[Report 1937] / School Medical Officer of Health, Leeds City.

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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, 1937

Jowett & Sowry, Ltd., Leeds.

City of Leeds

EDUCATION COMMITTEE

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For the year ended 31st *December*, 1937

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LEEDS EDUCATION COMMITTEE

Medical Inspection of School Children

MEDICAL SUB-COMMITTEE

Councillor J. TAIT (*Chairman*).

Alderman H. MORRIS.	Councillor E. E. BULLUS.
Councillor BERTHA QUINN.	,, LILIAN HAMMOND.
,, W. SPENCE.	,, J. C. BERRIFF.
,, J. CROYSDALE.	,, J. W. WOOTTON.

Co-opted Member :
Mrs. D. MURPHY.

MEDICAL STAFF

School Medical Officer—G. 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. (*absent ill September to December, 1937*).

HERBERT HARGREAVES, M.B., B.S.

RONALD WOOD, M.B., Ch.B.

IRENE M. HOLORAN, M.B., Ch.B., D.C.H.

GWENDOLEN F. PRINCE, M.B., Ch.B., D.C.H.

BERNARD SCHROEDER, M.B., Ch.B.

HERMAN G. HUTTON, B.A. *Cantab.*, M.R.C.S., L.R.C.P. (*appointed 18th January, 1937*).

IRENE HASLEGRAVE, M.B., Ch.B. (*temporary appointment in place of Dr. Bebb, 27th September to 31st December, 1937*).

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. (*resigned 15th November, 1937*).

REGINALD BROOMHEAD, M.B., Ch.B., F.R.C.S. (*appointed 29th November, 1937*).

Consulting Ophthalmic Surgeon—G. BLACK, M.B., B.S.(Lond.), F.R.C.S.(Eng.).

MEDICAL STAFF—(*continued*).

Senior School Dental Officer—R. DRUMMOND KINNEAR, L.D.S., R.C.S.

Full-time Assistant School Dental Officers—

ARTHUR B. MORTIMER, L.D.S.
DAVID E. TAYLOR, L.D.S.
NORMAN K. DAVISON, L.D.S., R.C.S.
E. EMERSON GIBSON, L.D.S.(Eng.)
MARY KING, L.D.S. (*resigned 10th August*, 1937).
ARTHUR H. GREEN, L.D.S.
HENRY E. GRAY, L.D.S.
GEORGE M. S. MCGIBBON, L.D.S., R.C.S.
LAWRENCE MORAN, L.D.S.
J. WALTER SHAW, L.D.S., R.C.S., H.D.D.
DOUGLAS M. MCGIBBON, L.D.S.
JOHN MILLER, L.D.S. (*appointed 1st September*, 1937).

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.
BESSIE ATKINSON.
EVELYN M. GANT.
ETHEL WILSON.
ELIZABETH M. WHURR.
HILDA MOODY.
EMMA M. HEARNSHAW.
MARY CHERRETT.
ELIZABETH M. BENSON.
EDITH D. WYNN.
LILIAN MOODY.
MARY D. CARRICK.
MINNIE ABBOTT.
ALICE SHACKLETON.
MATILDA HOLMES.

Masseuses—

EDITH A. REVILL (*died* 19th *October*, 1937).
ALICE M. M. SUGDEN (*resigned 30th November*, 1937).
WINIFRED WEAR.
IRENE DIXON (*temporary appointments 12th-23rd Jan.*, 1937, 1st *Sept.*-31st *Dec.*, 1937).
MARJORIE HENDERSON (*appointed 4th January*, 1937).

Dental Attendants—

MARY E. MORTIMER.
GRACE E. BROWN.
DORA JEWELLS.
WINIFRED LEISHMAN.
DOROTHY COULSON.
CICELY M. BAXTER.
MARJORIE M. HIXON.
KATHLEEN HALEY (*resigned 13th March*, 1937).
MARGARET BOYD.
MARION HUDSON.
NANCY M. RUSH.
EDITH WILSON.
MOLLIE W. PARK (*appointed 1st April*, 1937).

Speech Therapist—

BLANCHE JACKSON (Mrs.).

Summary of the Work of the Leeds School Medical Service, 1937.

Number of Children examined by the School Medical Officers at Routine Inspections	23,037 (*21,293*)
Reinspected by the School Medical Officers	34,361 (*34,470*)
Examined by the School Dental Officers	25,242 (*30,513*)
Examined by the School Nurses in the Schools ..	235,712 (*237,722*)
Number of Visits to Homes by the School Nurses ..	160 (*143*)

Clinic Work.

Total Attendances, 1937 .. .. 225,874 (*220,923*)

Clinic.	Number of Attendances.		Nature of Work.
	Medical.	Dental.	
Central	18,380 (*11,138*)	7,964 (*8,428*)	Inspection. Refraction. X-ray. Orthopædic. Aural. External Eye. Dental.
Armley	15,157 (*18,430*)	8,217 (*8,204*)	Inspection. Treatment of Minor Ailments. Refraction. Orthopædic. Dental.
Burley	24,468 (*24,620*)	4,254 (*4,576*)	
East Leeds ..	20,890 (*17,466*)	6,395 (*6,818*)	
Edgar Street ..	17,321 (*25,398*)	3,607 (*4,200*)	
Holbeck	18,817 (*20,899*)	4,080 (*4,122*)	
Hunslet	28,744 (*31,189*)	6,186 (*5,995*)	
Meanwood Road ..	28,141 (*18,632*)	— —	Inspection. Treatment of Minor Ailments.
Middleton	11,495 (*9,403*)	— —	
Dental Hospital ..	—	1,758 (*1,405*)	Orthodontic

Number of Children certified by the School Medical Officers:—

(*a*) Mentally Defective	153 (*181*)
(*b*) Physically Defective	514 (*591*)

The figures in brackets are those for 1936.

CITY OF LEEDS

EDUCATION COMMITTEE

Report of the School Medical Officer for the year ended the 31st December, 1937.

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 the 31st December, 1937.

There have been no changes in the statutory duties or powers of the School Medical Service in the past year, but much attention is being paid by your staff to increasing the value of the Service to the community as well as to the individual child, and it is gratifying that, year by year, parents seem more willing to accept advice and to cease to regard us as busybodies who wish to interfere with their control over their own children.

You may rest assured that every child who has a defect is seen annually at least until that defect is remedied, and that every means of persuasion is used to see that advice is accepted and every help given to secure necessary treatment.

Some parents are still beyond persuasion, but in a decreasing number, and often is our advice sought to-day, where a few years ago it was refused in unmeasured terms.

In view of the fact that National Health Insurance will be available on securing juvenile employment, I would again call attention to the advantage of using the School Medical Records as a basis for that service, so that continuity of action and treatment may be secured, as well as suitable employment. It is heart-breaking that any benefit received during school life can be lost by lack of continuity.

Embodied in the report are the various contributions by members of the staff on research work done during the year. In many cases it is bound to be inconclusive—in some of doubtful value—a point never clear until investigation has been made, but much good work has been done which is proof of the keenness and ability of the Assistant Medical Officers, and of the value of the Service. This is reflected by the very few staff changes that have occurred during the year.

Reference must be made to two vacancies amongst the staff. Staff.
Mr. S. W. Daw, who has been your Consultant Orthopædic Surgeon since the inception of the Scheme, was compelled to retire from practice owing to ill health. He has given magnificent service to the crippled children of the city for many years, and he will be much missed. As the Pioneer of our work and the first Orthopædic Surgeon to the General Infirmary, he has built up a tradition second to none and it is gratifying that he is followed by Mr. Broomhead in whom you may have equal confidence.

Miss Revill, for many years Masseuse at the Potternewton School for Physically Defective Children, died unexpectedly after operation. Her work had been outstanding and she will be remembered by her many patients with gratitude and affection. She has been succeeded by Miss Ogilvie.

Of both Mr. Daw and Miss Revill it can be said in the words of Horace "They have built up a monument more lasting than brass."

Another Masseuse resigned her appointment, and Miss King, a Dental Officer, left us for Malaya. No other changes have occurred in the Medical Department.

Dr. Prince has obtained the very valuable Diploma in Child Health, and Dr. Schroeder has been recognised as an Examining Officer for feeble minded children.

Return of Number of Children on Roll on the 31st December, 1937.

Type of School.	Number of Schools.	Number of Departments.	Number on Roll.
Elementary—			
Council	75	161	45,477
Voluntary	54	96	17,494
Higher—			
Maintained	13	13	5,318
Non-maintained	5	5	2,200
Home Office	2	2	209
Special—			
Mentally Defective ..	5	5	410
Physically Defective ..	1	1	98
Blind and Partially Sighted	2	2	146
Deaf	1	1	110
Sanatorium	2	2	66
Nursery	2	2	131
Open Air	1	1	234
Total	163	291	71,893

Co-ordination.

I need only say how much the School Medical Service appreciates the whole-hearted co-operation it receives from every branch of the Medical Profession, and how gladly it will repay any help given when required. Co-operation has a real meaning in Leeds.

School Hygiene.

There are few improvements to note and until the whole question of reorganisation is settled the few remaining relics of bad sanitation will be a problem. I would urge that, when it is once settled that a school is to remain in being, all sanitary arrangements are brought up to date at once, and that improved ventilation is not forgotten nor the need for better cloakroom accommodation.

In the older type of schools, where architectural considerations sometimes meant too little window space, there is still room for improvement in the artificial lighting, and it is hoped that class-rooms in such schools will soon get the needed alterations so that children may work without strain, without glare and without shadow.

I have written elsewhere about shower baths.

Medical Inspection.

All statutory requirements have been fulfilled, and the increase in the numbers examined shows that few children escape. The number of children withdrawn by parents is now negligible.

Summary of Defects referred for Treatment or Observation—Elementary Schools.

Defect.	Routine Cases.	Special Cases.	Total.
Nose and Throat	4,238	2,150	6,388
Tuberculosis	61	282	343
Skin Diseases	608	11,748	12,356
External Eye Disease	205	1,099	1,304
Vision	3,687	5,813	9,500
Ear Disease and Hearing ..	773	1,566	2,339
Dental Defects	—	—	15,275
Crippling Defects	2,312	1,021	3,333
Other Defects	4,778	2,573	7,351

Following Up and Uncleanliness

The summary of the work of the School Nurses gives a graphic picture of their activities and it is gratifying to note an increase in the time spent in school departments and less at the clinics, where work is still being done that should be done at home. This enables Nurses to spend still more time in school departments over cleanliness inspections—still their main duty—preparations for Doctors' visits by weighing, measuring, eye testing and so forth, on continual observation of children of subnormal nutrition and on investigation of epidemic sickness by repeated visits in the early stages.

It is still necessary to call attention to the fact that cleanliness is not yet absolute and, in fact, sometimes seems to be at a standstill. In the interests of the majority, the offenders are being dealt with more quickly, but the Tables show the need for the continuance of the work.

Summary of Uncleanliness Records.

Children who have had	Number.	Children who have been excluded	
1 notice	3,282	Once	1,887
2 notices	2,412	Twice	407
3 ,, ...	2,029	Three times	89
4 ,, ...	1,123	Four ,,	10
5 ,, ...	661		—
6 ,, ...	375		—
7 ,, ...	145		—
8 .. or over ..	53		—

It will be seen that 10,000 children require an average of $2\frac{1}{2}$ notices and that even then there have been nearly 2,400 children excluded—over 500 being excluded at least twice, and there are 53 who have had 8 or more notices during the year.

The difficulties of the work during the present time of migration will be recognised. Apart from this, the system of "Following Up" by notices rather than by visits still proves very successful.

Summary of the Work of the School Nurses, 1937.

(A) Inspection—	1937.	(1936).
Number of visits to School Departments	6,122	(6,049)
Number of Children Examined*	183,360	(184,271)
Number of Reinspections	52,352	(53,451)

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

(B) Visits to Homes	160	(143)

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

	1937.		(1936).	
	Hours.	Per cent.	Hours.	Per cent.
Clinic Work	27,672¾	67·3	(28,196)	(69·1)
Examinations in Schools..	12,830¾	31·2	(12,057¼)	(29·6)
Visits to Homes	174½	·4	(167)	(·4)
Other Work	451	1·1	(370¾)	(·9)
	41,129		(40,791)	

(D) Summary of the Work of the Masseuses—

	1937.	(1936).
Number of Visits to Homes	26	(47)
Number of Children Treated	671	(616)
Number of Treatments	24,933	(24,994)

Education and Health.

Last year's Report, for the first time, showed an attempt to correlate these two important subjects and to discuss various points in the science of Right Living or Hygiene, which neither Teacher nor Doctor can say is outside their province and in which both must co-operate.

No one desires any ailing child to be worried about school and yet there are many children who are or have been delicate whose future usefulness must depend on their education. Many children are out of school owing to past illness whose only chance in life is some form of clerical work and who would be better in school under supervision. It is equally true that there are many in attendance who would benefit by temporary absence and it is necessary to remind parents that in the interests of other children, the family doctor should be consulted far more frequently than happens now. This is particularly the case with all forms of infectious sickness, but it applies with considerable force to much illness of debilitating nature. A perfect balance between the two points is essential, for it is not always realised that school may be a better place for convalescence than the street, where there is no supervision of the exercise taken.

Parents are frequently grateful for the assistance of teachers in this matter.

Nutrition.

This investigation still takes an important place in our work and one big question still awaiting solution is whether good nutrition can be built up on poor physique.

The classification of the state of nutrition is on the lines prescribed by the Board, and the year's findings are :—(last year's figures being in brackets).

Number examined	20,443	(18,852)	
Noted as excellent	2,737	or 13·4%	(2,618) or (13·9%)
Noted as normal	14,075	or 68·9%	(13,469) or (71·3%)
Noted as slightly submornal ..	3,583	or 17·5%	(2,744) or (14·5%)
Noted as bad	38	or ·2%	(51) or (·3%)

The main point being an increase in the number found as slightly subnormal.

Dr. Hutton has been spending some time on the further investigation of subnormal nutrition, and will continue to do so on much the same lines as indicated last year. His observations are, however, limited in number and it is felt that it will be better and more scientific to wait publication until greater numbers are available. It promises to be a very valuable piece of work.

The dynamometer tests have continued throughout the year in selected but average schools. Here also further observations are needed before reliable conclusions can be drawn.

Provision of Meals.

During the year, 499,612 dinners have been supplied, as compared with 509,667 in 1936. Of this number, 460,240 were supplied by the Central Kitchen, 26,405 at Special Schools and 12,967 at Special Centres. The highest number of dinner books issued was 2,449 in January, 1937, and the lowest 2,007 in August, 1937.

There has been an increase in the number of children for whom the parents have paid for meals. The highest number was 99 in October, 1937, as compared with 63 in November, 1936.

The adoption of the Unemployment Assistance Board's Scale will probably result in an increase next year, as no child is allowed to suffer if the scale operates unfavourably or if the old scale acted in its favour.

It is unfortunate that, even now, there are parents who will not apply, though eligible, for dinners and it has been suggested that no improvement can occur until school canteens become the rule where all children may sit down under good conditions, for there are still complaints about behaviour as well as dirty hands and faces. No idea of stigma seems to attach to milk consumption, where all—free and payers—take it at the same time. There are still many children who get free milk who do not get free dinners and whilst one can have respect for parents who want to do everything for their children, there is still much callousness amongst them or possibly lack of interest as is shown by the attendances at the Centres. Even where parents have been granted meals on request, 1 child in 4 fails to attend on school days, and on Saturdays less than 40 per cent. make their appearance.

The time may be ripe for effecting minor improvements in such things as table utensils and a tightening up of cleanliness and so forth in order to make for greater attractiveness and so for better and more regular use.

The success of the canteen system at the special schools, where all sit down together is very evident, and in one case at least, the

staff have their meal in the same room and at the same time with wonderful results. Further, as a result of nursery class feeding, many requests have been made for similar dinners for children who have left these classes.

The dietary has had little change, but is still based on a 4 weeks programme which avoids monotony.

The transport service is very satisfactory except that the cars are not heated. As the journey takes half an hour, this is an important point.

Supply of Milk.

It is gratifying to report that the number of children taking milk has been more than maintained. During 1937 this has fluctuated from 34,419 in January, to 38,603 in November, and for the last three months has been slightly over 38,500, which represents more than 50 per cent. of the school population. The total number of bottles supplied during the year was 6,787,533 as compared with 6,496,277 in 1936. Of this number 840,437 were supplied free of charge in 1937, as compared with 824,951 in 1936. The total cost of the milk was £14,140 13s. 10½d. Of this amount £12,389 15s. 8d. was contributed by the parents and the net cost to the Committee was £1,750 18s. 2½d. The percentage of free cases was 11·5 as compared with 11·8 in 1936. This represents rather a small decrease, in spite of the adoption during the year of a rather more generous assistance scale, due to the better conditions prevailing during 1937.

There can be very few towns where a bigger proportion have their "daily bottle." There is no doubt of its benefit, even if it is not possible to assess definitely the advantages each year.

All milk is pasteurised and must continue to be so until a really safe raw milk is available.

The practice of early consumption seems to have done away with the old complaint of children not being ready for their dinner, and has quite abolished the unsatisfactory gulping which was too common when it was taken at playtime.

The arrangement for supplying necessitous children during holiday periods has been continued, and it is regretted that the response has again been very unsatisfactory. The parents are given the opportunity of obtaining milk at a centre as near as possible to their homes, and provision is made only for those who have expressed their willingness to send the children. In spite of this less than 50 per cent. actually attend. This is particularly regrettable as most of these children need their milk more during holidays because they get less rest than in term time. It is unsatisfactory also from the

contractor's point of view, as frequently more than half the bottles sent out have to be taken back unconsumed and, consequently, some dairymen do not offer their services. In this connection I would also point that in some centres where the attendance is poor, the cost of distribution is larger than the cost of the milk.

Arrangements were made for milk under the Milk Marketing Board's Scheme, to be supplied in connection with the Coronation celebrations, and approximately 140 School Departments availed themselves of the facilities.

The dairymen have again been very helpful, and complaints have been rare.

Without the help and co-operation of the teachers the scheme would be doomed to failure, and if parents would appreciate more the benefits to their children it could be made an even greater success.

Supply of Malt and Cod Liver Oil.

The arrangement for the supply of malt and cod liver oil to children for whom it is recommended by the School Medical Officer has been continued.

During the year 16,211 lbs. have been supplied.

Exercise.

Last year the need for suitable exercise was stressed and it was shown that the phrase Physical Education tended to obscure the real issue. It was pointed out that whilst exercise includes Physical Training, the two terms have not the same meaning. No one would describe football as Physical Training, but it has always been a national characteristic to take part in organised games which are, for the fit, probably the best forms of exercise.

It is to be regretted that opportunities for such games are limited, but the local geography plays its part here because there are so few sites available for organised games. In some parts, we see huge areas of very suitable sites, whilst we find, locally, clubs going out of existence for lack of playing space. Consequently, there is greater need than in some places for organised exercise in other ways.

