HIGHER EDUCATION

Dental Defects

(1) Number of Children who were—

(a) Inspected by the Dentist—

	Aged:	No.		
Routine Age Groups	5 ...	Nil	Total	—
	6 ...			
	7 ...			
	8 ...			
	9 ...			
	10 ...			
	11 ...			
	12 ...			
	13 ...			
	14 & Over			
Specials				—
GRAND TOTAL ...				—

(b) Found to require treatment		—
(c) Actually treated		68
(2) Half-days devoted to Inspection	—	
,, ,, Treatment	21	
		21
(3) Attendances made by Children for treatment		146
(4) Fillings—Permanent Teeth	185	
Temporary Teeth	—	
		185
(5) Extractions—Permanent Teeth	23	
Temporary Teeth	4	
		27
(6) Administrations of general anæsthetics for extractions ...		15
(7) Other Operations—Permanent Teeth	43	
Temporary Teeth	—	
		43

Appendix B

REPORT ON PHYSICAL EDUCATION 1933

Staff—The Chief Organiser returned to duty on September 21st after an absence of three months owing to illness.

The Staff has been further depleted by the withdrawal of Mr Dixon to assist in the instruction at Carnegie Hall. Since 1921 the Staff has been reduced from one organiser, four full-time assistants (two men and two women), to one organiser, two full-time women assistants, and one part-time man assistant.

The chief work of the Organising Staff is to visit all school departments—a total of 268—regularly for inspection and supervision of the actual Physical Training lesson, and to give demonstrations by practical teaching which will inspire teachers and scholars in this important branch of Education.

The standard of work in the Girls' and Infants' Departments in the City has shown steady improvement through the efficient supervision of the two Women Organisers. In recent years the many activities pertaining to the work of Physical Education have steadily increased, and if Leeds is to maintain its high position in the Education World, and the improvement in the standard of Physical Training in Boys' Departments is to be maintained, the appointment of two men assistants is strongly urged, as the withdrawal of Mr Dixon leaves the Staff with only a part-time man assistant.

As in previous reports the activities of this Department are reviewed under appropriate headings as follows—

A—Physical Training in the Schools. Day Courses for Men Teachers, Carnegie Hall. Girls' Departments. Apparatus. Hire of Halls. Specialised Teachers.

B—Organised Games

C—Leeds Elementary Schools' Athletic Association. Children's Day.

D—School Camp.

E—Swimming Instruction.

F—Other Activities—Play Centres; Gray Trophies: Leeds Physical Education Circle.

A—PHYSICAL TRAINING IN THE SCHOOLS

In many cases, acting on the advice of the Organisers, Head Teachers have introduced specialisation into the schools. It would be an advantage if this were done in more schools and greater use were thus made of the younger and more active members of the Staff who show special aptitude for the work.

The work of Physical Education continues to extend in many directions, and the influence of the recently-opened Carnegie Hall with its activities will give an impetus—directed with wisdom and enthusiasm—which will find a ready response in usefulness from the many Leeds Teachers.

The visits of the Carnegie Hall students to the various schools for teaching practice have shown that the standard of work in the different schools varies considerably. This has led to the re-introduction of Day Courses for Men Teachers.

These classes, which may also be termed "Refresher" Courses, commenced on November 7th, and are held on Mondays, Tuesdays, and Thursdays from 2.0 to 4.0 p.m. at Carnegie Hall, and are taught by the Chief Organiser. Over 100 men teachers representing every Boys' and Mixed Department in the City attend once a week. The introduction of these Classes is doubly welcome for they not only supply a long-felt need but provide the means of introducing the work in the new 1933 Board of Education Syllabus of Physical Training to the men teachers. It is hoped that further Day Courses will be arranged and that similar facilities will be granted to the women teachers. During the previous eight years only 60 men and 60 women have had the opportunity of attending Day Courses. In order to maintain steady progression in the work Day Courses might be introduced with more regularity, when a full complement of staff is available.

The effect of the present class will no doubt be shown in the immediate improvement in the standard of work in the schools affected.

Girls' Schools—The steady improvement in the standard of work in the Girls' Schools has been maintained. The rapid advancement in the popularity of games and general sports activities in all Girls' Departments during the past few years is marked, and the resultant effects are clearly apparent in the improved carriage and bearing of the elementary school girls.

