[Report 1938] / 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, 1938

Jowett & Sowry, Ltd., Leeds.

City of Leeds

EDUCATION COMMITTEE

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For the year ended 31st *December*, 1938

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LEEDS EDUCATION COMMITTEE

Medical Inspection of School Children

MEDICAL SUB-COMMITTEE

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Co-opted Members :

Mrs. D. MURPHY.

Mrs. F. MATTISON.

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.

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

HERMAN G. HUTTON, B.A., M.R.C.S., L.R.C.P. (*leave of absence 30th September*, 1938).

WILLIAM HOBSON, B.SC., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H., (*Temporary appointment 1st December*, 1938).

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

Consulting Surgeon (*Orthopædic*)—REGINALD BROOMHEAD, M.B., Ch.B., F.R.C.S.(Eng.).

Consulting Ophthalmic Surgeon—G. BLACK, M.B., B.S., 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.)
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.

School Nurses—

ISABEL FERGUSON (*Senior Nurse*).
JANE TOTTIE.
GERTRUDE SMITH.
CARRIE LEWIS.
HELENA SIMPSON.
EVELYN LOWE.
ELSIE K. BRIGGS.
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MONA K. MACPHERSON.
SARAH E. WEBSTER.
GERTRUDE M. PENFOLD.
GRACE E. PRIOR.
BESSIE ATKINSON.
G. MARY TAYLOR (*appointed 24th October*, 1938).
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 (*died 26th July*, 1938).
MINNIE ABBOTT.
ALICE SHACKLETON.
MATILDA HOLMES.

Masseuses—

WINIFRED WEAR.
KATHLEEN M. OGILVIE (*appointed 10th January*, 1938).
MARJORIE HENDERSON
MARION E. SWINGLEHURST (*appointed 3rd January*, 1938).

Dental Attendants—

MARY E. MORTIMER.
GRACE E. BROWN.
DORA JEWELLS.
WINIFRED LEISHMAN.
DOROTHY COULSON.
CICELY M. BAXTER.
MARJORIE M. HIXON.
MARGARET BOYD (*resigned 30th September*, 1938).
MARION HUDSON.
NANCY M. RUSH.
EDITH WILSON.
MOLLIE W. PARK.
JOAN SENIOR (*appointed 1st October*, 1938).

Speech Therapist—

BLANCHE JACKSON (Mrs.).

Summary of the Work of the Leeds School Medical Service, 1938.

Number of Children examined by the School Medical Officers at Routine Inspections	22,276 (23,037)
Reinspected by the School Medical Officers	24,091 (34,361)
Examined by the School Dental Officers	28,068 (25,242)
Examined by the School Nurses in the Schools ..	244,244 (235,712)
Number of Visits to Homes by the School Nurses ..	318 (160)

Clinic Work.

Total Attendances, 1938	222,115 (225,874)

Clinic.	Number of Attendances.		Nature of Work.
	Medical.	Dental.	
Central	20,722 (18,380)	7,810 (7,964)	Inspection. Refraction. X-ray. Orthopædic. Aural. External Eye. Dental.
Armley	14,735 (15,157)	7,375 (8,217)	
Burley	25,217 (24,468)	4,228 (4,254)	
East Leeds ..	20,468 (20,890)	6,398 (6,395)	Inspection. Treatment of Minor Ailments.
Edgar Street ..	24,809 (17,321)	3,491 (3,667)	Refraction. Orthopædic.
Holbeck	15,450 (18,817)	3,391 (4,080)	Dental.
Hunslet	22,805 (28,744)	6,181 (6,189)	
Meanwood Road ..	27,539 (28,141)	— —	Inspection.
Middleton	9,573 (11,495)	— —	Treatment of Minor Ailments.
Dental Hospital ..	— —	1,987 (1,758)	Orthodontic

Number of Children certified by the School Medical Officers :—

(*a*) Mentally Defective	143 (153)
(*b*) Physically Defective	681 (514)

The figures in brackets are those for 1937.

CITY OF LEEDS

EDUCATION COMMITTEE

Report of the School Medical Officer for the year ended the 31st December, 1938.

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, 1938.

The year under review has been one both of progress and consolidation. The only new duty imposed on the Service during the year has been the onus of supplying the National Health Insurance Practitioners with information as to a child's health during the school years, and a statement as to its health on leaving. Such information is always and only given to the Doctor on his request, and although several hundred of the agreed cards have been filled up, it is much to be regretted that more requests are not received and at the moment only a few practitioners are making use of the facilities suggested. It may be that the form of report does not contain the information they require and every effort will be made to meet their wishes, as it must be of supreme importance to the State that all available data are correlated.

The principle still remains of keeping every child with a known defect under constant observation and where possible treatment so that on leaving school they shall have a wide future before them.

Much work continues to be done in the way of investigation and research, and the staff continues to work in a harmonious manner with parents, without whose support much of our efforts would be impossible.

During the year the Service has lost by death two of its members to whom tribute must be paid.

Mr. John Farnall, for many years Responsible Clerk to the Department, as well as Registrar to the College of Commerce, has left a gap in our affections. He has been much missed by all as a friend and a colleague and it was with much pleasure that the Department was enabled to help establish a prize in his memory. He had spent the whole of his working life in the service of the

Committee to whom he always was a loyal and devoted servant. He saw the School Medical Service develop from its very early days and was largely responsible for its growth and organisation. He leaves, as a memorial to his work, one of the best Services in the country. He has been succeeded by Mr. G. Vallender who has been associated with him for nearly twenty years.

Nurse Carrick who had been in charge of the Middleton Clinic since its inception, died after a long and painful illness. One of the earliest Nurses appointed, she had given devoted service to Leeds children in all parts of the city.

Otherwise the only permanent staff appointments during the year have been two Masseuses and one Dental Attendant.

Return of Number of Children on Roll on the 31st December, 1938.

Type of School.	Number of Schools.	Number of Departments.	Number on Roll.
Elementary—			
Council	74	159	45,590
Voluntary	54	94	16,576
Higher—			
Maintained	13	13	5,316
Non-maintained	5	5	2,230
Home Office	2	2	207
Special—			
Mentally Defective ..	5	5	423
Physically Defective ..	1	1	101
Blind and Partially Sighted	2	2	142
Deaf	1	1	111
Sanatorium	2	2	68
Nursery	2	2	141
Open Air	1	1	237
Total	162	287	71,142

Co-operation

Once again it is a pleasure to express appreciation of the whole-hearted co-operation received not only from the Medical Officer of Health and his staff, but from everyone associated with the profession of Medicine, and it is a pleasure to be able to repay their kindness. Especially is it gratifying that our relationship with local practitioners leaves little to be desired.

School Hygie

There has been a regrettable halt in the reconditioning of old schools during the last year, and whilst it is realised that it is not desirable to spend money on schools that will be empty when re-organisation is complete, yet it should be possible to proceed with the

few remaining buildings which will be retained and which are in need of improved sanitation and lighting, not to speak of the very necessary provision of hot water, and of drinking sprays.

The new schools are most admirable and possess good lighting, both natural and artificial, although there is still room for investigation by lighting experts into classroom illumination. They possess indoor sanitation and hot water supplies, and the only thing left out is a shower-bath which should be part of the Physical Training lesson.

Routine Inspection.

All statutory requirements have been fulfilled and the slight drop in numbers may be accounted for in two ways.

Firstly, by the decrease in school population. Secondly, because of the new method of routine inspection that is being tried out in certain schools. Briefly, this change consists in regular periodical visits to each department instead of the old system of one big annual examination, after which almost twelve months might elapse before the Doctor visited that school again. So far the experiment has only been tried in a few schools and has received the approval of both Head Teachers and Doctors alike.

The advantages are :—

1. The entrant is seen much sooner after admission. Under the old scheme, if a child was absent at the time, his examination might be postponed two or even three years ; the new scheme picks him up in a few months.

2. Children are examined much closer to their birthday and consequently statistics as to height and weight should be more reliable because they are not spread over.

3. Teachers can and do produce as " specials " children who, in their opinion, should have a further examination. This has proved a great help as teachers are submitting children who are " not getting on " and who might have waited two years before being seen at a routine examination.

As, in the opinion of many, one of the chief functions of the School Medical Service is to " spot " defects and to advise parents what steps to take and how to take them, it is expected that the new method will affect great improvements in this respect.

4. Absentees are picked up at the next visit and transfers much more satisfactorily dealt with, as the Head Teacher asks for the cards of the children proposed for examination, duplication being thus avoided, and a continuous record is obtained as opposed to mere individual examinations without correlation.

5. Children needing observation are able to be seen as required.
6. The Doctor is much more frequently on the school premises in one department or another—in big six department schools at least once a week—and can be consulted by any Head in case of emergency.

The scheme is working well and more schools will take it into being next September. It is found better to take the school year than the calendar year, and necessary for both schemes to operate for one year to ensure that no child is missed.

The co-operation of the Head Teachers has been excellent, and they have all expressed themselves in favour of the change, but it does mean organisation on their part. Without close co-operation, the scheme would not be workable, and it is essential that the Doctor shall indicate, where necessary, the month he wishes to see the child again.

The dates of visits are fixed in consultation with the Head Teachers in July for the next School Year on estimates of the expected numbers in each department. The change must be gradual, but it is hoped that three to four years will be enough to include all suitable schools, as it is doubtful if there will be enough work in small departments to justify the time taken. The essence of the change is to see that every child shall be examined not only at routine times but whenever occasion arises as well.

Children are seen every week at the clinics at the request of either teacher or parent, generally for some acute condition, but this method of a full examination has already brought to light hitherto unsuspected defects or defects not present at the last inspection.

A very valuable suggestion of the Leeds Head Teachers' Association has resulted in the addition of a page in the Class Register on which is entered, at the time of the Medical Inspection, the names of children with defects or needing observation with the necessary instructions to the teacher. This information will be passed on year by year unless it is no longer required, and the list added to as occasion arises. This list should show, for example, who should wear glasses or who require modified exercise, and will contain the names of children suggested for special examination at an early date.

A careful check of the 8 year old group has satisfied me that very few children slip through the net to-day. Even if numbers do not correspond exactly, there is no doubt that practically all 8 year olds are examined between the ages of 7 years 10 months and 9 years 3 months.

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

Defect.	Routine Cases.	Special Cases.	Total.
Nose and Throat	3,840	2,012	5,852
Tuberculosis	65	224	289
Skin Diseases	647	11,797	12,444
External Eye Diseases ..	220	1,061	1,281
Vision	3,507	5,626	9,133
Ear Disease and Hearing ..	734	1,523	2,257
Dental Defects	—	—	16,802
Crippling Defects	2,088	1,075	3,163
Other Defects	4,210	6,503	10,713

Following up and Uncleanliness.

The summary of the Nurses' work shows again an amazing amount done. There is a big increase in the number of primary inspections showing that children are now getting their three cleanliness inspections each year, and there is a drop in the number of reinspections. There is again a slight increase in the amount of time spent in schools as opposed to the clinics—a very desirable improvement, as Nurses should not be expected to do work which parents ought to do for themselves.

Summary of the Work of the School Nurses, 1938.

(A) Inspection—	1938.	(*1937*).
Number of visits to School Departments	6,094	(*6,122*)
Number of Children Examined* ..	197,050	(*183,360*)
Number of Reinspections	47,194	(*52,352*)

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

(B) Visits to Homes	318	(*160*)

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

	1938.		(*1937*).	
	Hours.	%	Hours.	%
Clinic Work	27,226¾	66·7	(*27,672¾*)	(*67·3*)
Examinations in Schools..	12,890¼	31·5	(*12,830¾*)	(*31·2*)
Visits to Homes	254¾	·6	(*174½*)	(*·4*)
Other Work	503¼	1·2	(*451*)	(*1·1*)
	40,875		(*41,129*)	

(D) Summary of the Work of the Masseuses—

	1938.	(1937).
Number of Visits to Homes	60	(26)
Number of Children Treated	773	(671)
Number of Treatments	26,206	(24,933)

The summary of uncleanliness records is, however, again a discouraging one and when compared with last year's Table, there if no real improvement.

Uncleanliness.

Summary of Uncleanliness Records.

Children who have had	Number.	Children who have been excluded	
1 notice	3,310 (3,282)	Once	1,632 (1,887)
2 notices	2,372 (2,412)	Twice	280 (407)
3 ,, ...	1,942 (2,029)	Three times	46 (89)
4 ,, ...	939 (1,123)	Four ,,	6 (10)
5 ,, ...	499 (661)	Six ,,	1
6 ,, ...	306 (375)		
7 ,, ...	88 (145)		
8 ,, or over ..	38 (53)		

9,500 individual children have actually received notices of uncleanliness during the year, whilst in all 21,500 such notices have been issued, not to speak of preliminary warning cards and friendly advice to casual offenders. Records show that, year by year, the same children are frequently affected—the same children excluded twice or thrice each year. One child has had 11 notices during 1938, and was not clean when last seen.

The co-operation of the National Society for the Prevention of Cruelty to Children is being sought over these chronic offenders, for it should not be only a threat of prosecution that will improve matters. Frequently a child is excluded and cleansed before any action can be taken and yet be in the same condition in a few weeks.

Parents who keep their children clean have a right to expect others to do the same.

It is proposed to take quicker action in the future on chronic offenders. Nurses will continue to help and advise but parents must do their share.

Education and Health.

It seems convenient again to discuss certain activities under the combined heading, for even if it be true that Health is more important than Education, Health without Education is not regarded as of great value. The perfect balance of a healthy mind in a healthy body must remain our aim.

In some of the more serious conditions found in childhood, where health is or may be permanently damaged, as in rheumatic disease of the heart, education must take an important place, for unless such children are given extra opportunities that will enable them with their handicaps to enter into suitable occupations, their future is far from rosy.

Whilst many of these are discussed under the heading of the Subnormal Child, it must be remembered that we are not all cast in one mould and that the word "healthy" is often applied in a relative way to those who are as well as they are likely to be although they are not free from defect.

But Health Education can be, should be and is, taught as part of a child's daily life without having formal lessons on the subject, which in any case would be incomprehensible in the early years when practice is more important than precept.

There should be no "ill" child in school, but there are many who have defects who are better off in school than in the street and for whom Health Education must begin in the early years of life to enable them to overcome their handicaps. It is easy to keep a child out of school for health's sake; it may be doubted whether it is often wise unless the child is a menace to others.

These matters affect teacher and doctor alike and it is gratifying that year by year progress can be recorded in the way that parents are asking more and more for advice as to how to bring up a particular child; surely this is Health Education.

Nutrition.

The classification of the state of nutrition of children presented for routine examination is based on the Board's requirements and the year's findings are given below as well as those for 1937.

	1938.	1937.
Number examined	10,624	(20,443)
Noted as excellent	2,909 or 14·8%	(2,737) or (13·4%)
Noted as normal	13,906 or 70·9%	(14,075) or (68·9%)
Noted as slightly subnormal ..	2,787 or 14·2%	(3,583) or (17·5%)
Noted as bad	22 or ·1%	(38) or (·2%)

These cannot be regarded as unsatisfactory in any way and are the honest expression of opinion of the Medical Officers. That only one child in a thousand is classified as of bad nutrition is noteworthy, and even if it be argued that it is too good to be true, there is undoubted evidence that the state of nutrition is improving.

The one possible error is that "average" may not be "satisfactory," but here again it must be pointed out that poor physique is not the same thing as poor nutrition.

Overfeeding, especially of unsuitable food, may produce as bad results as underfeeding; the really active healthy child takes so much exercise that he does not carry a lot of fat and many of the biggest and fattest children are the subjects of disease. Further, rest has a most important bearing on the subject and a tired child will seldom show all the signs of good nutrition.

The functions of excretion also play their part, and the skin must be kept healthy by the regular bath or strain may be thrown on other organs.

Nutrition cannot be measured by the quantity of food intaken, for large numbers of children are found of very satisfactory nutrition where the amount spent on food is deplorably small. An acute illness may play its part as a temporary setback, but such cases generally recover quickly.

Although the figures are small, there is no doubt that the resident children at the Open Air School show the best results. Let it be remembered that these children not only get a very well balanced diet, but they get lots of exercise, a daily bath, and plenty of bed.

A fretting child will often show signs of subnormal nourishment, but so will a spoilt child who is generally improperly fed and it is a fact that many children who have poor appetites at home eat everything set before them elsewhere.

Rickets is described as a disease of nutrition occurring during infancy from faulty diet and hygienic deficiencies, and if rickets were entirely prevented, as it should be, many of the cases of malnutrition would disappear and it is interesting to recall that on the Continent it is often known as the "English Disease."

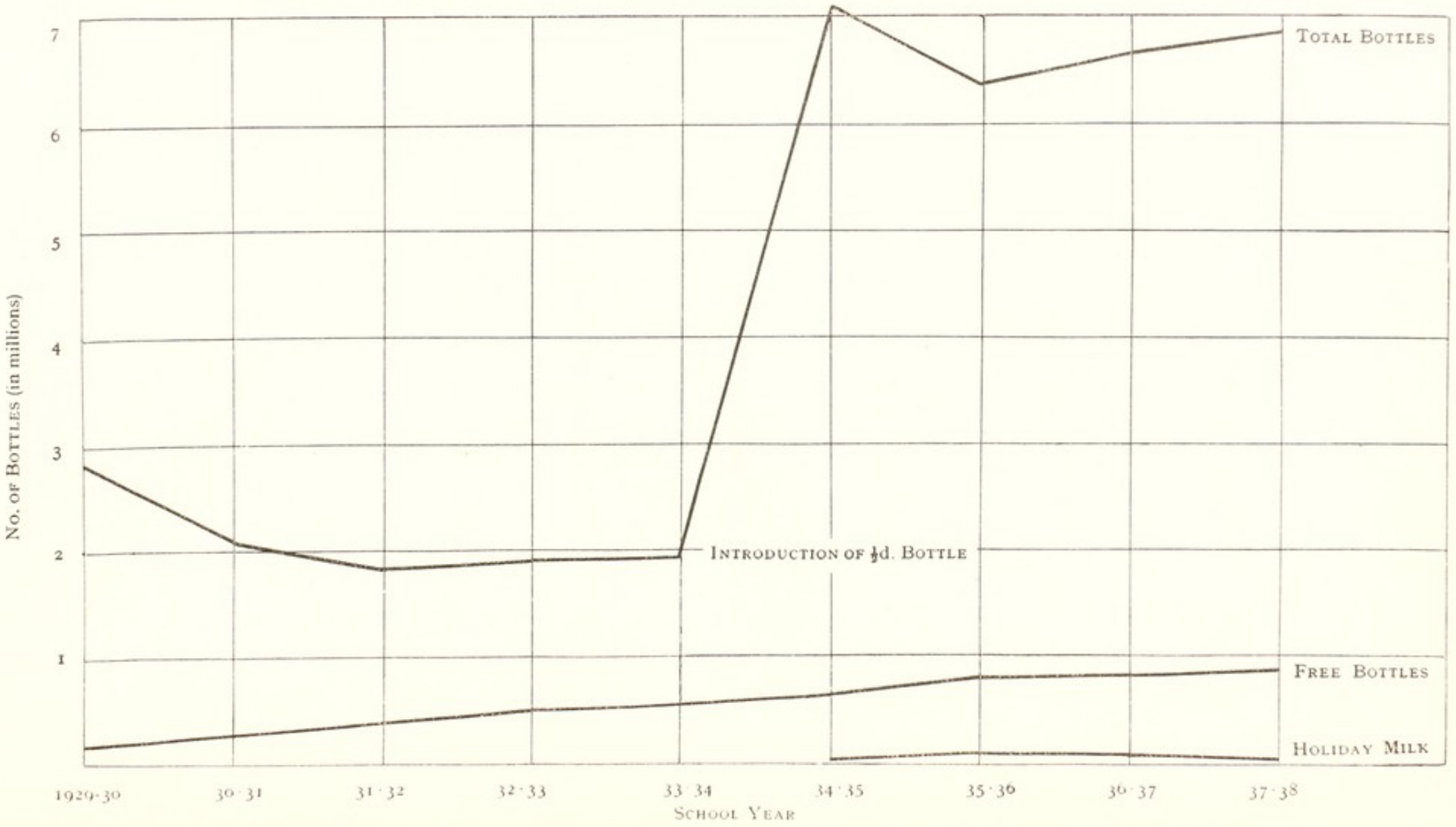
Even if it is established that there is a food minimum for good nutrition, malnutrition will still exist until the essentials of hygiene are kept in their proper relationships.

Feeding alone will not bring about the desired result.

Provision of Meals.

During the year ended the 31st December, 1938, 561,411 dinners have been supplied as compared with 499,612 in 1937. Of this number, 511,150 were supplied by the Central Kitchen, 31,975

SUPPLY OF MILK TO SCHOOL CHILDREN 1929-1938



at Special Schools, and 18,286 at Special Centres. The highest number of dinner books issued was 2,982 in December, 1938, and the lowest 2,468 in January, 1938. Contrary to the experience of the previous year, there was no drop in the figures during the summer months.

There is a continued increase in the number of children for whom parents pay for meals. The number reached its highest in December, 1938, when about 80 dinners a day were supplied.

As foreshadowed in last year's report, the free meal figures have increased. This is partly due to the operation of the two scales of the Committee, and partly to the opening of new Feeding Centres on the large building estates.

It must be remembered that the issue of meals remains almost entirely on the income basis and not necessarily on the child's requirements, for it is easy to pick out children who are getting free meals on the income scale and who cannot be said to be malnourished, just as children are found to need feeding, where poverty does not exist.

There are, however, still over two thousand children who are receiving free milk, but whose parents do not ask for dinners and to this extent we might expect an increase.

Since a Sub-Committee has been appointed to investigate the whole question, there is nothing to be added at present to remarks made in previous reports.

As in previous years, the dietary is supervised by the School Medical Officer who has also visited the kitchens on many occasions and satisfied himself that the quality of the food supplied is excellent and that the menus cannot be improved under the transport arrangements.

Supply of Milk.

Once more there is a definite increase to be reported in the number of children taking their daily milk ration in school, and the average number of consumers during the last quarter of the year was over 40,000 and the number of bottles taken during 1938 was well over 7,000,000—a number that would be greater if it were not for absentees. There is an increase in the number of bottles supplied free, which is to be accounted for, to a great extent, by the adoption of new scales, as no child is ever refused milk if either the old or the new scale operates in its favour.

Some Head Teachers are making arrangements for a small number of children to have a second bottle in the afternoons, and the habit of early consumption practised in Leeds has abolished both the unsatisfactory habit of gulping at playtime and the complaint of the child not being ready for dinner. The arrangements

for continuing the supply of milk to necessitous children during school holidays have been continued and it is much to be regretted that greater use is not made of the facilities offered.