A few short years ago, a small yard or playground, sufficient to work off animal spirits, was thought to be enough and even now Secondary Schools exist with playing fields at a considerable distance and Elementary Schools with an occasional use of one. The newer schools are being much more generously equipped, but even now it seems to be forgotten that no playing field can be used every day, without its becoming a mud heap devoid of grass in a short time. There are sufficient examples of open spaces now kept

under ashes in our midst. Consequently the playing areas that exist must be conserved and other approaches to physical fitness than purely organised games explored, and here it will be well to remember that 1937 has seen the birth of the National Fitness Council whose specific duty is the improvement of the physique of the nation through organised physical training. There must be contact between the Board of Education and this new body, for there can be no national improvement unless the necessary habits of body and mind are produced or induced from the very earliest days of school life and even before.

Physical Education as seen in our schools to-day is much better than it was a few years ago, and yet one hears regrets that we do not see the huge organised displays of the Continent in our midst. That such are inspiring sights is true, but they are not a national characteristic and will never have the same effect as organised games, if and when the time comes when sufficient field-space is available for all.

Further, such mass demonstrations are always given by selected individuals whose physique is good to begin with and do not give a real picture of the actual condition; a demonstration by puny individuals in the half hearted way that many people (adults as well as children) conceive as Physical Jerks, would have a far more instructive effect.

Everyone needs exercise, which includes Physical Training, but the exercise that an individual wants cannot be gauged by watching a " Keep Fit " class where every member is a trier and yet has the sense to omit particular examples which are burdensome to himself. The will to try is as important as the provision of accommodation. Half heartedness will never do anything to improve physique, nor will any apparatus unless used properly. It is apparent, therefore, that such training must commence in infancy and become a fixed habit if the individual is to benefit and that it must continue in degree through life. Some need more exercise than others, some can undergo greater physical strain than others without ill effect, especially as the years go by.

The time is approaching when the Medical Profession will be expected to prescribe suitable exercise for the individual and further to be able to point out contra-indications where they exist. This is the one weakness at the present time with children: tables and programmes can never suit everyone, and consequently the poorer specimens do not make the progress needed. The full use of the body requires the full co-operation of the mind which must understand what the body is required to do and see that

it is done in the right way. Physical Exercise must, therefore, be adaptable to mentality rather than to age, for no one would expect tiny children to understand long or involved instruction. But this is the most important and yet difficult period of life, for bad habits acquired now are not easily eradicated. This is the time when exercise means largely free play, when such lessons as proper breathing must be instilled and yet the child must not realise he is being taught. Even at this age the use of suitable clothing is important, but extremely difficult to ensure, especially when the burden of dressing or undressing children falls on an already overbusy teacher with thirty or more to prepare, footgear to change, garments to remove, with the possibility of a real mix up—in short, an almost impossible suggestion, were it not such an important one.

The preparation for exercise must begin at this age and be taught along with the need for the bath and the period of rest afterwards. These are matters of elementary hygiene which must be instilled now if real fitness is to exist later. As soon as the child can do these things for himself, this preparation should be insisted on, if the lessons are to have any permanent value.

The habit of changing clothing and footgear must be instilled as well as the benefits of the bath, whilst the period of rest after exercise should become routine. I would, therefore, ask you to consider supplying suitable clothing to selected schools and installing shower baths in them. These facilities do exist in a very few schools, where they have justified themselves by greater alertness and eagerness.

Much of the physical exercise must be done indoors, therefore, Halls or Gymnasia will be needed. Whether such Gymnasia can be used by children during the day and adults after school hours in order to avoid duplication will probably be a matter for your consideration. Another point of importance is the question of the best time of day. It is certainly not wise to take exercise in any form too soon after a meal, but in many schools every minute must be used if children are to get their share. It is not possible to exercise all the children at one time—Halls and Gymnasia are not big enough, therefore this part of Health Education must be spread over most of the school hours, and where this training must largely be done indoors it is essential that the principles of Hygiene or the Science that deals with the preservation of health shall be adhered to. Suitable food—easily digestible and assimilable—is equally important. Adults themselves know the lethargy produced after a meal, and children cannot be expected to be different.

There is a connection between food and fatigue and between fatigue and disease. Fatigue may be pleasant after suitable exercise

and pass unconsciously into healthy sleep or it may be so unpleasant that rest becomes impossible, and here exercise may be harmful. Mental fatigue is well recognised, for as Solomon tells us—"Much study is a weariness of the flesh." If, therefore, we are to improve national physique and nutrition, we must realise that the science of proper living must be observed in every detail and in every period of life, for the human body and the mind together are inseparable and yet are not treated with half as much care as a sewing machine. Health Education can never be adequate till everyone takes part in it at work as well as at play, asleep as well as awake, with the sense of comfort after a suitable meal under suitable conditions as well as with the healthy appetite produced by healthy living

Open Air Education.

Stress is laid elsewhere on exercise being taken out of doors wherever and whenever possible. Increasing use is made of the Parks for out of door lessons by those schools well situated, and it is noticed that playgrounds are being used in good weather to a greater extent. School Journeys were more frequent, judging by the requests for School Nurses' services on such occasions.

The School Camp was open for the full period, but the numbers attending were not so great. Whether the short season of 1936 has had an effect remains to be seen, but the amenities of the new site are so great that it will be a pity if it is not utilised to the full this year.

Whilst visits to Wembley for football matches are undoubtedly very attractive, they cannot have the benefit that a full week in the country under good conditions with good food can give. The Camp is admirably equipped and many minor improvements were made. Its position is such that it could be kept open much longer than the old one, and electricity is close at hand for lighting. The provision of a swimming pool should be possible, as there appears to be plenty of water of a very good quality, although it is chlorinated before use.

Minor Ailments and Skin Diseases.

Again a slight increase in the number of attendances at the Branch Clinics has to be recorded, partly due to somewhat more regular visits by certain children for the daily doses of Cod Liver Oil, and partly to an increase in minor injuries. Otherwise the work done in the treatment of minor ailments shows little change, other than variations between Clinics serving new areas and those which serve cleared areas.

Once more a reference must be made to the need for the supply of hot water in schools as well as a more liberal supply of towels,

if the number of minor injuries coming to the Clinics is really to be reduced. Soap and hot water will always remain the chief safeguards against infection of minor injuries.

Visual Defects and Eye Diseases.

The number of children attending for treatment of external eye diseases shows a welcome drop, but the number of actual attendances per child is larger, due to a few intractable cases who do not recover as quickly as could be wished. Some are in a bad state before treatment is commenced and it is to be regretted that earlier and more constant use of the Clinics is not made.

The Nursing Staff continues the testing of the visual acuity of all children and has been particularly successful with young children, so that it is the exception to-day not to have a vision record for a five year old child. Much credit is due to the many devoted head mistresses for their co-operation and valuable suggestions as to methods, for although the general principle is "matching," there is no uniform system at present, and many experiments are still being made. It is, however, noteworthy that children do not learn their letters to-day as they did formerly and that consequently, new methods of testing visual acuity other than the sounding of a letter indicated are necessary. The investigation must continue in the first place by the use of easy pictures of known objects or by the selection from a group of letters of the same one as that indicated. There is only one alternative and that would be to test the vision of all children by refraction—a proposition that is not possible at the present time.

During the year 5,525 refractions have been done at the Clinics, an increase of nearly 600 on last year. In spite of the increase in the number of cases dealt with, thirteen less half days were spent on the work. Whilst this points to a better co-operation on the part of parents, it is an unfortunate fact that still 2 or even 3 appointments are often necessary before the child obtains treatment with consequent waste of valuable time. It is not economical for the refractionist to spend a full session at the Clinic when only 2 or 3 children appear.

Dr. Wood continues his investigations into the various types of defective vision and Table I. shows the analysis of all refractions done in the last 2 years as giving an indication of the work done. It does not give an exact picture because all cases of Myopia and Myopic Astigmatism are re-examined each year as well as some others needing constant watch.

It will be seen that in 2 right eyes and 10 left there were other happenings, *e.g.*, eye removed or otherwise useless for seeing.

TABLE I.

Age.			3	4	5	6	7	8	9	10	11	12	13	14+	Total.
E.	R.	No.	–	1	4	14	8	18	23	21	26	40	29	6	190
		%	–	1·0	1·0	2·3	1·3	1·9	2·4	2·4	2·7	3·1	2·5	2·0	2·3
	L.	No.	–	–	4	12	5	17	14	20	26	26	31	4	159
		%	–	–	1·0	2·0	0·8	1·8	1·5	2·2	2·7	2·0	2·7	1·4	1·9
E.A.	R.	No.	–	1	6	7	8	21	21	25	23	30	25	8	175
		%	–	1·0	1·5	1·2	1·3	2·3	2·2	2·9	2·3	2·3	2·2	2·7	2·1
	L.	No.	–	2	4	7	11	22	24	22	24	22	31	4	173
		%	–	2·1	1·0	1·2	1·8	2·4	2·5	2·5	2·4	1·7	2·7	1·4	2·1
H.	R.	No.	23	67	236	308	290	342	345	268	278	355	333	65	2,910
		%	69·7	69·8	60·2	51·3	47·9	36·7	36·2	30·6	28·4	27·4	28·6	22·1	35·4
	L.	No.	22	62	223	295	269	337	342	269	266	335	306	69	2,795
		%	66·7	64·6	56·7	49·2	44·5	36·2	36·0	30·7	27·2	25·9	36·3	23·4	34·0
H.A.	R.	No.	9	21	111	199	214	310	297	237	248	311	250	48	2,255
		%	27·3	21·9	28·3	33·3	35·4	33·3	31·1	27·1	25·3	24·0	21·5	16·3	27·4
	L.	No.	11	27	131	214	236	327	311	248	266	326	277	47	2,421
		%	33·3	28·1	33·3	35·7	39·0	35·2	32·7	28·3	27·2	25·2	23·8	15·9	29·5
My.	R.	No.	–	5	13	21	40	111	142	182	256	377	353	127	1,627
		%	–	5·2	3·3	3·5	6·6	11·9	14·9	20·8	26·1	29·0	30·4	43·2	19·8
	L.	No.	–	4	8	23	38	113	135	176	240	376	351	124	1,588
		%	–	4·2	2·0	3·8	6·3	12·2	14·2	20·1	24·5	29·1	30·2	42·0	19·3
My.A.	R.	No.	1	1	11	17	19	47	37	58	65	85	81	18	440
		%	3·0	1·0	2·8	2·8	3·1	5·0	3·9	6·6	6·6	6·6	7·0	6·1	5·4
	L.	No.	–	1	11	18	22	44	40	61	70	94	75	21	457
		%	–	1·0	2·8	3·0	3·6	4·7	4·2	7·0	7·2	7·3	6·4	7·1	5·6
C.A.	R.	No.	–	–	11	34	26	83	89	84	83	99	92	22	623
		%	–	–	2·8	5·7	4·3	8·9	9·3	9·6	8·5	7·6	7·9	7·5	7·6
	L.	No.	–	–	12	31	24	70	85	79	87	113	92	26	619
		%	–	–	3·1	5·2	4·0	7·5	8·9	9·0	8·9	8·7	7·9	8·8	7·5
Anis.			6	16	57	99	116	197	218	182	204	292	245	57	1,689
Total	R.		33	96	392	600	605	932	954	875	979	1,297	1,163	294	8,220
	L.		33	96	393	600	605	930	951	875	979	1,292	1,163	295	8,212
															16,432

The research into the visual condition of children under eight found by Nurses to be in need of further examination continues and Table 2 shows the analysis of the findings.

TABLE II.

Analysis of Infant Children's Vision Enquiry, 1933-34-35-36-37.

	R.	%	L.	%
Emmetropia	70	2·3	63	2·1
Emmetropic Astigmatism.. ..	72	2·4	52	1·7
Hypermetropia	1,537	51·0	1,479	49·1
Hypermetropic Astigmatism ..	942	31·3	1,032	34·3
Myopia	156	5·2	152	5·0
Myopic Astigmatism	101	3·3	105	3·5
Compound Astigmatism	136	4·5	130	4·3
Anisometropia	635 or 21.1%.			

Actually 891 such cases were dealt with in 1937, glasses being prescribed in 735 or 82·5 per cent. No glasses were prescribed in 144 or 16·2 per cent., whilst the remaining 12 were dealt with otherwise than under the Committee's Scheme. The ages at refraction and the numbers of re-tests are shown below.

3 years	19	
4 ,, ...	52	
5 ,, ...	195	891
6 ,, ...	294	
7 ,, ...	331	

1st refraction ..	614	
2nd ,, ..	219	
3rd ,, ..	43	891
4th ,, ..	12	
5th ,, ..	3	

This research will continue.

Dr. Wood has continued his investigation into the annual rate of increase in the degree of Myopia and the results of the six years work are shown in Table III.

TABLE III.

Annual Increase of Degree of Myopia in Children observed over the Years 1932-33-34-35-36-37.

Age.	Number of Eyes. Refracted		Average Rate of Increase.	
	R.	L.	R.	L.
6– 7	67	65	·59	·57
7– 8	140	138	·49	·53
8– 9	359	362	·49	·51
9–10	665	664	·45	·47
10–11	715	703	·46	·47
11–12	669	669	·44	·43
12–13	628	628	·41	·42
13–14	230	229	·38	·35
14 and over	66	65	·37	·42

Total number of Observations .. 7,062.

The figures in most of the age groups are a real help to refractionists in deciding whether the rate of progress in the defect is greater than normal and whether the child should be seen by Mr. Black with a view to admission to sight saving classes. As these figures show a remarkable degree of consistency, Dr. Wood concludes this particular investigation. His efforts at Hunslet Clinic to find some connection between general bodily growth and the increase in Myopia have partially failed because of the shifting population, but such few cases as have been re-examined do not point to any.

Mr. Black has continued his supervision of the department during the year.

Orthoptic Treatment.

This is a comparatively recent method of treating certain cases of squint in children. It is possibly not universal in that not all such children are suitable, but, in view of the fact that a badly squinting eye often becomes blind from disuse, it is highly desirable that every appropriate case should receive this treatment. It is training of a very highly specialised kind—it is educational in that many children can be taught to use both eyes in a proper manner instead of only one It must be used by close co-operation with the parents or would be largely useless.

Many such children need the good eye covering completely during some portion of the day, which should not be during school hours, but it is too often found that parents will not be bothered to cover up the good eye at home, the final result being blindness in the poor eye.

The apparatus for orthoptic treatment is expensive and needs trained and skilled operators for its use and it is unlikely that there will ever be need for a full-time staff for the Committee's work, but there are enough children for two or three sessions each week, and this number will increase as the results become better known. The Leeds General Infirmary is in possession of this equipment and staff, and is again asking your support, for it will be remembered that, last year, the Committee did not feel able to assume financial responsibility for Leeds children.

The treatment is available—it is sometimes lengthy—and it entails co-operation by all associated with the child. I would, therefore, ask your reconsideration of this problem.

All cases for this treatment would be referred by Mr. Black, the Consulting Ophthalmic Surgeon, and will remain under his supervision. No responsibility would attach to children not so referred, but it would be a tragedy if the Infirmary had to give up this treatment for financial reasons. It will be much cheaper to make *per capita* payment than instal our own apparatus.

Ear, Nose and Throat Defects.

The noteworthy point this year is the large increase in operations done at the local hospitals for tonsils and adenoids and other allied conditions.

The waiting period for operation has been much reduced and the system whereby the child is retained for the night before and the night after operation has proved of great benefit.

Larger numbers of children are, therefore, taken for registration than formerly with the result that the number accepting treatment under the Committee's Scheme shows an increase, although those referred through the Workpeople's Hospital Fund remain stationary.

Mr. Sharp has held 79 sessions during the year and seen 1,453 new cases. Operations have been advised in 606 cases and 355 parents have made immediate arrangements through the Office.

Summary of Ear, Nose and Throat Work, 1937.

	Ear.	Enlarged Tonsils.	Adenoids.	Enlarged Tonsils and Adenoids.	Other Conditions.	Total
Number of cases of Ear, Nose and Throat Defects referred by School Medical Officers for treatment ..	2,217	790	113	1,210	2,616	6,946
Number of cases which have received operative treatment—						
By the School Medical Service ..	1	2	9	74	2	88
By General Practitioner or Local Hospital.. ..	109	16	—	2,294	54	2,473*
Other Forms of Treatment—						
By the School Medical Service ..	1,544	55	68	757	833	3,257
By General Practitioner, Local Hospital or otherwise	733	691	5	35	1,617	3,081
Total Treated	2,387	764	82	3,160	2,506	8,899

* This figure includes 237 cases for whom arrangements were made for operative treatment by the School Medical Service, but as the parents were contributors to the Workpeoples' Hospital Fund the cost was paid by that Fund

In addition, special Audiometer sessions have been held, mostly at Blenheim Walk, but in a few cases the instrument has been taken to schools and this practice will be increased this year. No complete survey of the hearing has yet been possible, as it is important that the information given by the apparatus shall be correctly interpreted, and consequently much time has been spent on children with known defective hearing.

This point will be referred to again in later pages.

Orthopædic.

Orthopædic Report, 1937.

Number of Children examined by the Orthopædic Surgeon :—	
New Cases	198 (*268*)
Re-inspections	1,020 (*906*)
Number of Children recommended for :—	
(*a*) Operative Treatment	39 (*39*)
(*b*) Surgical Appliances	123 (*152*)
(*c*) Remedial Treatment	104 (*132*)
Number of Children treated under the Committee's Scheme :—	
(*a*) Operative Treatment	10 (*8*)*
(*b*) Surgical Appliances	110 (*136*)†
(*c*) Remedial Treatment	96 (*124*)
Children Discharged as cured	139 (*143*)
Number of Cases sent to a Country Hospital	3 (*2*)
There are two children at present in a Country Hospital	

The figures in brackets are those for 1936.

* While the Education Committee accepted responsibility for payment for 10 operations—with parental contributions according to Scale—the total number of admissions to the Infirmary arranged through the Orthopædic Scheme was 28. Of these, 15 were through the auspices of the Leeds Workpeople's Hospital Fund, and one each through the L.M.S. Railway Hospital Fund, the Bradford Dyers' Association Hospital Fund, and the Clayton Hospital Contributory Fund.

† In 58 cases appliances were supplied free of charge or the parents were allowed to refund the whole or part of the cost by instalments.

55 children were X-Rayed at the Leeds General Infirmary.

New Cases in 1937 were classified :—

Rickets	54
Curvature of Spine	22
Paralysis	7
Tuberculosis	5
Others	110

Dr. Holoran reports :—

" Our Orthopædic work has proceeded on similar lines to that of previous years.

In addition to the work at the Cripple School, weekly sessions have been held at the Central Clinic with Mr. Daw and later Mr. Broomhead, as our Consultant. 198 new cases have been seen, and 1,020 attendances made by old cases. The new cases included 54 suffering from the effects of rickets, 22 with spinal curvatures, 7 with some form of paralysis, and 5 cases of tubercular infection, which were transferred to the City of Leeds Health Clinic. 39 cases were recommended for operative treatment, 28 of which accepted. Surgical appliances were recommended for 123 children and obtained by 110. Remedial treatment was advised for 104 children, The majority of these children are now receiving massage, electrical treatment or remedial exercises at the Branch Clinics. In addition, we have sent 2 cases to a country hospital.