The introduction of the 1933 Board of Education Syllabus of Physical Training is already having the effect of giving a general stimulus to the work in the schools. Lessons are already being conducted with more vigour, but it is well to point out that vigorous movements have little value in themselves unless accompanied by a full flexion and extension of the limbs exercised. A higher degree of precision is required, and at the same time the element of freedom should not be lost—freedom with a certain amount of control in it, that produces life and form and beauty of movement.

Apparatus—The following apparatus has been supplied during the year. Next year's list will in all probability include hoops, bean bags, rounders sticks and balls (for match play).

Footballs—Association, size 4, match ball and practice ball; net ball; size 2, infant ball; Rugby, match ball.

Small Balls—Handballs (uncovered tennis); unburstable balls.

Skipping Ropes—Long, 6 yards; short, 9 ft. 6 in.

Stool Ball—Bats, posts.

Rounders—Bats.

Baseball—Sticks.

Net Ball—Posts, rings and nets.

Jumping stands and rope; sword sticks; braid—red, yellow, blue, and green; paint for marking playground; music and instructions for dancing.

Senior School Apparatus (*additional*)—Balance forms, landing mats, agility mats, vaulting horse, vaulting box.

Cricket—Bats, sizes 4 and 5; Balls, compo, rubber covered, match; stumping gloves, batting gloves, wickets, leg guards.

The policy of supplying apparatus when required rather than granting a complete supply to all departments has been continued. The demand for apparatus naturally varies with the facilities for conducting the Physical Training lesson and the degree of enthusiasm for and the efficiency in the lesson. The classes for men teachers have already resulted in a uniform demand for apparatus in all departments affected by the course.

Hire of Halls—The lack of suitable halls and open spaces for the physical training lesson prevents the full value from being obtained in many schools. Where possible this defect has been remedied by the hiring of suitable halls in the vicinity of the schools. This provision, introduced in 1926, has been extended, and the following particulars indicate how these additional facilities are

utilised. At the same time attention might be drawn to the advisability of making provision for the physical training lesson in the playground and in the building of the new schools to be erected by the Committee.

Rooms rented for Physical Training

School	*Room*
St. Charles' R.C.	St. Charles' R.C. Club
St. Peter's Square C.	Good Shepherd Mission
Burley C. of E. Girls'	St. Columba's Mission
Hunslet St. Silas'	St. Silas' Mission Room
South Accommodation Road C. Girls'	St. Silas' Mission Room
Armley C. of E.	Armley Church Parish Hall
Rodley C.	Rodley Baptist Church
Manston C. of E.	Manston Church Parish Room
Bramley C. of E.	Bramley Y.M. Church Institute
Upper Wortley C.	Upper and Lower Wortley Liberal Club
Burmantofts C. of E.	Y.M.C.A. Lads' Club
Primrose Hill C. Girls' ...	Y.M.C.A. Lads' Club
Buslingthorpe C. of E. ...	Woodhouse Carr Sunday School
Cross Flatts C. Girls'	Trinity Methodist Church Schoolroom
Shadwell C. of E.	Scouts' Hut, Shadwell
Blenheim C. Boys'	All Souls' Parish Hali
Blenheim C. Girls'	All Souls' Parish Hall
St. Mary's R.C. Girls'	St. Mary's Parochial Hall
Brownhill C. Annexe	St. Cyprian's Church Schoolroom
South Accommodation Road C. Girls'	Y.W.C.A. Hunslet Branch

Specialised Teachers—"The Special Course in Physical Education for Teachers in Senior and Evening Schools" introduced in 1931 was continued during the summer when the second group of 38 men and 64 women attended. It is hoped to continue this Course in 1934 when 190 men and women will have qualified to teach the more advanced Physical Training involving the use of apparatus.

B—ORGANISED GAMES

The question of Playing Fields was fully explored in the 1931 Annual Report.

During the year additional facilities have been provided as follows—

Thoresby Playing Field

Hunslet Nelson Ground ... ... } Through the efforts of the
Old Mill Lane Ground, Hunslet } Leeds Elementary Schools' Athletic Association.