Parents of all children who receive milk free are asked if they desire their children to have a daily bottle during the holidays, and tickets are issued to the acceptors, but the numbers who actually appear are roughly about one-third of those for whom bottles are available.

Investigations are being made into the reasons for the poor attendance, and a report will be produced to the Medical Sub-Committee at an early date.

The dairymen have been, as usual, most helpful and no complaints have been received during the year as to the quality of the milk, whilst the help and co-operation of the teachers has been magnificent. If parents would do their share to the same extent as teachers, the scheme would be an even greater success.

The total number of bottles supplied during the year was 7,079,417 as compared with 6,787,533 in 1937. Of this number 990,953 were supplied free of charge in 1938, as compared with 840,437 in 1937. The percentage of free cases was 13·2 as compared with 11·8 in 1937.

Supply of Extract of Malt and Cod Liver Oil.

The arrangement for the supply of Extract of Malt and Cod Liver Oil to children for whom it is recommended by the School Medical Officer has been continued.

During the year 18,247 lbs. have been supplied.

Exercise.

The words Physical Training are rather tending to obscure the word Exercise, and the two have not the same meaning. Children frequently get a lot of exercise in their games and yet show very little interest in their physical training lessons and the real need is to get the correct balance between the two.

Some people need much more exercise than others ; many find, as they grow older, that walking will produce that correct relationship of mind and body which is the ideal of all Physical Training. The busy sight of the municipal tennis courts on summer evenings is a very gratifying one and the participants must derive much benefit. The demand for football, hockey and other pitches during the winter months is another proof that adolescents have learned the value of exercise—even if too often spectators outnumber players.

But the proper use of the body entails the proper use of the mental processes concerned and no physical training will be of real benefit, if there is not the will to make the best of it as well.

Further there is the individual himself to consider : as previously stated, some need more exercise than others. Some need much more supervision as to their exercise and yet it is necessary to realise that it is of psychological importance that children should not be deprived of what is a very important part of their school life. In Infants' Departments, free play associated with action is quite rightly regarded as the start, but even this must be supervised by the doctor as well as the teacher, for if either free play or action is not what is desired, there may be some medical reason. It is to these that the doctor's attention needs calling and instead of merely saying that this child should be excused games or drill, he should be able to specify what exercise that child needs. But it is so easy to cut out exercise for a child with moderate degree of heart disease or with some other kind of crippling defect, when the real need is to prescribe exercise and not abolish it.

Every child needs exercise, and our system should be one that will enable each to receive that kind or degree that will benefit him. Yet at the moment, medical knowledge of tests to determine the fitness of individual children and especially our knowledge of which exercises are suitable and which are not—for different forms of physical defect—leaves much to be desired.

The essential requirement for success is that exercise shall be adapted to the individual and not the individual to the exercise. It is not enough that there shall be Physical Training lessons, there should be exercise for everyone and the Medical Profession needs more knowledge on the positive side.

We look with admiration and approval on the classes we see in school (and the Physical Training teachers deserve far more credit than they get) and yet we find children left in the classroom, because they are "excused" exercise. What is the effect on their mentality ?

We admire the big combined displays on Children's Day, and forget that the children taking part are, to some extent, selected and are probably better than average.

So, along with the vastly improved syllabus and the interest of the Instructors, there must be a desire on the part of the Doctor to indicate what a child requires for its good apart from suggestions by fussy parents. Too often is a child "excused" drill, dancing or games because of a real or fancied defect, when that child is the leader, out of school, of every violent form of exercise. Even if a child needs little, it is better that that little should be done under careful observation of a trained teacher than in the streets under no supervision at all.

Therefore, in our efforts to use education as a means of building up health we must remember that Physical Training by itself and without co-ordination will not lead us very far.

Whilst a properly organised scheme of exercise is necessary, it must be built up with the various essentials to it, such as rest, suitable feeding, and cleanliness as well as the will to profit.

Open Air Education.

Much stress has been laid in previous years on exercise being taken out of doors, and, in fact, every opportunity should be taken for holding classes outside where possible.

Our national temperament prefers organised games to gymnastic displays and consequently there is a greater need for adequate games spaces, for these, like human beings, require rest.

It is good to watch the preparation for physical exercise that becomes more and more universal—especially in the case of girls where bright colours tend to predominate, and it is hoped that the time is approaching when every child will be properly clothed for this purpose, even in Infants' Schools, where there will be many difficulties to be overcome.

Shower bath provision is essential on every playing field, if children are to receive full benefit.

More outdoor classes were seen and there appeared to be an increase in school journeys.

Camp was opened as usual, was well attended and the period somewhat longer. Popular though day trips to the sea and especially to Wembley may be, the benefit as well as interest derived from a week at Ilkley is so much more lasting. The site itself is well sheltered, and the period of opening might be lengthened instead of shortened with considerable benefit to many debilitated children. It is to be hoped that fuller use, this summer, will be made of its amenities.

Minor Ailments and Skin Diseases.

The work done by Nurses at the various clinics shows little sign of decreasing, and there will always be numbers of cuts, sores, bruises and so forth that will need attention and the pity is that so many of them, because of neglect to obtain early treatment, take much longer to get well and it is for this reason that the provision of hot water in schools is so urgent as well as the abolition of the communal towel which is capable of carrying much infection.

Clinics are open every afternoon from 4 p.m. on school days as well as every morning, so there should be no excuse for failure to obtain treatment quickly, especially if parents will help with the home part, for rapid cleansing is essential if wounds or sores are to

get well quickly and whilst afternoon clinics were introduced to circumvent "lesson dodgers," they could be more used than they are.

As will be seen from Table VIII., there are many conditions that are dealt with by Nurses and the one causing the greatest number of attendances is that labelled Nutrition, but which, in fact, is largely the number of visits by children from certain schools to take their daily doses of cod liver oil there instead of at school. It is doubtful if this is a wise proceeding, as the number of visits a child makes on the average each year is small with the result that the benefits are not what they should be.

Further attendances are also entailed for the regular weighings that are necessary, many children being weighed at quarterly intervals so that progress may be watched. Most of these are debilitated children from many causes and not merely from lack of food.

There has been a large increase of scabies in the last year, some necessitating long absence, often due to reinfection. Children will not become free from this unpleasant complaint if there are adults in the home who are not receiving treatment. Children are excluded and re-excluded without benefit to themselves because they are re-infected by older members of the family over whom there is no control. Otherwise, there is no change to report.

External Eye Disease and Vision.

The amount of external eye disease shows little improvement. Many of these cases are treated daily over long periods, as the condition is chronic before attendance begins, but would improve far more quickly if treatment were sought earlier.

One boy suffering from trachoma was sent to the L.C.C. Hospital at Swanley, and made a complete recovery; otherwise no cases have been referred during the year for residential treatment.

The School Medical Officers have again spent nearly 800 sessions on examination of defective vision by refraction and on prescribing spectacles where requisite.

Although the number of available sessions was much less than in 1937, there is no appreciable drop in the cases treated, but there is very little decrease in the time wasted by non-attendance in particular. It is true that more cases are invited than could be reasonably dealt with if all attended, but if parents would inform us at once of their inability to attend and suggest a date suitable to them, much time could be saved. On the average some 30 per cent. failed to attend, whilst on sessions during holiday periods, it is much greater. Another difficulty is that children attend by themselves with no written parents' consent and although it may be

argued that the arrival alone is enough permission, yet it has never been our practice to use eye drops without it.

During 1938, the figures showing the rate of increase in the degree of short sight have proved of considerable use. When the increase is proving to be at a greater rate than that we know to be the average, an indication is given that the case should be referred to the Specialist with a view to admission into a "Sight Saving" School.

The research into the eye conditions causing defect in vision of the "Infants" has been continued and results are given in the Table below.

Analysis of Infant Children's Vision Enquiry, 1933-34-35-36-37-38.

	R.	%	L.	%
Emmetropia	91	2·3	85	2·1
Emmetropic Astigmatism	90	2·3	71	1·8
Hypermetropia	2,063	51·6	1,978	49·6
Hypermetropic Astigmatism ..	1,260	31·5	1,384	34·6
Myopia	194	4·9	184	4·6
Myopic Astigmatism	133	3·3	134	3·4
Compound Astigmatism	166	4·1	159	3·9
Anisometropia	826 or 20·7%.			

Cases dealt with in 1938 .. 983.
Glasses prescribed in 800 cases or 81·4 per cent.
Glasses not prescribed in 175 cases or 17·8 per cent.
Cases otherwise dealt with 8 or ·8 per cent.

Age Distribution.

3 years ..	22		
4 ,, ..	70		
5 ,, ..	241	983	
6 ,, ..	312		
7 ,, ..	338		

Refracted for 1st time ..	704		
,, ,, 2nd ,, ..	224		
,, ,, 3rd ,, ..	47	983	
,, ,, 4th ,, ..	8		

It is suggested that those children who, at these early ages, suffer from short sight are likely to be those who later will need admission into the Myope Schools. As was expected, the overwhelming majority of those children whose sight has been tested, suffer from long sightedness or long sightedness with astigmatism.

The practice of retesting all short sighted children annually, has been continued and certain cases where the myopic changes are suspected to be unusually active are retested at six monthly intervals.

An effort has been made during the year to find some relationship between right amblyopia (*i.e.* defective vision in the right eye, with approximately normal vision in the left eye) and left handedness. The number of children with right amblyopia has however proved so small that this work will be continued for at least another year before any findings of value can be published.

For the past few years, the Nursing Staff has made a practice of discovering the visual acuity of young children, who do not know their letters, by matching. As may be realised, this has proved most tedious and with certain nervy children unreliable and upsetting. An Infants' Head Teacher produced a card similar to the Snellen Test Type Card but having well-known objects drawn on it instead of letters. These decrease in size from above downwards, as do the letters of the Snellen card. While this gives none of the accuracy of the Snellen card results, it does appear to show us which children need refraction to decide whether glasses are needed or not. Though this is still in the experimental stage, it seems to be a great advance in simplifying and quickening the preliminary testing by the Nurses, who are preparing for the Medical Officers' routine inspection. As a result of trial at Middleton, where the card proved to be a great success, each Nurse has been supplied with a slightly modified printed version of the original card. These fold into three and so readily fit into the Nurses' cases for carrying from school to school. All the Nurses are delighted with the simplicity and ease of using them.

The Nurses, when preparing schools for the routine medical inspection, test the visual acuity of all children who wear glasses and by this means children whose glasses need changing are discovered.

More attention is being paid to the treatment of squint and many cases are reported to the Central Clinic. Here the child's eyes are refracted and glasses prescribed, instructions being given to the parent that the glasses must be worn constantly. All these cases are reinspected at the end of three months, when the visual acuity is again taken and the Medical Officer examines the child to see if the offending eye is "straight." If the squint persists an occluder is ordered for the good eye. This is worn either constantly or for shorter periods as ordered by the Medical Officer. At the end of another three months the child is again examined and, if the visual acuity of the squinting eye has risen to 6/12 P.

or better, the child is seen by the Committee's Ophthalmic Specialist who may order orthoptic training, which is very useful in selected cases, and many children have already derived benefit therefrom.

Various mechanical devices are used to secure that these children use both eyes together and not one only as they have done. The apparatus which is expensive and needs to be used by trained workers, is already installed at the Infirmary.

A special report is to be presented to the Medical Sub-Committee at an early date.

In cases approaching 12 years old where, in spite of all efforts, the squint persists, the Specialist examines the eyes and if he considers it a suitable case arranges for straightening by operation. This is done for cosmetic reasons, and most of such cases are girls.

Ear, Nose and Throat Defects.

Mr. Sharp has been Consulting Aural Surgeon now for twenty years, and still continues his valuable work.

During the year he had held 76 sessions and seen 1,345 new cases. Operations have been advised in 465 cases and 363 parents have made immediate arrangements through the Office.

Summary of Ear, Nose and Throat Work, 1938.

	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 ..	2,126	736	96	1,113	2,400	6,471
Number of cases which have received operative treatment—						
By the School Medical Service ..	—	3	7	91	2	103
By General Practitioner or Local Hospital.. ..	134	17	—	2,090	59	2,300*
Other Forms of Treatment—						
By the School Medical Service ..	1,444	32	62	701	708	2,947
By General Practitioner, Local Hospital or otherwise	626	637	2	52	1,414	2,731
Total Treated	2,204	689	71	2,934	2,183	8,081

* This figure includes 260 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

Mr. Sharp makes the following observations on the work of the Department :—

"Much has been written for and against tonsil and adenoid operations, and there is no doubt that, in the past, too many such operations have been performed. Now, however, there is need to guard against the other extreme.

There are reports of areas where, in 1931, 2,626 operations were performed in 1937, in these areas, the number had fallen to 164. Acknowledging that, in 1931 the number 2,626 was excessive, the reduction to 164 is surely unreasonable. So extreme a view regarding the necessity or otherwise of operative interference cannot be in the real interest of the children concerned. Reviewing the Leeds numbers referred by School Medical Officers for tonsil and adenoid operations it is found that, on re-examination by the Consulting Aural Surgeon, about 70 per cent. are recommended for operation and 30 per cent. are referred for observation and conservative treatment.

The following signs and symptoms may be considered an indication for tonsil operations :—

1. History of repeating sore throats.
2. History of repeating colds starting in nose and throat.
3. History of occasional sore throats with rheumatic pains.
4. Large tonsils interfering with respiration.
5. Choked tonsils with cervical gland enlargement.

Operation for adenoids alone may be necessary not only because of the amount of enlargement present but on account of the lateral distribution in the Eustachian cushion area. This area must be thoroughly cleared in otorrhœa cases, in recurring earache with degrees of deafness, and in retracted mucoid eardrums. A moist nose usually indicates a moderate amount of adenoids. In cases of marked adenoid enlargement diagnosis is easy. Yellow nasal discharge especially if associated with headache indicates sinus infection. To blame a tonsil and adenoid operation for making nasal catarrh worse is faulty observation. In these cases the sinus infection is often the primary ailment, the tonsil and adenoid symptoms being secondary. Too often tonsils and adenoids are linked together both in diagnosis and in operative treatment. Immediate risks of tonsil and adenoid operation are negligible—1/10,000.

The results of tonsil and adenoid operations are disappointing more often then they ought to be as a result of faulty operative technique. Unfortunately the diagnosis and treatment of these cases is generally considered to be of a minor nature, and any medical practitioner considers himself competent to deal with them.

A post operative follow-up clinic is essential if the best results are to be obtained. Careful supervision for a few months after operation ensures the fullest benefit. All cases should be seen two weeks after operation and instructed in nasal hygiene, and then at monthly or other intervals as may be necessary.

Post operative failures may be due to:—

1. Faulty operation technique.
2. Previous sinus infection.
3. Hypertrophy of turbinals and/or nasal polypi.
4. Collapse of alæ nasi.
5. Allergy.

Those with enlarged turbinals and those whose mouth breathing has become a fixed habit will benefit from two or three diastolisation treatments: many of the sinus cases will clear up satisfactorily if kept under observation and instructed in nasal hygiene.

The group of children included in the 30 per cent. non-operation cases referred to above are kept under observation and taught the elements of nasal hygiene and correct nose blowing. This instruction at first calls for patience on the part of the parent but is well worth the trouble.

How to blow the Nose.—Inspire through the mouth: close lips: blow down: repeat until all mucus is cleared. This is assisted by sniffing up warm saline solution. There should never be any pinching or closing of the nostrils. Blow openly: these manœuvres are of such importance that a few minutes two or three times a day devoted to "nose blowing" for all "nosey" children especially in Infants' Departments, will be of the greatest benefit. Intelligently and patiently carried out, these exercises will result in diminution of colds, less ear trouble, fewer sore throats and general improvement in health."

Orthopædic Report, 1938.

Number of Children examined by the Orthopædic Surgeon :—	
New Cases	168 (198)
Re-inspections	948 (1,020)
Number of Children recommended for :—	
(*a*) Operative Treatment	88 (39)
(*b*) Surgical Appliances	89 (123)
(*c*) Remedial Treatment	133 (104)
Number of Children treated under the Committee's Scheme :—	
(*a*) Operative Treatment	20* (10)
(*b*) Surgical Appliances	82† (110)
(*c*) Remedial Treatment	124 (96)
Children Discharged as cured	119 (139)
Number of Cases sent to a Country Hospital	3 (3)
There are two children at present in a Country Hospital	

The figures in brackets are those for 1937.

* While the Education Committee accepted responsibility for payment for 20 operations—the parents contributing according to Scale—the total number of admissions to the Infirmary arranged through the Orthopædic Scheme was 78. Of these, 54 were through the auspices of the Leeds Workpeople's Hospital Fund, 3 through the L.M.S. Railway Hospital Fund, and 1 through the Pudsey Permanent Hospital 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.

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

New Cases in 1938 were classified :—

Rickets	38
Curvature of Spine	31
Paralysis	6
Tuberculosis	—
Others	93

Orthopædic.

Dr. Holoran reports :—

" The arrangements for our orthopædic work have been similar to those in force in recent years, when Mr. Daw was Consultant.

Mr. Broomhead has completed his first full year of consultant work and has held weekly sessions at the Central Clinic in addition to making visits to the Cripple School. 168 new cases have been seen and 948 attendances have been made by old cases.

The number of new cases is again smaller than that of the previous year, viz. :—168 as compared with 198 in 1937, and 268 in 1936. This is largely accounted for by the reduction in the number of cases of rickets—38 in 1938, 54 in 1937, and 101 in 1936. 31 new cases of spinal curvature were seen, 6 new cases of paralysis and 93 other cases. Operative treatment was recommended in 88 cases, surgical appliances in 89 cases, and remedial treatment in 133 cases.

The usual arrangements continue by which Medical Officers themselves observe and advise remedial exercises for the milder postural defects and also supervise the treatment of the milder degrees of rickets when the questions of appliances or operations do not occur.

Increasing use is being made of classes in remedial exercises and it is unfortunate that the massage rooms are generally too small to allow of more than four to six cases being taken at one time. This is a point to be considered if any new premises are contemplated for massage purposes. Apart from urgent cases which have been given preference, two clinics have to keep cases waiting three to four months before beginning treatment and larger classes would do much to relieve this pressure.

A group of children suffering from hammer toes has been successfully treated by means of chiropody feet splints, one placed underneath the toe and another smaller one if necessary over the protuding joint, the feet being held in place by elastoplast. Most of them have attended weekly at the Branch Clinics for the renewal by the Masseuse of the " splint " which need not be removed for baths. One or two parents have been taught to apply the splint at home. As the treatment extends over about twelve months it is restricted to the careful and co-operative type of parent. The results are as follows :—

Defaulted	Operation advised	Very satisfactory progress	Cured
4	3	4	6

These numbers are small but encouraging as a simple way of preventing one of the many minor but disagreeable foot troubles of later years.

Mr. Broomhead has treated a number of severe cases of flat feet by putting them into plaster for six weeks in full inversion and dorsiflexion, this being followed by remedial measures. Some time is required to judge the results but they appear encouraging and we may be able to report on this more fully next year.

Juvenile Rheumatism and Prevention of Heart Disease

The plans for the proposed new Residential School for these children have now received the approval of the Board of Education and it is hoped that the recent additions to the staff of the Committee's architect will enable a start to be made this year. It will be remembered that Mr. Haswell's plans are in advance of the previous ones and have met with universal approval from members of the medical profession who are especially interested in this, the most potent, severe and common crippling agency of childhood.

Tuberculosis.

Dr. Tattersall has again been good enough to furnish tables showing the incidence of tuberculosis in children in Leeds.

The principle remains unaltered—that no child is diagnosed as tuberculous except by the staff of the Tuberculosis Officer and it will be seen that over 400 children have been found free from tubercle on examination. Most of these are contacts, who are kept under observation, some by the school medical officers, whilst the remainder are suspicious cases who do get, at any rate, a thorough examination by experts.

Remaining on Register 31/12/38	Pulmonary			Non-Pulmonary			Total	Gross Total
	T.B.–	T.B.+	Total	Bones and Joints	Abdominal and other Organs	Peripheral Glands		
Boys ..	139	3	142	65	28	65	158	300
Girls ..	143	3	146	53	16	67	136	282
	282	6	288	118	44	132	294	582
New Cases, 1938:—								
Boys ..	22	—	22	16	11	16	43	65
Girls ..	30	—	30	8	8	18	34	64
	52	—	52	24	19	34	77	129

417 other school children were examined in 1938 and found negative.

Institutional Treatment or Observation for Tuberculosis 1938.

	Remaining in Institutions 1/1/38.	Admitted.	Discharged.	Died.	Remaining in Institutions 31/12/38.
PULMONARY.					
Boys : Under 5 ..	3	6	4	–	5
5–15 incl. ..	17	16	18	1	14
Girls : Under 5 ..	3	5	4	–	4
5–15 incl. ..	13	25	26	1	11
TOTAL ..	36	52	52	2	34
NON-PULMONARY.					
Boys : Under 5 ..	11	6	6	1	10
5–15 incl. ..	24	15	19	1	19
Girls : Under 5 ..	7	4	2	–	9
5–15 incl. ..	21	10	9	–	22
TOTAL ..	63	35	36	2	60
OBSERVATION.					
Boys : Under 5 ..	2	4	5	–	1
5–15 incl. ..	8	30	21	–	17
Girls : Under 5 ..	2	5	4	–	3
5–15 incl. ..	16	29	32	–	13
TOTAL ..	28	68	62	–	34
GROSS TOTAL ..	127	155	150	4	128

Dental.

Owing to the regrettable illness of Mr. Kinnear the dental report has this year been made out by his colleagues.

There can be no doubt that, since the increase in staff and the installation of modern equipment in 1935, there has been a great improvement in the mouths of the children who have accepted dental treatment, and that the quality and quantity of the work done has given Leeds a very high position in public dental service. Nevertheless, it is the feeling of the staff that technical ability alone will never bring about that which is the aim of a good dental scheme, namely, that every child who accepts treatment will have, during school life, an efficient means of mastication free from disease. The main obstacles to this at present are :—

1. The mouths of the children entering the scheme between 6 and 8 years are in such a condition that no amount of conservative dentistry can restore them.

2. The time between inspections is too long.

3. The children do not take sufficient care to preserve the work done.

The condition of the mouths of children entering the scheme is one of the most serious problems. The majority of these mouths can only be described as appalling, and it is necessary to extract most of the temporary teeth to free the mouths from sepsis. In many of these cases the 6 year old molar is already decayed and fillings are necessary in order to leave the child something to chew with, although the dentist knows such teeth will not last beyond a certain time however well filled. The child's introduction to the scheme tends to be an ordeal and not the gentle approach which would win confidence and co-operation in after years.