There is a reduction of 70 in the new cases seen this year compared with 1936, but an increase of 120 in the attendances of old cases. There is a slight reduction in the number of treatments recommended indicating that many old cases attend periodically for observation only.

In addition to the cases seen at the Central Clinic, Medical Officers recommend certain cases for treatment at the Branch Clinics. These are chiefly postural defects which can be dealt with without taking up the time of our Consultant. Many milder cases are merely kept under observation at school after drawing the teacher's attention to the condition so that whoever takes the child for Physical Training Lessons may do what is possible in the circumstances, while the class teacher pays additional attention to the desk posture.

As reported in 1936, cases of severe crippling are becoming rarer, but at the same time it is interesting to note the number of examples of comparatively rare conditions which attend from time to time. During the past year the following cases have been of special academic interest :—2 new cases of achondroplasia, 1 new case of gumma of the sternum, 2 cases of multiple exostoses, 1 case of severe Still's Disease, 1 child with multiple congenital dislocations, 2 new cases with congenital abnormalities of vertebræ and ribs, several cases of congenital shortening (or lengthening) of one leg. These cases do not include children in attendance at our Potternewton Special School for Cripples.

The experiment begun last year of organising Remedial Exercise Classes in two schools has been continued. In both schools the posture of all the girls of over 11 years of age was examined and the unsatisfactory cases not already receiving treatment at the Clinic, were divided into two groups owing to numbers, the first group for treatment, the second group for observation only. The treatment group was then sub-divided into those requiring corrective work for general posture, *e.g.*, hollow back, scoliosis, etc., and those requiring corrective footwork. Severe cases still attend the School Clinic. The classes have been supervised from time to time and the observation cases reviewed. As some girls have improved and been discharged from the special class, others have been admitted from the observation group. In one school 28 children were treated during the year, in the other 24.

The following figures show the results :—

	School I.	School II.
Improved	6	5
No Change	1	1
Cured	14	13
Absent or Left	7	5

Much of the success of the classes is due to the co-operation of one of the Physical Training Organisers, who has inspired the teachers and advised them as to suitable tables of exercises.

Unfortunately the classes will have to cease in one of the schools owing to lack of an available room in which to hold them. It is hoped to start a similar class in another of the larger girls' schools.

Other schools with suitably qualified teachers, have mentioned their willingness to co-operate, but it is essential to the success of the scheme that additional visits should be paid by the School Medical Officer and the Physical Training Organiser, not an easy matter to arrange.

The advantage of the classes cannot be measured merely in the number of cases cured or improved, nor in the school time saved by avoiding journeys to the Clinics. The effect is much wider, for the whole school has gradually become much more posture-conscious, and much more knowledgeable as to what constitutes a desirable posture. This again has reacted in a general way in the pride of appearance of the girls and in their cleanliness and alertness."

Juvenile Rheumatism and Prevention of Heart Disease.

It is with a very grateful heart that I record the approval of the Committee to the provision of a special school for rheumatic children, and my only regret is that delay has occurred as the original plans drawn up in 1935, did not secure the consent of the Board. New plans incorporating their requirements are being prepared and will be submitted to you at an early date, and although they may prove a little more costly, will be of much greater use, ensuring less risk of reinfection.

It can be said that medical opinion is strongly in favour of such a school which, as I previously stated, should be as little of a hospital as it can be made. It will be complementary to the suggested Children's Hospital and in no way antipathetic, whilst the additional beds allotted to the Open Air School will permit of resident cases of established heart disease for the lengthy period of building up which is so essential. In general heart cases must not be mixed with the group for whom we aim at prevention, but at present the number of children with that most severe form of crippling shows no signs of decrease. I trust this year will see the work begun.

Tuberculosis.

I am much indebted to Dr. Tattersall, Chief Clinical Tuberculosis Officer, for the two Tables showing the incidence of tuberculosis in children in the City. Although they include some children under school age and a few who have left, they give a very complete analysis of the situation.

The arrangement between the two Departments, whereby all suspicious cases are referred to the City of Leeds Health Clinic, still holds good. There is no overlapping and no cross purpose work; in fact, no child is ever diagnosed as tubercular except on the authority of that Department.

Remaining on Register 31/12/37	Pulmonary			Non-Pulmonary			Total	Gross Total
	T.B. –	T.B. +	Total	Bones and Joints	Abdominal and other Organs	Peripheral Glands		
Boys	145	3	148	57	25	63	145	293
Girls	140	2	142	49	11	59	119	261
	285	5	290	106	36	122	264	554
Diagnosed 1937 and included above :—								
Boys	19	1	20	17	5	17	39	59
Girls	23	—	23	10	—	18	28	51
	42	1	43	27	5	35	67	110

Institutional Treatment or Observation for Tuberculosis 1937.

	Remaining in Institutions 1/1/37.	Admitted.	Discharged.	Died.	Remaining in Institutions 31/12/37.
PULMONARY.					
Boys: Under 5 ..	2	2	1	–	3
5–15 incl. ..	19	19	20	1	17
Girls: Under 5 ..	5	2	4	–	3
5–15 incl. ..	22	24	30	3	13
TOTAL ..	48	47	55	4	36
NON-PULMONARY.					
Boys: Under 5 ..	4	12	4	1	11
5–15 incl. ..	16	21	13	–	24
Girls: Under 5 ..	6	2	1	–	7
5–15 incl. ..	23	13	15	–	21
TOTAL ..	49	48	33	1	63
OBSERVATION.					
Boys: Under 5 ..	3	9	10	–	2
5–15 incl. ..	6	25	23	–	8
Girls: Under 5 ..	4	5	7	–	2
5–15 incl. ..	8	45	37	–	16
TOTAL ..	21	84	77	–	28
GROSS TOTAL ..	118	179	165	5	127

REPORT OF THE SENIOR SCHOOL DENTAL OFFICER
Mr. R. DRUMMOND KINNEAR, L.D.S., R.C.S.

The work of the Department is shown in the Tables on pages 28, 69, 75.

The intervals between inspection and treatment are still unduly prolonged. In some areas in the City, the position has shown some improvement, but this is almost entirely due to large sections of the population being moved to other areas where the position is then made correspondingly worse. A rearrangement of the schools in the areas in relation to the Clinics is not practicable to more than a very limited extent. The question of the provision of new clinic accommodation to meet the needs of the new housing estates will be a matter for consideration in the near future.

The staff of twelve dental surgeons is working to capacity. On the average each man has treated nearly 1,400 routine cases and 500 casuals and special cases. Taking the standard of treatment into account this is a very creditable year's work. On an average each dental officer has inserted 3,120 fillings compared with 1,774 for the country generally. It has been stated authoritatively that one man can treat efficiently 1,500—2,000 children per annum, the number varying under local circumstances. The experience of Leeds during the past few years fully supports that statement.

The table below illustrates the standard of treatment aimed at and that the saving of teeth is the chief object of the scheme. In routine cases, the ratio of permanent teeth saved to permanent unsaveable teeth extracted is in the order 7·6 to 1. The comparable figure for the rest of the country appears to be very much lower.

SUMMARY OF WORK PER 100 CHILDREN TREATED

	1937 Leeds.	1936 Country generally.
Fillings in permanent teeth ..	172·0	71·5
,, deciduous teeth	·1	6·9
Extractions of permanent teeth ..	35·2	35·5
,, ,, deciduous teeth ..	135	159

Summary of the Work of the School Dental Service, 1937.

	No. Inspected	No. Referred	% to Inspected	No. Treated*	% to Referred	Fillings	Fillings per child Treated	Permanent Teeth Extractions Unsaveable Teeth	Permanent Teeth Regulation Extractions	Temporary Teeth Extractions	Anaesthetics		Sessions†		Attendances for Treatment	Other Operations‡
											General	Regional	Inspection	Treatment		
1. Elementary ..	17,868 (23,141)	15,275 (20,317)	85·5 (87·8)	15,276 (16,906)	100·0 (83·2)	35,996 (35,121)	2·4 (2·1)	3,166 (5,644)	2,684 (2,146)	19,966 (26,126)	10,339 (11,192)	7,716 (6,231)	163 (156)	5,105 (5,109)	34,767 (34,210)	4,392 (5,005)
2. Secondary ..	468 (339)	414 (288)	88·5 (85·0)	375 (342)	90·6 (118·7)	1,095 (1,492)	2·9 (4·4)	152 (130)	70 (55)	61 (79)	131 (123)	166 (667)	4 (3)	131 (172)	809 (921)	186 (207)
3. Special ..	502 (532)	372 (409)	74·1 (76·9)	309 (390)	83·1 (95·4)	349 (633)	1·1 (1·6)	279 (291)	59 (135)	258 (285)	249 (327)	25 (183)	4 (3)	59½ (95)	481 (688)	24 (46)
Total 1, 2, 3 ..	18,838 (24,012)	16,061 (21,014)	85·3 (87·5)	15,960 (17,638)	99·4 (83·9)	37,440 (37,246)	2·3 (2·1)	3,597 (6,065)	2,813 (2,336)	20,285 (26,490)	10,719 (11,642)	7,907 (7,081)	171 (162)	5,295½ (5,376)	36,057 (35,819)	4,602 (5,258)
Casuals	5,921 (6,178)	5,337 (6,178)	90·1 (100.0)	5,337 (6,120)	100·0 (99·1)	— —	— —	1,009 (1,372)	— —	8,386 (8,995)	5,337 (6,875)	— —	— —	—¶ —	5,921 (6,178)	584 (506)
Special Casuals§ .. (All Schools) ..	483 (346)	483 (346)	100·0 (100·0)	483 (346)	100·0 (100·0)	— —	— —	255 (263)	— —	656 (485)	483 (343)	— —	— —	— —	483 (346)	— —
Grand Total ..	25,242 (30,536)	21,881 (27,538)	86·7 (90·2)	21,780 (24,104)	99·5 (87·5)	37,440 (37,246)	— —	4,861 (7,700)	2,813 (2,336)	29,327 (35,970)	16,539 (17,860)	7,907 (7,081)	171 (162)	5,295½ (5,376)	42,461 (42,343)	5,186 (5,764)

Average number of fillings per session 9·1 (9·2). Average attendance per fillings session 5·6 (5·6).

* Some of these cases were referred for treatment towards the end of 1936.

† In addition, 226¼ sessions were spent in Supervisory, X-ray and Orthodontic work, Dental Officers' Conferences, Special Investigation Inspections, Special Holidays (Coronation), School Propaganda Work, etc. (189).

‡ In addition, 251 X-ray exposures were made (243).

§ Special Casuals are children who have refused treatment but are subsequently treated by Extractions for the relief of pain and by appointment only.

¶ Treatment of 'Casuals' takes place at the end of Routine Sessions on two occasions per week in each Clinic.

The figures in brackets are those for 1936.

During the past three years a considerable number of children in the older age groups who accepted treatment without any real intention of attending the clinics have 'weeded' themselves out of the scheme or have left school. Many of these cases had been persistent refusals for some years and the work done for them was largely extractions. Many more of these children could be dealt with in a given time than the type of child forming the basis of the scheme and for whom conservative treatment is the keynote.

The number of routine cases treated this year is a more accurate representation of the capacity of the present staff, although a certain amount of time has been spent on the examination of children for a special investigation, referred to later.

The drop of 1,678 in the number of routine cases treated is thus accounted for and is entirely off-set by the extra ·24 fillings per child, which demonstrates that every effort is being made to reach the basis of treatment which has been the aim from the beginning of the new conditions.

The high percentage of cases treated to cases referred for treatment, indicates that no time is wasted during the year on the mere inspection of children.

Very little time is occupied conserving or treating, other than by extraction, the second temporary molar. It appears to be suggested from an authoritative quarter that the conservation of these teeth is a waste of time. It is difficult to accept this suggestion unless it refers entirely to the filling of deciduous teeth at the expense of permanents, and the general opinion in Leeds is, that if time were available, these second temporary molars should receive a great deal more attention than is at present possible. The first permanent molar is undoubtedly of greater importance than the temporary tooth but the system of leaving these alone in order to deal with the permanent ones is a compromise.

Summary of Fillings.

	Number of Fillings.	Per cent. to total.	Number of teeth filled.
Silicate	1,788	4·8	1,378
Cement	258	·7	193
Amalgam	15,533	41·5	11,225
Cement and Amalgam	19,550	52·2	14,546
Cement and Silicate ..	311	·8	221
Total	37,440	—	27,563

The number of unsaveable permanent teeth extracted has fallen by 2,839 which also clearly shows that the efforts of the scheme to conserve teeth are being successful but the number of permanent teeth which it is necessary to extract for this reason is still too high. Another factor which adds to the number is the moving of sections of the population from one district to another, so that many children miss inspection for long periods. To a certain extent an effort is made to follow up these cases immediately in the new area to which they have moved.

The percentage of children referred for treatment has again shown a slight drop so that it can be inferred that the work of the past few years is tending in the right direction.

Attendances for treatment have risen slightly but the percentage of appointments ignored remains almost constant at 32 per cent. although that is a 1 per cent. improvement over last year.

Summary of Other Operations.	
*Permanent teeth treated with Silver Nitrate	1,631
Temporary teeth treated with Silver Nitrate	6
Root treatment	8
Teeth given self cleaning surface, etc.	206
Scaling and Polishing	1,425
Special gum treatment	17
Teeth "capped" or second lining	1,281
Temporary dressings to relieve pain, etc.	584
Surgical removal of impacted teeth	7
X-Ray	251
Miscellaneous	21
	5,437

*This does not include teeth lined with silver cements.

Equipment.—The type of apparatus for the administration of general anæsthetics remains unsatisfactory in six of the seven clinics. These machines are obsolete and the advantages of the modern machines are generally recognised. They are expensive but perhaps by next year it may be possible to record some improvement in this matter.

The attendances for X-ray work are unsatisfactory.

Time will improve this position as the exact nature of the work becomes known, but in the meantime it is a great pity that a number of children deprive themselves of the advantages of this apparatus.

Orthodontic Treatment.—As in past years, we are indebted to the Leeds Dental School for the special treatment of children suffering from malocclusion, etc.

The Dental School gives a great deal of time to this very necessary work on our behalf but it has to be regretted that the 'waiting list' is very long and many cases are unable to receive treatment. To establish our own clinic for this work would solve the problem but under present conditions this is impossible.

SUMMARY OF ORTHODONTIC TREATMENT
(at Leeds Dental School)

No. of children	146
Total attendances	1,758
Completed treatment	25
Abandoned treatment	17
Continuing treatment	104

During the year the dental officers again undertook the inspection of 2,396 children for the dental competition in connection with Children's Day. Each year, owing to the high standard of treatment, it is becoming increasingly difficult for the officers to select the 'winners' although it has to be admitted that many children who have cared for their teeth in respect of always attending the clinic for treatment when invited, show little appreciation of mouth hygiene throughout the year.

The "Yorkshire Evening Post" again supplied the very valuable prizes to the winners of this interest creating competition.

Apart from this competition which might reasonably be put down as propaganda, the only other efforts to stimulate an interest and educate the children in their dental welfare, are the circulars issued to the younger age groups on the offer of treatment and the talks in the schools by the dental officers. This work is confined as far as possible to the 6—8 year old groups who are being invited to enter the scheme and to those who have already done so. As stated elsewhere, a system of following up amongst the other groups is not worth while. An intensive scheme of propaganda including perhaps a cinematograph with suitable films such as those issued on loan by the Dental Board of the United Kingdom which have proved very effective amongst the younger children would undoubtedly repay the time spent. Much harm is done by a child refusing

to enter the scheme until the last opportunity at 8 years of age. It would be of great benefit if they could be induced to accept treatment at the first opportunity.

"Under Age Children."—Since the *raison d'etre* of a School Dental Service is to turn children out of the schools at leaving age in a dentally sound condition it may be suggested that everything tending to achieve this should be part of the scheme.

In previous years it has been explained that much of the irreparable damage found in mouths occurs before the children are old enough to enter the scheme. This influences the treatment throughout the child's school life and in thousands of cases makes it an impossible task from the beginning to pass these children out of the schools at 14 years with a reasonable standard of masticating efficiency. The necessity to include within the scheme those "under age" children, *i.e.*, children who have not reached the age of 6 years, but are attending school, is being made more obvious each year. Real efficiency amongst the older groups constituting the scheme as a whole, cannot be expected until attention is given to these very young children. As there are some 12,500 such cases, their inclusion in the Scheme could not be viewed lightly. The acceptance rate from this quarter might not be very high but a great deal of good would be done. Nearly 60 per cent. of those attending for urgent treatment belonged to this section of the school population. Methods of restricting the scheme in one direction to bring these children within its scope in the other, might have to be given consideration, but any such retrograde step can only be at the expense of many children who are willing and anxious to receive regular treatment, and it seems difficult to justify this on any grounds.

The basic scheme in Leeds, whereby the 6, 7 and 8 years age groups form the ground work of the policy, was complicated in 1934 by including all children in the older groups who wished to enter the scheme. Increases to the staff have not been sufficient to deal with the work involved but any new restrictions imposed upon these older groups would cause considerable hardship and make the work of the past three years amongst them, just so much wasted time.

A cardinal point in the scheme is that treatment is only given to the appreciative child. Experiments in Leeds have shown that efforts to educate or to coerce a certain section of the child population are not worth the time expended, both in point of numbers who do attend through such methods and also from the 'benefit to the patient' aspect. Almost without exception the work done

for these children is quite unappreciated by them or their parents and in the end represents a dead loss of time, effort and money, and the prospects of treatment being continued in future years is very poor.

On this subject Mr. Moran reports :—

"Children numbering one hundred and seventy-eight, whose parents had previously intimated in writing that they wished to accept treatment at the clinic, had completely ignored several appointments for fillings. The dental officers assisted by the head teachers, interviewed every child in an endeavour to ascertain the reasons for non-attendance. Many of the children gave no satisfactory excuse, but all promised to attend if given a further opportunity. In order to make a test of these cases a special letter was posted to each child's home and appointments for treatment were made. The difficulty of tram fares previously alluded to, was provided for.

Out of one hundred and seventy-eight children, nearly all of whom were senior children and well able to visit the clinic without parental escort, only sixty-three attended (32 per cent.). Of the sixty-three who attended, six, whose treatment could not be completed in one visit, have broken subsequent appointments."

Propaganda work amongst the younger age groups is productive of much more satisfying results in every way. The following table shows the acceptance rate for approximate age groups since 1934.

	Per Cent. of Acceptances.		
	First Round of Schools.	Second Round of Schools.	Third Round of Schools.
Boys	68·5	61·5	58·2
Girls	66·1	61·6	52·1
Mixed	64·5	58·5	66·1
Juniors	78·3	70·6	76·8
Infants	73·4	72·3	70·2
GROSS TOTALS ..	68·3	63·0	64·5

The general acceptances rate has risen slightly and is expected to tend in that direction in future.