The following time-table indicates that full use is made of the first two fields, which owing to their privacy have been reserved for girls only.

THORESBY PLAYING FIELD

Day	School	Number
MONDAY		
3–4 p.m.	Belle Vue Road C.	27
	Woodhouse St. Mark's C. of E.	46
TUESDAY		
3–4 p.m.	Belle Vue Road C.	39
	Woodhouse St. Mark's C. of E.	40
4.15–5.15 p.m. (summer term only)	Queen's Road C.	18
WEDNESDAY		
11 a.m.–12 noon	Buslingthorpe C. of E. Stds. III & IV ...	40
2–3 p.m. ...	Belle Vue Road C.	43
3–4 p.m. ...	Quarry Mount C.	70
4.15–5.15 p.m. (summer term only)	Queen's Road C.	18
THURSDAY		
2–3 p.m. ...	Woodhouse C.	76
3–4 p.m. ...	Belle Vue Road C.	35
3–4 p.m. ...	Brudenell C.	30
FRIDAY		
2–3 p.m. ... (summer term only)	Brudenell C.	30
2–3 p.m. ...	Buslingthorpe C. of E.	67

HUNSLET NELSON SPORTS GROUND

Day	School	Number
MONDAY		
3–4 p.m. ...	Hunslet St. Joseph's R.C.	70
TUESDAY		
11–12 noon ...	St. Silas' C. of E.	50
3–4 p.m. ...	South Accommodation Road C.	70
WEDNESDAY		
11–12 a.m. ...	Low Road C.	35
11–12 a.m. ...	Hunslet Lane C.	45
THURSDAY		
3–4 p.m. ...	Hunslet C. of E.	45
3–4 p.m. ...	Hunslet Carr C.	35
FRIDAY		
3–4 p.m. ...	Hunslet St Silas' C. of E.	70

The most popular playing field for Organised Games appears to be the Military Field at Roundhay. The introduction of transport in 1930 for school children for Organised Games made it possible for this excellent field to be used to its full capacity. An average of 250 school children use this field every afternoon from 3 to 4 p.m. During the year the Leeds Elementary Schools' Athletic Association has defrayed the expense of two shelters for the children.

C—LEEDS ELEMENTARY SCHOOLS' ATHLETIC ASSOCIATION

A full report of the activities of this Association will be found in the 1934 Handbook.

Tribute is paid to the great amount of work in connection with the various branches of this Association done by teachers out of school hours, in preparation for and in the running of inter-school contests. This work is a valuable adjunct to the Physical Training in the schools, and moreover it is not merely the physical results that are important—but the moral training.

Children's Day was again organised by the Association, and over 50,000 people were attracted to Roundhay Park to witness the various items of a large and interesting programme including displays of Maypole and Scottish Country Dancing, Eurhythmics, Massed Gymnastics—boys and girls—Swimming Exhibitions, Concerts, and a Tattoo.

The policy—introduced in 1931—of inviting schools to volunteer for display work in the arena was discontinued and all children who participated in the Massed Displays were from selected schools. Children's Day 1933 created a record in many ways. The record profit of £1,326 in 1930 was not passed, but this profit includes Flag Day receipts. The receipts for Flag Day this year were only £700—as compared with £885 in 1930. The profit, therefore, on Children's Day alone this year was £520 as compared with £441 in 1930.

D—SCHOOL CAMP

It is a pleasure to report that the School Camp had the most successful season since its inception.

The Camp which accommodates 60 girls and 72 boys each week reopened on Monday May 15th, and closed on October 2nd—a period of 20 weeks. A record number of 2,573 children spent a week there with a record average attendance of 128·6 children per week.

An excellent scheme of educational work was arranged by which full use was made of the facilities in the district for practical lessons in History, Geography, and Nature Study. Rambles to various places of interest in the locality were arranged daily for this purpose.

During the year 226 children attended camp free of charge, their fees being borne by the Leeds Elementary Schools' Athletic Association.

The accommodation for girls was insufficient, but this may be remedied during the coming year by the introduction of narrower bedsteads. The policy of providing additional accommodation on the present site is not recommended until the conditions of tenancy are more secure.