It has been laid down by competent authorities that a dental scheme to be effective must provide for the inspection and treatment, if necessary, of each child at least once a year. At present we are a long way from this essential provision with the result that some of the work done in previous years is spoilt and it is often found that the teeth filled are quite sound but the teeth opposing them are decayed beyond repair. This does not only mean the loss of these teeth but that the filled teeth become useless. Also, since a great number of mouths have no room for the full number of permanent teeth (due in the majority of cases to premature loss of the temporary teeth) it is essential that the overcrowding be treated at the right time to be satisfactory, and this can only be done where the child is seen every year. Provided that the interval between inspections was reduced an efficient control of these crowded mouths would be rendered possible due to the effective treatment carried out since the inauguration of the present Scheme.

The interval between one routine inspection and treatment and the next (18 months to 2 years) is too long. Because of this, and owing to the fact that more special school and secondary school and fewer elementary school children have been treated this year than last, the annual figures cannot be strictly compared.

All the officers report that there is still a lack of oral hygiene, and that in some cases the conservative treatment given in previous years is wasted through lack of care. The talks the officers give in the surgeries seem to be forgotten very soon. While there is still so much work to be done, there is not enough time for the Dentist to give lectures in the schools and we must rely on the co-operation

of the school teachers. They have much more influence with the children than we have, and short talks on keeping the teeth clean make a great difference.

The co-operation of the head teachers is undoubtedly one of the greatest factors in the successful working of the dental scheme and if whole-heartedly given makes the work of the dental officers much easier. An instance is reported where a head teacher's efforts resulted in 98 per cent. of the eligible scholars in the school accepting treatment—a truly astonishing percentage.

It is gratifying to find that in spite of the unusually high incidence of sickness and other circumstances affecting the work of the dental department, the number of children treated by the Dental Officers is greater than in 1937.

Taking the number of completed cases as the most important figure in the dental statistics, 600 more children had their mouths freed from oral sepsis and dental caries and their teeth made sound by the insertion of fillings this year than last.

The number of children who failed to complete a course of treatment and the number of those who accepted the offer of treatment and then failed to attend when invited has fallen considerably this year due to efforts made to find reasons for the non-attendance and to the interviewing of parents. The acceptance rate has risen slightly at the same time.

Although the number of unsaveable permanent teeth extracted has again shown a gratifying fall, the number of permanent teeth extracted has risen compared with last year. This is partially due to a large number of older children being treated this year but is mainly due to more teeth being extracted from crowded mouths for regulation purposes. The ratio of permanent teeth saved to unsaveable permanent teeth extracted remains almost the same at 7·4 to 1 which is very favourable.

Casuals.—The number of casuals seen and treated also shows an increase and it is significant that the majority of these cases have not had the opportunity of accepting regular dental treatment.

Owing to the long interval between inspections many children are almost 8 years of age before having an opportunity of entering the scheme. A large number of the casuals are in this group and the mouths are in such a septic condition in many cases that when, on a casual session, the aching tooth is extracted to relieve pain an

appointment for further extractions is given. Not being routine cases they are entered as "specials" and this explains the rise in this figure, for usually such cases are those who have refused dental treatment and are treated for urgent extractions by appointment.

Inspection.—It will be noticed that although fewer sessions have been spent on inspection more children have been examined this year than last. This greater number is in spite of the fact that the more treatment children have had the longer the inspection time necessary per individual to ascertain the treatment required, and is partially due to some time being spent last year examining children for a special investigation thus lowering the normal figure. The result of this investigation is given later in the Report.

Fillings.—The insertion of fillings is not the only treatment necessary and the rise in completed cases more than compensates for the fall in fillings.

The number of fillings inserted in 1938 is less than in 1937. This is largely due to modification of the policy carried out in 1937. Up to that date almost every child who had accepted the offer of treatment received conservative work even where, in the opinion of the dentist, lasting benefits of such work were problematical, taking into account the type of child as distinct from the condition and quality of his teeth. Much work was carried out on patients of this type, relying upon talks at the chairside and in schools to consolidate the work done.

At the beginning of the year under review it appeared necessary to make a determined effort to reduce the interval between routine inspections and to increase the number of cases treated per year. The staff as a whole reached the conclusion that many of the children for whom this work was done were incapable, for one reason or another, of appreciating what was being done for them. With this in mind greater discretion has been used during 1938 in selecting children for extensive conservative treatment. The previous policy of inserting fillings with a view to the prevention of caries has only been done in definitely appreciative patients. The fall in the number of fillings done by the staff due to this cause is considerable.

A second reason for the fall in the number of fillings can be found in those fortunate children who have previously received complete treatment and who have, despite the extended intervals between inspections, displayed to full advantage the benefits

of complete treatment. They have presented themselves this year almost caries free, so that where possibly six fillings were inserted last year, only one was needed this time to render the mouth sound.

Owing to the long period between inspections many a tooth in which normally two fillings would be inserted, had become so carious as to require one large filling to save it, thus occupying more time and showing fewer fillings.

The work for the year has also been seriously affected by an unusually high incidence of sickness amongst the staff and also to a considerable amount of time devoted to A.R.P. work during the September crisis (one clinic alone was commandeered by A.R.P. authorities for a fortnight).

Other Work.—Dental treatment in sessions on " Other Work " includes X-ray work, examinations of children requiring orthodontic treatment before being referred to the Dental Hospital, extractions of teeth or roots surgically, where treatment in the routine way is impossible, gingivectomy cases, treatment of fractured teeth, especially front teeth fractured at play, by extirpation and dressings, treatment of children suffering from Vincent's Angina or necrotic stomatitis of which there was a rather large number in 1938. Most of these sessions were not devoted exclusively to these various occupations. On the inevitable days when few attended for fillings the opportunity was taken to visit the school under treatment to find reasons for absence.

Treatment sessions have invariably been considered for statistical purposes as " Filling " sessions or " Extraction " sessions. Any other treatment or school work has been called " Other Work." This term is really ambiguous and misleading for, taking as an example the treatment of a case of Vincent's Angina :—this can save more than the teeth of the child affected.

Sessions on other work include time spent on Staff Conferences, the Dental Competition, supervisory work, the Free Meal Investigation, visiting schools before inspection and during treatment.

Children's Day.—Once again the Dental Officers undertook the inspection of children entered for the Dental Competition in connection with Children's Day. 2,078 children were examined and with so many excellent mouths it was no easy matter to select winners. The " Yorkshire Evening Post " again provided many valuable prizes in this connection.

Orthodontic Treatment.—As in previous years, the Leeds Dental Hospital has dealt with children requiring special treatment and the following is a summary of the work :—

Summary of Orthodontic Treatment (at Leeds Dental Hospital)	
No. of children	160
Total attendances	1,987
Completed treatment	33
Abandoned treatment	15
Continuing treatment	112

The transfer system still needs tightening up and, at a time when so many children are moving from school to school, it is essential that the transfer certificate be produced on admission to a new school so that the records can be obtained before inspection.

Special Cases.—The value of the X-ray machine was clearly demonstrated in the diagnosis of an obscure condition. A boy of 7 years was brought by his mother, who had been told elsewhere he had pyorrhœa. Upon examination, he had a prominent rounded chin, the lower incisors were lying obliquely, anterior to normal, and spread irregularly. The gums were tense but looked healthy, only half of the crowns of the incisors were showing and the alveolus presented a swollen appearance. The boy was X-rayed immediately and the radiograph was developed while the patient waited. This showed a cystic condition. The patient was referred to Hospital for microscopic section and from this an osteoclastoma still in the stage of anaplasia was diagnosed. Thus the boy was operated upon without risk of metastatic or secondary deposits having already occurred causing further recurrence.

Several cases of Vincent's Angina have been successfully treated at the Clinics. A case of a girl of 12 years is of interest. There was a severe infection involving the right side of the mouth and adjacent cheek surfaces. As the case did not respond to the usual treatment, it was decided to use in conjunction with local applications, internal treatment with one of the arsenical compounds. This was administered orally with glucose. With this treatment there was a marked improvement within one week, and in three weeks the infection had completely cleared.

The new types of anæsthetic apparatus which have been installed are proving highly satisfactory and the dental officers are unanimous in their opinion that the results obtained are superior.

These give a better and safer anæsthesia and are especially useful in the case of younger children where the old apparatus was extremely unsatisfactory.

SUMMARY OF WORK PER 100 CHILDREN TREATED

	1938		1937
	Leeds Dental Acceptances		Country Generally
Fillings in permanent teeth ..	207·07		76·9
,, ,, deciduous teeth	·25		6·8
Extractions of permanent teeth—			
Unsaveable..	21	44·7	
Regulation	23·7		35·3
Extractions of deciduous teeth ..	137		153

SUMMARY OF OTHER OPERATIONS.	
*Permanent teeth treated with Silver Nitrate	258
Temporary teeth treated with Silver Nitrate	33
Root treatment	70
Teeth given self cleaning surface or trimmed	8
Scaling and Polishing	2,540
Special gum treatment	47
Teeth " capped " or second lining	1,370
Temporary dressings to relieve pain, etc.	61
Surgical removal of impacted teeth	5
X-Ray	294
Miscellaneous	65
Root Fillings	33
	4,784

*This does not include teeth lined with silver cement.

Summary of the Work of the School Dental Service, 1938.

	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 ..	20,001 (17,868)	16,804 (15,275)	84·0 (85·5)	15,416 (15,276)	90·5 (100·0)	30,513 (35,996)	2·0 (2·4)	2,934 (3,166)	3,480 (2,684)	21,499 (19,966)	11,179 (10,339)	5,908 (7,716)	127½ (163)	4,729 (5,105)	32,125 (34,767)	3,802 (4,392)
2. Secondary ..	885 (468)	706 (414)	79·8 (88·5)	678 (375)	96·0 (90·6)	1,819 (1,095)	2·7 (2·9)	251 (152)	202 (70)	90 (61)	301 (131)	321 (166)	10 (4)	227 (131)	1,408 (809)	364 (186)
3. Special ..	427 (502)	326 (372)	76·3 (74·1)	316 (309)	96·9 (83·1)	564 (349)	1·8 (1·1)	146 (279)	79 (59)	253 (258)	266 (249)	80 (25)	4 (4)	85 (59½)	562 (481)	35 (24)
Total 1, 2, 3 ..	21,313 (18,838)	17,836 (16,061)	83·7 (85·3)	16,410 (15,960)	92·0 (99·4)	32,896 (37,440)	2·0 (2·3)	3,331 (3,597)	3,761 (2,813)	21,842 (20,285)	11,746 (10,719)	6,309 (7,907)	141½ (171)	5,041 (5,295½)	34,095 (36,057)	4,201 (4,602)
Casuals	6,202 (5,921)	6,202 (5,337)	100·0 (90·1)	5,483 (5,337)	88·4 (100·0)	— —	— —	1,062 (1,009)	— —	8,294 (8,386)	5,483 (5,337)	— —	— —	—¶ —	6,202 (5,921)	719 (584)
Special Casuals§ .. (All Schools) ..	450 (483)	450 (483)	100·0 (100·0)	450 (483)	100·0 (100·0)	— —	— —	241 (255)	— —	537 (656)	450 (483)	— —	— —	— —	450 (483)	— —
Grand Total ..	27,965 (25,242)	24,488 (21,881)	87·6 (86·7)	22,343 (21,780)	91·2 (99·5)	32,896 (37,440)	— —	4,634 (4,861)	3,761 (2,813)	30,673 (29,327)	17,679 (16,539)	6,309 (7,907)	141½ (171)	5,041 (5,295½)	40,747 (42,461)	4,920 (5,186)

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

† In addition, 406½ sessions were spent in Supervisory, X-ray and Orthodontic work, Dental Officers, Conferences, Special Investigation Inspections, School Propaganda Work A.R.P. Work, etc. (226½).

‡ In addition, 294 X-ray exposures were made (251).

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

Average number of fillings per session 8·8 (9·1). Average attendance per fillings session 4·7 (5·6).

The figures in brackets are those for 1937.

Infectious Sickness.

As prophesied, there was an epidemic of Measles in the spring, nearly 5,000 children being affected. It was not a severe type and did not assume the proportions expected. It is probable that the preventive efforts made by teachers to reduce opportunities for infection played a big part, and warning circulars will always be sent out in future when an epidemic is expected.

The only way to prevent epidemics is by increasing the degree of immunity of the population at risk, and whilst housing and other factors play their part, it is established that, in some diseases, immunity can be secured or largely improved by artificial means.

Smallpox has practically been abolished in this country and so has Typhoid Fever, and the death rate from them has likewise disappeared, yet both took a big toll only a few years ago.

Diphtheria can be abolished, and with your consent a second effort to secure safety for school children was made in the early spring of 1938.

As may be remembered a determined effort was made in 1935, when nearly 30,000 consent forms were received, and although this time we concentrated on Infants' Departments a further 9,000 consents were obtained, and full treatment given to 8,100 the remainder unfortunately failing to complete.

The service was given by the Health Committee on school premises and the success, once again, was made possible by the interest of head teachers and their assistants.

It is regrettable that even after permission, 1,400 failed to attend at the times arranged, necessitating fresh arrangements and, in fact, the work which should have been finished in June was not finished in December, 600 children still needing one more dose and 380 two, and their protection is not complete.

There are now 46,000 children in the city under 15 who are protected and 62,000 unprotected and during 1938, 85 of the immunised group contracted diphtheria of a mild type with no deaths ; amongst the unprotected group there were 729 cases with 35 deaths. From these figures have been excluded all cases of other than true diphtheria on both sides.

It appears that an unprotected child is six and a half times more likely to contract the disease and that his risk of death is infinitely greater. Even if it be urged that there were 85 children known to have been given full doses who did take diphtheria, these were all very mild cases and there were no deaths.

Infectious Sickness, 1938.

Total Number of New Cases.

Scarlet Fever	1,048
Diphtheria	612
Whooping Cough	806
Chicken Pox	2,159
Measles	4,672
Mumps	523
Influenza	638
TOTAL	10,458

Swab Report, 1938.

CLINIC.	Positive.	Negative.	Total.
Central	9	114	123
Armley	13	98	111
Burley	27	268	295
East Leeds	6	76	82
Edgar Street	9	58	67
Holbeck	13	96	109
Hunslet	13	85	98
Meanwood Road	12	414	426
Middleton	1	2	3
TOTAL	103	1,211	1,314

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

Positive.	Negative.	More Hairs required.	Total.
8	16	1	25

Parents.—There is nothing to add to what has been written previously. Co-operation.

Teachers.—Once more it is a pleasure to report on the way teachers help us and the Medical Staff hopes that we do repay them to some degree for their efforts.

Enquiry Officers.—Mr. Capes and his staff have again been, as usual, more than helpful. He has inspired an excellent team spirit and has been a friend to so many that his impending resignation will leave a gap hard to fill. We wish him the rest and leisure that he has well earned. His memory will remain.

Juvenile Employment Bureau.—The system of special marking of the cards of Exceptional Children is working well, and the Department has been very helpful. Mention was made last year of the

need of both vocational guidance and after-care in these cases and this still remains.

It is no use giving children exceptional opportunities, unless they can be guided into suitable occupations and helped to stay when they get there. Far too many of these become public charges for lack of care at this most critical age and a special officer—preferably a woman—for this service is a most urgent need.

The Subnormal Child.

Number of Children on Roll in Special Schools on 31st December, 1938.

School.	Number on Roll.		
	Leeds Cases.	Outside Cases.	Total.
Feeble Minded—			
Armley	80	—	80
East Leeds	89	—	89
Hunslet Hall Road	58	1	59
Hunslet Lane Senior Boys	136	1	137
Lovell Road	58	—	58
Deaf and Partially Deaf	61	50	111
Blind and Partially Sighted—			
Blind—Blenheim Walk	19	47	66
Partially Sighted—Blenheim Walk ..	1	33	34
,, ,, Roundhay Road ..	42	—	42
Physically Defective—			
Potternewton	101	—	101
The James Graham Open Air School ..	237	—	237

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

Cripples—

Marguerite Home, Thorparch	3
Heritage Craft School, Chailey	1

Heart Cases—

Children's Rest, Sefton Park..	1

Epileptics—

Lingfield	2
Chalfont School..	2

Deaf—

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

Mentally Defective—

Sandlebridge	3
Besford Court	1

Summary of Examinations for Mental Conditions, 1938.

	Boys.	Girls.	Total.	%	% for 1937.
Certified to continue in attendance at Ordinary Elementary Schools	248	153	401	62·4	64·5
Certified for Day Special Schools	87	56	143	22·3	20·1
Certified as Imbeciles	6	8	14	2·2	2·9
Certified as Idiots	1	—	1	·2	·3
Certified Mentally Defective but recommended for notification to the Mental Health Services Committee*	40	28	68	10·6	8·6
Certified Mentally Defective—Permitted to remain in Private Schools	5	4	9	1·4	2·0
Certified Mentally Defective—Permitted to leave Private Schools	4	—	4	·6	·5
Cases from other Authorities—Examined prior to admission to Leeds Special Schools ..	1	1	2	·3	1·1
TOTALS	392	250	642	—	—

* 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.
Feeble-minded (reached educational limit) ..	39	26	65
Feeble-minded (detrimental to interests of others)	1	1	2
TOTAL	40	27	67

Whatever phrase is used to denote them, whether they are called Subnormal or Exceptional, the fact remains that there are many children who, for one reason or another, do not derive " proper benefit from the instruction provided in the ordinary public elementary school " and yet it is only a small proportion of these who are placed otherwise, because to do so entails certification in some almost watertight compartment such as " Deaf " or " Blind." This does not take into account children who suffer from multiple defects of minor degree and yet who may be, and often are, more subnormal, in fact, than children with one severe defect.

It is true that Special Schools are more costly than others, but not so costly as Secondary, and there is no doubt that there is a real need for places that will enable the subnormal to compete on better terms with his more fortunate fellows.

Some of them require lengthy stays in the Special Schools, some merely temporary as at the Open Air School, but there are still children who need special opportunities where none exist or whose parents do not see eye to eye with teacher or doctor when special school provision is indicated. Attendance at some implies stigma in the eyes of parents and even to employers, possibly by the title of the school and it is again suggested that such difficulties would be overcome if the needs of all exceptional children were catered for in one place, such as on the Lawns House estate, where the sole criterion should be that of inability to derive proper benefit from instruction provided elsewhere. This would not only reduce certification to a minimum, but would provide the best form of education for each child, either temporarily or permanently. Teachers would no longer be expected to help in classification of subnormal children, but merely to label them "Exceptional," and the provision of a receiving room at such a school would ensure that each and every child would receive expert care before being placed in any particular department, and always placed under the care of specially qualified teachers. No child should ever be labelled "Blind" or "Mentally Deficient," for example, but merely an "Exceptional" child, so long as it remains under the care of the Education Committee. Such a procedure would obviate the difficulties at present existing where the same nomenclature is used in different Acts of Parliament to denote very different types.

It is for this type of child that I asked last year and ask again for extra care both before and after leaving school. Their employment is never easy and always needs observation and selection.

I deliberately choose the word "Subnormal" as opposed to "Abnormal," for the latter cannot in most cases be improved, and in some categories are removed from those covered by Educational Services.

With all respect, it is hoped that the Committee will cause the question of the fuller usage of the Lawns House site to be investigated.

Hunslet Lane Senior Boys' Special School.

Dr. Willcock reports :—

"The four classes in this School each contain about 30 boys. An analysis of the educational attainments of the individual boys in each class shows that the grading of the children has been care-

fully and successfully achieved—the average mental age of the lowest class being just under 7 years and that of the highest class over 9 years.

The results of the annual examination of the children by the School Inspectors may be summarised as follows :—

23% had reached an Educational Age of 9 years or over.
24% ,, ,, ,, ,, ,, ,, 8 to 9 years.
28% ,, ,, ,, ,, ,, ,, 7 to 8 ,,
19% ,, ,, ,, ,, ,, ,, 6 to 7 ,,
6% ,, ,, ,, ,, ,, ,, less than 6 years.

A comparison of these Educational Ages with the Intelligence Quotient of the boys is of interest :—

24·4% had an Intelligence Quotient of 70% or over.
32·2% ,, ,, ,, ,, ,, 65 to 70%
35·3% ,, ,, ,, ,, ,, 60 to 65%
8·2% ,, ,, ,, ,, ,, under 60%

This shows a fairly close correspondence between the Educational Ages and the Intelligence Quotients of the children.

A further comparison of the Educational Age with the Mental Age of individual boys has been carried out. The Headmaster has worked out the Achievement Quotient (that is the ratio of the Educational Age to the Mental Age expressed as a percentage) of every boy in the School. When this figure is under 100 per cent. it suggests that progress is not satisfactory and when it is under 90 per cent. special investigation into the individual case is indicated. In some cases the lack of progress shown is due to ill health and irregular attendance at school : in others it may indicate the need for special attention or different educational methods : in others there may be found some temperamental or emotional factor which requires study and adjustment : in others it may simply mean that the child is incapable of deriving further benefit from special school instruction. I believe that the ascertainment and study of the Achievement Quotients of the children is very valuable in drawing attention to those who require special consideration and treatment.

During the year 50 children have been discharged from the School. Of these 23 were notified to the Mental Health Services Committee as incapable of deriving further benefit from Special School Instruction, and 27 were allowed to leave on licence to take

up approved employment. The employment which was approved for these 27 boys was as follows :—

Tailoring—Wholesale Clothing Manufacturing, etc.	13
Metal Work and Engineering	7
Leather Work	3
Tiling	1
Milk Delivery	1
Upholstery	1
Colliery	1

Of these children 21 are still employed in the work for which they were allowed to leave school ; the other 6 have been found jobs other than those for which they were allowed to leave. All will be reviewed before they attain the age of 16 years and a decision made as to whether they should be notified to the Mental Health Services Committee then.

During the year three of the Assistant Masters in the School have attended courses in Special School work—two taking the Senior Course and one the Elementary.

I am indebted to the Headmaster of the School, Mr. Barker, for working out Achievement Quotients of the boys and for the figures included in this report."

Armley Special School.

Dr. Holoran reports :—

" The number of children attending Armley Special School during 1938 has varied between 80 and 90.

31 have been admitted during the year.

8 have left on licence for approved work.

15 have been notified to the Mental Health Services Committee as incapable of further benefit.

The Intelligence Quotient of each child has been reassessed during the year according to the new Terman Merrill revision. A group in which the 8 year old test is the highest, or highest but one, to be attempted, has shown a fall in Intelligence Quotient of 5-10 per cent.

An interesting experiment has been the introduction of an after-dinner rest for those children who stay. Beds and blankets have been provided and half-an-hour's rest now intervenes between dinner and afternoon school. Subnormal children usually tire

both mentally and physically more readily than normal, and many come from homes where late hours are allowed. No difficulty has been experienced, many of the children sleeping regularly. The teachers report that there is a noticeable increase in interest and attention during afternoon school.

In addition, the local Inspector's annual report in September, was particularly encouraging."

East Leeds Special School.