Research.—During the year, in addition to the routine inspection of children, the dental officers have examined over 1,500 children who are receiving a free apple each day in school. The object of

this investigation is to determine what effect, if any, the daily apple has upon the dentition. This inspection work, which must be done with absolute thoroughness, has occupied a great deal of time. The officers could only deal with an average of 25—30 such cases per session to be accurate in the recording. The original intention was to inspect 1,000 children receiving an apple and a similar number not in receipt of an apple, as controls. So much time has been taken up with the work however that it was decided to stop the inspection at 1,500 instead of 2,000. It has been found impossible to analyse the results of these inspections in time to be included in this report, but the task will be completed during the next few months. Shortage of clerical staff has delayed the tabulation of the detailed records.

Special Work.—In the course of his routine duties the School Dental Officer meets with a number of oral conditions which in the interests of the individual child who has entrusted the care of his mouth to the Service, he is unable to pass over. To spend a great deal of time on such cases is hardly justified but in many cases something must be done to relieve the condition.

One rather common type of such work is a condition of hypertrophy and gingivitis, probably congenital in origin in some instances and in others possibly due to vitamin deficiency. Again, it may be caused in part by a lack of ordinary mouth hygiene but it is doubtful if this is more than an aggravation of an inherent condition. These cases if left untreated will progress through various stages to pyorrhœa with early loss of the teeth. Even where the patient is willing to co-operate, the treatment of this condition has always been problematical and not attended with much success. The following report by Mr. Shaw of one such case specially treated will be of interest to those who have to deal with this annoying and fairly common condition.

" The patient a girl aged 15 years had been treated for nearly two years for chronic gingivitis with hypertrophy but the condition had shown no improvement other than of a very temporary nature.

Radiographic examination showed the interstitial pyramids of hard bone to be normal except in the lower front region, where there was some rarefaction with actual destruction of the bone between the two centrals. The outward appearance of the gingival tissues suggested a case of pyorrhœa so common in adults.

After a thorough scaling—paying particular care to remove all the dark serumal tartar from the base of the ' pockets.' incisor

region, especially, the teeth were polished interstitially with polishing strips and the labial and buccal surfaces polished in the usual way. Bleeding was rather profuse and was encouraged during the scaling. After polishing, the pockets were syringed out with 1/5000 acriflavine and the gingivæ painted with tinct. iodi fortis. The patient was then instructed to massage the gums each night for the following week with tannic acid powder—partially to promote circulation and also to exercise an astringent action. At the second visit one week later the anterior part of the upper jaw was anæthetised by regional anæsthesia, the hypertrophied gum excised—*i.e.*, gingivectomy carried out and the interstices packed with zinc oxide and cloves mixed into cotton wool. This was left one week. At the third visit these interstitial packings were removed and the patient instructed to massage nightly using a fine tooth-paste and orange sticks. At the fourth visit gingivectomy of the lower incisor region was carried out under two mental injections and the interstices packed as before. At the fifth visit (visits weekly) the packings were removed and the patient instructed to carry out massage of of both upper and lower jaws using orange sticks interstitially.

The upper gum was seen to be a fine healthy pink (instead of the original unhealthy boggy purple) and filling the interstices with firm gum tissue. The lower jaw responded more rapidly to the massage treatment probably due to the greater flow of saliva around the lower incisors and the constant massaging action of the tongue and lip. The patient stated that now she had not the fœtid taste in the mornings as previously, All necessary fillings were inserted and the gingival condition was kept under observation for quite a considerable period. Now, nearly six months after the treatment, the mouth presents a fine healthy appearance. The patient had been told to take a quantity of fresh orange juice and cod liver oil daily to overcome any tendency to vitamin deficiency which may have caused or aggravated the mouth condition, during intensive study for examinations.

This treatment has been very successful in adults, and it will be interesting to note this case of a young person at a later date to see whether there is any recurrence."

Conclusion.—A general review of the work for the year and taking into consideration the previous two years, emphasises the following points :—

1. Some 30,000 children require attention each year but not more than two-thirds of these can be dealt with, even under the most favourable conditions.

2. The effect of this is cumulative and must seriously affect the number of children who leave school dentally fit. Any progress made must inevitably be lost unless the present extended intervals between inspections are reduced.

3. It is highly desirable that some provision should be made for the routine treatment of "under age" children.

4. Time is not available for the very necessary work of educating the children in the care of their teeth.

5. The disposition of the clinics may require attention in the near future.

6. Some provision should be made for the gradual replacement of obsolete equipment.

Infectious Sickness.

There are no outstanding features to report. I must again press the need for more and earlier immunisation against Diphtheria. In one school where there have been unfortunately several deaths, there are practically no children who have received this safeguard, which, to be of real value, should be done in early life. It is useless to wait until an epidemic sets in—the epidemic can be avoided and life saved if parents will take the steps which are constantly being put before them. Death from this disease would soon be a rarity if this were done, and it should be done before a child begins school. It will be realised that very few children who are now in the Infants' Departments were at school in 1935, and therefore the degree of immunity therein is very slight. Since writing, a new campaign has begun amongst younger children.

As an epidemic of Measles may be expected in 1938, a circular to Head Teachers will be sent out shortly.

Infectious Sickness, 1937.

Total Number of New Cases.

Scarlet Fever	1,320
Diphtheria	527
Whooping Cough	1,095
Chicken Pox	2,324
Measles	1,301
Mumps	311
Influenza	6,798
TOTAL	13,676

Swab Report, 1937.

Clinic.	Positive.	Negative.	Total.
Central	—	6	6
Armley	2	21	23
Burley	13	60	73
East Leeds	7	44	51
Edgar Street	2	26	28
Holbeck	10	43	53
Hunslet	7	10	17
Meanwood Road	12	42	54
Middleton	2	2	4
Total	55	254	309

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

Positive.	Negative.	More Hairs required.	Total.
7	17	1	25

Parents.—There is no change to report. It is still necessary to regret the absence of parents of boys at their leaving examination, only about 40 per cent. being present. This is a great pity as much useful advice could be given as to the future. Otherwise the numbers of parents present remain very high. Co-operation.

The Staff are anxious that their services shall be utilised to the utmost.

Teachers.—It is hoped that the Teachers feel that they get some satisfaction for the wonderful work they do and the help they give. They certainly are the mainstay of the service and are largely responsible for its undoubted success in Leeds.

Enquiry Officers.—Mr. Capes and his Staff have as usual given of their best. We ask much of them and we are never disappointed. I would like once more to refer to their value as social workers. This is not always realised and they do not get the thanks they deserve.

Juvenile Employment Bureau.—The scheme outlined two years ago is now working well. Arrangements have now been made whereby the cards of exceptional children are specially marked, so that changes of occupation are more easily noted. This will become of great assistance when the scheme for after care suggested elsewhere becomes practicable.

The Officers are always helpful over difficult cases.

The Subnormal Child.

Number of Children on Roll in Special Schools on 31st December, 1937.

School.	Number on Roll.		
	Leeds Cases.	Outside Cases.	Total.
Feeble Minded—			
Armley	88	1	89
East Leeds	73	—	73
Hunslet Hall Road	72	2	74
Hunslet Lane Senior Boys	118	—	118
Lovell Road	56	—	56
Deaf and Partially Deaf	60	50	110
Blind and Partially Sighted—			
Blind—Blenheim Walk	21	50	71
Partially Sighted—Blenheim Walk ..	3	30	33
,, ,, Roundhay Road ..	42	—	42
Physically Defective—			
Potternewton	98	—	98
The James Graham Open Air	234	—	234

In addition, the Education Authority is responsible for the maintenance of Leeds children in Residential Schools as follows :—

Cripples—

Marguerite Home, Thorparch 2

Heart Cases—

Children's Rest, Sefton Park.. 1

Epileptics—

Lingfield 4

Deaf—

Boston Spa 1

Rayners, Penn (Deaf & Mentally Defective) .. 1

Mentally Defective—

Sandlebridge 3

Cheetham School, Manchester 2

Besford Court 1

Summary of Examinations for Mental Conditions, 1937.

	Boys.	Girls.	Total.	%	% for 1936.
Certified to continue in attendance at Ordinary Elementary Schools	268	150	418	64·5	59·2
Certified for Day Special Schools	71	59	130	20·1	22·6
Certified as Imbeciles*	13	6	19	2·9	2·2
Certified as Idiots	1	1	2	·3	·3
Certified Mentally Defective but recommended for notification to the Mental Health Services Committee*	30	26	56	8·6	12·7
Certified Mentally Defective—Permitted to remain in Private Schools	7	6	13	2·0	2·0
Certified Mentally Defective—Permitted to leave Private Schools to go to work ..	—	3	3	·5	·4
Cases from other Authorities—Examined prior to admission to Leeds Special Schools ..	3	4	7	1·1	·4
TOTALS	393	255	648	—	—

* In addition to the examinations at Clinics, the Special Schools were visited periodically, and the following number of children were discharged as incapable of deriving further benefit from the instruction given. These numbers are included in the above Table.

	Boys.	Girls.	Total.
Imbeciles	1	2	3
Feeble-minded (reached educational limit) ..	25	22	47
Feeble-minded (detrimental to interests of others)	1	1	2
Feeble-minded (also Cripple—permission given by Board of Education to notify)	1	1	2
TOTAL	28	26	54

The ascertainment and disposal of the subnormal child is still one of the most important duties of the School Medical Service. Frequently parents view with anger any suggestion that the school of their choice is not the best one for their particular child. This is largely due to the fact that there is the idea that such children are retained till 16 years and consequently lose their chances in employment. Rarely is attendance to this age insisted on if really suitable employment can be found and retained, for it is better to test these children under the workaday conditions of life before they finally pass from the care of the Education Committee. But, unfortunately, really suitable employment is not always retained; near blind children change to jobs that may damage their sight still further and

children with heart disease take posts from which they are turned out by the Factory Surgeon. Such changing does not benefit the child, who is the inevitable sufferer in the long run.

After Care.

It is well to realise that the placement of all subnormal children is a matter of some difficulty to the Juvenile Employment Bureau, who are giving considerable attention to the matter, but the difficulty is nothing like so great as seeing that these children do not go from bad to worse.

Special Schools are more costly than the normal, and their good work can be so easily nullified that it is very essential that a new scheme of after care be considered. Contact must be kept with all Special School leavers to ascertain :—

1. If the child is temperamentally fitted for the work in which engaged.
2. If the employment involves undue strain.
3. The condition of appliances such as splints and to advise as to replacements, visits to hospitals and so forth.
4. Home conditions and especially in children from retarded schools, outside home conditions.
5. Those who have fallen out of suitable employment and need special help—even special training.
6. Those whose employment must largely be in their homes or even those for whom no employment is possible.

The need for supervision is exemplified by the results of examinations for the Juvenile Court, for two boys out of every three are found to be markedly subnormal mentally, even if not certifiable. These mostly remain in the ordinary schools, and, unless they are placed on probation, are under no system of after care. The phrase ' after care ' should be interpreted in a very wide sense, for responsibility does not end when a child's name is removed from roll. A great many of this type will become useful self-supporting citizens, granted a little more than ordinary chances.

Those children who are boarded out under the Committee's care are visited periodically, but this is not the whole need by any means. I venture to suggest for your consideration the formation of a special care committee, and the employment of a visitor—preferably female—for this duty. Each of these children will need three or more visits each year, until they are either stabilised or handed over to some other appropriate authority. The lack of such system is so frequently felt as to make this an urgent problem. Prevocational training or even vocational training would be so much more satisfactory, because far wider contacts would be made for

placing children in suitable occupations. It is felt, too, that parents would be more likely to be co-operative and that rapid progress would be made in reducing the dislike of Special Schools of all kinds brought about by the misapplication of stigma and misunderstanding of segregation.

I ask again for the enlargement of the Lawns House Scheme, whereby all subnormal children can be taught and fed without the attachment of any label. Particularly does such an idea apply to the physically defective children and to certain partially sighted, but all would benefit.

I would again impress on the Teaching Profession the need for the best teachers for Special Schools, service in which should be a help to promotion and not a hindrance.

Reports by the Medical Officers concerned on most of the Special Schools follow.

Hunslet Lane Senior Boys' Special School.

Dr. Willcock reports:—

"This School is for boys of 11 years and over who have been certified mentally defective. There are about 120 boys on roll and they have been divided into four classes graded according to the attainments and not according to the age of the children."

The following Table, which is compiled from the records of the examination of the children by the School Inspectors last September, shows the average attainments of each class in reading, addition and subtraction, and the average educational age of each class.

	Class I.	Class II.	Class III.	Class IV.
Reading	8·8 yrs.	8·1 yrs.	6·10 yrs.	6·8 yrs.
Addition	9·2 yrs.	8·3 yrs.	7· 9 yrs.	7·2 yrs.
Subtraction	9·4 yrs.	8·3 yrs.	7· 9 yrs.	7·4 yrs.
Educational Age ..	9·1 yrs.	8·3 yrs.	7· 6 yrs.	7·1 yrs.

The figure for reading in Class III. is affected by the inclusion of a boy who so far has failed to attain even a nominal reading age though his age for number is over 8 years.

This Table suggests that the grading of the children has been successfully carried out and emphasises the advantage of bringing all the 11+ boys together in one school where the number will allow of efficient grading of classes. It also gives an idea of the attainments which may be expected from these children educationally— the standard of Class I. approximating reasonably closely to the standard III. level in an elementary school in the

subjects indicated. It should be remembered that the best boys in Class I. have, of course, a higher educational age than that of the whole class.

The records of the 36 boys who have been at least three years in a Special School were examined in order to measure their progress in educational subjects over a prolonged period. It was found that these boys show an average yearly improvement of 6·9 months for the three or more years they have been in the school. This figure appears satisfactory as it is generally accepted as a standard of educability of mentally defective children that they should show progress of at least six months in the year (that is, 50 per cent. of the normal rate of improvement) over a period of time though not necessarily of one year.

During the year the Achievement Quotient (A.Q.) has been worked out for a number of the boys in the School in the hope that it would afford an indication as to whether the boys are working up to their intellectual capacity. Children who are not doing so call for special investigation. They may have reached their educational limit or they may require different methods of tuition ; they may be suffering from emotional disturbances or maladjustments which require rectification or there may be adverse home conditions which should be recognised as affecting their outlook and future welfare.

$$\text{The Achievement Quotient} = \frac{\text{Educational Age}}{\text{Mental Age}} \times 100.$$

For Class I.—that is boys who have made on the whole good progress while in the School—it was found that 17 out of 25 (that is 68 per cent.) had an Achievement Quotient of 100 per cent. or more. Only 5 boys had an Achievement Quotient of less than 90 per cent. Of these 2 had had long absences of months during the past year for reasons of health, and 2 others, though showing poor attainments in the three R's, had achieved a really good standard of handwork—tailoring and woodwork. The fifth was a boy whose comparative failure in reading had lowered his educational age and in whose home life there are factors which may militate against satisfactory progress in school.

It is hoped in the future to make greater use of the Achievement Quotient generally in the school.

During the year a Cookery Class has been added to the other practical activities in the School. Two sessions are avilable and 12 boys attend each of these for instruction.

During 1937, 15 boys were discharged as 'incapable of receiving further benefit from Special School instruction' and 24 were granted license for approved employment with the proviso that they return to school if unsuccessful.

Mr. N. Pullan, Assistant Master in the School, attended a Course on Special School Work during the year.

I am greatly indebted to the Headmaster, Mr. Barker, for the Table and figures included in this report."

Dr. Holoran reports:—

Armley Special School.

"The number in Armley Special School has varied from 80 to 90 during the year. As some have left others have taken their places.

9 have left on license for approved employment.

9 have been transferred to the Senior Boys' School.

5 have been notified to the Mental Health Authority, and

3 have left the district.

The progress of every child has been reviewed at least once during the year along with its intelligence quotient.

The coming year will see the newly revised Terman Tests brought into use.

The following points seem worthy of note:—

1. The marked progress of two children who have been removed from unsuitable home surroundings and boarded out. Their Intelligence Quotient has risen and their educational progress has shown similar improvement.
2. The problem of the unsatisfactory mid-day meal of those children who bring sandwiches is still to be solved.
3. The increasing keenness of the girls in the games lessons, which has followed their participation in the Girls' Games Association. They now have special games' clothing and look forward to the matches with other Special Schools. This is helpful from a character training aspect in developing the idea of responsibility to a team or group."

Dr. Hargreaves reports:—

East Leeds Special School.

"At present 85 children are on roll, with an average attendance of 78. During 1937, 8 girls have been allowed to leave on license for the purpose of taking up approved employment. It is very gratifying to report that in every case the girls have retained their work, and there is every reason to believe that eventually these girls will become self-supporting. Seven boys have been transferred to the Senior Department at Hunslet Lane School: 12 children were notified to the Mental Health Services Committee.

Almost three-quarters of the number of children in attendance now travel to school by bus or tram, and it would be a good thing if all these children coming long distances could have a hot meal mid-day: several of them do so, but others bring "cold pieces," bread, etc., various pasties, possibly for choice, but not wisdom! An effort was made a little while ago to ensure hot meals for all by a reduction in cost of ½d. per day, and a circular sent to parents to that effect: the response was very disappointing as only one addition to the daily number resulted. We undoubtedly note a great improvement in physique and brightness in those partaking of the hot meal, which is carefully planned, cooked and served, and ample time to eat it.

The School possesses spacious playgrounds, which give every facility for Physical Training: attention to this side of school life is being intensified, because of the increased evidence of enthusiasm and alertness amongst the children."

Dr. Willcock reports:—

The James Graham Open Air School.

"The results in the Open Air School during 1937 are, on the whole, satisfactory except perhaps for the Summer Term. The School usually remains open for the Whitsuntide Holidays except for the Monday and Tuesday, and the Residents do not go home at that time. This year in view of the special Coronation Holidays it was decided to close the School for ten days and the Residents were sent home for that time. The uniformity with which almost every child lost weight during that short interval was very noticeable.

The following Table shows the gain in weight of the children during each term. The children are divided into four classes (1) Subnormal Nutrition and Debility, including Anæmia and convalescence after acute illnesses, (2) Quiescent and Arrested Tuberculosis and children with bad family histories of Tuberculosis, (3) Bronchitis, Asthma, Bronchiectasis, etc., and (4) Rheumatism and Pre-Rheumatism.

	Easter. lbs.	Summer. lbs.	Christmas. lbs.
All children	3·04 (217)	2·93 (210)	3·55 (216)
Boys	3·05 (119)	2·56 (90)	3·21 (108)
Girls	3·03 (98)	3·21 (120)	3·89 (108)
Residents	3·04 (Boys)	6·22 (Girls)	6·07 (Girls)
Day Scholars	2·73	2·49	3·28
1. Subnormal Nutrition ..	3·03 (127)	2·94 (127)	3·42 (122)
2. Quiescent and Arrested Tuberculosis, etc.	3·15 (27)	3·22 (30)	3·49 (40)
3. Bronchitis, etc.	2·63 (39)	2·19 (29)	2·48 (29)
4. Rheumatism and Pre-Rheumatism	3·67 (24)	3·46 (24)	5·54 (25)

It will be noticed how greatly superior are the results obtained with the Residents as compared with those of the Day Scholars. In the summer term the average gain in weight among the Residents was actually $6\frac{1}{4}$ lbs. as compared to $2\frac{1}{2}$ lbs. in the Day children. Two individual cases may be mentioned to illustrate the same point (1) E. K. a girl—arrested T.B. Cervical Glands. During a term as a Day Scholar her weight remained stationary and her attendances were 94/100. She was admitted as a Resident for a second term during which she gained $6\frac{1}{2}$ lbs. and attended 170/170. (2) M. E. a girl —Debility. During two terms as a Day Scholar she gained only $2\frac{1}{2}$ lbs. and her attendances were *204/270*. Admitted as a Resident for a third term she gain $5\frac{3}{4}$ lbs. and *did not* miss a single attendance.