The accommodation was increased in 1927 "Alterations and additions were made at the School Camp, Ilkley, so that it was possible for 60 girls and 72 boys to be accommodated there each week" (Chief School Medical Officer's Report, 1927, p. 80).

Since 1927 it has been realised that the girls' huts have been overcrowded when the maximum accommodation (60 girls) has been reached, therefore it was decided in 1932 to make additional accommodation for six more beds. This addition to the sleeping quarters has relieved the congestion and 60 girls can now be accommodated with comfort.

Although improvements have been made every year, much remains to be done. Suggestions for substantial improvements appear to hinge on the conditions of tenancy of the site. The purchase of a permanent site for the Leeds School Camp, preferably at the seaside, is strongly urged.

E—SWIMMING INSTRUCTION

The instruction was organised on lines similar to those of previous years at a charge by the Property Committee to the Education Committee of three halfpence a child for each visit to the baths.

The season opened on Monday, April 24th, and closed on Friday October 6th, a period of 18 weeks during exceptionally fine summer weather.

During the year 174,085 attendances were made.

Examinations for certificates awarded by the Education Committee have been carried out periodically by members of the Physical Training Staff and the Superintendent of the Baths. The following certificates have been awarded—

	Boys	Girls	Total
Third Class	1,976	1,466	3,442
Second Class	1,226	787	2,013
First Class	882	505	1,387
Proficiency	83	44	127
	4,167	2,802	6,969

The conditions of award are as follows—

THIRD CLASS CERTIFICATE—

Swim 25 yards maintaining Breast Stroke throughout.

SECOND CLASS CERTIFICATE—

(*a*) Dive and swim 75 yards without pause or rest maintaining Breast Stroke throughout.

(*b*) Swim 25 yards on the back using arms and legs.

FIRST CLASS CERTIFICATE—

(*a*) Neat Dive.

(*b*) Swim 100 yards without pause or rest maintaining Breast Stroke throughout.

(*c*) Swim 50 yards on the back, using both arms and legs.

(*d*) Dive from the surface and recover an object from a depth of four feet.

(*e*) R.L.S.S. "first method of rescue of a drowning person".

(*a* and *e*) (Alternative for blind children.) Swim one length of the bath supporting a tired swimmer.

PROFICIENCY CERTIFICATE—

(*a*) Swim 100 yards Free Style in the standard time of 110 seconds for boys and 120 seconds for girls.

(*b*) Perform the first methods of Release and Rescue (R.L.S.S.) a distance of 20 yards.

The results of the year's work were exceptionally good, and a comparison with previous years indicates the progress made.

Year	Number of Attendances made	Number of Certificates gained
1929	136,041	3,822
1930	143,905	4,185
1931	156,738	5,089
1932	169,244	6,001
1933	**174,085**	**6,969**

A full report of the Swimming Instruction for the season 1933 was submitted in the November epitome.

The Annual Swimming Galas were organised as in previous years by a Joint Committee of the Corporation Property Committee and the Leeds Elementary Schools' Swimming Association. Eight District Galas were held at various Baths at the end of the summer term, and the Semi-Final Gala at Cookridge Street Bath and the Final Gala at Armley Bath at the end of the swimming season.

F—OTHER ACTIVITIES

Play Centres—No addition has been made to the number of Play Centres, namely seven.

Park Lane C.	Organised by the Education Committee
Beckett Street C. ...	
Isles Lane C.	
Low Road C.	
Hunslet Lane C. ...	Organised by the Yorkshire Ladies' Council of Education.
Woodhouse C.	
Darley Street C. ...	Organised by the Jewish Welfare Committee

The Play Centre originally held at Primrose Hill C. School was transferred to Beckett Street C. School at the end of September. Owing to this change of quarters the attendance has been below that of previous years but it is felt that when the Centre has become fully established the attendance will reach higher figures than obtained at Primrose Hill. The Play Centre organised by the Jewish Welfare Committee was transferred from Cross Stamford Street to Darley Street on account of the closing of the former school.