Dr. Hargreaves reports :—

"During the year the number of children in attendance has averaged 85. Of these 10 boys have left to the Senior Boys' School ; 9 girls have obtained approved work and left on licence : 11 children have been notified to the Mental Health Services and 3 have left the district.

The girls who have been allowed to leave to take up employment are all doing well and earning the average wage paid according to standard rates.

Many mothers of former scholars have reported to us at the school, how well the girls of 14 years and upwards are doing and have retained their original employment.

A much larger number of children (about 55) now partake of the mid-day meal provided at School ; it is of excellent quality, well served and thoroughly enjoyed by the children. It is under the personal supervision of the Head-Mistress.

The punctuality and daily attendance of the children is wonderfully good considering the distances travelled by 'bus and tram, and points to a happy, contented state of mind in the children."

The James Graham Open Air School.

Dr. Willcock reports :—

"During 1938 the accommodation in The James Graham Open Air School has been fully occupied and there is always a waiting list of children suitable for admission. The number of residents has remained at 25. These were girls during the Spring Term and boys during the Summer and Autumn Terms. In view of the more satisfactory results obtained, the decision to increase the proportion of residents to day children in the near future is greatly to be welcomed.

The selection of residents is not made in any different principle from that of day scholars except that a certain number are recommended because their home conditions are known to be

unfavourable to their health and sometimes arrangements are made to take heart cases in order to avoid the upset and stress of constant travelling to and from the school. Yet improvement in health is more rapid in the residents than in the day children, and, as far as can be judged, is more permanent. Absence from school owing to illness is negligible among the residents, and as will be seen from a study of the table below, the average gain in weight of the residents is 50 to 100% greater than that of the day children.

Apart from the benefit which the residents obtain from spending the week-ends at Farnley, it appears that the main reason for their more marked progress is the regularity of their hours, and especially the early hour at which they go to bed.

The following table of the gain in weight of the children has been drawn up on the same lines as those in previous reports and is self-explanatory :—

	Spring lbs.	Summer lbs.	Winter lbs.
Whole School	3·07 (227)	2·69 (217)	3·45 (231)
Residents	5·53 (23)	4·34 (25)	4·61 (25)
Day Children	2·79 (204)	2·47 (192)	3·31 (206)
Boys	2·62 (117)	2·68 (117)	3·66 (116)
Girls	3·55 (110)	2·70 (100)	3·31 (115)
Malnutrition	3·31 (134)	2·76 (121)	3·55 (135)
Pretubercular or Arrested tuberculosis	2·79 (29)	2·49 (21)	3·29 (24)
Bronchitis, Asthma, etc. ..	2·57 (47)	2·17 (44)	2·90 (42)
Rheumatism	3·00 (17)	3·29 (31)	3·87 (30)

The figures are very similar to those in previous reports. Rheumatic children seem to do very well especially if they are early cases. The bronchitis group, as might be expected, shows least improvement. Cases of asthma are, on the whole, disappointing in their progress. There are usually eight to ten cases of bronchiectasis and these, where there is any marked amount of sputum, carry out postural coughing daily.

The period spent by children in the school has tended to lengthen. A small proportion is not recommended for more than a single term but the great majority has two terms and a good number has a year in the School. This not only helps, it is hoped, to render the improvement obtained more lasting but diminishes the difficulties which must be experienced by the teachers in dealing with the constantly changing school population. It has been considered advisable to retain the maximum consecutive period during which

the child may remain in the school at a year, in order to avoid the accumulation of chronic cases and to keep the waiting list within reasonable proportions.

During the year 213 children who had attended the Open Air School and been returned to their elementary schools were reviewed by the School Medical Officers at the various clinics in the city. Of this number 52 were considered so much improved as not to require any further attention—129 were retained on the list for further observation and only 32 were recommended as suitable to return to the Open Air School for a further period.

During the year there was practically no epidemic sickness in the school.

In view of proposed changes and future development a Headmaster has been appointed and will eventually be resident.

The school will become an increasingly valuable asset to the community in the future."

Potternewton School for Physically Defective Children.

Dr. Bebb reports :—

" The number on roll on December 31st, 1938, was 100. During the year 30 were admitted and 32 discharged.

Admissions were for the following conditions :—

Rickets	9
Tubercular Joints	7
Heart Disease	5
Paralysis	5
Myositis Ossificans	1
Arthritis	1
Periarteritis Nodosa	1
Pseudo-Coxalgia	1
	30

Percentage proportion of defects :—

Rickets	24%
Tubercular Infections	23%
Heart Disease	20%
Paralysis	17%
Other Conditions	16%

This year more cases of rickets have been admitted. Some of them have been operated upon with very satisfactory results

and have been able to return to ordinary school in about six months. The others are improving with special treatment and feeding.

Tubercular cases come second. These are all non-infectious cases under the care of the City of Leeds Health Clinic and we are grateful for their close co-operation and help.

The early heart cases are improving with adequate rest and a certain amount of graduated exercise.

The following shows the disposal of the 32 children who were discharged :—

	Boys.	Girls.	Total.
Ordinary School	8	1	9
College of Commerce	1	1	2
Open Air School	2	–	2
Hospital Schools	3	1	4
M.D. Schools	1	1	2
Mental Health Services	1	1	2
For Work	1	6	7
Unfit for School	–	1	1
Left Leeds	1	1	2
Died	–	1	1
	18	14	32

Occupations of those who have left for work :—

Clothing Factory	1 Girl.
Dressmaking	1 ,,
Printing	2 Girls.
Clerical Work	2 ,,
	1 Boy.
	7

The finding of suitable work for these children still remains a very pressing problem, and for those who are incapable of working, some system of after-care and help is urgently needed.

The School has been visited every fortnight by the School Medical Officer and twice each term by Mr. Broomhead.

The arrangements for school dinners and medicai supplies are now under the care of the Education Committee. The meals are varied and satisfactory and the improvement in nutrition is generally satisfactory. Every child now has milk daily.

In July, there was a meeting of old scholars, at the school, at which the Director of Education was present. Thanks to

Miss Hearfield's energy and enthusiasm seventy old pupils attended and had a very happy time together. It is hoped that this first meeting will be the beginning of an Old Scholars Association and that, in conjunction with an After-Care Committee, something may be done for their interest and welfare."

The following summary shows the disposal of children who have left the School during the past ten years :—

Working	88
Unemployable by reason of defect	15
In Institutions	7
Left Leeds or no trace	25
Died	9
	144

Of those at work the majority appear to take up tailoring or its allied occupations. A brief summary of the types of work done by the above 88 cases follows :—

Tailoring	34
Clerical	9
Cabinet and Furniture	5
Engineering	12
Shop Assistants and Distributive Trades ..	10
Factory Workers	9
Other Forms	9
	88

These figures relate to children and adults between the ages of 16 and 25 years approximately, discharged from the School during the last ten years, and consequently the wages earned vary accordingly.

The following is a summary of wages where the earnings are known :—

	Boys.	Girls.
Up to 15/-	21 ..	4
15/- to 25/-	18 ..	31
Over 25/-	8 ..	2

Blind, Partially Sighted and Myopes.

Dr. Wood and Mr. Andrews report :—

" 1. Blenheim Walk—on Roll :—

	Leeds.	Other Authorities.	Total.
Certifiably Blind	19	47	66
Partially sighted	1	6	7
Myopes	–	27	27
	20	80	100

2. Roundhay Road Partially Sighted Council :—

	Leeds.	Other Authorities.	Total.
Partially sighted	13	–	13
Myopes	29	–	29
	42	–	42

Seventeen children left Blenheim Walk and 6 Roundhay Road during the year. Admissions were 13 to Blenheim Walk and 6 to Roundhay Road.

Two Leeds (partially sighted) children were admitted to Blenheim Walk as they will probably become blind and are being taught Braille. They are included in the " Blind " total.

We note a reduction of 4 in the number of blind on roll and this in spite of the fact that blind children are given priority of admission. This bears out our former comments on the falling incidence of blindness in children.

Class work with the Reading Aids has been more fully described in a separate report and from the experience gained we would welcome the extension of its use to the junior class. It is to be hoped that it will be possible to furnish the junior classroom with another set in the near future."

Deaf.

Mr. Andrews writes :—

" During the year, the long expected report of the Departmental Committee on children with defective hearing was published and we use, for the first time, the classification advocated. Briefly this is :—

Grade 1.—Children with defective hearing who can, without special arrangement of any kind, obtain proper benefit from education provided in ordinary school.

Grade 2.—Children whose hearing is defective to such a degree that they require special educational facilities but not the methods used for deaf children who have not naturally acquired speech.

Sub-Group A.—Children who can make satisfactory progress in ordinary classes provided that they are given some help either by a favourable position in class, by tuition in lip reading, or by individual hearing aids.

Sub-Group B.—Children who, even with the above help, fail to make satisfactory progress in ordinary classes. This includes the cases that are being taught in our Deaf Aid classes.

Grade 3.—Children whose hearing is so defective and whose speech and language so little developed that they require education by methods used for totally deaf children. This group not only includes the totally deaf, but others who have too little hearing to be taught by hearing methods.

Number on Roll 111
of whom Grade 2*B* has 41 and Grade 3 has 70.
and as will be expected no Grade 1 or Grade 2*A*.

Admissions—Grade 2*B*. .. 5. Grade 3 .. 6.
Total 11.

We have used for the first time the definitions from the recent report on " Children with Defective Hearing " and it is worthy of note that all Grade 3 admissions were 6 years of age or under on admission. It would seem that the Education (Deaf Children) Act, 1937, which came into force in April last, is already having some effect upon the age of admission. We are looking forward to the conversion of a room to provide a nursery for these young children so that they can be trained under conditions more appropriate to those of the Nursery School.

Leavers.—There were 10 leavers during the year, 3 boys and 7 girls. Four of them have been transferred to other schools. The others have all found suitable employment with the exception of 1 day girl who is seriously handicapped by poor physique and poor health.

We would like to acknowledge the valuable assistance rendered by the local Missioner (Mr. A. W. Taylor), in the placing of the Leeds leavers in suitable employment.

Deaf Aid Classes.—The new class amplifier of our own design, described in last year's report, has come up to expectation in

every way. The life in a consistent "sound" atmosphere has fully awakened such hearing sense as remained and children who, only a few years ago, would have been classed as "deaf mute" because of their very little residual hearing are now learning by hearing methods.

Throughout the year some excellent percussion band work has been carried on with these children and used to assist in getting the correct rhythm of speech. This band work has now been extended to include the junior deaf (Grade 3) and it is hoped that it will assist materially in improving the intelligibility of deaf speech.

Audiometer Work.—The following is a tabulated report on the children from normal schools tested during the year :—

Age.	No. Tested.	Unsatisfactory Response.	Normal Hearing.	Hearing Loss.		
				Slight.	Serious.	One Ear Serious.
6	2	1	–	–	–	1
7	2	1	1	–	–	–
8	7	2	–	4	1	–
9	4	1	–	1	1	1
10	9	–	–	7	1	1
11	5	1	–	2	–	2
12	4	1	–	3	–	–
13	8	2	–	3	2	1
	41	9	1	20	5	6

The report on children with defective hearing rightly points out that the grading of these children should be decided on educational grounds rather than on hearing. That has been our consideration in all audiometer testing. Our cases have been drawn from those reported as being backward and the hearing has been suspected by the Head Teacher, Class Teacher or School Medical Officer.

In 9 cases we were unable to record an audiogram through lack of co-operation from the patient. This can be readily understood in the case of young children and often succeeds after further attempts, at intervals, to get a reliable response when the unfamiliarity of the surroundings has been overcome. When children of 11, 12 and 13 fail to co-operate we suspect that there is some other defect in addition to loss of hearing.

The 20 cases labelled as having slight hearing loss would come into the 2*A* category. Their backwardness is due to the fact that they do miss a certain amount of what is going on in a normal classroom. Their attainment could be improved by being placed in smaller classes where more individual attention is possible and

by lip reading. Those with serious loss are 2*B* cases and should be placed in a special school for that type of child, where they would receive the assistance of specially trained teachers and where instrumental aid could be used if necessary. There is ample evidence, from the audiometer work that we have done so far, that a school for Grade 2*B* children could be set up in Leeds with sufficient numbers to give proper grading for class purposes. Our former estimate of 150 to 200 is not far wide of the mark.

The children with one ear seriously affected can be assisted by being placed in a favourable position in class.

It is well to see that the Report stresses the value of lip reading for Grades 2*A* and *B*. It is a well known fact that everyone lip reads to a certain extent naturally. So often we "hear" persons better if we are looking at them. It is a significant fact that several of the sounds low down in the scale of audibility are so produced as to be easily lip read, assuming, of course, that they are produced in a proper manner.

It has been long my opinion that much would be gained if all school children learned to lip read. It would be a useful exercise introduced into the Speech Training lessons for, subconsciously, children would be particularly careful over their own speech if they realised that they would be called upon to lip read occasionally. Careful, well ordered habits of speech would lead to well ordered habits of thought. Even at its lowest valuation good speech is a real business asset. Further, as recent investigation shows that about one person in ten has some defect of hearing, it would be a real boon to our increasing numbers of hard of hearing adults."

Mrs. Jackson reports:— Speech Therapy.

"During the past year 119 children have been treated in the Centres for Remedial Speech.

94 for Stammering.
11 Cleft Palates.
4 Dyslalia.
9 Stammering and Sigmatism.
1 Paresis of the Velum.

49 cases were discharged as having attained satisfactory speech
12 to attend once a month.
9 „ „ a week as greatly improved.
6 ceased attending through lack of interest or other circumstances.

The average attendance in spite of weather conditions and the distance most of the children have to travel has been over 90 per cent.

Many parents, teachers and doctors have visited the centres this year, and much interest has been taken in the work.

The Speech Therapist in charge had the honour of reading a paper on " Stammering " at the Congress of the Royal Institute of Public Health and Hygiene held in Blackpool last June, which also aroused much interest, and many enquiries concerning speech therapy were made.

As the majority of the children have attended the Centres for the alleviation of stammering they have been treated together in groups of ten, and the basis of treatment has again been relaxation, followed by psychological treatment and social training.

There is a psychological reason for all stammering, and it is invariably due to maladjustment to school or home life. Therefore, a great deal of the work lies outside the Centres. It consists of obtaining an intimate knowledge of environmental conditions, of seeking the co-operation of teachers, and gaining the confidence and help of the parents, without which little can be done.

It is appalling to realise the fears and superstitious dreads which are encountered, and to find that so many parents, while endeavouring to teach caution to their children succeed only in instilling fear which robs them of all self confidence. Stammerers, even the self-assertive ones, lack confidence, are highly emotional and easily upset, yet many of them have parents who forget that children reflect the mood or atmosphere of the home, take no pains to control their own emotions and create such an atmosphere of repression, fear, and insecurity that it is often the Therapist's task to treat the parents first.

Another difficulty frequently to be dealt with is " over-mothering." Too many parents try to smooth away all difficulties from a child's path instead of encouraging him to surmount them. Investigations seem to show that this over protectiveness plays an important part in the ætiology of stammering for it was revealed that out of one hundred and twenty-one stammerers :—

37	came from	youngest	children.
31	,,	eldest	,,
17	,,	second	,,
16	,,	only	,,
8	,,	third	,,
8	,,	fourth	,,
4	,,	sixth	,,

A potent force at work, this year, which has retarded the cure of many children has been the fear of war. Many parents reported increased nervous strain, restlessness, and nightmares during the Crisis, which had an adverse effect upon speech. One boy heard over the radio that children were being evacuated from their homes, and consequently lived in dread for several weeks of having to leave his mother, seeming to account for a period of severe stammering.

Unusual cases treated :—

A.B. a girl of 12 who was thin and pale and had a curious slinking gait ; acutely self-conscious yet she sought the limelight in an unnatural way. Had many neurotic compulsion habits, was abnormally vain and behaved in an anti-social manner. At school she refused to work at all in several lessons, and the work that she did was very poor indeed, yet she was of average intelligence. Compositions and dreams revealed an amazingly morbid state of mind. Her voice was scarcely audible and when engaged in conversation stammered and lapsed into babyish lisping. Four months of psychological treatment plus relaxation and she appears a different girl ; joins willingly in play and is fifth in her class at school. Speaks audibly and has lost many of her compulsion habits.

C.D. a small bright looking boy of 12 ; speech quite unintelligible almost every sound distorted ; average intelligence, though very childish ; unable to read or distinguish letters. Past history : suffered from rheumatism ; mother was afraid that his heart was affected and unnecessarily pampered him ; wheeled him to school in a push chair, and restrained all activity on his part by the fear of death. Twelve months psychological treatment, relaxation and re-education of articulation, with improved home conditions, and the boy now speaks clearly and distinctly, has learned to read and is taking his place among children of his own age.

F.G. aged 8 years ; acute dyslalia ; excessive salivation, with spasmodic jerking of body. Unable to read or recognise letters. Been examined for mental deficiency, but was found to be quite intelligent. History reveals brothers who stammer or have some speech defect. Mother refuses others treatment but allows F.G. to have it because she fears his imperfect speech may lead him to be wrongly certified. Treatment : F.G. was given relaxation and speech exercises but the speech exercises produced such severe tension and spasms that they had to be abandoned. Relaxation was persevered with, and now the speech exercises have been resumed ; the boy is making steady progress, and is learning to read.

As the waiting list of stammerers has been reduced it is hoped that, in the future, some of the simpler speech defects such as lalling and lisping may be dealt with, for there is always the danger in correcting a lisp at home or at school, without psychological treatment, that the lisp may become a stammer."

Child Guidance Clinic.

It is to be regretted that no start has yet been made in this direction.

Last year's report asked for the appointment of educational psychologists as the first step. Doctors of experience are available, but the educational survey should be the beginning and there is much point in allocating duties so that no-one of the team wastes time, for child guidance can only be dealt with by a team and not by individuals.

Position with regard to the disposal of Subnormal Children on the 31st December, 1938.

Type.	At no School or Institution.	Attending Public Elementary Schools.	Attending Special Schools.	At Other Institutions
Blind	—	—	19	—
Partially Sighted ..	—	19	43	—
Deaf	—	4	36	1
Partially Deaf ..	—	—	26	—
Epileptics	6	—	4	—
Mentally Defectives	61	37	426	28
Physically Defectives	37	2,285	408	—

NURSERY SCHOOLS AND CLASSES.

Summary of Routine Examinations, 1938.

	No. of Children examined	No. of Children referred for treatment	No. of Children referred for observation	No. of Children with no defects
Nursery Schools..	92	44	14	8
Nursery Classes ..	264	132	46	23

Nursery Schools and Nursery Classes.

Dr. Prince reports :—

"With the opening of the new Nursery Block for 80 children at Coldcotes Infants' School the number of Nursery Schools and Classes has reached a total of seven, with accommodation for 480 children.

During the year 571 children have actually passed through the Medical Officer's hands. New entrants presented for the first Routine Inspection numbered 356, and 652 reinspections were recorded.

An interesting innovation was a fortnight's holiday for the children of the Woodhouse Voluntary Nursery School, who were the guests of the Rotary Club at their Holiday Home in Harrogate at the end of the season. This scheme was successfully carried out with the help of voluntary workers. Not only were the children benefitted in health, but the short period of residential care enabled the staff to solve a number of behaviour problems which had proved refractory so long as the children were in their charge for part of the day only. For this miniature "evacuation" of children aged from two to five years the standard of staffing considered essential was one trained or untrained adult for every six children.

A revision of the nursery dietaries has been undertaken in collaboration with the Organiser for Domestic Science, with the object of bringing the nutritional standard more closely into line with modern pædiatric teaching, and with the recommendations of the Advisory Committee on Nutrition. The daily ration of protein and fat contained in the nursery meals prepared at the Central Kitchens is now 38 grammes of each. The standard daily allowance of the more important food stuffs is as follows :—half a pint of milk, half an egg, ¼ oz. butter, 3 ozs. of meat or fish, 1 oz. of green vegetable, a portion of fresh fruit or salad and 2 teaspoonsful of cod liver oil. The cost of the total ingredients is 3½d. a day at contract prices. Although this diet falls short of the "physiological optimum" prescribed by modern dietitians it may be considered to be a generous one, if supplemented by half a pint of milk at home, *i.e.*, a cup of milk at breakfast and at tea time.

Unfortunately figures collected during the past five years prove that, out of a total of 917 Nursery children, 46 per cent. received only a quarter of a pint of milk or less daily. The records show that the great majority of the children who qualify for free meals do not have any fresh milk at home. The mid-day meal of these children is supplemented by bread and margarine, and tea sweetened with condensed milk.

A persistent difference in the annual increase in weight, year by year and class by class, is shown between the child who pays for dinner and the child who does not. The number of completed one-year charts is as yet small, but the figures probably have some significance.

Period 1934-1938	Annual Increase in weight
Non-Nursery Controls (80 children)	3 lbs. 11 ozs.
Nursery non-dinner (124 children)	3 lbs. 14 ozs.
Nursery free dinner (124 children)	4 lbs. 3 ozs.
Nursery Nursery Paying Pupils (200 children)	4 lbs. 6 ozs.

In parenthesis it may be added that during the period 1925-1935, before the introduction of the " Milk in Schools " Scheme on a large scale, the average gain in weight of 70,981 Leeds children between the ages of 3 and 5 years was 3 lbs. per annum. It would be interesting, during the coming year, to discover whether an extra quarter of a pint of milk given to the " Free Dinner " children would increase their rate of growth to the level of the paying group.

An analysis of the records relating to Nursery Schools and Classes during the past five years will be found as an appendix to this report."

Secondary Schools

There are no changes to report on the examination of pupils in Secondary and other Schools for advanced education.

It is still to be regretted that parents are not present as could be wished and, whilst every pupil is probably well looked after when ill, much valuable information is made available by medical inspection, especially in vocational guidance. There would be fewer complaints about that very necessary evil generally called " Homework," but more properly " Preparation " if parents would come to their children's examinations.

The rules of life which the science of Hygiene teaches are too often forgotten or neglected during Secondary School life with the inevitable result that, sooner or later, school is blamed for failure in parental duties.

Proper feeding, exercise, rest and so forth are even more essential in the period of adolescence with its psychological difficulties than earlier.

Training Colleges.

The examination of all interviewed candidates for admission to the Training College (including the Carnegie Physical Training Hostel) and the College of Housecraft, still continues to be one of the duties of the staff, and in this connection the production of the previous school records has been of great value. Whilst a few authorities decline our request, sometimes on the ground that the information is to be regarded as confidential, yet the records are available in the vast majority of cases. Candidates often do not know the medical history either of themselves or their families and have been known to conceal their knowledge. A full and complete medical record does help those responsible for the final selection, for very few candidates present themselves who are absolutely unsuitable. Admission to a Training College is so desirable that

candidates cannot be blamed for making the best of themselves even at the expense of veracity.

Scholarship Holders.

All candidates awarded scholarships are examined before taking them up and persuasion at this time frequently results in satisfactory treatment.