The Rheumatic and Pre-Rheumatic Group again show a consistently good average gain in weight—better than that of the other groups. It is true that most of the rheumatic cases are found among the older children whose natural gain in weight is higher than that of the younger children but there is no doubt that these children do well in the Open Air School especially when they are resident, as early bed time is ensured and activities can be supervised in a way which is not possible with the Day children. During the Christmas Term there were six resident children who had been diagnosed as rheumatic. These children made an average gain in weight of just over 7 lbs. Two of them had each one day's absence from school. The attendance of the other four was perfect.

During 1937 the period during which children are retained in the School has been lengthened and now quite a good proportion of the children remain in the School for three consecutive terms. It is hoped that by increasing the length of time the benefits obtained will prove more lasting and the children will not relapse so readily on returning to their own homes and schools. The number retained in the School each term must, of course, depend to some extent on the number of children who are waiting for admission.

During the year 129 children were reviewed some months after being discharged from the School. Of these the condition of 30 per cent. was considered so satisfactory that they required no further attention. Only 15 per cent. were recommended for re-admission to the School. The remainder was considered for further observation as to their physical condition and progress. These figures compare very favourably with those for the children reviewed in 1936.

A new basis for the estimation of fees to be paid by the parents of children in the Open Air School was introduced during 1937.

This has relieved the burden in certain cases where it was most felt before and already there has been evidence of a greater willingness to allow the children to remain in the School for a prolonged period."

Dr. Bebb reports:—

Potternewton School for Physically Defective Children.

"The number on roll on December 31st, 1937, was 98. During the year 34 were admitted and 34 discharged.

The admissions were on account of the following:—

Rickets	13
Heart Disease	6
Tubercular Joints and Spine ..	6
Anterior Poliomyelitis	3
Spastic Paraplegia	1
Scoliosis	2
Osteomyelitis	2
Pseudo-Coxalgia	1
	34

Of the 98 the percentage proportion of defects attending the School is:—

Heart Disease	25%
Tubercular Infections	23%
Rickets	18%
Paralysis	17%
Other Conditions	17%

It will be seen that there has been an increase in the admission of heart cases. These have been sent in at an earlier stage of disease, and it is hoped, that with adequate rest, and regulated exercise, there will be much less crippling, and a greater degree of comfort and efficiency.

Many of the admissions, particularly those of rickets, are very young, between 5 and 7 years of age, so that now there is a flourishing Kindergarten Class. This is a tremendous advantage, as treatment can be started earlier and they can return to ordinary schools at a still early age.

The following Table shows the disposal of children discharged in 1937 :—

	Boys.	Girls.	Total.
Ordinary School	4	7	11
Work	2	4	6
Open Air School	4	—	4
Killingbeck Sanatorium	2	2	4
Special School	2	—	2
Mental Health Services	1	—	1
Marguerite Home	1	—	1
College of Commerce	1	—	1
Over Age (Unemployable)	1	—	1
Left Leeds	1	—	1
Died	1	1	2
	20	14	34

These are the occupations of those who have left for work :—

Tailoring	3 Girls.
Printing Works	1 Girl.
Paper Round	1 Boy.
Clerk	1 Boy.
	6

The School has been visited every fortnight by the School Medical Officer and twice each term by Mr. Daw, and the following examinations made :—

Routine	68
Ordinary	141
Mr. Daw	93
Mental Tests	8

Nutrition on the whole has improved considerably, particularly in cases of rickets. Heart cases and cases of paralysis do not show a marked increase in weight.

A very useful alteration has been made to enable the children to leave the classrooms with greater safety. A wooden slope has been fixed to two of the outside windows. The children walk down this, instead of having to come down several steps.

As was mentioned in a previous report, the need for more extensive and suitable school premises is urgent. I will enumerate again the disadvantages of the present accommodation :—

1. Although the number attending the School at present is sufficient for the present building, there are very many

crippled children, and heart cases, all over Leeds, who could attend if there were more room, and who would benefit by treatment, good food, and fresh air.

2. The distance of the available grass plot is too far from the School for all the children to take full advantage of play and recreation in the fresh air.

3. The road widening scheme of the Council is well advanced, and the space at the back of the School is now considerably curtailed.

4. There is need for more suitable rooms and greater space for Vocational Training, and for shelters for Open Air Treatment.

5. Transport is a real difficulty. Children from several of the Housing Estates have to walk considerable distances to to join their respective 'buses for the Open Air School and for Potternewton, and in some cases is a real barrier to admission. If both schools were at Lawns House the problem would be much easier to solve, and would result in a saving of time and expense.

Attendance.—The average attendance for the year ending December 31st, 1937, was 77·1 per cent. This is surprisingly good when we consider that several children were absent owing to operative treatment, residence in Sanatoria, or away on convalescent holiday.

The chief cases absent were the heart cases, and the falling off occurred in the winter months. On the other hand, children with a severe degree of heart disease, have made excellent attendances, and practically all cases were present during the summer months. The attendance in the Junior Department has been excellent.

There have been three cases only of infectious disease during the year.

Blind, Partially Sighted and Myopes.

Dr. Wood and Mr. Andrews report :—

" Number on Roll 104
Blind 70
Partially Sighted 34

	Leeds.	Other Authorities.	Total.
Blind certifiable	21	49	70
Partially sighted	3	11	14
Myopes	–	20	20
	24	80	104

There were 21 admissions during the year :—

	Leeds.	Other Authorities.	Total.
Blind	2	10	12
Partially sighted	–	–	–
Myopes	–	9	9
	2	19	21

22 children left during the year :—

To Technical Schools	11
To Other Schools	2
At work	8
Unemployed	1

Roundhay Road (Partially Sighted) Council School :—

Number on Roll	41
Partially sighted	8
Myopes	33

14 children left during the year :—

To ordinary school	1
To Blenheim Walk	1
To Work	12

There were 9 admissions and 1 readmission during the year :—

Myopes	9
Partially sighted	1

6 of the admissions were transfers from Armley Partially Sighted Class which was closed.

Owing to falling numbers it was found necessary to close the Armley Centre and those children who still needed special provision were transferred to Roundhay Road.

In the past, for the sake of proper grading, the partially sighted children were in classes side by side with their blind colleagues but doing "sighted" work while the others used Braille. This was never considered satisfactory, and this year we have divided the School into two definite divisions, the Blind Classes for children certifiably blind and two Classes—Senior and Junior for partially sighted children including myopes. It is expected, with the falling incidence of blindness in children, that the sighted side will grow and the blind side will tend to diminish in future.

During the year, one sighted classroom at Blenheim has been furnished with 16 Reading Aids for class work, and one at Roundhay Road with 10. Most certainly, the education of these children now approximates more closely to the normal and the experiment seems

to be in every way justified. The children are still under the supervision of Mr. Black, the visiting Ophthalmologist and the school Medical Officer to safeguard against any ill effects."

This Reading Aid, which has been devised largely by Mr. Andrews and his colleagues, with the collaboration of Mr. Black and Dr. Wood, consists of a magnifying lens in a frame which includes a tinted electric light bulb to ensure good illumination without shadow. The print is magnified twofold, and a book printed in 12 point type appears to be 24 point and, therefore, comes into line with that suggested by the Report on the Partially Sighted.

Whilst a few books in large type have been printed, the cost is so great that it will never be possible to do more than provide samples of literature, whilst this reading aid opens at once the whole field and will enable any child to use the same books as the rest of the class. It may become possible for the apparatus to be used in ordinary schools although it will be very necessary to see that it is properly used in such essentials as correct posture of the child and adjustment. It has been found to be useful for writing, although the lens does not come into action except to stop the child getting his head too near the paper which is well illuminated. Thus large writing in a good posture is secured.

The Aid has proved very popular with the children, because gates, hitherto closed, have now been opened to them, and their education, as Mr. Andrews rightly states, becomes more normal. It must be remembered that, however much we stop these children reading in school, they will and do read out of school and they do read very unsuitable print under bad conditions. If their reading in school can be properly controlled, there will be far less likelihood of their sight being further damaged than by the present system of reading what they like out of school hours, for they will be more content and more likely to take exercise. " Bloods " and " Comics " often poorly printed, are still very popular with children and in spite of all rules one can always find copies which are read on the tram or elsewhere.

All children using the Aid are under the close supervision of Mr. Black and Dr. Wood and refracted twice a year, so that if it is found that a child's sight is deteriorating, use will be prohibited. But prohibition will only cause a return to unauthorised reading. It is already being adopted in principle by other authorities, although our model is only suitable for our own desks.

Our opinion is that each child must be suitably fitted with a desk, and that, owing to the large variations in height, such things as wall fixtures or long desks are not likely to be successful.

One further point is worthy of record and that is the absence of blind children due to Ophthalmia Neonatorum. No such children under the age of six are known to us—a magnificent tribute to the work done by the Maternity Services in the City.

Thus the admissions to the Blind School will tend to fall.

Mr. Andrews reports :—

Deaf.

" Number on Roll 110
Partially Deaf 41
Totally Deaf 69

Admissions :—Deaf 10. Partially Deaf 12. Total 22.

Age Groups.	Leeds.	Other Authorities.
(Deaf).		
Under 5	2	1
5–6	2	2
6–7	1	1
7–8	–	–
8–9	–	1

Of the partially deaf cases 9 are from Leeds and 3 from other authorities. The ages range from 7—12 on admission.

It is evident that the general public is becoming more alive to the advantages of early admission of the born deaf. No doubt the new Act which comes into operation on April 1st, 1938, will do much to eradicate even isolated cases of late admission. In these circumstances it will be necessary to give very serious consideration to the question of Nursery School conditions for these young children.

Leavers.—There were twelve leavers during the year, five boys and seven girls. One boy was found to be mentally retarded and transferred to the Special School for such cases at Penn. One day girl died after a serious illness. The others with the exception of one girl, have all found suitable employment.

New Amplifier.—From the experience gained by the use of the Multitone amplifying apparatus we have had constructed for our second ' Deaf Aid ' Class a class amplifier of our own design. In this we employ two additional microphones, one on the table so that all the children hear their own and each others voices, and the other travelling along the blackboard so that the teacher's voice still carries through when writing there. This ensures as far as possible that the children have a complete ' sound ' atmosphere. The distributor is specially designed so that we can give the

maximum output at any desired frequency. The headphones are specially adjustable to give desired compensations and all the parts are easily removable for repair or replacement, if necessary. A particularly useful feature is the fact that the teacher's voice can be superimposed on any other programme that is being put through. The set has been built and installed by Mr. R. E. James, a local technician. It is a splendid piece of apparatus and is doing most useful work.

Audiometer Work.—The sessions for testing backward children from the normal Elementary Schools have been continued throughout the year and the following table indicates briefly the results of these tests.

Age.	No. Tested.	Unsatisfactory.	Normal Hearing.	Hearing Loss.		
				Slight.	Serious.	One ear Serious.
5	2	2	–	–	–	–
6	4	2	–	2	–	–
7	12	1	2	3	5	1
8	13	1	–	4	4	4
9	10	4	–	1	5	–
10	5	–	1	–	3	1
11	6	2	–	–	4	–
12	9	–	–	2	3	4
13	14	1	–	3	6	4
	75	13	3	15	30	14

Our Consulting Aurist, Mr. Sharp, estimates that there will be about six hundred children to test so that it is not possible to deduce from the cases dealt with what the final incidence will be."

It is to be regretted that more sessions have not been available for this work, which takes a good ten minutes for each child. On a few occasions the apparatus has been taken to school and it is intended to extend this practice. But with young children, who naturally are somewhat afraid of the unknown, it is extremely difficult to get a proper result, and the chief attempt during the year has been to make a scientific evaluation of the test. The Audiometer has definitely proved its value over individual children and the present task is to select children who need a test.

Mr. Andrews has devised a method whereby Head Teachers will be able to make a choice of children, for there is no doubt that there is a big number whose hearing is defective.

It will be realised that defective vision is common because we see people wearing spectacles, but there is nothing comparable for people with defective hearing, and yet there can be little doubt

that the number is equally large. Defective vision is a handicap as those who wear glasses regularly realise, and defective hearing even of moderate degree is equally unpleasant and yet, at the moment, remains uncorrected. Indistinct speaking, bad spelling sometimes, is due to the child not hearing the sounds correctly and distinctly. Attention wanders and children are described as backward whose only defect is faulty hearing.

A full survey of the hearing of the child population will take a long time, but it will be done and the result will be to show that there are many children whose hearing is so poor that school under ordinary conditions is unsatisfactory, for there are many gradations between those children who are merely hard of hearing and can derive proper benefit by sitting near their teachers and those unfortunate ones who are stone deaf.

Our experience with the Audiometer shows us that stone deafness is less common than we imagined, and that the search must be for the amount of useful hearing available, or to put it the other way round the amount of energy necessary for an individual to hear an impulse. Last year's report showed a scale of this kind from the threshold of hearing up to that of pain, through extreme quiet to what we know as deafening noises. It is evident that people with defective hearing will need greater impulses and instead of hearing a whisper at twenty feet may need a raised voice at six feet or even less.

The problem of those with defective hearing is not fully realised and the report of the Departmental Committee to be published in the near future is expected to be very important. Whilst it is the desire of everyone to educate children in a hearing atmosphere by hearing methods—if possible, outside a School for Deaf—there is greater need for 'deaf aids' than we have yet realised. There are children who manage well if properly placed near the teacher, but what happens to the others who do not benefit even there? They have a good deal of hearing but not enough, and it is for this group estimated at 150 to 200 that your consideration is asked. These are children whose hearing will require 'deaf aids' of some kind and yet who should be taught by hearing methods, and not by deaf ones. They will need to be in small classes, some of which will call for individual aids, whilst others, like the two already in existence at Blenheim Walk, need more elaborate equipment.

The difficulty about individual aids is that none is of general utility and many of them are far too expensive for school use and need far too much renewal. These children do require help in using what hearing they have got and to associate it with lip-reading, in order to learn to speak correctly and to benefit by their education.

The two " amplified speech " classes are proved successes and may need additions in the future, but whether the proper place for them is a " deaf " school may be open to argument.

In April the compulsory school age for deaf children is changed from 7 to 5 and an increase in numbers is to be expected, although it is very gratifying to record that parents have been much more anxious to secure early admission lately, with the result that nursery accommodation for deaf toddlers is urgently needed.

Speech Therapy

As reported last year, the Speech Therapy Classes were re-organised in September, 1936, under the charge of Mrs. Jackson, who has now been recognised by the Board of Education as a Teacher.

The present system leaves children at the ordinary school except for two periods each week of one hour each, when they attend a Centre for Speech Therapy. These Centres are situated at :—

Darley Street Council School—Monday and Thursday mornings.
Dewsbury Road Council School—Monday and Thursday afternoons.
York Road Council School—Tuesday and Friday mornings.
Castleton Council School—Tuesday and Friday afternoons.

and all of these sessions are reserved for cases of stammering and stuttering.

Wednesday morning is reserved for Mrs. Jackson to visit schools—a very necessary part of the work, not only for looking for new cases but also for observing the school progress of those attending the Centres. Wednesday afternoon is given over to instruction of Cleft Palate cases, who have had the necessary surgical and dental treatment. This is a very important branch of the work and enables us to deal with a few other cases of defective speech as well.

Mrs. Jackson maintains a close co-operation with Dr. Hargreaves, who sees all cases before discharge. She reports that since the re-organisation 178 children have received treatment, 161 for stammering, 14 for cleft palate, 2 for dyslallia, 1 for lisping and 1 for functional nasalizing. During the period 62 have been discharged and 64 new cases admitted. Improvement has been reported in almost every child, if not at once, in speech, whilst such nervous habits as bed wetting, nail biting, etc., have frequently cleared up. Head Teachers in many cases report definite improvement in school work ; better writing due to improved muscular control ; better arithmetic and composition, due to increased confidence and

increased power of self-expression by the release of personality procured by relaxation and suggestion.

Relaxation, both physical and mental, is the basis of all treatment, working for co-ordination and rhythm. Environmental factors are noted and every effort made to adjust the child to its home and school conditions, which must both be visited to get a complete history.

Behaviour problems must be discussed and the co-operation of both parents and teachers obtained. Such visiting takes up much time and it may be necessary to allot more sessions for this most important work, as maladjustment to environment is a potent aetiological factor.

Many useful facts are obtained from such visits, it being found that suggestions from emotional parents or adverse criticism from teachers tend to make the child feel insecure, and to produce that lack of confidence which is the root of stammering.

Investigations during the year show that the onset of stammering in the majority of cases occurs between the ages of five and six years, that it occurs in all positions of the family, that it is not confined to only children or to the eldest or youngest of a family, that it occurs as often in large as in small families.

Heredity or the inborn liability to nervous disturbance due to instability of the nervous system was found to account for a fairly large percentage of the cases, pre-natal influences for a small proportion, while physical factors, such as loss of vitality through being "run down" or loss of sleep through "late nights" were found to have an adverse effect upon all stammerers.

The problem of the connection between left handedness and stammering has again been pursued, but nothing definite can yet be established.

During the year it has been found that there are still a number of people who imagine that a wand can be waved and the malady will disappear as by magic, due to a failure to regard stammering as a nervous disorder which needs long and careful treatment. Then there are the people who fail to discern that a stammerer is a special case and cannot be made to take his chance with the rest, and who still have the archaic belief that a stammerer must go through "the mill" in order to overcome his difficulty. Our experience is that this is a causation factor, the forcing of a nervous child to be a little man causes great nervous strain and tension, and seems in our opinion probably responsible for the fact that there are five boy stammerers to every girl. In isolated cases it must be admitted that this rather harsh treatment may have the

desired effect. Our investigations show that no one rule applies to all cases, that no two stammerers exhibit a precisely similar stammer, and that each stammerer is a case of his own, needing individual attention. It has been found that one child cries because he is asked at school to read aloud, while another complains that he is passed over and not permitted to do so. Therefore while class teaching is advocated and is necessary it is hoped that in the future more time will be available for work with individuals.

Visits to the clinics have been made by a great many parents and teachers including University students, and all expressed their appreciation. Many letters of thanks have also been received from parents, who, in some cases, have reported benefits received through having performed the exercises themselves.

During the summer the clinic was visited by a Canadian teacher, who was so impressed that he decided to have training in order to take up the work himself, as he realised its value, having once been a stammerer.

The Cleft Palate Cases are all making steady progress, including two mentally defectives, whose parents also report improvement and expressed their pleasure and thanks.

One highly nervous boy was quickly cured of distorted articulation and excessive nasal speech, and both parent and teacher reported gratifying results not only of speech but of stability of character and of scholastic attainments.