These Centres are open from 5 p.m. to 7 p.m. on three evenings each week and are taking an average of over 2000 children from the streets each evening they are open, at a time when traffic is perhaps most congested. The educational activities comprise handwork (including woodwork, basketry, needlework, raffia work), and housewifery. The tone of the Play Centres is high, and the pleasure that the children derive is shown by the eagerness for attendance; it is regrettable that many are refused admission owing to lack of accommodation. Housing conditions being what they are, the Play Centres offer for many children the only real opportunity of playing under proper conditions.

Parties of students from the City of Leeds Training College and Carnegie Hall have been conducted round the various Play Centres during the year.

Gray Trophies—These trophies were presented by Mr P. L. Gray, late H.M.I., and Mrs Gray, for annual competition with a view to stimulating the interest in General Activity and Flexibility Tests. The competition was again confined to children under 11 years of age.

More than 30 teams entered for the competition, the winners being (boys) Cross Flatts C. School and (girls) Brownhill C. School.

Leeds Physical Education Circle, which functions every other year, arranged the following programme for this year.

Lecture on "The Relation of Physical Education to National Progress," by Professor Jamieson, M.B., Ch.M., Prof. of Anatomy, and Dean of the Faculty of Medicine, University of Leeds.

Lecture-Demonstration on "Junior Work", by Miss M. Wardle, H.M.I.

Lecture-Demonstration on "Training for Rugby and Association Football", by J. Goldthorpe, Esq., the well-known writer on Rugby for the *Sports Echo*.

Lecture-Demonstration on "Greek and National Dancing", by the Misses McBride and Lloyd of the Torch School of Dance, Leeds.

Lecture-Demonstration on "Boys' Games, Practices, and Minor Athletics suitable for the Playground", by F. Carr, Esq., Organiser of Physical Training, Sheffield, and Lecturer on Physical Training at the Scarborough Summer School.

Lecture-Demonstration on "Infant Work", by Miss K. M. P. Tuck, Lecturer on Physical Training at the Sedgley Park Training College, Manchester.

Lecture-Demonstration on "Physical Training for Boys", by E. Major, Esq., Warden of Carnegie Hall Physical Training College.

Lecture-Demonstration on "Rhythmic Gymnastics for Girls", by Miss M. Crabb, late member of the Dartford Physical Training College Staff.

Lecture-Demonstration on "Athletics for Girls", by Miss Williams, member of the Regent Street Polytechnic Staff, London.

In conclusion I wish to express on behalf of the Physical Education Staff our appreciation of the goodwill and co-operation of the teachers of the city.

S. SHAW

February 1934 — *Chief Organiser of Physical Training*

Appendix C

EMPLOYMENT OF CHILDREN

EDUCATION ACT 1921, PART VIII, SECTIONS 90-108

The bye-laws made under the provisions of the Employment of Children Act 1903, and the Education Act 1918, which received the approval of the Home Secretary on the 5th July 1920, have continued in force up to the end of the year 1933. In view of the provisions of the Children and Young Persons Act, which came into operation on the 1st November 1933, it will be necessary to prepare fresh bye-laws in order to bring the present regulations up-to-date.

To assist local authorities in the redrafting of their proposals, the Home Office has issued a memorandum containing a model form of bye-laws and this matter is receiving the consideration of the Authority. Pending the submission of the new bye-laws, provision is made in the 5th Schedule, paragraph 2, of the Act of 1933 for the present regulations for the control of children employed out of school hours to remain in force.

During the year ended 31st December 1933, 660 applications were registered for children to be employed out of school hours. 643 were from boys and 17 from girls.

In all, 675 examinations were conducted by the School Medical Service arising out of these applications. One child was refused an Employment Certificate owing to Cardiac trouble, as it was definitely in the interests of the child that he should not be employed. Minor defects discovered were as follows—

Defective Vision	28
Flat Foot	2
Heart Cases	2
Malnutrition	1
Miscellaneous	3
Total ...	36

(1) General Employment

There was a slight increase in the number of children employed at the end of 1933 as compared with December 1932. The total number was 910, 888 were boys and 22 girls. The numbers for 1932 were 847 boys and 31 girls, a total of 878. The increase, therefore, is 32.

The following are the employments in which the children were engaged. They are practically unchanged from previous years.