Medical Inspection in Schools for Higher Education, 1938.

School	No. of Routine Inspections	No. of Reinspections
MAINTAINED SECONDARY—		
Chapel Allerton	195	192
City of Leeds	173	333
Cockburn Boys	95	—
Cockburn Girls	91	75
Lawnswood High	175	227
Leeds Modern	138	197
Roundhay	184	151
Roundhay High	222	206
Thoresby	146	20
West Leeds Boys	160	213
West Leeds Girls	102	143
NON-MAINTAINED SECONDARY—		
Notre Dame	139	2
St. Mary's College	66	10
St. Michael's College	83	153
MAINTAINED JUNIOR TECHNICAL—		
College of Commerce	83	137
Junior Technical	166	100

Payments.

As mentioned elsewhere two scales are now in operation in respect of parents contributions towards the cost of medical and dental treatment, etc., with the result that more treatment has been given free of charge and contributions consequently are lower this year.

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

	1938.	1937.
	£ s. d.	£ s. d.
Refraction Treatment and Supply of Spectacles	937 3 3	1,047 13 7
Dental Treatment	596 0 10	600 17 1
Minor Ailments and X-ray Treatment	12 0 10	14 0 6
Supply of Malt and Cod Liver Oil	128 18 8	144 1 11
Treatment of Tonsils and Adenoids	34 17 6	56 5 0
Orthopædic Treatment—Operations, Appliances, etc.	35 12 11	38 2 3
Massage	42 3 6	55 12 7
TOTAL CASH RECEIVED £	1,786 17 6	1,956 12 11

Miscellaneous.

Remand Home.—Boys only are now admitted to the New Wortley Remand Home—girls still being accommodated at St. Faith's.

Medical examinations of Leeds juvenile delinquents are done as far as possible at the Education Office before they are sent to the Homes, thus ensuring that infectious cases are not admitted. This is important because isolation accommodation is limited. As, however, boys have been retained for quite long periods, it became necessary not only to have a full medical history on admission, but to have records of any medical happenings during the period of remand.

The Superintendent has drawn up an extremely valuable form of report, which not only secures that all essential facts are in his possession on admission, but also contains a record of any treatment received during remand, as well as of his condition on leaving the Home. Such information is of value to both the Justices and the Approved Schools and it is gratifying that the Home Office intend to make some similar form of report a universal practice. Much credit is due to the Superintendent for the care he took in the preparation as well as for his foresight as to its need.

During the year seventy-seven young persons have been examined as regards their fitness for Approved Schools, sixty-seven being boys and ten girls, and of these twenty-nine were found to be markedly retarded, if above the usually accepted limits of feeble-mindedness. As can be imagined, these examinations are regarded as very serious matters and every care taken to give the Justices all the available information to secure the best treatment for the delinquent, for it can be said with truth of the Leeds Bench that the interests of the child are always its first thought.

It has again been a privilege as well as a duty to be associated with them and the staff desires to thank the Chairman and Members of the Bench for their continued appreciation of our efforts.

Poor Children's Holiday Camp.—The examination of all children for the Poor Children's Holiday Camp at Silverdale, and the Rotary Club Camp at Harrogate as well as for the School Camp at Ilkley remains amongst our summer time duties, and it is sincerely hoped that more children than ever will get an open air holiday this year.

The climate at Silverdale is particularly suitable for chest complaints and it is hoped that, some day, this camp may be kept open all the year round, being reserved for longer periods for selected cases during the winter.

Children's Day.—This event seems to lose none of its popularity and as usual the *Yorkshire Evening Post* provided silver spoons for the successful children. 1,145 children were examined in all, 919 being from Leeds and 226 from other areas.

The outside Leeds cases were all examined by Dr. Wear and those inside by the staffs of the Maternity and Child Welfare Department and the School Medical Service.

The final selections were made by Dr. Kathleen Rutherford of Harrogate, Dr. Lewis Williams, lately Medical Superintendent, Bradford Education Authority, and Dr. Alexander Bremner, Physician to the Sheffield Children's Hospital, to whom thanks are due. They all expressed pleasure in finding that a successful attempt was made to dissociate the Competition from a Baby Show.

153 silver spoons in all were awarded as well as many certificates.

National Society for the Prevention of Cruelty to Children.—Contact is becoming very close with the Society to whom 139 cases affecting 416 children have been sent during the year. Well over half of such cases remain under supervision.

Reference is made elsewhere to a new scheme for co-operation in cases of persistent uncleanliness.

After Care.—Last year I made a request for an After Care Officer to deal especially with certain exceptional children who do not now, on leaving school, have the protection of such legislation as the Blind Persons Act and so forth, and I again bring this subject forward for your consideration.

Amongst such are those with poor sight or hearing, cripples of all types and degrees including those with heart disease or chronic chest complaints other than tuberculosis of active type, and mentally subnormals who do not need notification. Every year a number of these leave school with little hope of a useful life without help and guidance. Their after care must begin before they leave school and continue until they are placed in employment suitable to their needs and not cease until they are stabilised. The job must be suitable to their capability and yet something they desire.

The Juvenile Employment Bureau always is, and has been, helpful over these cases and no slight is intended on its work. They find job after job for some of them when an After Care Service should obviate the need.

I feel confident that there is work now to justify a full-time Officer, in the knowledge that the result will be to diminish the

number maintained by the community. Such an Officer concentrating on this type of case would form closer personal contacts with sympathetic employers than is possible with the bigger organisations, as well as with the child himself.

Air Raid Precautions.—In September last opportunity was taken to give two lectures to over 1,300 teachers.

Certain drugs and dressings were ordered as emergency supplies most of which were able to be cancelled with the good will of the Contractors. Some of the materials will not keep and others are in daily use.

Every School Department is in possession of a limited supply of First Aid material, which, in emergency, will need to be augmented especially in the case of evacuation. It is understood that supplies are available from the Central Purchasing Department for immediate use in case of emergency.

Clinic Services.—The migration of population will cause a good deal of reorganisation in the near future.

The latest schools will contain a room for medical inspection and treatment of minor ailments and in schools where there are places for 2,400 or over, there will be work for one nurse. But it will never be practicable for such ancillary services as refraction, massage, dental or consultation sessions to be held there and the provision of district clinics will be necessary.

Three of the present clinics will, it is expected, disappear and new sites should be selected that will permit of all facilities for about 8,000 children, where building developments are likely. In some cases, it may be possible to place such on a school site, in others it will be necessary to have them where they are readily accessible for all users and to obviate travelling difficulties.

Sweet Street was almost entirely closed during the Crisis and will be again in emergency, and the school population using it has largely migrated. Edgar Street and Willow Road are, it is understood, also scheduled for demolition. Seacroft, for instance, will need a new District Clinic and it may well be that one will be required to serve Middleton, Belle Isle and Middleton Park and one for the Sandford House Estate.

It is estimated that, as at present, eight such clinics will be necessary and it is hoped this matter will receive your consideration.

The Dynamometer.—The use of this instrument for the investigation of physical fitness continues, but it is necessary to have

large figures before any conclusion can be drawn. It is only tried at present on the bigger boys and our thanks are due to those Head Masters who have helped the investigation.

In conclusion may I ask your consideration of the points raised, and especially for the suggested extensions on the Lawns House Estate, the start of a Child Guidance Clinic, and the provision of a Care Officer for Exceptional children. Conclusion.

On behalf of myself and my colleagues, Mr. Chairman, Ladies and Gentlemen, I desire to thank you for your consideration, and the Director and the Office 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, 1938.

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	6,485
Second Age Group	5,521
Third Age Group	5,464
TOTAL	17,470
NUMBER OF OTHER ROUTINE INSPECTIONS	2,154
GRAND TOTAL	19,624

B.—Other Inspections.

NUMBER OF SPECIAL INSPECTIONS	21,521
NUMBER OF RE-INSPECTIONS	29,537
TOTAL	51,058

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 IIA.	Total.
Entrants	195	2,007	2,080
Second Age Group	581	1,383	1,692
Third Age Group	623	1,201	1,585
TOTAL (Prescribed Groups)	1,399	4,591	5,357
Other Routine Inspections	234	533	655
GRAND TOTAL	1,633	5,124	6,012

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1938.

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	1	—	36	—
Skin (2) „ Body	11	—	149	—
Skin (3) Scabies	29	—	1,342	—
Skin (4) Impetigo	40	2	1,439	—
Skin (5) Other Diseases (Non-Tuberculous)	399	165	8,831	—
TOTAL (Heads 1 to 5)	480	167	11,797	—
Eye (6) Blepharitis	89	21	269	1
Eye (7) Conjunctivitis	20	7	328	—
Eye (8) Keratitis	1	—	—	—
Eye (9) Corneal Opacities	1	—	—	—
Eye (10) Other Conditions (excluding Defective Vision and Squint)	60	21	463	—
TOTAL (Heads 6 to 10)	171	49	1,060	1
(11) Defective Vision (excluding Squint)	1,633	1,428	5,525	2
(12) Squint	223	223	99	—
Ear (13) Defective Hearing	190	129	205	—
Ear (14) Otitis Media	2	1	190	—
Ear (15) Other Ear Diseases	382	30	1,128	—
Nose and Throat (16) Chronic Tonsillitis only	590	970	133	1
Nose and Throat (17) Adenoids only	24	3	72	—
Nose and Throat (18) Chronic Tonsillitis and Adenoids	215	41	884	—
Nose and Throat (19) Other Conditions	1,420	577	922	—
(20) Enlarged Cervical Glands (Non-Tuberculous)	57	104	147	—
(21) Defective Speech	25	156	113	—
Heart Disease :—				
Heart and Circulation (22) Organic	78	79	12	—
Heart and Circulation (23) Functional	28	329	96	1
Heart and Circulation (24) Anæmia	56	20	46	—
Lungs (25) Bronchitis	316	224	169	—
Lungs (26) Other Non-Tuberculous Diseases	38	42	29	—
Tuberculosis Pulmonary :—				
Tuberculosis (27) Definite	14	25	5	—
Tuberculosis (28) Suspected	1	2	194	—
Tuberculosis Non-Pulmonary :—				
Tuberculosis (29) Glands	4	12	7	—
Tuberculosis (30) Bones and Joints	1	—	3	—
Tuberculosis (31) Skin	1	—	—	—
Tuberculosis (32) Other Forms	3	2	15	—
TOTAL (Heads 29 to 32)	9	14	25	—
Nervous System (33) Epilepsy	4	2	25	—
Nervous System (34) Chorea	14	2	33	—
Nervous System (35) Other Conditions	90	234	24	1
Deformities (36) Rickets	38	9	287	—
Deformities (37) Spinal Curvature	61	74	222	—
Deformities (38) Other Forms	1,132	774	566	—
(39) Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases)	940	1,372	5,801	6
TOTAL number of defects	8,231	7,080	29,809	12

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	6,485	913	14·5	4,734	73·0	797	12·3	11	0·2
Second Age-group ..	5,521	775	14·1	3,866	70·0	874	15·8	6	0·1
Third Age-group ..	5,494	886	16·2	3,811	69·7	764	14·0	3	0·1
Other Routine Inspections	2,154	305	14·2	1,495	69·4	352	16·3	2	0·1
Total	19,624	2,909	14·8	13,906	70·9	2,787	14·2	22	0·1

Of the 2,787 cases classified "C" (slightly subnormal) :—
894 were referred for treatment.
596 were referred for observation.
1,297 no action deemed necessary.
Of the 22 cases classified "D" (Bad) :—
18 were referred for treatment.
2 were referred for observation.
2 no action deemed necessary.

TABLE III.

Return of all Exceptional Children in the Area, 1938.

Blind Children.

At Certified Schools for the Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
19	—	—	—	19

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.
—	43	19 (*a*)	—	—	62

Deaf Children.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
36	4	1	—	41

Partially Deaf Children.

At Certified Schools for the Deaf and Partially Deaf.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
26	—	—	—	26

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
426	37 (*b*)	28 (*c*)	61 (*d*)	552

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	—	—	6	10

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.
25	—	—	2	27

II.—Children suffering from Non-Pulmonary Tuberculosis.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
46	67	—	10	123

B.—Delicate Children.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
230	1,609 (*e*)	—	5	1,844

C.—Crippled Children.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
82	224	—	10	316

D.—Children with Heart Disease.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
25	385	—	10	420

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	6	—	1	—	7
Deaf and Feeble-minded ..	5	—	—	—	5
Heart and Feeble-minded ..	2	—	—	—	2

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

(*b*) Twenty of these children were admitted to Special Schools on the 9th January, 1939.

(*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 licence from the Special Schools to approved employment and may be recalled to School at any time.

(*e*) This includes 22 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 condition. 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 1938, 480 children have attended. The number shown in the Table represents the children in attendance at the end of the year.

TABLE IV.

Treatment Tables, 1938.

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.	7	—	7
(ii.) Other Treatment	25	12	37
Ringworm—Body	146	11	157
Scabies	1,286	64	1,350
Impetigo	1,437	30	1,467
Other skin disease	8,721	323	9,044
Minor Eye Defects (External and other, but excluding cases falling in Group II.) ..	1,045	173	1,218
Minor Ear Defects	1,206	662	1,868
Miscellaneous (*e.g.*, minor injuries, bruises, sores, chilblains, etc.)	4,131	3,526	7,657
Total	18,004	4,801	22,805

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)	5,087	522	5,609
Other defect or disease of the eyes (excluding those recorded in Group I.)	—	—	—
Total	5,087	522	5,609
No. of children for whom spectacles were (*a*) Prescribed	3,707	132	3,839
(*b*) Obtained	4,812*	132	4,944

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

TABLE IV.—continued

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

Number of Defects.													
Received Operative Treatment.												Received other forms of Treatment.	Total number Treated.
Under the Authority's Scheme in Clinic or Hospital.				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total.					
(i.)	(ii.)	(iii.)	(iv.)	(i.)	(ii.)	(iii.)	(iv.)	(i.)	(ii.)	(iii.)	(iv.)		
3	7	91	2	17	—	2,090	59	20	7	2,181	61	4,000	6,269

(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.			Otherwise.			Total number Treated.
	Residential Treatment with Education.	Residenital 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	6	20	926	27	272	292	1,543

Table V.—Dental Inspection and Treatment.

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

AGE	5	6	7	8	9	10	11	12	13	14	Total
Number	—	2,330	2,905	2,933	2,781	2,500	2,348	2,110	1,868	226	20,001

(*b*) Specials 6,609

(*c*) TOTAL (Routine and Specials) 26,610

(2) Number found to require treatment 23,413*

(3) Number actually treated .. .. 21,306†

(4) Attendances made by children for treatment 38,734

(5) Half-days devoted to:—

Inspection	127½
Treatment	4,729
TOTAL ..	‡4,856½

(6) Fillings:—

Permanent Teeth ..	30,473
Temporary Teeth ..	40
TOTAL ..	30,513

(7) Extractions:—

Permanent Teeth ..	7,661
Temporary Teeth ..	30,324
TOTAL ..	37,985

(8) Administrations of general anæsthetics for extractions 17,112

(9) Other Operations:—

Permanent Teeth ..	3,769
Temporary Teeth ..	33
TOTAL ..	3,802

* Includes 6,609 Casuals.
† " 5,890 "
‡ In addition 406½ 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	205,202
(3) Number of Individual Children found unclean	9,494
(4) Number of Individual Children cleansed under Section 87 (2) and (3) of the Education Act, 1921	1,740
(5) Number of Cases in which legal proceedings were taken :—	
(*a*) Under the Education Act, 1921	62
(*b*) Under School Attendance Byelaws	109

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	—	410	410
Lungs	9	963	972
Malnutrition	357	2,086	2,443
Other Defects	100	1,788	1,888
Total	466	5,247	5,713

TABLE VIII.

Return of Attendances at Medical Clinics during 1938.

CLINIC.	ARMLEY.			BURLEY.			EAST LEEDS.			EDGAR ST.			HOLBECK.			HUNSLET.			MEANWOOD RD.			MIDDLETON.			CENTRAL.			TOTAL.			Cases Outstanding 31st Dec., 1938.
Number of Attendances	14,735 (15,157)			25,217 (24,468)			20,468 (20,890)			24,809 (17,321)			15,450 (18,817)			22,805 (28,744)			27 539 (28,141)			9,573 (11,495)			20,772 (18,380)			181,368 (183,413)			
CLASSIFICATION.	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.	
Nutrition	149	1,135	59	146	1,125	29	290	419	81	273	12,021	130	210	2,206	102	150	7,222	55	417	11,614	86	146	187	62	—	—	—	1,781	35,929	604	1,177
Uncleanliness of Head	354	880	344	343	1,236	335	596	1,547	590	289	664	282	121	513	114	200	662	181	495	1,535	490	78	181	74	—	—	—	2,476	7,218	2,410	66
Uncleanliness of Body	3	3	3	11	21	14	1	1	1	1	4	1	1	2	—	11	15	11	17	21	17	—	—	—	—	—	—	48	67	47	1
Nose and Throat Defects	66	134	64	75	373	47	141	251	137	76	156	66	135	330	115	65	615	59	138	197	131	94	939	71	1,221	1,456	485	2,011	4,451	1,175	836
External Eye Diseases	98	581	86	159	1,817	140	168	851	159	123	740	106	106	984	87	130	1,052	110	243	1,780	224	60	192	52	—	—	—	1,087	7,997	964	123
Ear Diseases	154	1,366	130	206	2,503	180	177	1,106	145	114	1,338	96	109	1,492	87	154	1,620	113	243	2,118	217	119	664	94	74	365	38	1,350	12,872	1,100	250
Teeth (see Dental, pp. 35, 68, 74)	3	3	3	1	2	1	11	19	11	6	6	6	—	—	—	7	7	6	10	10	10	7	7	7	—	—	—	45	54	44	1
Heart and Circulation	15	25	10	9	22	3	20	37	13	6	15	6	14	20	7	6	13	1	14	19	12	2	2	2	68	125	10	154	278	61	90
Lung Diseases	67	101	56	18	33	9	51	78	47	31	33	29	24	101	12	72	1,660	38	54	61	53	49	70	28	28	36	11	397	2,173	283	114
Nervous System	10	10	9	—	—	—	4	6	4	5	5	5	3	4	3	5	9	3	10	11	6	3	3	1	40	58	1	80	106	32	45
Impetigo	180	1,378	167	178	2,549	163	288	1,563	268	235	380	213	199	1,163	190	44	485	38	251	2,058	236	90	560	75	—	—	—	1,465	10,136	1,350	115
Scabies	105	561	88	89	773	76	155	696	142	80	433	72	84	1,054	76	80	473	67	210	976	198	54	218	38	486	1,104	477	1,343	6,288	1,234	109
Other Skin Diseases	677	3,121	654	888	6,573	848	1,611	6,890	1,483	1,091	5,030	1,022	377	1,892	348	1,062	5,151	985	1,918	2,849	1,885	1,302	5,109	1,167	3	14	3	8,929	36,629	8,396	533
Minor Injuries	586	2,357	565	583	4,075	562	660	2,985	619	581	2,389	550	372	1,462	361	348	1,321	328	809	3,102	809	291	893	262	—	—	—	4,230	18,884	4,056	174
Ringworm of Head	1	2	1	2	117	1	5	61	3	5	29	4	—	—	—	1	1	1	15	269	12	—	—	—	7	29	5	36	508	27	9
Ringworm of Body	34	200	30	11	205	10	29	225	24	12	75	11	9	57	9	8	56	8	47	460	46	2	6	—	—	—	—	152	1,284	138	14
Enlarged Cerv. Glands (Non-Tuber.)	6	13	5	68	385	48	13	20	13	20	33	18	7	7	5	16	282	15	10	19	10	8	14	7	—	—	—	148	773	121	27
Rickets	39	339	18	19	311	14	24	353	19	18	261	10	49	766	27	24	663	11	7	9	5	11	52	8	105	2,347	69	287	5,101	181	106
Deformities	76	1,510	33	75	1,466	45	118	1,528	80	47	504	34	133	2,712	72	36	566	20	23	30	21	30	191	23	254	6,099	102	792	11,000	430	362
Tuberculosis (Non-Pulmonary)	3	3	3	—	—	—	4	4	4	2	6	2	—	—	—	2	2	2	1	2	1	—	—	—	13	16	—	25	33	12	13
Speech	4	4	4	—	—	—	1	1	1	1	2	1	3	5	—	—	—	—	1	1	1	—	—	—	101	101	98	111	114	105	6
Vision and Squint	758	795	755	687	711	679	924	993	894	439	442	434	583	596	569	622	623	615	54	56	53	24	24	22	1,488	1,502	1,474	5,579	5,742	5,495	84
Hearing	52	85	50	26	320	24	13	26	11	16	33	15	17	50	14	1	1	1	9	21	9	16	29	16	55	76	4	205	641	144	61
Miscellaneous	91	129	88	314	600	310	359	508	337	136	210	132	25	31	25	188	306	179	253	321	242	180	232	159	111	101	44	1,657	2,501	1,516	141
Mental Cases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	642	642	642	642	642	642	—
Employment Cases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1,104	1,125	1,104	1,104	1,125	1,104	—
Scholarship Cases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	512	567	512	512	567	512	—
Camp Cases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3,451	3,451	3,451	3,451	3,451	3,451	—
Children's Day Examinations	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1,145	1,411	1,145	1,145	1,411	1,145	—
Other Special Examinations	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	87	87	87	87	87	87	—
TOTAL	3,531	14,735	3,225	3,911	25,217	3,538	5,666	20,468	5,087	3,607	24,809	3,245	2,572	15,450	2,223	3,232	22,805	2 847	5,249	27,539	4,774	2,566	9,573	2,168	10,995	20,772	9,762	41,329	181,368	36,869	4,460

The figures in brackets are those for 1937.

TABLE IX.

Number of Notices issued to Parents of Children Reported to have Defects during 1938.

(1) Elementary and Special Schools.

School Medical Officers' Cases—			
First Notices		5,910	
Second Notices		782	
			6,692
Defective Vision Cases			9,102
School Nurses' Cases—			
Uncleanliness of Head—			
First Notices	10,843		
Second Notices	5,396		
Special Notices	1,032		
Final Notices	3,928		
		21,199	
Uncleanliness of Body—			
First Notices	1,420		
Second Notices	230		
Final Notices	63		
		1,713	
			22,912
School Dental Officers' Cases			45,691

(2) Seconday Schools.

Defective Vision Cases	155
School Dental Officers' Cases	1,913
Total	86,465

TABLE X.

Number of Exclusions, 1938.

Defect.	Referred for Exclusion by		Total.
	School Medical Officers.	School Nurses.	
Uncleanliness of Head	6	2,533	2,539
Uncleanliness of Body	—	112	112
Ringworm	12	13	25
External Eye Diseases	11	28	39
Scabies	272	362	634
Other Skin Diseases	54	252	306
Other Diseases	6	8	14
Vision	8	—	8
Total 1938	369	3,308	3,677
Total 1937	278	3,622	3,900

TABLE XI.