The children's own attitude towards the Speech Clinic is most encouraging, the bi-weekly visits are eagerly looked forward to, and great difficulty is often experienced to convince the child that further treatment is unnecessary.

Three Evening Classes for stammerers have been carried on at the School for Deaf, Blenheim Walk.

No. 1 is held at 4.30 and caters chiefly for Secondary School boys. There are 8 on roll and the time allows them to come straight from school and does not interfere with school homework.

Nos. 2 and 3 are held at 7.30 and cater for workers. There are 8 and 10 respectively on roll. As one would expect in view of the incidence of stammering, adolescent youths and men predominate in the class. Various members of the classes have been advised to consult their own Doctor or Dentist *re* nose block, malocclusion, defective teeth, etc., which seem to add to their speech difficulties.

Progress has been noted, and one can report that results of considerable practical and economic value have occurred, *e.g.*:—

1. One woman dressmaker who used to be obliged to employ her married sister part-time to answer all 'phone calls and conduct interviews now conducts all her own business.
2. A youth employed in an inferior typing job reported that he now felt able to ask for a rise in salary and being still dissatisfied he sought interviews with other firms and obtained a better post.
3. A girl from St. Chad's Home who was rarely heard to speak, and always had to kick her leg before doing so, has recently had two bad marks for being noisy and no longer uses her legs as an aid to speech. She is now employable whereas previously she was almost hopeless to place. It is interesting to note that the use of the Audiometer proved a previously unsuspected deafness in one ear amounting to 40 per cent., which no doubt contributed to her speech difficulty.

An analysis of personality problems is being undertaken in conjunction with Mr. Jordan—50 stammerers have been studied by means of questionnaires and personal interviews. Perhaps it is wiser to withhold comment pending analysis of 50 replies we are securing from non-stammerers as a control group.

Child Guidance Clinic.

The need for this remains but until a suitable staff can be secured, it is advisable to wait. Much quiet work is being done, but the real problem remains.

I would again suggest for consideration that the services of Educational Psychologists should be obtained directly suitable applicants can be found.

Position with regard to the disposal of Subnormal Children on the 31st December, 1937.

Type.	At no School or Institution.	Attending Public Elementary Schools.	Attending Special Schools.	At Other Institutions
Blind	—	—	21	—
Partially Sighted ..	—	36	45	—
Deaf	—	—	34	—
Partially Deaf ..	—	—	27	—
Epileptics	1	2	4	—
Mentally Defectives	89	37	413	26
Physically Defectives	38	2,264	414	3

Dr. Prince reports:—

Nursery Schools and Nursery Classes.

"The Nursery Class accommodation has been increased lately by the completion of a self-centred Nursery Block for 80 children

at the Coldcotes Infants' School. A similar block for 80 children is to be added at an early date.

During the year a total of 473 children have been on roll at the various Nursery Classes and Schools. It is unfortunate that of the 149 children who have left, only 58 have completed twelve months' attendance. This is partly accounted for by the increased rate of migration within the city at the present time ; but it is also due in part to the fact that the accommodation provided by the various Nursery Classes is sufficient for a relatively small proportion of the children between three and five years of age in the schools concerned.

The defects found in these children are the result of adverse factors which have been operating over a long period, and it is impossible to eradicate them within a short time. The great merit of the Nursery Class lies in the opportunities it affords for gaining an insight into the child's needs in relation to its total background. For this purpose continuity of observation is very necessary. Experience shows that a period of at least eighteen months is required if results are to be commensurate with the energy expended. We are at present in the unhappy position of promoting four-year-olds who would benefit from a longer stay ; reserving places only for those who are most delicate or backward, or in receipt of free meals.

School dinners have been taken by all children in Nursery Schools, numbering 157 ; and by 217 out of a total of 316 children in Nursery Classes. Payments have been excused in 117 cases.

The Medical Officer in charge has carried out 218 routine examinations of entrants, and 673 quarterly reinspections ; and has demonstrated the use of development tests for the guidance of teachers in a number of cases.

The following is a catalogue of the defects listed for treatment at the Medical Officer's monthly visits. It does not include cases referred for treatment by teachers or nurses at other times, nor those cases in which treatment has been obtained on the parents' initiative. The figures apply to 473 children.

1. *Defects likely to be alleviated by the Nursery Routine* :—

Subnormal Nutrition—" Class 3."	49 children.
Chronic Respiratory Catarrh ..	179 children.
Postural Defects (Chiefly Knock Knee and Flat Foot) ..	92 children.
Problems requiring expert assistance to supplement mothers' training	78 children.

2. *Gross Dental Caries :—*

197 children—950 teeth decayed.

3. *Defects referred to Clinics for treatment :—*

Skin Disease	69
Otorrhoea	13
Squint	9
Massage, etc.	30
Specialist's advice	8
Dental Casualties..	9

4. *Defects referred to General Practitioners for urgent treatment* 16.

This catagory includes cases of haemorrhage, nephritis, jaundice, measles, diphtheria and whooping cough, which had escaped the attention of the parents.

A consideration of the medical records impresses one with the fact that the great bulk of the defects encountered are preventable, and depend for their origin on defective nutrition, bad hygiene and unskilled mothercraft. During early infancy the mothercraft teaching of the Infant Welfare Centres seems to be fairly generally applied, but there appears to be a widespread feeling that such meticulous care in regard to clothing, hygiene and diet is quite unnecessary for the pre-school child. One of the functions of the Nursery Schools and Classes must be to improve the standard of mothercraft, constantly reiterating, expanding and adapting the teaching to meet the needs of the growing child. An attempt to deal with these problems is being made through the agency of Mothers' Clubs attached to three of the Nursery Units.

In previous reports the Nurseries have been described as 'experimental,' but the term is no longer applicable, except in so far as a progressive institution is always subject to experiment. Definite rules for the organisation and conduct of Nursery Schools and Classes have been formulated, and a fund of experience has been accumulated which would enable the organizers to undertake a scheme of fairly rapid expansion, provided that appropriately trained staff were available.

Secondary Schools.

All statutory duties are complied with and no new points have arisen.

It is regretted that parents pay so little heed to the advisability of being present at Medical Inspection, if only for hints on vocational guidance.

Medical Inspection in Schools for Higher Education, 1937.

School	No. of Routine Inspections	No. of Reinspections
MAINTAINED SECONDARY—		
City of Leeds	339	331
Cockburn Boys'	123	193
Cockburn Girls'	93	88
Thoresby	177	20
Leeds Modern	208	126
Lawnswood High	163	172
West Leeds Boys'	259	212
West Leeds Girls'	60	2
Roundhay	302	275
Roundhay High	95	32
Chapel Allerton	172	165
NON-MAINTAINED SECONDARY—		
Notre Dame	124	171
St. Michael's College	To be examined early in 1938.	
MAINTAINED JUNIOR TECHNICAL—		
College of Commerce	115	102
Junior Technical	104	141

Payments.

In past years five varying scales were in existence to determine parents' contributions for Meals, Milk, Malt and Cod Liver Oil, Spectacles, Surgical Appliances, Operative Treatment and the maintenance of children in Special Schools, etc.

The question of adopting a uniform scale for all purposes has been under consideration for some time, and in May, 1937, it was decided to adopt a scale based upon that of the Unemployment Assistance Board.

The new scale in most cases is a little more generous than the old one, and in cases where hardship is imposed by the operation of the new scale it was decided later to apply the old Free Meals Scale in such cases.

The following Table shows the amount contributed during the year.

Summary of Receipts from Parents towards the cost of Treatment of Children through the agencies of the School Medical Service.

	1937.	1936.
	£ s. d.	£ s. d.
Refraction Treatment and Supply of Spectacles	1,047 13 7	891 3 0
Dental Treatment	600 17 1	673 12 5
Minor Ailments and X-ray Treatment	14 0 6	14 5 6
Supply of Malt and Cod Liver Oil	144 1 11	146 16 0
Treatment of Tonsils and Adenoids	56 5 0	56 8 6
Orthopædic Treatment—Operations, Appliances, etc.	38 2 3	39 10 3
Massage	55 12 7	24 19 7
TOTAL CASH RECEIVED £	1,956 12 11	1,846 15 3

Remand Home.—During the year re-arrangements have taken place at the Remand Home, which is now reserved entirely for boys, girls being now accommodated at St. Faith's. Miscellaneous.

Dr. Pratt has continued his services as visiting Medical Officer, whilst all reports to the Justices including the completion of approved school certificates, have been made by the School Medical Staff, now to be reckoned as a definite part of their duties. These examinations must of necessity be lengthy in the interests of the child and it is noteworthy that, in a list of 53 consecutive cases, no less than 34 were definitely of subnormal mentality, though not certifiable as feeble minded. This is an indication of the type amongst whom juvenile delinquents are found and points to a need for greater variation in approved schools than exists at present or to an increased flexibility in moving them from one school to another. Here, too, mental age would seem to be a better basis for classification than actual age.

A small undersized boy of moderate mentality does not often give satisfactory results when mixing with bigger boys of higher mentality. Again, in actual practice, the difficulties of dealing with border line cases become marked, as there is bound to be a tendency to place a boy in an approved school rather than an institution for defectives, residential special schools being now almost non-existent. This type needs other treatment than that of the usual approved school, as the boys are frequently unsuited for the Spartan life that is essential for the normal delinquent. As there appears to be a shortage of approved schools, it is to be hoped that these cases will receive due consideration.

It is also noteworthy that week ends and holiday periods produce more than their share of delinquency showing the necessity for more work by Boys' Organisations, especially in new housing estates where there are inadequate opportunities for recreation.

The number of girls seen is relatively small and the new arrangements are working well.

Poor Children's Holiday Camp.—During the year arrangements were made for the School Medical Officers to undertake the examination of all children attending the Silverdale Camp. It is expected that this arrangement will continue.

The Invalid Children's Aid Society continued their beneficent work at the Potternewton School for Physically Defective Children and it is with real regret that it is learnt of their intention to cease. It is understood that the Committee will now take over the meals. Invalid Children's Aid Society.

Children's Day.—The Healthy Children's Competitions were again held during the Summer, the *Yorkshire Evening Post* once

more providing the prizes. The examinations were made by the Staffs of the Maternity and Child Welfare and the School Medical Service and Dr. Wear who once again did all examinations for children who do not reside in Leeds. The total numbers examined were :—

Group	6 months to 1 year	.. ..	425
,,	1 year to 2 years	.. ..	455
,,	2 years to 3 years	.. ..	238
	TOTAL ..	.. ..	1,118

Thanks are also due to the *Yorkshire Evening Post* for providing prizes for dental competition. These were awarded by the Dental Officers, not so much for naturally healthy mouths, as for those who had taken care of the teeth. 2,396 entries were received from 127 school departments and 150 prizes and 144 consolation prizes were awarded.

During the year, the new joint Health Centre at Middleton was opened and is now in full use. As work develops it will be necessary to ask for further accommodation for there would be work for a full time Dental Officer in Middleton if all children there were participants of the Scheme. Until the numbers of acceptants increase to more than double their present numbers, it will not be economical to equip a surgery there, as the present numbers can be quite well dealt with at Hunslet, Many children have even now further to travel than those at Middleton.

The joint usage of the Clinic in Harehills Lane continues, but the Clinic is beginning to be crowded and it may be necessary to revise the arrangement in the near future.

As it appears likely that both the Edgar Street and Holbeck Clinics will be abolished, places to carry on the work in those areas will be needed.

Whether the principle of joint use with the Health Committee is to continue, or whether the Clinics are to be built on school premises will be a matter for your early consideration.

The needs of the rapidly shifting population will be carefully watched.

The new Income Scale, based on that of the Unemployment Assistance Board came into force during the year and generally has proved of benefit to the children, more of whom have become eligible for free meals, spectacles, etc. On your instructions, where the New Scale did operate harshly, the old Scale remains in force.

The examination of all scholarship winners has continued as has the examination of all potential entrants to the City of Leeds Training College, the College of Housecraft and the Carnegie Physical Training College.

All children applying for badges for out of school employment have been examined as well as children for Theatrical Licences.

Conclusion

Whilst again repeating the hopes that the Rheumatism School may soon be beyond the stage of plans, your consideration is again asked for a further development of the Lawns House Estate, so that more if not all of our subnormal children may be taken there. They would soon repay the cost in greater efficiency and better health.

Again I ask your sympathetic consideration of the question of seeing that all Special School children receive a suitable mid-day meal at school.

On behalf of myself and my colleagues I desire, Mr. Chairman, Ladies and Gentlemen, to thank you for your consideration and the Director and every member of the staff for their help.

I have the honour to sign myself,

Your obedient Servant,

G. E. St. CLAIR STOCKWELL,

School Medical Officer.

APPENDIX A.

MEDICAL INSPECTION RETURNS
YEAR ENDED 31st DECEMBER, 1937.

TABLE I.

Medical Inspections of Children attending Public Elementary Schools

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A.—Routine Medical Inspections.

NUMBER OF INSPECTIONS IN THE PRESCRIBED GROUPS.

Entrants	6,834
Second Age Group	5,691
Third Age Group	5,745
TOTAL	18,270
NUMBER OF OTHER ROUTINE INSPECTIONS	2,163
GRAND TOTAL	20,433

B.—Other Inspections.

NUMBER OF SPECIAL INSPECTIONS	23,409
NUMBER OF RE-INSPECTIONS	32,132
TOTAL	55,541

C.—Children Found to Require Treatment.

NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING DEFECTS OF NUTRITION, UNCLEANLINESS AND DENTAL DISEASES).

GROUP.	For defective vision (excluding squint).	For all other conditions recorded in Table II.A.	Total.
Entrants	216	2,210	2,303
Second Age Group ..	528	1,479	1,729
Third Age Group ..	695	1,329	1,739
TOTAL (Prescribed Groups)	1,439	5,018	5,771
Other Routine Inspections	232	573	692
GRAND TOTAL	1,671	5,591	6,463

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1937.

Defect or Disease.	Routine Inspections. Number of Defects. Requiring Treatment.	Routine Inspections. Number of Defects. Requiring to be kept under Observation but not Requiring Treatment.	Special Inspections. Number of Defects. Requiring Treatment.	Special Inspections. Number of Defects. Requiring to be kept under Observation but not Requiring Treatment.
Skin (1) Ringworm—Scalp	2	—	63	—
Skin (2) ,, Body	6	1	100	—
Skin (3) Scabies	19	—	786	—
Skin (4) Impetigo	62	2	1,424	—
Skin (5) Other Diseases (Non-Tuberculous)	375	141	9,373	2
Totals (Heads 1 to 5)	464	144	11,746	2
Eye (6) Blepharitis	90	15	261	—
Eye (7) Conjunctivitis	13	1	343	—
Eye (8) Keratitis	—	2	1	—
Eye (9) Corneal Opacities	1	1	2	—
Eye (10) Other Conditions (excluding Defective Vision and Squint)	56	26	492	—
Totals (Heads 6 to 10)	160	45	1,099	—
(11) Defective Vision (excluding Squint)	1,671	1,503	5,707	2
(12) Squint	229	249	103	1
Ear (13) Defective Hearing	250	107	180	—
Ear (14) Otitis Media	2	—	215	—
Ear (15) Other Ear Diseases	387	27	1,171	—
Nose and Throat (16) Chronic Tonsillitis only	635	979	151	3
Nose and Throat (17) Adenoids only	28	2	84	—
Nose and Throat (18) Chronic Tonsillitis and Adenoids	276	97	930	—
Nose and Throat (19) Other Conditions	1,608	643	982	—
(20) Enlarged Cervical Glands (Non-Tuberculous)	93	126	113	1
(21) Defective Speech	18	218	38	—
Heart Disease:				
Heart and Circulation (22) Organic	86	96	91	—
Heart and Circulation (23) Functional	13	365	20	1
Heart and Circulation (24) Anæmia	53	22	38	—
Lungs (25) Bronchitis	413	302	151	1
Lungs (26) Other Non-Tuberculous Diseases	60	54	5	1
Tuberculosis Pulmonary:—				
Tuberculosis (27) Definite	1	27	14	—
Tuberculosis (28) Suspected	1	—	243	—
Tuberculosis Non-Pulmonary:—				
Tuberculosis (29) Glands	6	17	2	—
Tuberculosis (30) Bones and Joints	—	—	21	—
Tuberculosis (31) Skin	1	2	1	—
Tuberculosis (32) Other Forms	1	5	1	—
Totals (Heads 29 to 32)	8	24	25	—
Nervous System (33) Epilepsy	4	7	18	—
Nervous System (34) Chorea	14	8	50	—
Nervous System (35) Other Conditions	77	278	35	—
Deformities (36) Rickets	55	15	370	—
Deformities (37) Spinal Curvature	85	90	194	—
Deformities (38) Other Forms	1,373	694	457	—
(39) Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases)	933	1,538	1,992	18
Total number of defects	8,997	7,630	26,222	30

B.—Classification of the Nutrition of Children Inspected During the Year in the Routine Age Groups.

Age-Groups.	Number of Children Inspected.	A (Excellent).		B (Normal).		C (Slightly subnormal).		D (Bad).	
		No.	%	No.	%	No.	%	No.	%
Entrants	6,834	828	12·1	5,022	73·5	974	14·3	10	0·1
Second Age-group ..	5,691	730	12·8	3,838	67·4	1,113	19·6	10	0·2
Third Age-group ..	5,745	921	16·0	3,777	65·7	1,037	18·1	10	0·2
Other Routine Inspections	2,163	258	11·9	1,438	66·5	459	21·2	8	0·4
Total	20,433	2,737	13·4	14,075	68·9	3,583	17·5	38	0·2

Of the 3,583 cases classified "C" (slightly subnormal) :—
849 were referred for treatment.
765 were referred for observation.
1,969 no action deemed necessary.
Of the 38 cases classified "D" (Bad) :—
31 were referred for treatment.
6 were referred for observation.
1 no action deemed necessary.

TABLE III.

Return of all Exceptional Children in the Area, 1937.

Blind Children.

At Certified Schools for the Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
21	—	—	—	21

Partially Sighted Children.

At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total
—	45	36 (*a*)	—	—	81

Deaf Children.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
34	—	—	—	34

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.
27	—	—	—	—	27

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	37 (*b*)	26 (*c*)	89 (*d*)	565

Epileptic Children—Children Suffering from Severe Epilepsy.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
4	2	—	1	7

TABLE III—continued

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.
30	—	—	1	31

II.—Children suffering from Non-Pulmonary Tuberculosis.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
67	49	—	17	133

B.—Delicate Children.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
226	1,582 (*e*)	2	1	1,811

C.—Crippled Children.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
69	226	1	5	301

D.—Children with Heart Disease.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
22	407	—	14	443

Children suffering from Multiple Defects (*f*).

Combination of Defect.	At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
Crippled and Feeble minded	11	—	—	—	11
Deaf and Feeble-minded ..	4	—	—	—	4
Heart and Feeble-minded ..	2	—	—	—	2

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

(*b*) Thirty-four of these children were admitted to Special Schools on the 10th January, 1938. Three 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*) These children are on license from the Special Schools to approved employment and may be recalled to School at any time.

(*e*) This includes 87 children on whom a diagnosis of intra thoracic tuberculosis has been made by a Tuberculosis Officer, all of whom are certified as non-infective and are attending ordinary schools.