Nature of Employment		Boys	Girls	Total
Newspapers	†7–8 a.m.	430	1	431
,, ...	5–7 p.m.	255	4	259
Milk	†7–8 a.m.	9	—	9
,, ...	5–7 p.m.	2	2	4
Grocers	5–7 p.m.	41	—	41
Greengrocers	5–7 p.m.	39	3	42
Butchers	5–7 p.m.	32	—	32
Bakers and Confectioners	5–7 p.m.	26	2	28
*Various	5–7 p.m.	54	10	64
Totals ...		888	22	910

*NOTE—(*a*) Employed as messengers for chemists, tailors, drapers, surgery boys, mixed business, boot repairers, and ironmongers.

(*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.

Reports were received from the Inspectors with regard to 222 offences discovered under the employment regulations and 10 complaints with respect to breaches of the Street Trading Bye-laws. Suitable cautions by the Inspectors were administered in the majority of cases. Thirty-four notices were served, 18 employers and 4 parents were cautioned by the Committee and 5 employers were prosecuted. One employer was fined 10/– in each of two cases, one 20/–, one 40/–, and two cases were dismissed under the Probation of Offenders Act on the payment of costs.

(2) Street Trading

At the beginning of the year 1933, four licences only were in force permitting youths to engage in street trading. These were all surrendered by the end of July and no further applications were received.

By Section 20, Sub-section (1) of the Children and Young Persons Act of 1933, Street Trading is now prohibited under the age of 16 years, and that part of the bye-laws which dealt with the granting of licenses permitting youths to trade is now obsolete.

(3) Children Employed in Public Entertainments

The number of children in respect of whom licences were granted during the year ended December 31st was 119, but the total number of children appearing at the various places of entertainment during the year was 208. Of this number 89 were children visiting Leeds under licences granted by other Local Education Authorities. The increase, therefore, is 91 as compared with the number reported in

1932. This is largely accounted for by the fact that during one week in the summer time a school choir, composed of 46 boys, was engaged by one of the principal picture houses to sing special numbers; licences were granted to 39 children who were members of the Junior Choir and Orchestra associated with the Leeds Industrial Co-operative Society and to 8 children engaged to take part in a play "The Miracle" during its visit to Leeds.

Twenty-five (25) children were employed in connection with the Pantomimes at the Leeds Grand and Royal Theatres; 40 children appeared at the Paramount Theatre (two troupes at different dates) and 50 children were engaged in plays and concerts held in connection with the Music Halls and other places of amusement in the city.

In view of the strenuous activities of some of the children who visited Leeds, the School Medical Officer has examined several groups at less intervals than three months since their previous examination in order to ensure that their employment was not prejudicial to their health and physical development and not likely to render them unfit to obtain proper benefit from the education provided. The School Medical Officer's observations will be found in another part of the report.

There has been no difficulty in carrying out the conditions of the licences. Co-operation and assistance has been rendered by the Managers of the various Halls, Theatres, and Picture Houses. The Inspectors have visited the apartments where visiting children have stayed, in all making 46 inspections. The children have been accompanied by matrons approved by the Licensing Authorities, who appear to take a serious view of their duties.

(4) General

Mention must again be made of the number of children under the age of 14 years who take part in entertainments in connection with which they receive no remuneration. Under the provisions of the Education Act it was permissible for a child to take part in an occasional entertainment to which the public were admitted by payment, providing the net proceeds were for a charitable object or for any school. That provision was repealed by Section 22 of the Children and Young Persons Act of 1933, and now a child of any age may take part without a licence in an entertainment to which the public are admitted by payment providing

1—He has not during the preceding six months taken part in entertainments on more than six occasions; and

2—The proceeds are not for the private profit of the promoter.

This alteration has made administration practically impossible. There is no requirement in the Act or by any Order issued from the Home Office that the Local Authority shall be notified of any proposed entertainment; no indication as to the time a child shall cease to perform; no restriction as to the age of the child and no means provided for ascertaining that the proceeds are not for the private profit of the promoter. It is a piece of legislation without administrative power behind it, and instead of assisting the Local Authority to afford necessary protection to many of these children, the Section definitely obstructs any action which might be taken. It is hoped that in the very near future pressure will be brought to bear on the Government to amend this provision and to make it workable and beneficial for the children concerned.

J. H. CAPES

Superintendent of Enquiry
Employment and Welfare Sections