Average Height.

Age last Birthday.	Elementary Schools.			
	Number Measured.		Inches.	
	Boys.	Girls.	Boys.	Girls.
4	1,053 (*991*)	982 (*978*)	39·9 (*39·9*)	39·7 (*39·5*)
5	1,290 (*1,479*)	1,309 (*1,403*)	42·4 (*42·0*)	41·7 (*41·8*)
8	2,704 (*2,831*)	2,817 (*2,860*)	48·7 (*48·7*)	48·4 (*48·7*)
12	2,575 (*2,603*)	2,460 (*2,704*)	55·7 (*55·7*)	56·7 (*56·5*)

The figures in brackets are those for 1937.

TABLE XII.

Average Weight.

Age last Birthday.	Elementary Schools.			
	Number Weighed.		Lbs.	
	Boys.	Girls.	Boys.	Girls.
4	1,053 (*991*)	982 (*978*)	37·6 (*37·6*)	36·7 (*36·4*)
5	1,290 (*1,479*)	1,309 (*1,403*)	41·2 (*40·8*)	39·7 (*39·6*)
8	2,704 (*2,831*)	2,817 (*2,860*)	55·3 (*54·9*)	53·5 (*53·2*)
12	2,575 (*2,603*)	2,460 (*2,704*)	77·5 (*77·6*)	81·1 (*79·9*)

The figures in brackets are those for 1937.

TABLE XIII.

SCHOOLS FOR HIGHER EDUCATION AND SPECIAL SCHOOLS.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1938.

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	—	—	—	—
Impetigo	—	—	1	—
Other Diseases (non-Tuberculous)	30	28	12	1
Eye—				
Blepharitis	—	2	2	1
Conjunctivitis	2	1	—	—
Keratitis	—	—	1	—
Corneal Opacities	—	—	—	—
Defective Vision (ex. Squint)	249	230	57	29
Squint	6	13	8	12
Other Conditions	4	1	1	—
Ear—				
Defective Hearing	8	6	13	6
Otitis Media	—	—	—	—
Other Ear Diseases	14	5	16	—
Nose and Throat—				
Chronic Tonsillitis only	14	41	13	13
Adenoids only	1	—	—	—
Enlarged Tonsils and Adenoids	2	2	14	—
Other Conditions	66	29	58	10
Enlarged Cervical Glands (Non-Tuberculous)	1	13	4	1
Defective Speech	3	9	—	3
Teeth—Dental Diseases— (*See* Table XIV.)				
Heart and Circulation—				
Heart Disease—Organic	5	26	9	8
Functional	4	54	1	3
Anæmia	1	7	6	1
Lungs—				
Bronchitis	7	13	22	4
Other non-Tuberculous Diseases	3	8	—	—
Tuberculosis—				
Pulmonary—Definite	—	—	—	—
Suspected	—	—	—	—
Non-Pulmonary—Glands	1	2	—	—
Spine	—	—	2	1
Hip	—	—	—	—
Other Bones and Joints	—	1	—	—
Skin	—	—	—	—
Other Forms	—	—	—	—
Nervous System—				
Epilepsy	—	3	1	—
Chorea	1	1	1	—
Other Conditions	6	25	9	2
Deformities—				
Rickets	—	—	6	—
Spinal Curvature	39	36	4	2
Other Forms	170	238	25	9
Other Diseases and Defects	63	143	7	13

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

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

	Number of Children.		Percentage of children found to require treatment.
	Inspected.	Found to require treatment.	
Schools for Higher Education	2,218	587	26·5
Special Schools	434	196	45·2

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 ..	479	21·6	1,455	65·6	282	12·7	2	·1
Special Schools ..	26	6·0	305	70·3	101	23·2	2	·5

Table XIV.

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

(1) Number of children inspected by Dentists—

(*a*) Routine Age Groups—

Age.	Schools for Higher Education.	Special Schools.
6	—	9
7	—	14
8	—	30
9	—	46
10	12	49
11	89	70
12	166	75
13	179	81
14 and over	439	53
Total	885	427
(*b*) Specials	8	35
(*c*) Total (Routine and Specials)	893	462
(2) Number found to require treatment ..	714	361
(3) Number actually treated	686	351
(4) Attendances made by children for treatment	1,416	597
(5) Half days devoted to—		
Inspection	10	4
Treatment	227	85
(6) Fillings—		
Permanent Teeth	1,819	564
Temporary Teeth	—	—
(7) Extractions—		
Permanent Teeth	464	270
Temporary Teeth	90	259
(8) Administrations of General Anæsthetics for Extractions	301	266
(9) Other Operations—		
Permanent Teeth	364	35
Temporary Teeth	—	—

APPENDIX B.

SPECIAL INVESTIGATIONS.

Investigation into the Use of the Leeds Reading Aid for Partially Sighted Children

by

G. Black, F.R.C.S. (Consulting Ophthalmic Surgeon).

G. E. St. Clair Stockwell, B.A., M.B., B.C.

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A. Andrews, Headmaster, School for Blind Children.

L. Hardcastle, Assistant Teacher, School for Blind Children.

A class for Partially Blind (now termed Partially Sighted) children was formed at the Leeds School in 1911 and later on there were sufficient children of this type to form two classes. In 1917 the School was reorganised for the admission of myopic children and for a number of years there were two classes for partially blind and one for myopes. The partially blind were permitted to use books of good type but the myopes none at all. All writing was done with a white medium—chalk or crayon—on a black surface. Reading for myopes consisted of passages written out by the teacher in large script meticulously joined up on a special sheet. Arithmetic was given by dictation from the teacher or from a few sums most carefully written out on the blackboard, all of which were completed in very much less time than it took the teacher to write them. It cannot be wondered that the standard of attainment was very low and that the pupils resorted surreptiously to reading most unsuitable type under far from ideal conditions as an outlet for their natural desire to improve themselves. At the same time children whose sight, in the opinion of the Ophthalmologist, was "very bad" were placed in classes with blind children and taught on blind lines. The teachers were given definite instructions that it would be very harmful for these children to use their eyes. These were the children whose hands and books had to be covered to prevent them from reading Braille with their eyes and these were they who could be found in out-of-the-way, ill lighted corners reading "bloods and comics" at queer angles and with the paper so close to the eyes that their noses got blackened with the print. It was evident from a teaching point of view that these particular children had a "sighted" outlook, and that probably the Ophthalmologist had under estimated what they could do even with the restricted sight left to them. These children were not able to be certified blind when the definition of blindness was issued under the Blind Persons Act. While one would question their having been placed with blind children in school it is a somewhat significant fact that in a

comparatively short time after leaving school many of them came back to the Blind Persons Act Committee duly certifiable. In the opinion of some the further loss of sight was due, not so much to inherent disease as to the care and anxiety of being buffeted about as misfits in a sighted world.

The Report on the Education of the Partially Sighted (1934) substituted the term " Partially Sighted " for " Partially Blind " and pointed out that most if not quite all of those children would have to earn their living in sighted occupations and that, therefore, they should be taught on sighted lines.

Leeds had been much concerned about the education of the partially sighted even before this Report was published. In 1932 the late Mr. S. D. Lodge was the Consultant Ophthalmic Surgeon to the Committee and, on his advice, the restrictions on reading were somewhat modified. He felt that these children should be getting a better education to enhance their employability since their physique and physical condition in many cases needed sedentary employment and that too many of them had gone into blind alley jobs. He further pointed out that short sighted (myopic) children tended to be book worms. That, in general, they did not like games because they were not good at them, possibly because their glasses restricted the field of vision. There are other reasons too ; for example, in some high myopes there is a sort of time lapse in receiving impressions of a ball in flight which causes them to see it when it has gone so to speak, and the fear of " detachment of retina " constantly drummed into the teachers who took physical training and who supervised games.

Under Mr. Lodge's direction much time was spent by the teachers in the selection of books of suitable type, suitable kinds of paper, etc. Attempts were made to improve the lighting on children's desks to ensure good illumination of the reading matter without shadow. With the co-operation of his colleague, the late Mr. Harry Lee, he prepared a statement for the Departmental Committee then sitting, and it is worthy of note that their suggestions for the selection of children needing special partially sighted provision were almost identical with the recommendations of the Committee. The use of books specially printed in large type was advocated, and the specimen copies available were eagerly devoured by the children, but the cost of these books was so prohibitive that one could not expect that more than samples of literature would be available. As an example it was found (by Messrs. Arnolds) that a 6d. reader printed in special 24 point type would cost 13/6 each copy for an edition of 500 and that without royalties or illustrations. At best a Central Library for all partially sighted schools

could be set up with a very limited range of literature. Scientific test books would be out of the question and storage would be a "big" problem.

With this in mind we in Leeds decided to investigate the possibility of using the ordinary school books by enlarging the print artificially by the use of lenses. Our experiments with large type books has already indicated that spacing was as important as size of print. Certain pocket model lenses were available but they failed to satisfy in that they were not rigid, there was no capacity for corrective adjustment and they did not cover a sufficient area to allow of real reading as distinct from reading word by word. Our first attempts were made with a lens in a metal frame attached to the desk by adjustable metal arms so that the child could adjust the lens to the book and at the same time the teacher could observe that his posture was correct, a very important consideration in the treatment of myopia. We soon found that magnification alone was insufficient and that illumination was equally important, for with day-light or the ordinary overhead lighting of the classroom there was chromatic aberration and reflections from the polished surface of the lens itself. To obviate this a cowl was fitted to the lens holder carrying an electric light bulb in such a position as to give the maximum illumination on the enlarged print and to be shaded from the eyes.

The lens used is a +3·5D. plano-sphere with the plane as the under surface. It is cut into an oblong block measuring $6\frac{1}{2}'' \times 3\frac{1}{4}''$ and fits into a rigid metal frame for attachment to the desk. This lens gives a linear magnification of 2. The $6\frac{1}{2}''$ covers the page width of most ordinary books and the $3\frac{1}{4}''$ gives a sufficient length of the page for the average reader for, of course, we do not read word by word but in whole groups of words. The cowl for the lamp is built into the top part of the frame and acts as a reflector, being specially shaped for that purpose.

The introduction of illumination entailed further research in the matter of :—

1. Colour.
2. Intensity.

In the original model, 25 Watt bulbs of various tints were used and, as a result it was found that a light amber tint was most beneficial for myopes and a pale flesh tint for other partially sighted children. The National Institute for the Blind, which has been of much assistance in this research, suggested, through their expert, the use of tinted glass screens instead of painted bulbs as being far more likely to give a constant tint. This suggestion has been incorporated in the latest model.

For the experiments in intensity a rheostat was fitted to give five variations of lighting intensity and, from our observations, over a good period we have concluded that a 20 Watt bulb will give the best illumination for myopes and a 25 Watt for partially sighted. These fittings can be standardised for a very large percentage of the children and one rheostat control would decide the most suitable intensity for the few abnormal cases.

The points that have impressed us here are that the children benefit more from good local illumination than from much brighter general light also that the best tint is obtained for myopes by cutting the red rays down to a minimum.

The essentials of the device are :—

1. Magnification.
2. Illumination.
3. Tinting.

It will be understood that the device cannot be held in the hand, even for a few minutes, as it is too heavy. The best method is to fix it to a desk. Our first objective is to seat the child in a good position and then adjust both the desk and the device to suit him. The somewhat old type of desk that we use is particularly suitable in that it can be elevated in front and behind giving us a desirable position in height and in slope. The desk attachment must essentially allow for movement up and down so that the lens always remains parallel to the plane of the desk. Our own is so arranged that it can also be turned out of the way when the desk is used for other purposes. It must be easy of correct and quick adjustment. It is most important that the class teacher should train the children to adjust the lens to avoid chromatic and spherical aberration and to ensure that his line of vision is at right angles to the plane of the lens. When used in daylight, the reflections from the windows can be eliminated by judicious screening.

When using the Aid for writing, only the illumination comes into play. The lens holder is placed in such a position that, if the child attempts to get his eyes too close to the work, he meets with obstruction. He is, therefore, compelled to write a fairly large hand at almost full arm's length, thus preserving the desired posture.

This wider use of reading has taken us a long way on the road of the " approach to normal " in our education of myopic and partially sighted children. In addition to using the ordinary school books, we have built up a fairly extensive library for leisure hours. The local Inspectors have expressed their appreciation of the wideness of the reading and the intelligent use that the children make of the books at hand. The fact that they may read normal library books and even " bloods and comics " provided

they use the lens fully satisfies their natural desire for reading and we have no fear that they will resort to their old bad habits of reading anything under undesirable conditions.

Side by side with the development in reading we get a more widespread development in the other subjects of the curriculum especially Geography and History. It was said that myopes generally had a very low standard of attainment in these subjects. When one considers that in these subjects they were continuously being read to, and talked at, with nothing to which to pin the facts, one cannot wonder that the statement bears a modicum of truth. In these subjects we are carrying out further experiments in illustration, and for this purpose an episcope would be of the utmost service. Generally speaking myopes do not readily pick out details in the ordinary book illustrations. An ordinary map in the Atlas means nothing to them, there is too much detail. Coloured masses give much better impressions than lines. Given much larger illustrations they begin to pick out details that are commonplace to the normally sighted child and it is these same commonplace details that form so much of the normally sighted child's attainment.

In general a very large field of research lies ahead. We have made an excellent start and are marching forward step by step in the path of progress.

Twenty-nine high myopes have been using the Aid for a full period of twelve months at least and careful examination of their eyes at regular intervals during this time, associated with a study of their visual records has been made

The analysis shows :—

1.	*Number showing no increase either before or since using	5
	*Number showing increase before but none since using	16
	*Number showing increase before and since ..	4
	Number whose progress before usage was unknown	4
2.	Number showing no increase since usage ..	24
	Number showing increase since usage ..	4
	Not finally estimated (in Hospital)	1

* These children have been under observation for various periods from 3 up to 9 years.

It will be observed that in four cases there is an increase in myopia, but of these only one was greater than the average yearly increase and as he was not refracted on admission, it is probable

that his vision was not fully corrected since his visual acuity was 6/24.6/24 with glasses. A very interesting point in this case is that this improved to 6/12P. 6/9P. during the period of observation.

Increase in visual acuity has been found in one or two other cases and this point is being carefully watched. It is striking to find that 24 cases out of 29 have had no increase and more noteworthy still that 16 who had previously shown an increase are now stationary. Whilst it may be too early to dogmatise, and it is admitted that the series is a small one it would seem that the use of the Aid does little or no harm to myopic eyes. Is it possible that its use may check progress of the disease ?

There is no claim as to perfection, only an attempt to solve a problem. One thing is certain ; the children like the Aid and have profited educationally thereby.

NURSERY SCHOOLS AND CLASSES.

REVIEW OF RECORDS FOR THE PAST FIVE YEARS.

Dr. G. F. Prince, M.B., Ch.B., D.C.H.

The figures which follow relate to the case histories of 1,132 children, who have been examined in the Nursery Schools and Classes of Leeds during the period 1934-38; also to the records of the First Routine Examinations of 846 children during the period 1936-38.

The seven Nursery Units with their 480 scholars are situated in various parts of the city and are fairly representative of the school community as a whole. Some are in low lying areas scheduled for demolition, and others are situated on new housing estates at higher altitudes. In some classes the children of artisans and tradesmen form a considerable proportion, while in others the children of unskilled and unemployed labourers predominate.

All children in the Hunslet and Woodhouse Nursery Schools take their mid-day meal in school. In the Nursery Classes 74 per cent. of the children remain for dinner. Taking the group as a whole 21 per cent. have been granted free meals.

Changes in the industrial situation, and the opening of Nursery Blocks attached to Infants' Schools on new housing estates have resulted in a slight improvement in the average social conditions of the group during the five year period. For example, in 1935 the proportion of unskilled and unemployed fathers was 60 per cent., whereas in 1938 the proportion had fallen to 50 per cent. The effect of rehousing is shown by a rise in the proportion of children coming from homes provided with baths or hot water, from 31 per cent. in 1935 to 56 per cent. in 1938.

During the whole period 30 per cent. of the mothers have been employed outside their homes.

The need for medical supervision in school is shown by the figures relating to attendance at Child Welfare Centres. Fairly

regular attendance at the Centres had been made by 52 per cent. of the children, but the great majority had ceased to attend some time before entering school. Of the remainder 30 per cent. had made occasional attendances, and 18 per cent, had never attended a Welfare Centre at all.

Figures showing the consumption of fresh milk at home are instructive, and significant in their bearing on the question of school feeding.

TABLE I.

FRESH MILK CONSUMED AT HOME, 1934-38.

Amount of Milk	No. of Children	Total
1 pt. daily	100	495
¾ pt. daily	80	
¼-½ pt. daily	315	
¼ pt. or less daily	245	422
"Sundays only"	41	
Tinned milk only	136	
Total number of children		917

i.e., 46 per cent. of the children received a quarter of a pint or less of fresh milk daily.

Further notes on diet will be found on page 55 of this Report.

An attempt has been made to assess the general health and the nutritional state of the children from various angles. The Tables which follow are designed to differentiate between those defects which are at present considered to be unpreventable, and those which could be prevented, or very greatly reduced in number, by the adequate practice of preventive medicine.

TABLE II.

PREVENTABLE AND UNPREVENTABLE DEFECTS.

Defects noted at First Routine Inspection of 845 Nursery Children during 1936-37-38.

Defect	No. of Children affected
1. Defects which are not regarded as preventable—	
Squint	21
Congenital Deafness	2
Congenital Deformities	4
Organic Nervous Disease	4
Heart Disease—Functional	8
Organic	2
Infantile Eczema	5
Severe Mental Retardation	3
Miscellaneous	7
2. Defects largely preventable by improved diet and Hygiene—	
Blepharitis and Conjunctivitis	23
Otorrhœa	17
Deafness (Inflammatory)	3
Tonsillar Hypertrophy	97
Enlarged Cervical Glands	5
Temporary Nasal Catarrh	188
Chronic Nasal Catarrh	189
Temporary Bronchial Catarrh	49
Chronic Bronchial Catarrh	51
Gross Dental Caries	251 (1,117 teeth decayed)
Skin Diseases	70
Skin Defects (Pallor and Poor Texture)	165
Deformities chiefly due to footwear	13
Nutritional and Postural Defects of bone structure and muscle tone *e.g.*, asthenic posture, knock knee, flat foot, bowed legs, grooved ribs and general hypotonia	252
Rickety Deformities } included above	88
Requiring Massage }	26
Subnormal Nutrition (Class 3)	71
Miscellaneous	32
3. Defects largely preventable by wise discipline and habit training—	
Enuresis (after 3 years of age) Stammering, behaviour problems, etc.	102
Retarded mental (social and emotional) development	44

The Nutritional state of this group, according to the Board of Education's classification is as follows :—

Class 1.	Excellent	7%
,, 2.	Normal	85%
,, 3.	Slightly subnormal	8%
,, 4.	Bad	Nil

During the past eight years one's conception of normal nutrition appears to have been in substantial agreement with that of colleagues in the City and in other parts of the country. For some time one has felt that the word " average " might give a better description of Class 2 than the word " normal," which to the popular mind appears to suggest something bordering on the optimal. A certain sense of dissatisfaction with the condition of this " normal " group has been reflected in the clinical descriptions of the children for some years, but these observations did not lend themselves to statistical analysis. It was, therefore, decided three years ago to adopt for use in Nursery Units a form of record card which showed certain additions to the Board of Education's schedule for medical inspection. Columns headed Posture, Muscle Tone, Skin (colour) and Skin (texture) were accordingly added.

The result, as shown in Table 2, is a somewhat formidable collection of figures giving concrete evidence of those minor departures from optimal health which are so typical of the groups as a whole, and so intimately related to the wider aspects of nutrition.

Under the heading of " Nutritional and Postural Defects of Bone Structure and Muscle Tone " are listed 88 cases of knock knee (the majority of which are associated with flat foot). Of these only 31 showed definite evidence of rickets elsewhere.

With a view to differentiating more successfully between the various categories of knock knee, the records of over 1,000 Nursery children have been studied with some care, and the following conclusions have been formulated :—

1. A degree of knock knee of one inch, which disappears in the sitting or lying position may be described as " postural " and dismissed as falling within physiological limits. No such case has been included in the figures given above. The condition appears to depend partly on the shortness of the lower limbs in relation to the width of the pelvis at this age, and partly to the child's top-heavy proportions, and its tendency to balance itself by means of a wide base and braced knees.

2. Knock knee of one inch or more, which persists when the child is sitting or lying may be taken to indicate rachitic changes in the bone.

3. " Postural " knock knee of two or three inches is shown by the records to be generally accompanied by certain defects of bone, muscle tone, skin or mucous membrane suggestive of rickets, or some other member of the large and as yet ill-defined group of deficiency diseases.

REMEDIABLE AND IRREMEDIABLE DEFECTS.

In order to show the degree of medical attention required by this group of children a classification somewhat similar to that recently proposed by the Department of Health for Scotland has been used, as follows :—

Class I. Children free from defects.

Class II. Children otherwise free from defects, suffering from dental caries.

Class III. Children suffering from ailments from which complete recovery is expected within a few weeks :—

(*a*) one such defect ;

(*b*) more than one defect.

Class IV. Children suffering from ailments requiring medical attention during a long period, in which case full recovery is to be expected :—

(*a*) one such defect ;

(*b*) more than one defect.

Class V.—Children suffering from ailments requiring prolonged medical attention, in whose case complete restoration of function is not considered possible.

Class III. includes, for example, temporary catarrhs and other infectious diseases, otorrhœa, blepharitis, wounds and skin diseases, enlarged tonsils requiring observation, etc.

Class IV includes a large group of defects indicative of chronic subnormal health, such as subnormal nutrition, chronic respiratory catarrhs, rickety deformities and postural defects ; and also conditions such as squint and foot deformities which, although compatible with good general health, necessitate medical attention during a long period.

Class V includes cases of cleft palate, club foot, congenital heart disease, birth palsy, infantile paralysis, epilepsy and severe mental defect.

TABLE III.
REMEDIABLE AND IRREMEDIABLE DEFECTS.
First Routine Inspection of 845 Children 1936-38.

Class	No. of Children	Percentage	
I	141	17	24·5
II	63	7·5	
III (*a*)	113	13	20
(*b*)	61	7	
IV (*a*)	158	19	55·5
(*b*)	296	35	
V	13	1·5	

That a certain reduction of defects occurs among the Nursery children is shown by the following table, which contrasts the condition of 214 children at the time of their First Routine Inspection with their condition after a year or more in the Nursery.

TABLE IV.