(*f*) In addition to these, there are a number of children at the School for Crippled Children who are under the observation of the School Medical Officer regarding their mental conditions. These have not yet been certified as dual cases.
There are also a number of Partially Sighted and Partially Deaf Children with other certifiable Defects. These children are not included.
During the three terms at The James Graham Open-Air School in 1937, 457 children have attended. The number shown in the Table represents the children in attendance at the end of the year.

TABLE IV.

Treatment Tables, 1937.

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

Disease or Defect.	Number of Defects Treated, or Under Treatment during the Year.		
	Under the Authority's Scheme.	Otherwise.	Total.
Skin—			
Ringworm—Scalp—			
(i.) X-ray Treatment.	5	—	5
(ii.) Other Treatment	55	5	60
Ringworm—Body	98	11	109
Scabies	740	55	795
Impetigo	1,415	66	1,481
Other skin disease	9,316	449	9,765
Minor Eye Defects (External and other, but excluding cases falling in Group II.) ..	1,080	157	1,237
Minor Ear Defects	1,490	703	2,193
Miscellaneous (*e.g.*, minor injuries, bruises, sores, chilblains, etc.)	3,825	2,084	5,909
Total	18,024	3,530	21,554

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

	No. of Defects Dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
ERRORS OF REFRACTION (including squint)	5,445	235	5,680
Other defect or disease of the eyes (excluding those recorded in Group I.)	—	—	—
Total	5,445	235	5,680
No. of children for whom spectacles were (*a*) Prescribed	4,271	173	4,444
(*b*) Obtained	5,171*	173	5,344

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

TABLE IV.—continued

Group III.—Treatment of Defects of Nose and Throat.

Number of Defects.													
Received Operative Treatment.												Received other forms of Treatment.	Total number Treated.
Under the Authority's Scheme in Clinic or Hospital. (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.)		
2	9	74	2	16	—	2,294	54	18	9	2,368	56	1,289	6,740

(i.) Tonsils only. (ii.) Adenoids only. (iii.) Tonsils and Adenoids. (iv.) Other defects of the nose and throat.

Group IV.—Orthopædic and Postural Defects.

	Under the Authority's Scheme. (1)			Otherwise. (2)			Total number Treated
	Residential Treatment with Education	Residential Treatment without Education	Non-Residential Treatment at an Orthopædic Clinic.	Residential Treatment with Education	Residential Treatment without Education	Non-Residential Treatment at an Orthopædic Clinic.	
Number of children treated	(i.) 5	(ii.) 24	(iii.) 859	(i.) 76	(ii.) 610	(iii.) 195	1,769

Table V.—Dental Inspection and Treatment.

(1) Number of children inspected by the Dentist:
(*a*) Routine age-groups.

AGE	5	6	7	8	9	10	11	12	13	14	Total
Number	—	2,170	2,512	2,579	2,636	2,216	2,058	1,799	1,699	199	17,868

(*b*) Specials 6,369

(*c*) TOTAL (Routine and Specials) 24,237

(2) Number found to require treatment 21,644*

(3) Number actually treated .. .. 21,064†

(4) Attendances made by children for treatment 41,136

(5) Half-days devoted to:—

Inspection	163
Treatment	5,105
TOTAL ..	‡5,268

(6) Fillings:—

Permanent Teeth ..	35,964
Temporary Teeth ..	32
TOTAL ..	35,996

(7) Extractions:—

Permanent Teeth ..	7,072
Temporary Teeth ..	28,999
TOTAL ..	36,071

(8) Administrations of general anæsthetics for extractions 10,159

(9) Other Operations:—

Permanent Teeth ..	4,386
Temporary Teeth ..	6
TOTAL	4,392

* Includes 6,369 Casuals.
† ,, 5,788 ,,
‡ In addition 226½ sessions spent in other work.

TABLE VI.—Uncleanliness and Verminous Conditions.

(1) Average Number of Visits per School made during the year by the School Nurses	46
(2) Total Number of Examinations of Children in the Schools by School Nurses	209,620
(3) Number of Individual Children found unclean	10,080
(4) Number of Individual Children cleansed under Section 87 (2) and (3) of the Education Act, 1921	2,142
(5) Number of Cases in which legal proceedings were taken :—	
(*a*) Under the Education Act, 1921	109
(*b*) Under School Attendance Byelaws	105

TABLE VII.—Other Forms of Treatment.

Defect.	Number of Defects Treated or under Treatment during the Year.		
	Under the Authority's Scheme.	Otherwise.	Total.
Heart and Circulation	—	364	364
Lungs	—	1,030	1,030
Malnutrition	509	1,460	1,969
Other Defects	127	3,195	3,322
Total	636	6,049	6,685

TABLE VIII.

Return of Attendances at Medical Clinics during 1937.

CLINIC.	ARMLEY.			BURLEY.			EAST LEEDS.			EDGAR ST.			HOLBECK.			HUNSLET.			MEANWOOD RD.			MIDDLETON.			CENTRAL.			TOTAL.			Cases Outstanding 31st Dec., 1937.
Number of Attendances	15,157 (18,470)			24,468 (24,620)			20,890 (17,466)			17,321 (25,598)			18,817 (20,899)			28,744 *(30,592)			28,141 (18,632)			11,195 (9,403)			18,380 (11,178)			183,413 (177,175)			
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.	No. of Cases.	No. of Attendances.	Cleared.	
Malnutrition	121	573	53	236	3,704	69	210	480	51	111	3,516	56	224	3,126	124	151	9,950	59	303	9,876	60	46	47	42	—	—	—	1,135	31,272	517	918
Uncleanliness of Head	309	611	303	319	695	316	461	1,304	159	431	956	421	362	1,059	359	271	699	253	622	1,779	603	76	203	73	—	—	—	2,857	7,306	2,787	70
Uncleanliness of Body	2	2	2	9	26	9	1	1	1	1	1	1	9	23	9	12	21	12	19	44	18	—	—	—	—	—	—	53	118	52	1
Nose and Throat Defects	74	130	67	70	177	68	109	189	85	95	240	86	172	509	147	96	1,900	85	122	350	112	79	811	69	1,328	1,509	444	2,115	6,166	1,203	852
External Eye Diseases	150	710	144	191	1,140	157	156	1,075	141	157	1,285	148	117	988	108	111	972	99	214	1,518	196	43	136	38	—	—	—	1,115	8,164	1,031	84
Ear Diseases	138	1,847	110	179	2,568	163	173	1,902	150	130	1,632	105	210	1,819	188	119	1,340	96	247	1,986	220	161	702	151	90	336	12	1,147	14,132	1,195	252
Teeth (see Dental, pp. 27, 69, 75)	2	2	2	1	1	1	6	6	6	13	16	12	3	3	—	6	6	4	16	16	16	1	1	1	—	—	—	48	51	42	6
Heart and Circulation	8	22	3	5	8	5	21	40	10	14	24	11	10	23	3	10	105	7	11	14	10	—	—	—	70	115	8	149	351	87	92
Lung Diseases	55	75	41	22	38	16	50	56	42	51	75	46	49	83	23	88	2,169	52	80	98	68	1	1	1	18	28	5	424	2,923	291	120
Nervous System	8	14	5	—	—	—	13	20	11	7	12	7	4	10	2	9	17	5	8	13	8	—	—	—	50	73	3	99	159	41	58
Impetigo	227	1,238	220	288	2,630	268	115	1,633	134	192	1,620	164	225	2,120	202	85	1,236	74	236	2,115	223	69	425	66	—	—	—	1,107	13,017	1,351	116
Scabies	53	203	52	55	520	53	40	257	37	47	187	39	75	594	63	32	134	31	120	582	107	35	129	34	335	785	327	792	3,391	713	49
Other Skin Diseases	961	4,118	938	837	5,501	788	1,187	6,759	1,104	901	3,781	863	600	2,928	570	1,140	6,041	1,021	1,807	7,174	1,734	2,073	7,796	2,013	2	2	1	9,508	41,133	9,031	477
Minor Injuries	590	2,554	580	575	2,950	551	767	3,774	732	504	1,976	484	533	2,257	523	307	1,149	280	482	1,591	467	230	762	222	—	—	—	3,988	17,013	3,815	143
Ringworm of Head	3	10	3	17	81	17	8	55	8	14	159	11	2	15	2	2	9	1	2	7	1	6	9	6	9	43	7	63	388	56	7
Ringworm of Body	22	129	21	12	142	12	16	149	13	13	75	11	6	21	6	7	39	7	24	231	21	—	—	—	—	—	—	100	789	91	9
Enlarged Cerv. Glands (Non-Tuber.)	3	18	3	42	202	37	29	85	26	1	2	1	7	35	7	11	39	9	16	32	16	4	12	4	—	—	—	113	425	103	10
Rickets	35	392	23	13	270	6	25	582	18	40	359	34	73	844	36	46	1,447	25	9	10	8	—	—	—	130	2,391	96	371	6,298	246	125
Deformities	48	1,534	41	51	1,351	28	86	1,268	71	34	391	22	109	1,476	71	41	572	27	2	3	—	—	—	—	287	4,114	110	658	11,009	370	288
Tuberculosis (Non-Pulmonary)	1	1	1	—	—	—	2	3	2	1	1	—	—	—	—	—	—	—	1	1	1	—	—	—	20	47	2	25	53	6	19
Speech	1	1	1	—	—	—	1	1	1	2	2	2	2	2	—	2	4	1	1	2	1	—	—	—	27	27	16	36	39	22	14
Vision and Squint	590	602	587	883	896	868	818	889	783	733	743	725	709	718	704	612	613	608	67	67	65	37	37	34	1,429	1,445	1,409	5,878	6,010	5,783	95
Hearing	47	115	47	24	178	20	7	13	5	12	31	12	17	64	16	—	—	—	354	119	27	1	6	—	11	70	7	179	596	134	45
Miscellaneous	125	196	122	353	700	375	264	349	251	142	237	136	59	100	57	174	270	156	27	510	333	344	108	342	153	224	56	1,998	3,093	1,828	170
Mental Cases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	648	648	648	648	648	648	—
Employment Cases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1,088	1,112	1,088	1,088	1,112	1,088	—
Scholarship Cases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	537	590	537	537	590	537	—
Camp Cases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2,971	2,971	2,971	2,971	2,971	2,971	—
Children's Day Examinations	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1,118	1,391	1,118	1,118	1,391	1,118	—
Other Special Examinations	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	165	165	156	165	165	165	—
TOTALS	3,573	15,157	3,375	4,185	24,468	3,827	4,595	20,890	4,114	3,679	17,321	3,398	3,577	18,817	3,220	3,311	28,744	2,912	4,790	28,141	1,315	3,206	11,495	3,094	10519	18,380	9,030	11,165	183,413	37,415	4,050

The figures in brackets represent those for 1936.

* This figure included 9,403 attendances at the Middleton Sub-Clinic. These are now shown separately.

TABLE IX.

Number of Notices issued to Parents of Children Reported to have Defects during 1937.

(1) Elementary and Special Schools.

School Medical Officers' Cases—			
First Notices		7,305	
Second Notices		1,162	
			8,467
Defective Vision Cases			10,575
School Nurses' Cases—			
Uncleanliness of Head—			
First Notices	12,539		
Second Notices	5,803		
Special Notices	1,237		
Final Notices	4,136		
		23,715	
Uncleanliness of Body—			
First Notices	1,585		
Second Notices	329		
Final Notices	83		
		1,997	
			25,712
School Dental Officers' Cases			50,002

(2) Seconday Schools.

Defective Vision Cases	154
School Dental Officers' Cases	1,096
Total	96,006

TABLE X.

Number of Exclusions, 1937.

Defect.	Referred for Exclusion by		Total.
	School Medical Officers.	School Nurses.	
Uncleanliness of Head	8	2,865	2,873
Uncleanliness of Body	1	138	139
Ringworm	17	11	28
External Eye Diseases	8	23	31
Scabies	150	201	351
Other Skin Diseases	91	355	446
Other Diseases	—	29	29
Vision	3	—	3
Total 1937	278	3,622	3,900
Total 1936	287	4,515	4,802

TABLE XI.

Average Height.

Age last Birthday.	Elementary Schools.			
	Number Measured.		Inches.	
	Boys.	Girls.	Boys.	Girls.
4	991 (909)	978 (817)	39·9 (39·9)	39·5 (39·5)
5	1,479 (1,365)	1,403 (1,394)	42·0 (41·9)	41·8 (41·5)
8	2,831 (2,569)	2,860 (2,634)	48·7 (48·5)	48·7 (48·2)
12	2,603 (2,535)	2,704 (2,488)	55·7 (55·7)	56·5 (56·4)

The figures in brackets are those for 1936.

TABLE XII.

Average Weight.

Age last Birthday.	Elementary Schools.			
	Number Weighed.		Lbs.	
	Boys.	Girls.	Boys.	Girls.
4	991 (909)	978 (817)	37·6 (37·2)	36·4 (36·2)
5	1,479 (1,365)	1,403 (1,394)	40·8 (40·2)	39·6 (38·6)
8	2,831 (2,569)	2,860 (2,634)	54·9 (54·6)	53·2 (53·0)
12	2,603 (2,535)	2,704 (2,488)	77·6 (76·5)	79·9 (79·5)

The figures in brackets are those for 1936.

TABLE XIII.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1937.

SCHOOLS FOR HIGHER EDUCATION AND SPECIAL SCHOOLS.

Defect or Disease.	Schools for Higher Education.		Special Schools.	
	No. of Defects requiring treatment.	No. of Defects to be kept under observation but not requiring treatment.	No. of Defects requiring treatment.	No. of Defects to be kept under observation but not requiring treatment.
Skin—				
Ringworm—Scalp	—	—	—	—
Body	—	—	—	—
Scabies	1	—	1	—
Impetigo	1	—	—	—
Other Diseases (non-Tuberculous)	58	17	1	—
Eye—				
Blepharitis	3	3	1	1
Conjunctivitis	—	—	—	—
Keratitis	—	—	—	—
Corneal Opacities	—	—	—	1
Defective Vision (ex. Squint)	267	266	48	29
Squint	8	4	5	3
Other Conditions	2	1	2	1
Ear—				
Defective Hearing	5	4	8	1
Otitis Media	—	—	—	—
Other Ear Diseases	19	5	1	—
Nose and Throat—				
Chronic Tonsillitis only	12	37	4	1
Adenoids only	1	—	1	—
Enlarged Tonsils and Adenoids	2	6	1	—
Other Conditions	81	41	26	5
Enlarged Cervical Glands (Non-Tuberculous)	2	7	1	1
Defective Speech	3	11	—	3
Teeth—Dental Diseases— (*See* Table XIV.)	—	—	—	—
Heart and Circulation—				
Heart Disease—Organic	6	27	1	1
Functional	6	49	—	3
Anæmia	1	2	—	—
Lungs—				
Bronchitis	8	11	6	—
Other non-Tuberculous Diseases	2	12	—	1
Tuberculosis—				
Pulmonary—Definite	—	—	—	—
Suspected	—	—	—	—
Non-Pulmonary—Glands	—	1	—	—
Spine	—	—	—	—
Hip	—	—	—	—
Other Bones and Joints	—	—	1	—
Skin	—	—	—	—
Other Forms	—	—	—	—
Nervous System—				
Epilepsy	—	—	—	1
Chorea	—	—	—	—
Other Conditions	6	27	6	7
Deformities—				
Rickets	—	—	3	—
Spinal Curvature	28	33	5	2
Other Forms	268	160	20	9
Other Diseases and Defects	48	131	13	11

B—Number of Individual Children found at Routine Medical Inspection to require treatment

(excluding defects of Nutrition, Uncleanliness and Dental Diseases).

	Number of Children.		Percentage of children found to require treatment.
	Inspected	Found to require treatment.	
Schools for Higher Education	2,331	676	29·0
Special Schools	270	121	44·8

TABLE XIII.—continued.

C—Classification of the Nutrition of the Children Inspected.

	A (Excellent).		B (Normal).		C (Slightly subnormal).		D (Bad).	
	No.	%	No.	%	No.	%	No.	%
Schools for Higher Education ..	518	22·2	1,540	66·0	270	11·8	—	—
Special Schools ..	31	11·5	160	59·2	78	28·9	1	·4

Table XIV.

Dental Inspection and Treatment at Schools for Higher Education and Special Schools.

(1) Number of children inspected by the Dentist—

(*a*) Routine Age Groups—

Age.	Schools for Higher Education	Special Schools.
6	—	20
7	—	21
8	—	18
9	—	24
10	1	44
11	40	49
12	88	58
13	90	81
14 and over	249	187
Totals	468	502
(*b*) Specials	9	26
(*c*) Total (Routine and Specials)	477	528
(2) Number found to require treatment ..	423	398
(3) Number actually treated	384	332
(4) Attendances made by children for treatment	818	507
(5) Half days devoted to—		
Inspection	4	4
Treatment	131	59½
(6) Fillings—		
Permanent Teeth	1,095	349
Temporary Teeth	—	—
(7) Extractions—		
Permanent Teeth	230	366
Temporary Teeth	61	267
(8) Administrations of General Anæsthetics for Extractions	131	249
(9) Other Operations—		
Permanent Teeth	186	24
Temporary Teeth	—	—

APPENDIX B.

REPORT ON PHYSICAL EDUCATION, 1937.

Staff.—Mr. Leslie Morant commenced duties on the 8th February, 1937, in place of Mr. G. S. Kirby who resigned in July, 1936.

Previous reports have detailed each phase of the Physical Education scheme in turn, and although attention given to such urgent requirements as improved accommodation, adequate staff, will bear repetition, it is proposed to submit a brief report of the progress made in 1937 under the following headings :—

A.—Physical Training in the Schools.
Teachers' Classes.

B.—The Keep Fit Movement.
Record of Classes.
Training of Leaders.
Demonstrations (Importance of).

C.—Swimming Instruction.

D.—School Camp.

E.—Playing Fields.

F.—Other Activities.

A. PHYSICAL TRAINING IN THE SCHOOLS.

The casual attitude to Physical Training is definitely disappearing with a consequent progression in all branches of the work, due no doubt to an ever-increasing interest and a growing faith in its value.

There is a greater endeavour to overcome difficulties, the demand for better accommodation is increasing, more halls are being rented for this purpose, and a greater share of the school time-table is being devoted to the physical training lesson.

Teachers' Classes.—Increased interest is evident in the large number of teachers that have attended every course that has been offered. The fourth group of men and women teachers commenced two years special training for teachers in Senior Schools under the scheme introduced in 1931, and 50 men and 58 women enrolled last year. With the completion of the present course in 1938 148 men and 190 women will have been successful in obtaining the certificate issued by the Education Committee for attendance at these classes which have been held in the evenings during the summer months.

Details of other Teachers' Classes held during the year are given below :—

Men :

General Course.

Women :

General Course.
Games and Simple Dances.
Greek Dancing.
Swimming.

B. THE KEEP FIT MOVEMENT.

The intitial success of the Keep Fit Movement detailed in last year's Report has been maintained ; not only has there been an increase in the number of classes, but there has been a better average attendance.