Column I — Classification at First Inspection			Column II — Classification after One Year or more		
Class	No. of Children	%	Class	No. of Children	%
I	35	20	I	32	38
II	7		II	49	
III (*a*)	19	14	III (*a*)	22	13
(*b*)	12		(*b*)	6	
IV (*a*)	37	66	IV (*a*)	46	49
(*b*)	99		(*b*)	54	
V	5		V	5	

Certain points call for comment in Tables III and IV.

1. A discrepancy between Table III and Table IV, Column 1, in the percentages of children in the various categories is to be explained by the fact that Table IV refers to a group which is, to a certain extent, selected. That is to say, every effort is made to keep malnourished children, and those with chronic disorders in the Nursery Classes for 18 months or more, whereas it is unfortunately necessary sometimes to promote more sturdy children before they have completed a year's attendance.

2. The serious amount of dental decay which occurs during the nursery years is indicated by a large increase in the numbers in Class II a year after admission. It is unfortunately the fact that the fate of these teeth was very largely determined during the pre-natal and early post-natal months, and the amount of dental hypoplasia noted among the entrants shows that the time for preventive measures has already passed. There is, however, a good deal of evidence among ex-nursery children in the City to show that good feeding from the second to the fifth year has a favourable effect on the permanent dentition, even though it comes too late to save the deciduous teeth from decay.

3. The number of children who remain in Class IV after twelve months or more points to the chronicity of the conditions included under this heading. A really substantial reduction of these defects occurs only in those children who have had two years or more in the nurseries. Where the Nursery Class accommodation in an

Infants' School is so limited that four-year-old children have to be moved on to make room for new three-year-olds the results obtained are not commensurate with the energy expended.

Another point to be considered in deciding the size of Nursery Units is economy of the Medical Officer's time. A monthly visit is highly desirable, but once a unit has become well established a full morning's work once a month (apart from special investigations and the administration of Mental Tests) is most likely to be provided by a group of 80 to 120 children.

TABLE V.

DEFECTS REFERRED FOR TREATMENT BY MEDICAL OFFICER DURING 1938

Defect	No. of Children
Otorrhœa	19
Squint	9
Dental Casualties	10
Skin Disease and Blepharitis	85
Tonsillar and Adenoid Hypertrophy—	
Operation advised	15
,, performed	9
Orthopædic Defects—	
Massage	26
Flat foot adjustments to shoes	27
Foot deformities for home treatment (crowded toes, etc.)	12
Instruction in nasal hygiene	117
Habit Training (over 3 years of age)	60
Miscellaneous, *e.g.*, measles, jaundice, nephritis, colitis, anæmia, etc. (referred to General Practitioners)	22
Total defects referred for treatment	402
Total number of children referred for treatment	280
Total number of children examined	571
Total examinations	989

INVESTIGATION INTO THE VALUE OF REMEDIAL EXERCISE CLASSES HELD IN ELEMENTARY SCHOOLS.

DR. I. HOLORAN, M.B., Ch.B., D.C.H.

Two schools were chosen for this experiment, School "A" being a large Mixed Department, and School "B" a Girls' Senior School. The experiment extended over a period of eighteen months.

As a preliminary measure all the girls of 11 and over were examined stripped to the waist without shoes or stockings, and notes were made of any postural defects of whatever degree.

The Schools were deliberately chosen as a contrast—School "A" draws the majority of its children from homes where the income is above a bare subsistence, and School "B" from poor homes, or from homes on a housing estate recently filled from a clearance area. In addition, School "A" is noted for the excellence of its physical training scheme, while the second group of girls, for reasons outside the School's control, has certainly not had the advantage of an equally good course of physical training. The desk accommodation of both schools is similar.

As regards nutrition, the number of cases in School "B" classified as Group 4, or bad, was no larger than that in School "A." On the other hand, a distressingly large number in School "B" was classified as Group 3, or of subnormal nutrition. If not actually undersized or under weight, they were flabby, lacking in alertness, sometimes pale, or showing some stigmata of old rickets. In the majority of cases there was a history of unsatisfactory diet, due to poverty or mismanagement, of overcrowding, insufficient sleep and an inadequate number of baths.

175 girls were examined in School "A," and 200 girls were examined in School "B."

Of the 175 girls examined in School "A," 34 were found to have postural defects. But of these, 15 had either been excused physical training owing to organic heart disease, etc., or had been transferred recently from other schools, so that only 19 girls who had had the benefit of the School Scheme had unsatisfactory postures. In School "B," 200 girls were examined and 74 were found to have postural defects—a striking contrast. Scoliosis, lumbar lordosis, poking heads, flat feet and round shoulders, were equally common.

In dealing with the problem the co-operation of the Physical Training Department was an essential part of the Scheme. One of our Organisers had already helped in the choice of the schools, and in securing the co-operation of both Head Teachers and Class Teachers. Two class teachers were available in each school who were known to be specially interested in posture and to have previously attended courses, and it was arranged that they should take postural classes, so that each school had one class for flat feet and one for general postural defects. The classes were held two or three times a week.

The majority of the 34 girls in School " A " were dealt with in this way, but owing to the large numbers involved in School " B," further classification was necessary. It was decided to reclassify the 74 cases, adding the worst ones to the Clinic waiting list, arranging for the teacher to take remedial work for a second group, and merely observing the progress of the third and mildest group following the arrangement for a daily period of Physical Training for the whole school, which the Head Teacher agreed to arrange instead of the previous twice weekly period.

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, in the other 24.

The following figures show the results :—

	School "A"	School "B"
Improved	6	5
No change	1	1
Cured	14	13
Absent or left ..	7	5

This appears highly satisfactory.

The majority of the very mild cases in School " B " which were left for observation only improved with the increased periods of

physical training provided, and with the generally increased interest in posture. Those who did not were drafted into the classes.

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 both schools have 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.

I should like to emphasise that the entire scheme depends for its success on regular visits from both the Medical Officer and the Physical Training Organiser. The former should go at least once a term and see all the girls with defective postures, in addition to the annual inspection. Some may be sufficiently improved to stop attending the special classes, and observation cases must be reviewed and reclassified as vacancies occur. The Physical Training Organiser should make monthly visits to ensure that the classes are being run on correct remedial lines, for it must not be forgotten that the class teacher is not a fully trained gymnast and needs supervision, and that the head teacher, class teacher and children gain encouragement and added interest from visits of both Doctor and Gymnast.

The experiment has come to an end owing to the loss of hall space in one school and the loss of a teacher in the other. But it has lasted long enough to prove its usefulness and practicability and to recommend its extension provided that adequate supervision is arranged.

NUTRITION RATIOS.

Dr. B. Schroeder, M.B., Ch.B.

A difficulty in assessing Nutrition is to estimate progress—satisfactory or unsatisfactory. In Leeds a Nutrition Quotient $\frac{\text{Weight in lbs.}}{\text{Height in ins.}}$ $\frac{W}{H}$ has been used in this connection. It went up rapidly as the child grew older and taller. At a height about 36-40″ the Nutrition Quotient was frequently about 1. Trying various formulæ, $H \times H$, instead of H seemed to provide a more

constant figure. The resultant figure was returned to about 1 by dividing forty times the weight by the height squared. The formula was then $R=\frac{40W}{H^2}$ (weight being in lbs., height in inches).

It was not expected that any simple formula would provide an absolutely constant figure from infancy through childhood and adolescence to adult. The changing build from chubby infant to slender child to solid man seemed to render this unlikely. It was hoped that the changes would be so slow that satisfactory comparison would be made, and that the total difference over a fair number of years would be small.

The formula was checked by using it for a large number of normals. Children examined at 12 years who had previously been examined twice at considerable intervals were chosen. Children first examined at 8 were excluded. Weights and heights at each examination were noted and the ratio for each age worked out. No case was excluded unless a previous examiner had expressed doubts over the measurements. Where previous measurements rendered present ones unlikely these were checked and altered. The records were then grouped. Group 1 contained those where the extreme deviation 5-12 years was less than ·1, *e.g.*, at 5 years R=0·83, at 8 years R=0·80, at 12 years R=0·90. Group 2 those cases where the extreme deviation was ·1 – ·15, *e.g.*, at 5 years R=0·90, at 8 years R=0·93, at 12 years R=1·05. Group 3 those cases where the extreme deviation was ·15 – ·2. Group 4 the cases where the deviation was more than ·2, *e.g.*, at 5 years R=1·0, at 8 years R=1·07, at 12 years R=1·24.

Average figures for Leeds children give the following :—

		Boys.	Girls.
At 4 years	R=	0·94	0·93
5 ,,	R=	0·92	0·91
8 ,,	R=	0·93	0·90
12 ,,	R=	1·0	1·0

In the first batch of cases summarised :—

439	out of	699	belonged	to	Group 1	62·7%
125	,,	,,	,,	,,	2	17·9%
74	,,	,,	,,	,,	3	10·6%
61	,,	,,	,,	,,	4	8·7%

Generally it was found that R about 0·8 tended to remain fairly constant, *e.g.*, at 5 years 0·80, at 8 years 0·77, at 12 years 0·81. At high levels there was an upward tendency similar to the example given in Group 4.

In the thinner children the constancy of the ratio made it a convenient method of estimating satisfactory progress. In the

sturdier children unexpected drops indicated the need for further enquiry into illnesses, *e.g.*, a case of rheumatism which had not been reported to the school authorities was thus brought to light.

DENTAL CARIES IN CHILDREN TAKING FREE MEALS.

A collective investigation by the School Dental Officers.

Numbers of Leeds school children have a free meal at mid-day as well as an apple and a bottle of milk and this investigation was an attempt on the part of the School Dental Officers to discover whether regular meals of a staple diet, milk and an apple a day, have had a beneficial effect upon the teeth of these children.

In an investigation of this description there must be a control group. The Dental Officers examined each child having free meals, when inspecting schools in their own areas, whether or not they were "Dental Acceptances" or "Dental Refusals." Through the kind co-operation of the Head Teachers, the Dental Officers were able to examine for each "Free Meal" child another who did not have free meals, but was of the same age and from the same area and having the same dental record, *i.e.*, "D.A." or "D.R." The minimum length of time the children examined had been having free meals was twelve months. The average at the end of the investigation was 1.73 years for boys and 2.1 years for girls.

A card was made out for each child examined giving age, length of time on "Free Meals," number of deciduous teeth, and number of permanent teeth, missing and present. Carious cavities and fissures were all charted minutely and the dental record as to "Acceptance" or "Refusal" recorded. The calcification of the teeth was noted as "Good," "Fair," "Bad" or "Hypoplastic." In addition, the tartar deposit was noted, whether hard or soft and its situation—also the stain and the use of the tooth-brush. Whether the child had gingivitis, hypertrophy of gingivæ or normal and healthy gums were charted and also articulation according to Angle's classification.

Altogether 1,400 children were examined in this way, *i.e.*, 350 boys having free meals, 350 boys without free meals and similar numbers of girls.

A great deal of work was entailed in transferring the records of each child to a chart so that some conclusion could be reached by comparing the various tables of figures. The ages varied from 6 years to 13 but owing to the numbers being low in some age groups a chart was drawn up from various figures for all ages, in each group examined, so as to obtain general results, if any. It being difficult to compare columns of figures a chart was made for comparison of the various findings of each group.

To save writing let the groups be called " A," " B," " C," and " D." " A " being those boys not having free meals, " B " being the group of boys having free meals, " C " and " D " being the corresponding groups of girls.

It was presumed that the first permanent molars would be the permanent teeth affected by caries before the commencement of free meals, and a separate chart of these teeth and the other permanent teeth present, shows interesting features.

Take the boys groups " A " and " B "—Although " A " has more permanent teeth present than " B," this is due to greater loss of first permanent molars in " B." The number of unsaveable first permanent molars is also greater in " B " than " A." Cavities in first permanent molars are more numerous in " B " than " A " but the reverse is the case in permanent teeth other than first permanent molars, and these are the teeth likely to be affected and aided to resist caries by a regular diet. There are actually fewer teeth in " B " than " A " but the difference is so slight that it does not affect the following issue.

In Group " A " amongst the permanent teeth other than first permanent molars there is 1 cavity to 9.6 teeth and in Group " B " 1 cavity to 13.6 teeth. In the first permanent molars of each group there is in " A " 1 cavity to 2.03 teeth and in " B " 1 cavity to 2.02 teeth.

Comparing these two sets of figures it is seen that the teeth before the meals were taken were in the same condition in both groups. After having free meals and an apple a day the teeth have fewer cavities than those of the control groups. This comparison points to the fact that these free meals have had a definitely beneficial effect upon the condition of teeth as regards the attack of caries.

Now taking the girls groups " C " and " D " the chart shows a difference in the number of permanent teeth present compared with the boys but the rest is similar.

Ratio of cavities in permanent teeth other than first permanent molars—in " C " 1 cavity to 10·13 teeth and in " D " 1 cavity to 13·08 teeth. Ratio of cavities in first permanent molars—in " C " 1 cavity to 2.34 teeth and in " D " 1 cavity to 2·58 teeth. This again shows the beneficial effect of the regular free meal and apple a day.

After comparing these figures it is very interesting to note the numbers in each group who used the toothbrush. The following table shows the comparison more readily than do words :—

Summary of Findings in connection with the "Free Meal" Investigation, 1938.

	350 Boys Non Free Meals	350 Boys Free Meals	350 Girls Non Free Meals	350 Girls Free Meals
Temporary Teeth present	2,690	2,877	2,174	2,206
Total Permanent Teeth present	4,719	4,627	5,396	5,588
Permanent Teeth unsaveable	100	121	109	131
First Molars unsaveable ..	90	109	93	114
First Molars already lost ?	235	138	159	134
Possible number of first Molars ?	1,400	1,400	1,400	1,400
Total Cavities in Permanent Teeth	962	881	939	817
Cavities in First Molars ..	582	626	529	486
Cavities in Permanent Teeth other than first Molars	380	255	410	331
Total first Molars present	1,165	1,262	1,241	1,256
Dental Record†	DA250 DR88 No record 12	DA226 DR111 No record 13	DA241 DR107 No record 2	DA202 DR98 No record 50
Use of Toothbrush—	*	*		*
Regular	79	29	116	80
Irregular	100	91	160	140
Never	170	222	74	127
Calcification—				
Good	196	180	172	170
Fair	93	104	135	120
Bad	50	45	38	36
Hypoplastic	3	11	5	16
Duration of Free Meals ..	—	612 years 1·73 yrs. per child average	—	730 years 2·1 yrs. per child average

* No record of missing number—probably due to doubt on part of examiner.

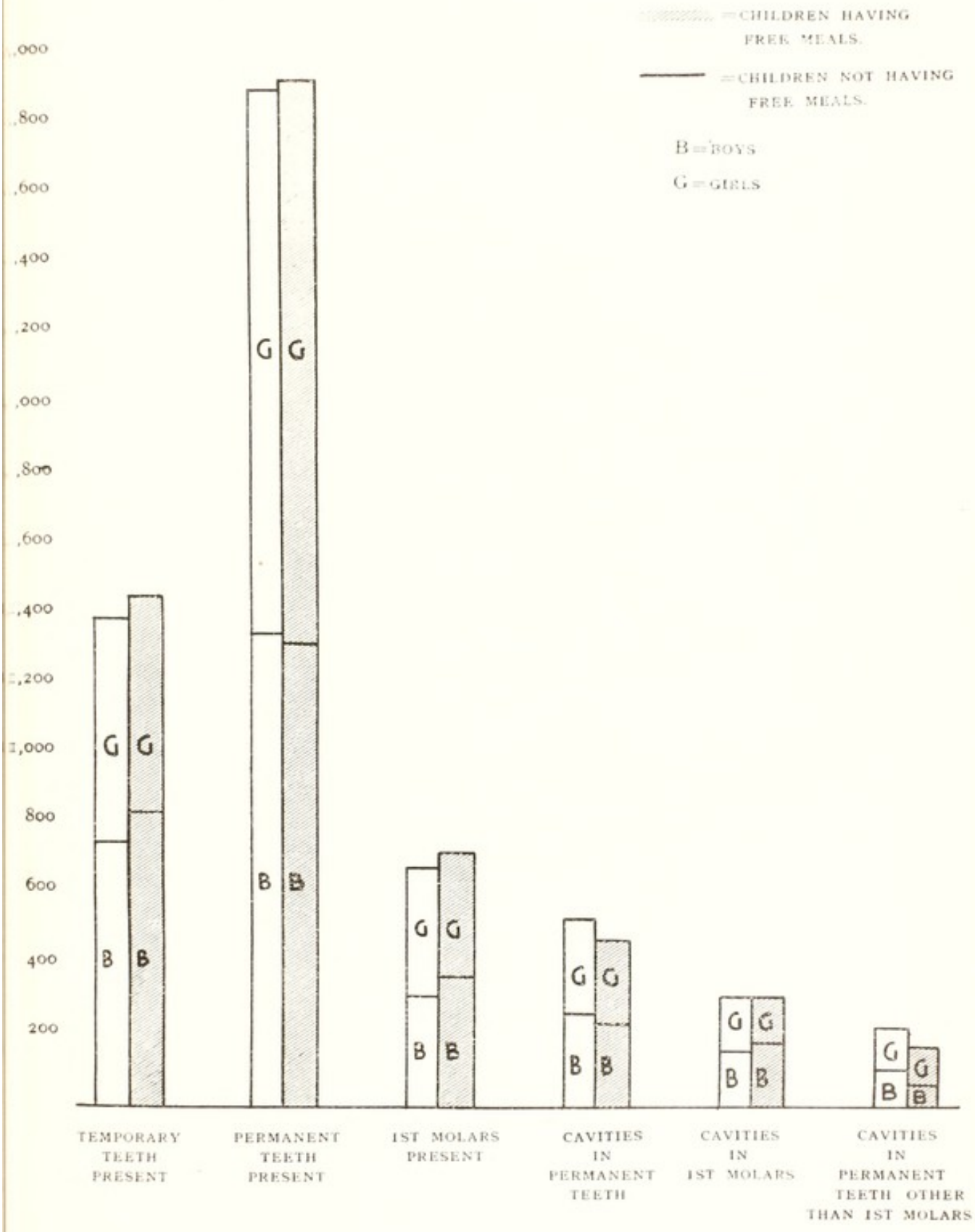
† DA=Dental Acceptance. DR=Dental Refusal.

It is also interesting to note that mouths showing hypoplasia which may or may not have been due to malnutrition varied thus:—

"A" Group had 3
"B" ,, ,, 11
"C" ,, ,, 5
"D" ,, ,, 16

INVESTIGATION OF TEETH OF CHILDREN HAVING FREE MEALS, 1938

CHART SHOWING FINDINGS PER 100 CHILDREN EXAMINED



APPENDIX C.

REPORT ON PHYSICAL EDUCATION, 1938.

It is pleasing to record continued progress in the standard of Physical Training in the City, due in no small measure to the increased accommodation for indoor work necessitated by the vagaries of an English climate. This increase has been brought about in two ways :—

(1) By the clearance of crowded areas whereby schools which at one time were overcrowded can now make provision for a physical training room.

(2) By an increase in the number of halls in close proximity to schools, hired by the Committee. Since the previous list was published in 1936 eleven schools have benefitted by this scheme. Below is a list of halls at present in use :

Schools.	Rooms.
Belle Vue Senior Girls' C.	Belle Vue Methodist Schoolroom.
Blenheim Boys' C.	All Souls Parish Hall.
Blenheim Girls' C.	All Souls Parish Hall.
Brownhill Council Annexe	St. Cyprian's Schoolroom.
Chapeltown Mixed C.	St. Matthew's Church Room.
Cross Flatts Park Boys' C.	Trinity Methodist Schoolroom.
Cross Flatts Park Girls' C.	Trinity Methodist Schoolroom.
Hawksworth Mixed C.	Hawksworth Wood Youth Community Centre.
Headingley C.	Headingley Parochial Hall.
Ingram Road C.	St. Edward's Hall.
Lower Wortley C.	Cliff Hall Working Men's Institute.
Middleton Junior Girls' C.	Middleton Church Hall.
Middleton Infant 'A' C.	Middleton Church Hall.
Primrose Hill Girls' C.	Y.M.C.A., Burmantofts.
Quarry Mount Girls' C.	Warburton Room, St. Gabriel's.
Rodley C.	Rodley Baptist Church.
St. Peter's Square C.	Good Shepherd Mission.
South Accommodation Road Girls' C.	St. Silas Mission and Y.W.C.A., Hunslet Branch.
Upper Wortley C.	Upper and Lower Wortley Liberal Club.
Whingate Road C.	Silver Royd Methodist Schoolroom.

All Saints Mixed C. of E.	Parish Room.
Armley C. of E.	Armley Parish Hall.
Bramley C. of E.	Bramley Church Young Men's Institute.
Burley Girls' C. of E.	St. Columba's Mission Room.
Burmantofts C. of E.	Y.M.C.A., Burmantofts.
Gledhow C. of E.	St. John's Parochial Hall.
Headingley C. of E.	Parochial Institute.
Hunslet St. Silas Boys' C. of E.	St. Silas Mission Room.
Hunslet St. Silas Girls' C. of E.	Y.W.C.A. Premises.
Manston C. of E.	Manston Parish Room.
St. Hilda's C. of E.	St. Saviour's Home Annexe.
St. John the Baptist C. of E.	Lincoln Fields Sunday School.
St. Saviour's Mixed C. of E.	Bethlehem Room.
Seacroft C. of E.	Seacroft Village Hall.
Shadwell C. of E.	Scouts' Hut.
Upper Armley C. of E.	Parish Hall.
Woodhouse St. Mark's C. of E.	March Institute.

Holy Family R.C. . .	. . Hut adjoining School.
St. Charles Infants' R.C. . .	St. Charles R.C. Club.
St. Charles B. and G.R.C. . .	Parochial Hall.
St. Mary's Girls' R.C.	. . St. Mary's Parochial Hall.
St. Joseph's Boys' R.C.	. . St. Joseph's Hall.
St. Joseph's Girls' R.C.	. . St. Joseph's Hall.

APPARATUS.

During the year three more Senior Boys Schools have been equipped with full apparatus. Where there is a qualified instructor, portable apparatus has been provided for those schools mentioned above which now have suitable indoor accommodation.

The demand for apparatus has again been particularly heavy and has exceeded the original estimate. Owing to the difficulties of storing the increased supply of small apparatus in some schools an experiment has been made with a specially constructed box. This method of storage has been found so convenient that it is hoped to extend the provision of the apparatus box to all schools in due course.

In many departments the work is hindered through lack of suitable footwear. There is a pressing need for some help in the provision of shoes in the poorer districts. Many activities suggested in the Board of Education Syllabus have to be omitted owing to the danger involved in their performance without proper footwear.

TIME-TABLES.

The general tendency has been for Head Teachers to increase the time allotted to the subject, not only because of the recommendations of the Physical Training Organisers, but because they have realised that the work, when taken by a competent teacher, has important and far-reaching results on the physical and mental well-being of the children.

TEACHERS' CLASSES.

Classes were held for those men and women teachers who desired to specialise in Physical Training in Senior and Evening Schools. A fourth group of such men and women completed their two years' training course during the Summer. During the eight years that this scheme has been in operation 178 men and 143 women have been successful in obtaining the certificate issued by the Education Committee for attendance at these Courses.

A Course for the revision of Senior School work for men teachers was also held during the winter months.

In addition 4 classes were conducted for the training of Keep Fit Leaders, men and women, all of which were well attended.

During the Autumn Term a Short Course based on the 1933 Syllabus and including simple dances and the use of benches in Group VI was arranged for women teachers.

A Vacation Course was held at the Leeds Training College during the first week of the Summer Holiday. Classes were organised for both men and women, and a comprehensive and intensive scheme of work was taken. For the first time at a Leeds Teachers' Course use was made of the medium of the films to amplify the instructions given and demonstrate various aspects of the subject. It is hoped to make increasing use of films for this purpose.

KEEP-FIT CLASSES.

Classes were arranged for the general public and proved very popular as the following figures show :—

Type of Class.	Number of Classes.			Number on Roll.		
	Men.	Women.	Total.	Men.	Women.	Total.
Keep Fit : Local Classes held in Evening Schools ..	26	55	81	557	1,934	2,491
Keep Fit : Central Classes (Thoresby Inst.) ..	12	10	22	378	412	790
Other Classes :						
Swimming	—	1	1	—	25	25
Dancing	—	3	3	—	81	81
Total ..	38	69	107	935	2,452	3,387

SWIMMING INSTRUCTION.

Mr. Morant reports as follows :—

Instruction in swimming for children of the Elementary Schools has been organised on lines similar to those of previous years, at a charge by the Baths and Property Committee to the Education Committee of three-halfpence a child for each visit to the Baths.

The swimming season extended from Monday, 25th April, to Friday, 14th October, 1938, a period of nineteen school weeks.

Every school has now 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, and of the fact that there are no facilities for swimming on the new housing estates, it has been found possible to maintain the aggregate number of attendances at the baths.

As in previous reports, however, the fact must be emphasised 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 30 minutes.

As the majority of the Baths are quite close to the centre of the city, while new schools are built mainly on the outskirts, the cost in time and money spent in travelling to and from the Baths will tend to increase. The provision of swimming baths attached to the new schools on the Housing Estates would solve the difficulty. Several local Education Authorities have already adopted this practice.

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	169,244	20	83	1,152	1,851	2,994	6,080
1933	174,085	18	127	1,387	2,013	3,442	6,969
1934	176,464	18	176	1,516	2,277	3,493	7,462
1935	165,639	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
1938	185,233	19	230	1,372	2,105	3,412	7,119

It will be noticed from the above Table that there is an increase in the aggregate number of attendances, but a slight decrease in the number of certificates. In this connection it must be stated that the standard of swimming required for each certificate has been raised considerably.

Instruction is provided at all the ten public baths and the three school baths. For the most part 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. The lessons 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 men teachers 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 45 minutes duration, which allows for approximately 30 minutes 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—rubber block, as supplied).

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

(1 and 4)—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	12	49	120	191	21	61	82	136	672
Blenheim	1	4	10	32	52	66	20	78	146	212	616
Bramley	2	2	1	20	39	60	7	43	48	115	333
Cookridge Street ..	2	1	20	66	82	125	1	21	37	62	414
Darley Street ..	2	3	—	27	45	49	2	62	93	172	450
Holbeck	4	1	18	126	165	202	5	62	89	161	828
Hunslet	3½	2	19	123	145	238	7	50	85	174	841
Hunslet Lane ..	1	4	6	35	42	74	31	64	116	182	550
Kirkstall Road ..	3½	1	8	76	135	212	6	34	56	121	648
Meanwood Road ..	4	3	14	146	177	274	—	73	124	222	1,030
Roundhay Open ..	½	½	—	1	1	11	1	4	8	13	39
Union Street ..	2½	—	4	49	77	116	—	—	—	—	246
York Road ..	3	1½	6	30	66	118	11	40	75	106	452
TOTAL ..	30	25	118	780	1,146	1,736	112	592	956	1,676	7,119

Boys	3,780
Girls	3,339
TOTAL ..	7,119

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 implementing of instruction. Alterations have been made in the conditions of award of the various swimming certificates granted by the Committee, the general effects of which has been the raising of the standard of swimming generally. The lighting and ventilation of the School Baths have been improved, but certain very necessary repairs and alterations are to be recommended.

In view of the increased numbers of children attending these baths the necessity for these improvements becomes a matter of urgency.

"ALDERMAN HYMAN MORRIS" AWARD.

The conditions governing the "Alderman Hyman Morris" Awards, which are given to encourage children to learn to swim, have been changed this year. It has been agreed that three Awards will be made, namely :—

1. Boys .. .. Prize Value £2.
2. Girls .. .. ,, ,, £2.
3. The school gaining the highest number of Royal Life Saving Society Certificates .. .. .. ,, ,, £1.

In Groups Nos. 1 and 2 the prize will be awarded to the school gaining the highest percentage of new swimmers in the current swimming season, the calculation to be based on the number of scholars on roll on the last Friday of the Swimming Season. "A new swimmer" is defined as a child who obtains the 3rd Class Certificate (25 yards) in the current season.

It is a pleasure to report a considerable increase in the number of Royal Life Saving Society Awards obtained :—

Elementary.	Intermediate.	Bronze.	Total.
124	30	1	155

In previous seasons very few children have been presented for these awards, and the increase is due in great measure to the enthusiasm of the teachers in the schools, who have trained classes out of school hours.

The scheme for Advanced Swimming Instruction which was commenced in 1929 has been continued during this season at nine of the Corporation Baths, with a total attendance of 8,140. The successes of Leeds children in county and national competitions in recent years are a direct result of this scheme. The charge to the Education Committee for these classes is on the same basis as the ordinary classes with the addition of the Instructor's fee of 1/- per 20 scholars.

In connection with Physical Training for students at the Technical Training School for the Blind, classes in swimming have been held at Union Street Baths for boys and girls. They have proved satisfactory and popular, and in spite of the disability of the students a high standard of work has been reached.

Instruction in Swimming for the pupils of Secondary Schools not possessing their own Swimming Bath was arranged as in previous years at a charge to each pupil of 2½d. a visit. During the season 7,946 attendances were made.

COMPETITIVE SWIMMING.

As in previous years the Annual Swimming Galas have been organised under the auspices of the Leeds Schools' Swimming Association. Eight District Galas were held at the various baths at the end of the Summer Term. The Semi-Final and Final Galas were held at Armley Baths, the latter being on the 14th September. The Galas were well attended by children and the general public.

YORKSHIRE SCHOOLS' AMATEUR SWIMMING ASSOCIATION.

The fourteenth Annual Inter-District Gala of the above-named Association was held at the Glossop Road Baths, Sheffield, on Saturday, 24th September. The standard of swimming was exceptionally high and the competition very keen.

In competition with teams from Barnsley, Bradford, Doncaster, Huddersfield, Hull, Rotherham, Scarborough, Sheffield, Wakefield and York, Leeds won the County Championship for the fourth time in succession. Four records were broken.

A team of four boys from Burley C. of E. Boys' School won the English School Boys' Championship at Weston-super-Mare, on 26th September, 1938, thus repeating their fine performance of last year.

The many Trophies gained were presented in the schools on the 13th October by a deputation of representatives of the Baths and Property Committee and the Education Committee.

SCHOOL CAMP.

Although this was only the second complete season for the school camp on this site, figures prove that the change to Leyfield Farm, Ilkley, has not affected its popularity.

The camp opened on Monday, 9th May and closed on 26th September, a period of 20 weeks. During the Season 2,314 children enjoyed a week there, 488 children attended free of charge, being the guests of the Leeds Elementary Schools' Athletic Association. The camp experienced one of the best seasons in its history, the numbers equalling those of the most successful year at Windsover Farm. Owing to the large number of applications it was found necessary to extend the duration of the camp.

It was decided to continue the scheme inaugurated in 1935, of devoting one week to children from the Special Schools. These children attended during the week commencing 29th August and had a most enjoyable time.

PLAY CENTRES.

More than 1,700 children attended each evening at the four play centres organised by the Education Committee at the following Council Schools :—

Beckett Street, Low Road, Park Lane and Princes Field.

This was the first season that a Play Centre had been held at Princes Field Council School, the change from Isles Lane Council School being necessitated by the demolition of the area under the slum clearance scheme. In addition, two play centres were organised by the Yorkshire Ladies' Council of Education at Hunslet Lane Council School and Woodhouse Council School.

It is felt that the Play Centres serve a useful purpose in providing an opportunity for children to spend their leisure hours in happy circumstances and in the pursuit of useful occupations. Were it not for the Play Centres the children of the areas served would be obliged to play in the streets with the attendant moral and physical dangers.

THE KEEP FIT MOVEMENT.

On April 1st, 1938, the Swedish Gymnastic Olympic Teams of men and women gave a demonstration at the Leeds Town Hall to a large and enthusiastic audience. This proved a fitting climax to the series of demonstrations which had been arranged by the Physical Training Department in response to one of the suggestions contained in the Government White Paper, Board of Education Circular 1445, that local demonstrations should be arranged to stimulate or arouse interest in the National Keep Fit Movement.

CHILDREN'S DAY.

In co-operation with the Leeds Elementary Schools' Athletic Association the Physical Training Department arranged a series of displays in the various branches of Physical Training on the arena at Roundhay Park on Saturday, June 25th. The programme included :—

Assembly of 2,000 Display Children round the Arena.

Greek Dancing by 160 girls.

Infant Work by 360 children.

Dancing by 480 girls.

Massed Physical Training by 1,000 boys.

Deck Tennis by 200 girls.

DEMONSTRATIONS FOR THE STUDENTS OF THE CARNEGIE PHYSICAL TRAINING COLLEGE.

At the request of the Warden of Carnegie College, the following demonstrations were arranged :—

10TH OCTOBER, INGRAM ROAD C. INFANTS' SCHOOL.

9.30— 9.50 Nursery Class.
9.50—10.10 Class II, aged 4 years.
10.30—10.50 Class III, aged 5 years.
11. 5—11.30 Class IV, aged 6 years. Secondary lesson including play with apparatus.

12TH OCTOBER, BURLEY ROAD C. JUNIOR MIXED SCHOOL.

2. 0— 2.30 Standards 1 and 2 Girls—Physical Training Lesson.
2.30— 3. 0 Standards 2A and 3 Girls—Physical Training Lesson.
3.15— 3.45 Standard 4—Organised Games Lessons.

17TH OCTOBER, BRUDENELL C. GIRLS' SCHOOL.

1.45— 2.15 Senior 1A—Physical Training.
2.15— 2.45 Senior 3A—Physical Training.
2.45— 3.35 Forms 1A and 4—Greek Dancing. Elementary and Advanced.
3.35— 4. 0 Form 3B—Games' Lesson.

19TH OCTOBER, MIDDLETON SENIOR BOYS' SCHOOL.

1.40— 2.15 Physical Training (11 year old).
2.15— 2.50 Physical Training (13 year old).
3.20— 4. 0 PARK LANE SENIOR BOYS' SCHOOL.—Physical Training (13 year old).

CONCLUSION.

In concluding this report the Organising Staff thank the Education Committee, the Director of Education and Chief Inspector of Schools for their continued interest and support.

Tribute is paid to the untiring efforts of the teachers of Leeds who continue to devote much of their spare time to the physical welfare of the boys and girls through the medium of various sports and games, in spite of indifferent facilities.

Owing to my extended illness at the time this report was compiled I acknowledge the help given by Miss Bennett and Mr. Morant, of the Physical Training Staff, in producing this account of the year's activities.

SIDNEY SHAW,
Chief Organiser of Physical Education.

APPENDIX D.

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

Byelaws for the regulation of children employed out of school hours and for children and young persons engaged in street trading have been enforced in Leeds since June, 1912. Prior to that date, no restrictions were applied to the employment of children who were outside the provisions of the Factory and Workshop Act.

Between January and June, 1910, careful enquiries were made throughout the city as to the number of children in full-time attendance at school who were employed out of school hours, and when the results of the enquiry were tabulated, the total number was 4,343.

Of these, 2,963 were boys and 1,380 were girls. Out of this total, 1,449 were children of ten years of age or under, 903 of whom were boys and 546 were girls. 73 of the number were children of seven years of age.

A somewhat disturbing feature of the enquiry was that a considerable number of children worked fifty hours a week in addition to the $25\frac{1}{2}$ hours school work. Many of the children were engaged in occupations which under present byelaws are prohibited, while 214 of the total number were employed on Sundays.

On the introduction of byelaws, the employment of children who were under the age of 12 years was prohibited and no girl was allowed to engage in street trading under the age of 16 years. Restrictions were placed on male traders, and boys over the age of 12 years and youths between 14 and 16 years, employed in street trading, were required to obtain a licence from the Local Authority and to wear a badge on the left arm during the hours they were permitted to trade in the streets.

On the passing of the Education Act of 1918, it was necessary to revise the byelaws and further restrictions were imposed :—

(*a*) The minimum age for street trading for boys was raised from 12 to 15 years and trading on Sunday was made illegal.

(*b*) A list of prohibited employments was included in the byelaws.

(*c*) Employers were required to specify the periods of employment.

(*d*) The number of hours during which a child might be employed was limited to two on a school day and to four hours on days when schools were not open.

(*c*) No child was permitted to be employed on Sundays except for the delivery of milk and then only between the hours of 9 a.m. and 11 a.m.

The provisions of the Children and Young Persons Act, 1933, made it necessary to further revise the byelaws. By Section 20 of the Act, street trading is prohibited by persons under the age of 16 years, but an exception is made in respect of young persons who have not attained 16 years of age providing a byelaw has been made permitting such young persons to be employed by their parents in street trading. Leeds Local Authority has not found it necessary to make such a byelaw.

It may be of interest to record that during the first year, byelaws for the regulation of the employment of children and young persons were administered by the Education Authority, eighty employers were prosecuted and over 2,000 Warning Notices were served.

During the year 1938, although the number of school children employed is considerably greater than the number employed during the first year byelaws were in operation, the offences were greatly reduced and it has been necessary in six cases only during the twelve months to institute proceedings for illegal employment.

The present byelaws permit a child between the age of 12 and 14 years to be employed for a period of two hours on a school day and for four hours on Saturdays and during school holidays.

Boys or girls over the age of twelve years may assist in the delivery of milk or newspapers for one hour before morning school, namely, 7 to 8 o'clock, and for one hour after school, namely, between 5 and 6 p.m., or if the employer should so choose, the two hours employment may be taken at one time, namely, 5 to 7 p.m.

In view, however, of the provisions of the Education Act of 1936, which, from the 1st September, 1939, raises the age of compulsory attendance at school to 15 years plus, the Local Authority may deem it advisable to again revise the Employment of Children Byelaws with a view to raising the minimum age of employment, which is now 12 years, to the age of 13 years, and at the same time consider the desirability, in the best interests of the children concerned, of prohibiting the employment of any school child before 5 o'clock in the afternoon of a school day. That is, to cut out employment before morning school.

At the present time boys delivering newspapers are required to be at their employers' premises by 7 o'clock in the morning, and this necessitates getting up at 6 o'clock and in some cases, earlier. Their delivery rounds vary in size. Some boys do their rounds in one spell of delivery, taking the whole of their papers at one time;

in other instances, because of the area to be covered, boys make two journeys and find it difficult to complete their work within the hour permitted. Consequent upon the class of literature to be distributed there is a difference in the number and weight of papers and periodicals boys are required to carry. Deliveries on Thursday and Friday are considerably heavier than on the mornings earlier in the week. Many of the boys are required to deliver periodicals at the same time as they deliver newspapers, and consequently are tired at the wrong end of the day.

No doubt these points will receive consideration should the Local Authority decide on a revision of the regulations.

During the past year 1,104 children (1,085 boys and 19 girls) have applied for permits to enable them to take up part-time employment. Of this number, 136 children were found suffering from minor physical defects but not sufficiently detrimental to prevent them being employed, *e.g.*, 73 were suffering from defective vision; 11 had flat feet, and some were verminous and had skin trouble.

Advice was given by the School Medical Service as to precautions to be taken and the nature of treatment to be secured. All cases were followed up by members of the School Medical Service or the School Attendance Section, and suitable treatment was obtained and the defects corrected.

General Employment.

On the 31st December, 1938, the number of children in possession of permits was 1,224, an increase of 81 on the previous year. These children were employed in the following occupations :—

Nature of Employment.	Hours.	Boys.	Girls.	Total.
Newspapers	*7–8 a.m.	518	2	520
.. .. ..	5–7 p.m.	395	4	399
Milk	*7–8 a.m.	12	2	14
.. ..	5–7 p.m.	10	2	12
Grocers	5–7 p.m. 9 a.m. to 1 p.m. on Saturdays	64	1	65
Greengrocers	do.	38	4	42
Butchers	do.	41	—	41
Bakers and Confectioners	do.	39	2	41
†Various	5–7 p.m.	83	7	90
Totals ..		1,200	24	1,224

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, dyers and cleaners, cobblers, tailors, florists, 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 is so arranged that the child shall be free for rest and recreation for a continuous period of not less than five hours.

Offences and assistance by the Police.

The number of offences discovered during the twelve months was 202. Very helpful assistance in the administration of the byelaws was rendered by members of the police force, especially in the outlying districts of the city. Thirty-two of the offences were in respect of children employed below the minimum age; 61 during prohibited hours; 63 without permits and necessary registration; 61 not being in possession of Employment Badge or Card; two were illegally employed on a Sunday, whilst two were not sufficiently clothed to protect them from the inclement weather.

Eleven boys were illegally engaged in street trading.

Prosecutions.

Thirty-four employers were interviewed by the Committee with reference to breaches of the regulations and six employers were prosecuted. One was fined 40/–; one was fined in respect of two children—20/– in each case; three cases were dismissed under the Probation of Offenders Act and the defendant ordered to pay the costs, and one case was adjourned for twelve months.

Children employed in public entertainments.

The number of licences granted by the Leeds Education Authority during the year permitting children to take part in public entertainments was 105. The majority of these licences was to enable the children concerned to appear in Leeds at theatres and other places of entertainment to which the public were admitted by payment. In nine cases only was it necessary for the children to sleep away from home. These were appearing in pantomimes at Oldham, Sheffield, Rochdale, Barnsley and Rhyl. In addition to local children employed in public entertainments, 97 children visited Leeds under licences granted by other Education Authorities. The number of licences in force for Leeds children at the close of the year was 27.

The Senior Special Enquiry Officer, who is responsible for the supervision of children employed under these Regulations, made 46 visits to theatres, and many supervisory visits to the apartments occupied by matrons and children visiting Leeds.

Co-operation has been established with the Overcrowding Section of the Housing Department, and care exercised to see that the number of persons occupying rooms has not exceeded the number permitted by the Housing Department.

The welfare of the children who visit Leeds whilst on tour is of outstanding importance, and where the rules controlling the employment of these juveniles are not duly observed, the children are the persons most likely to suffer.

On two recent occasions troupes of juvenile performers arrived in Leeds on the Sunday prior to their appearance in pantomime at a Leeds theatre and found the rooms they were to occupy were not

available. Temporary accommodation had to be obtained wherever it could be secured.

In one case, the weather was bitterly cold and it was raining heavily. The children suffered considerable discomfort. In another instance, the children had been travelling ten hours on a journey from South Wales and on arrival found the letting of the rooms to their matron had been cancelled. The Committee's Special Officer was able to assist by eventually directing them to suitable apartments.

Had the necessary information been forwarded to the Local Authority as to the proposed apartments, the Officer would have visited and reported that the lodgings suggested were not available or were unsatisfactory because of lack of accommodation Other rooms could then have been found and the difficulty in which the whole of the children were involved would have been averted.

These incidents are mentioned in order to emphasise how important it is that the rule which requires licence holders to supply to the Local Authority at least seven days before a child arrives in the area, the address where the child or children will lodge, should be strictly observed.

In January, 1938, an Inspector visiting one of the Leeds theatres, found two girls, 13 years of age, taking part in a pantomime, in respect of whom no notice had been received in Leeds. The holder of the licences was prosecuted because of his failure to comply with the requirements of the Act, and the Stipendiary Magistrate, when fining the defendant 20/- in respect of each girl said,

> "These rules have been introduced for the protection of children and unless licence holders comply with the requirement, children on tour are not likely to have the protection Parliament intended. This rule is particularly important and must be carried out in accordance with the provisions of the Act."

It is probable that the question of the employment of children in entertainments both in respect of concerts promoted for charitable purposes and those in which children are employed for gain, is likely to come under revision by the Home Office and the Board of Education.

The London County Council Education Authority has already considered the matter and passed the following resolution :—

> "The L.C.C. Education Committee views with grave concern the disadvantages to children licensed for theatrical employment which involves serious interference with normal education and undue encroachment in the child's leisure and opportunities for recreation and hours of rest.

As the problem affects the country as a whole it is considered that the matter calls for inquiry by the Government through the two departments concerned, the Home Office and the Board of Education. Representations as to the need for such an enquiry have already been made to the Home Office by the Association of Education Authorities.

It is therefore recommended that in the opinion of the Council, a committee should be set up to enquire into the employment in entertainments of children of school age and their participation in charitable, club or similar performances."

Should the Board of Education institute an enquiry into this matter, I would respectfully suggest that the time has arrived when all children should be prohibited from going on tour unless the company of which they form part is engaged in a residential pantomime, that is, for a period of six weeks or more at one theatre.

Where pantomimes are being produced in a different town each week, long train journeys are entailed on Sunday, and difficulty is experienced in providing suitable meals en route, with the result that the health and physique of the children are bound to be impaired.

Two children who were taking part in a pantomime in Leeds this season had to be sent home on account of illness, whilst on the examination by the School Medical Officer of a troupe of five children on tour, three of them were found to have verminous heads.

Children engaged in the resident pantomimes are properly cared for, but those on tour leave much to be desired.

Attention has been drawn in previous reports to the numbers and ages of very young children who appear in public entertainments and dancing competitions, the proceeds of which are not for the profit of the promoters. It is important, when this subject is under consideration by the responsible Government departments, that close scrutiny should be made into the working of Section 22 (2) of the Children and Young Persons Act, 1933, and the Statutory Rules and Orders dealing with the employment of children in entertainments.

It is very desirable for the proper protection of the children concerned that power should be given to Local Authorities which will enable them to prohibit the appearance of children in clubs and to fix the hour after which it would be an offence to allow a child to take part during an evening in a public entertainment, whilst children below the age of 10 years should be prohibited from taking part in any entertainment after 8 p.m.

J. H. CAPES,

Superintendent of Inquiry,
Employment and Welfare Section.