The following is a list of classes in operation at the end of 1937 :—

Type of Class.	Number of Classes.			Number on Roll.		
	Men.	Women.	Total.	Men.	Women.	Total.
Keep Fit : Local Classes held in Evening Schools ..	36	63	99	1,004	2,642	3,646
Keep Fit : Central Classes (Thoresby Inst.) ..	19	9	28	641	414	1,055
Other Classes :						
Swimming	—	1	1	—	41	41
Dancing	—	3	3	—	110	110
Total ..	55	76	131	1,645	3,207	4,852

This increased enrolment of 673 men and 728 women over the figures for the previous year is the more significant when it is noted that the fee in 1937 was 4/- as compared with 2/- in 1936.

With a view to encouraging regularity in attendance the Education Committee are issuing a Leeds Keep Fit Badge to all students who have made 75% of the possible attendances.

Leadership.—As indicated in last year's Report a course for men Leaders was offered during the summer, including boxing, athletics, and the Football Association Coaching Scheme. The response was such that two classes had to be formed, with a total enrolment of 70 men.

The two classes for women leaders which commenced in 1936 were continued last summer with a total enrolment of 60.

Public Demonstrations.—In connection with the National Fitness Campaign, it is urged to stage Demonstrations of Keep

Fit Work from time to time with a view to arousing public interest and enthusiasm. During 1937 three such demonstrations were held at Leeds Town Hall, as follows :—

8th February.—Visit of the Danish Olympic Team of men under the personal direction of Herr Niels Bukh. Although the attendance on this occasion was rather disappointing the spectators were particularly impressed by the fine specimens of Danish youth and the high standard of performance, particularly in agility. The team received tremendous applause at the end of their demonstration.

20th November.—(*a*) Afternoon :—The Chief Organiser acted as local Secretary for the Central Council of Recreative Physical Training in arranging a Day Course for Leaders from 2.30 to 6.30. The Course was attended by 103 men and 195 women from a very wide area.

(*b*) Evening :—Demonstration of Modern Keep Fit work by boys girls, men and women of the City. The programme included :—

(*a*) Demonstration by Post-School-Age Girls.
(*b*) Demonstration by Post-School-Age Boys.
(*c*) ' Keep Fit ' for Women (A. Group).
(*d*) Demonstration of Advanced Work by ' Keep Fit ' Leaders (Men).

Although this demonstration was not very well attended, it aroused considerable local interest and it was decided to repeat the programme on Wednesday evening, the 15th December. The charges of admission were reduced from 2/6, 1/9 and 1/–, to 1/– and 6d. The Victoria Hall was well filled and every item on the programme received its full share of applause.

C. SWIMMING INSTRUCTION.

Mr. Leslie Morant, Organiser of Physical Training, reports as follows :—

As in previous years the Education Committee and the Baths and Property Committee have co-operated in providing instruction in Swimming for elementary school children of the City.

The swimming season extended from Monday, 19th April, to Friday, 8th October, a period of nineteen school weeks.

Owing to the situation in various parts of the City of the ten public baths and three school baths where instruction is given to elementary school children, practically every school has an opportunity of participating in this important branch of Physical Education. In spite of the tendency for the school population to gravitate to the suburbs owing to slum clearance, it has been found

possible to maintain the number of attendances at the Baths, although in some cases this has necessitated much travelling.

The fact must be emphasised, however, that even though free transport to and from the baths is provided by the Education Committee for those schools on the new estates for which it is essential, the proportion of children in these schools receiving swimming instruction is relatively small compared with the schools nearer town. The reason for this is that the children have to be away from school for most of the morning or afternoon session in order to be in the water for twenty-five minutes.

Generally speaking the lessons in the public baths are given by the Baths Managers, and members of their staffs, who are responsible in addition to their ordinary duties for the instruction of the school children attending their respective baths; whilst those in the school baths are given by teachers, two men and two women, who are withdrawn from their ordinary class teaching during the swimming season. On certain days the two men assist with the instruction of boys in the public baths. All the teachers and most of the baths' instructors hold qualifications of the Royal Life Saving Society and the Amateur Swimming Association.

Instruction is given on school days between the hours of 9.45 a.m. and 12 noon, and between 1.30 p.m. and 4.30 p.m. Each lesson is of forty-five minutes' duration, which allows about twenty minutes for changing and twenty-five minutes for actual instruction.

The lessons given in the public baths maintain as high a standard as can be expected with the difficulties which have to be overcome. The baths are open to members of the public whilst the lessons are in progress, and the instruction of a large class of children under such conditions cannot be carried out with the fullest efficiency. The facilities provided for boys and girls are not equal, as girls may attend only on certain days at the public baths.

Examinations and Awards.—Certificates of various grades are awarded by the Education Committee to children who are successful in reaching the desired standard of proficiency. Examinations have been held periodically during the season by members of the Physical Training staff and the Director of Public Baths.

Details of the conditions for the award of swimming certificates are as follows:—

THIRD CLASS CERTIFICATE:—

Swim 25 yards maintaining Breast Stroke throughout, the following points to be observed:

(*a*) Correct Arm Stroke.
(*b*) Correct Leg Stroke.
(*c*) Correct Timing (Co-ordination).
(*d*) Correct Breathing.
(*e*) Correct Poise in the Water (no body movement).

SECOND CLASS CERTIFICATE :—

(1) Head first dive and swim 75 yards without pause or rest, maintaining breast stroke throughout (conditions as above).

(2) Swim 25 yards Back Stroke, the following points to be observed :
(*a*) Correct Arm Stroke (short sculling stroke).
(*b*) Correct Leg Stroke.
(*c*) Correct Timing (co-ordination).
(*d*) Correct Poise in the Water.

FIRST CLASS CERTIFICATE :—

(1) Neat Dive—from bath side at angle of entry of more than 30° (clean cut line), correct stance, take off and entry.

(2) 100 yards Breast Stroke (conditions as above).

(3) 50 yards Back Stroke without use of Arms (Hands on Hips).

(4) Dive from surface and recover an object with both hands from a depth of 4 feet. (Object—9 × 4 × 3 ins., rubber tyre).

(5) R.L.S.S. 1st method of rescue of a drowning person, with landing of subject.

(1 and 5)—alternative for Blind Children—Swim one length of the Bath supporting a tired swimmer.

PROFICIENCY CERTIFICATE.

(1) Swim 100 yards Free Style in the standard time of 110 secs. for boys and 120 seconds for girls. (Any stroke may be used but the same stroke must be maintained throughout).

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

Certificates were awarded to children attending the various Baths as follows :—

Bath.	No. of days a week on which Instruction is given.		Certificates Awarded.								Total.
			BOYS.				GIRLS.				
	Boys.	Girls.	Prof.	1st.	2nd.	3rd.	Prof.	1st.	2nd.	3rd.	
Armley	3	2	14	86	106	176	20	56	76	158	692
Blenheim	1	4	7	37	49	66	15	103	187	295	759
Bramley	2	2	6	31	56	91	13	43	59	110	409
Cookridge Street ..	2	1	12	56	79	121	—	27	39	51	385
Darley Street ..	2	3	1	12	17	32	4	67	101	128	362
Hobeck	4	1	13	68	103	189	9	59	77	149	667
Hunslet	4	2	12	107	184	211	—	32	64	124	734
Hunslet Lane ..	1	4	1	20	27	48	20	61	131	225	533
Kirkstall Road ..	4	1	16	127	150	240	13	32	58	112	748
Meanwood Road ..	4	3	12	111	184	290	9	87	120	196	1,009
Roundhay Open ..	½	½	—	1	1	4	—	—	2	6	14
Union Street ..	3½	—	7	32	67	147	—	—	—	—	253
York Road ..	3	1½	5	86	120	155	12	36	52	118	584
TOTAL ..	34	25	106	774	1,143	1,770	115	603	966	1,672	7,149

Boys	3,793
Girls	3,356
TOTAL ..	7,149

The following table is given for the purpose of comparison with previous years :—

Year.	Attendances during School Hours.	No. of Weeks.	Number of Certificates Gained.				
			Prof.	1st.	2nd.	3rd.	Total.
1931	156,738	19	45	972	1,428	2,644	5,089
1932	160,244	20	83	1,152	1,851	2,994	6,080
1933	174,085	18	127	1,387	2,013	3,442	6,969
1934	176,404	18	176	1,516	2,277	3,493	7,462
1935	165,039	18	250	1,657	2,360	3,637	7,904
1936	182,564	19	237	1,337	2,103	3,711	7,388
1937	178,584	19	221	1,377	2,109	3,442	7,149

The steady increase in the number of children attending for swimming instruction reported from year to year calls for a corresponding closer attention to the implement of instruction. Alterations have been made in the conditions of award of the various swimming certificates granted by the Committee, the general effect of which has been the raising of the standard of swimming generally. Certain structural repairs and alterations have also been recommended at all the School Baths, the ventilation and dressing accommodation being particularly unsatisfactory. In view of the increased numbers of children attending these baths the necessity for the proposed renovations becomes a matter of great urgency.

Competitive Swimming.—The Annual Swimming Galas were organised as in previous years by a joint committee of the Baths and Property Committee and the Leeds Elementary Schools' Swimming Association. Seven district galas were held at various baths at the end of the summer term. The semi-final gala was held at Cookridge Street Baths and the final gala at the Armley Baths.

The Thirteenth Annual Yorkshire Schools' Inter-City Gala was held in Leeds in October, the County Championship being won for the third successive time by Leeds. The winning score of 45 points, compared with 27 points gained by the next highest team, gives a good indication of the superiority of the Leeds team.

In addition a team of boys from St. Simon's C. of E. Mixed School won the Schoolboys' 150 Yards Free Style Championship of England.

The 'Hyman Morris Award' which is presented annually to the schools gaining the highest percentage of certificates compared

with the weekly attendances at the baths was again shared between five schools. The fact that one of these schools, besides being one of the smallest in Leeds, is the most remote from the baths indicates the value of the award in providing an incentive for all children receiving instruction to develop their skill.

D. THE SCHOOL CAMP.

The camp erected on the new site purchased by the Education Committee at Leyfield Farm, Ilkley, was occupied for the first time for the full season.

The Camp opened on Monday, 24th May, and closed on the 6th September, a period of sixteen weeks. During the season 1,940 children spent a week there ; 383 children attended free of charge, their fees being paid by the Leeds Elementary Schools Athletics Association.

From reports received by the Superintendent, the new site appears to be very popular.

The ' Special School Week ' mentioned in the 1935 Report was continued from the 21st to the 28th June.

E. PLAYING FIELDS.

The problem of playing fields for Elementary School children was fully explored in the 1931 Report.

With the advent of the King George V. Memorial Fund and the Physical Training and Recreation Act the need for playing fields for Leeds School Children is still more urgent.

The playing fields planned for the new senior schools will not solve the problem, but only alleviate it with regard to new districts. It has been recommended that at least one central playing field should be purchased, and fully equipped as an experiment. The land for such an experiment has already been purchased—at Pepper Road, Hunslet, in 1936—and it is strongly urged that this area should be reconditioned and made available for regular use without delay.

Moreover, this large city of nearly half a million inhabitants is entitled to an adequate share of the King George V. Memorial Fund which is available for Playing Fields properly equipped for the benefit of school children, adolescents and adults.

F. OTHER ACTIVITIES.

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

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

It will be a matter of satisfaction to all concerned that during the winter evenings more than 2,000 children are accommodated, three evenings a week, in the Evening Play Centres where under healthy conditions and in happy circumstances they are enabled to spend a profitable time. In most cases the absence of Play Centres would mean that the children would be playing in the streets with the attendant moral and physical dangers. In considering the numbers in attendance it should be remembered that no compulsion whatever can be exercised and that the only spur to regular attendance in the interest and enjoyment of the children.

Children's Day.—As in previous years this Department, in co-operation with the Leeds Elementary Schools Athletic Association, arranged a series of displays in Physical Training and Dancing on the Arena at Roundhay Park on Saturday, 26th June.

The programme included :—

Assembly of 3,000 Display Children round the arena for the Crowning of the Queen of Children's Day.

Greek Dancing by 160 girls.

Massed Physical Training with apparatus by 504 girls.

Massed English Country Dancing by 640 girls.

Massed Physical Training by 1,568 Senior boys and girls.

The programme concluded with a Grand March of Display children round the arena.

The Display programme, which occupied three and a half hours, was carried through in glorious weather and before an appreciative record crowd of 61,000. The red, white and blue colour scheme in the Physical Training Displays gave added effect to this children's festival in Coronation Year.

Demonstrations for the Students of Carnegie Physical Training College.—At the request of the Warden of Carnegie College, the following Demonstrations were arranged :—

WEDNESDAY, 13TH OCTOBER, INGRAM ROAD C. SCHOOL (INFANTS).

9.45—10. 5 Nursery Class, Age 3 years.
10. 5—10.25 Class II, Age 4 years.
10.30—10.50 Class III, Age 5 years.
11. 5—11.30 Class IV, Age 6 years.

MONDAY, 18TH OCTOBER, POTTERNEWTON C. SCHOOL (JUNIOR MIXED).

2. 0— 2.20 Age 8 years.
2.20— 2.40 Age 9 years.
3. 0— 3.20 Age 10 years.

WEDNESDAY, 20TH OCTOBER, HUNSLET CARR C. SCHOOL (BOYS).

1.45— 2. 5 Junior Boys, Age 10 years.
2. 5— 2.40 Senior Boys, Age 12 years.
3.15— 4. 0 *Park Lane Senior School :*
Senior Boys, Age 13 years.

MONDAY, 25TH OCTOBER, BRUDENELL C. SCHOOL (SENIOR GIRLS).

1.45— 2.15 Form 1a Juniors.
2.15— 2.45 Form III Seniors.
3. 0— 3.30 Indoor Games.
3.30— 4. 0 Greek Dancing, Juniors and Seniors.

Voluntary Organisations.—Contacts with local organisations mentioned in the 1935 Report have extended, including the following :—

1. A short course for Leaders and a Keep Fit Class for players at Burmantofts Y.M.C.A. Gymnasium were commenced last October at the request of the Red Triangle Sports Federation.
2. Lecture Demonstration on Physical Education for Boys at the Annual Conference of the Yorkshire Boys' Brigade, at the Mount Hotel, Leeds.
3. The Leeds Social Services Camp Committee's Annual Camp for Unemployed was again organised by this Department.
4. Basket Ball. At the request of the Adjutant of the 49th Divisional Signal Corps, the Chief Organiser accompanied by five Keep Fit Leaders, visited the Gibraltar Barracks in October with a view to introducing Basket Ball for men—an attractive vigorous game that is rapidly gaining popularity. This has been followed by subsequent visits with practice matches between the soldiers and Keep Fit Leaders.

Conclusion.—No report on Physical Education in this City would be complete without reference to the excellent voluntary work which so many Leeds teachers give in promoting activities which contribute to the improvement of the physical welfare of the children. In spite of indifferent accommodation in the City for outdoor activities, the spirit and enthusiasm of the teachers are maintained from year to year.

Finally I wish to express on behalf of my colleagues in the Department our thanks for the support given by the Director of Education, and our appreciation of the good will and co-operation of the teachers of the City.

S. SHAW,

Chief Organiser, Physical Training.

APPENDIX C.

EMPLOYMENT OF CHILDREN.
CHILDREN AND YOUNG PERSONS ACT, 1933.

There has been no alteration in the byelaws regulating the employment of school children during the past twelve months.

Any child who is of the age of twelve years, duly registered by the Local Authority and having obtained from the School Medical Officer a certificate as to his fitness for employment, is permitted to work two hours on a school day, and for a period of four hours on days when schools are not open.

Morning employment before school time is restricted to the delivery of milk and newspapers, and such children may be employed only between the hours of 7 and 8 a.m., and 5 to 6 p.m. Employment is prohibited on a Sunday, except in the delivery of milk, and the time is restricted to two hours, namely 9 to 11 o'clock in the morning.

On the 31st December, 1937, the number of children holding permits to be employed was 1,143. Of these, 1,121 were boys and 22 were girls. Last year the figures were 1,024 and 17 respectively, an increase of 102.

Medical examinations of the children registering for employment are invariably held on a Friday morning. The number presented is about thirty each week. The total number of examinations for the year was 1,112. One child only was refused a certificate for employment because his vision was seriously affected.

In 82 other cases children were found to be suffering from minor ailments, and the certificates for employment were withheld until further treatment had been secured and the defects corrected.

The 1,143 children were employed in the following occupations :—

Employment of Children.
Year ended 31st December, 1937.

Nature of Employment.	Hours.	Boys.	Girls.	Total.
Newspapers	*7–8 a.m.	505	4	509
,, ...	5–7 p.m.	342	6	348
Milk	*7–8 a.m.	15	—	15
,, ...	5–7 p.m.	8	1	9
Grocers	5–7 p.m.	72	2	74
Greengrocers	5–7 p.m.	35	1	36
Butchers	5–7 p.m.	34	—	34
Bakers and Confectioners	5–7 p.m.	44	2	46
Various	†5–7 p.m.	66	6	72
Totals ..		1,121	22	1,143

NOTE.—*(*a*) Children employed before school hours may be employed in the afternoon only between 5 and 6 p.m.

†(*b*) Employed as messengers for chemists, laundries, doctors, drapers, milliners, tailors, etc.

(*c*) No child may be employed on any Saturday or other school holiday for more than four hours or before 7 a.m. or after 7 p.m., provided that the employment shall be so arranged that the child shall be free for rest and recreation for a continuous period of not less than five hours.

The co-operation of the Head Teachers, Enquiry Officers, members of the police force, and Inspectors for the Employment of Children, referred to in last year's report, has continued.

The offences discovered during the year are fewer, and many of these were not really serious, so much so that during the twelve months it has only been necessary to prosecute in six cases. Two employers were fined 40/- each ; two 20/- each, and two 5/- each. Twenty-five employers were interviewed and warned by the Committee.

Children employed in Public Entertainments.

During the year, 69 applications for licences were received in respect of children living in Leeds, and who had engagements to take part in public entertainments.

In 66 cases the licences were granted, two applications were withdrawn and one licence was refused.

Eighteen Leeds children were employed in pantomimes, 12 at Carlisle ; 3 at Doncaster ; 2 at Sheffield and one at Southampton.

The total number of children on tour and visiting Leeds to take part in pantomimes and other entertainments at the various theatres was 203 ; 15 at the Grand Theatre ; 14 at the Theatre Royal ; 59 at the Empire ; 62 at the City Varieties ; 10 at picture houses, and 43 at other places of entertainment.

Strict supervision has been exercised with regard to performers visiting Leeds. In conjunction with the Housing Authority, apartments have been inspected and approved. Generally speaking the terms of the licences have been observed. Failing to give seven days notice and omitting to supply the address of the apartments have been rather too frequent, and severe warnings have been necessary.

Five children were not allowed to perform for failing to attend school (Regulation 7), and three children examined by the School Medical Officer were found to have uncleanly hair. The matron was warned to exercise greater care and the Licensing Authority was duly notified.

Forty-two visits were made to the various places of entertainment in the city.

J. H. CAPES,

Superintendent of Enquiry,
Employment and Welfare Section.