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MEDICAL SOCIETY
COUNCIL

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, 1940

City of Leeds

EDUCATION COMMITTEE

REPORT

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SCHOOL MEDICAL OFFICER

(G. E. ST. CLAIR STOCKWELL, B.A., M.B., B.C.)

For the year ended 31st December, 1940

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LEEDS EDUCATION COMMITTEE

Medical Inspection of School Children

MEDICAL SUB-COMMITTEE

Alderman R. H. BLACKBURN (<i>Chairman</i>).			
Alderman H. MORRIS.	Councillor HAND.		
Councillor BERTHA QUINN.	„	DOROTHY MURPHY.	
„ F. WALKER.	„	J. TAIT.	
„ J. W. WOOTTON.	„	WOODS.	

Co-opted Member :

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.

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

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

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

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

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

HERMAN G. HUTTON, B.A. (CANTAB.), M.R.C.S., L.R.C.P., D.P.H.

(*Joined H.M. Forces 16th December, 1939*).

IRENE HASLEGRAVE, M.B., Ch.B. (Appointed 2nd September, 1940).

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.

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

MEDICAL STAFF—(continued)

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

Full-time Assistant School Dental Officers—

ARTHUR B. MORTIMER, L.D.S.

DAVID E. TAYLOR, L.D.S.

NORMAN K. DAVISON, L.D.S., R.C.S.

E. EMERSON GIBSON, L.D.S. (Eng.) (*Joined H.M. Forces 19th November, 1939*).

ARTHUR H. GREEN, L.D.S. (*Joined H.M. Forces 6th July, 1940*).

HENRY E. GRAY, L.D.S.

GEORGE M. S. MCGIBBON, L.D.S., R.C.S.

LAWRENCE MORAN, L.D.S. (*Joined H.M. Forces 6th July, 1940*).

J. WALTER SHAW, L.D.S., R.C.S., H.D.D. (*Joined H.M. Forces 6th July, 1940*).

DOUGLAS M. MCGIBBON, L.D.S. (*Joined H.M. Forces 30th June, 1940*).

JOHN MILLER, L.D.S. (*Joined H.M. Forces 6th July, 1940*).

HAROLD W. GREEN, L.D.S., Temporary appointment 1st October, 1940.

DAVID C. KING, L.D.S., Temporary appointment 7th October, 1940.

DAVID W. ABEL, L.D.S., Temporary appointment 14th October, 1940.

HYMAN MARCUS, B.Ch.D., L.D.S., Temporary appointment 14th October, 1940.

MARY V. DYMOND, L.D.S., Temporary appointment 21st October, 1940.

JAMES A. WHITELAW, L.D.S., Temporary appointment 18th November, 1940.

School Nurses—

ISABEL FERGUSON
(*Senior Nurse*).

JANE TOTTIE.

HILDA MOODY.

EMMA M. HEARNshaw.

MARY CHERRETT.

EDITH D. WYNN.

LILIAN MOODY.

MINNIE ABBOTT.

ALICE SHACKLETON.

MATILDA HOLMES (*Joined H.M. Forces 10/9/39*).

MARY L. BUSSEY (*Joined H.M. Forces 19/8/39—Resigned 31/7/40*).

WINIFRED HOLDSWORTH
(*Appointed 3/6/40*).

ETHEL WILSON.

ELIZABETH WHURR.

GERTRUDE SMITH.

CARRIE LEWIS.

HELENA SIMPSON.

ELIZABETH M. BENSON.

ELSIE K. BRIGGS.

ANNIE A. POSKITT.

MONA K. MACPHERSON.

SARAH E. WEBSTER.

GERTRUDE M. PENFOLD (*Joined H.M. Forces 31/8/39*).

GRACE E. PRIOR.

G. MARY TAYLOR.

BESSIE ATKINSON.

LOIS M. WARE (*Appointed 11/11/40*).

MEDICAL STAFF—(continued).

Masseuses—

WINIFRED WEAR.	MARJORIE HENDERSON.
KATHLEEN M. OGILVIE	MARION E. SWINGLEHURST.
(Resigned 25/5/40).	DORA WARD (<i>Appointed</i>
	16/9/40).
KATHLEEN CHAPPELL (Temporary part-time appointment,	
15/9/40).	

Dental Attendants—

MARY E. MORTIMER.	MARION HUDSON.
GRACE E. BROWN.	NANCY M. RUSH (<i>Resigned</i>
DORA JEWELLS.	31/3/40).
WINIFRED HUGGINS (Mrs.)	MOLLIE W. PARK (<i>Resigned</i>
JOAN SENIOR.	31/3/40).
CICELY M. BAXTER.	MARJORIE M. HIXON.
BETTY V. WHITEHEAD	DOREEN TEALL (<i>Appointed</i>
(Appointed 6/5/40).	6/5/40).
OLGA M. BATTLE	
(Appointed 6/5/40).	

Speech Therapist—

BLANCHE JACKSON (Mrs.).



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CITY OF LEEDS

EDUCATION DEPARTMENT

**Report of the School Medical Officer for the year ended
the 31st December, 1940.**

To the Chairman and Members of the Education Committee.

LADIES AND GENTLEMEN,

I have the honour to present the Annual Report upon the work of the School Medical Service of the City of Leeds, for the year ended 31st December, 1940.

Whilst this Report has been shortened and many important matters left undiscussed until better times, no essential facts or figures have been withheld.

The year under review was again a period of difficulty. Evacuation had failed to attract either parents or children, attendance was not compulsory for some time, and consequently comparison with previous years cannot be made.

Whilst the number of children in the City has been decreasing at the rate of 1,000 to 1,200 a year for some time, the drop in attendance during 1940 is greater than expected. This is partly because many of the under five's and some under six's are still out of school. The position as regards school attendance in the City of Leeds is certainly as good, if not better, than many comparable areas.

From the point of view of the School Medical Service, whose sole aim must be that every child shall be kept under adequate supervision, and every leaver properly equipped for life, the position is not yet satisfactory.

Unfortunately this is not universally accepted by parents in spite of the real service of the Enquiry Officers, who spend much of their time and energy dealing with unco-operative parents.

Dr. Haslegrave commenced work in September, 1940, filling Staff Changes. the vacancy caused by the retirement of Dr. Bebb in 1939.

The vacancy caused by Dr. Hutton joining the forces has not been filled and by the time this report goes to the press, Dr. Schroeder will also have been called up, leaving the Medical Staff two under normal strength.

Even allowing for the decrease in attendance it is doubtful if the work can be adequately performed without one replacement.

Five Dental Officers joined the forces during the year and for three months the staff consisted of six only, manifestly too few if the previous work done was not to be wasted.

Six temporary dentists were appointed of whom four will probably be needed for the forces in the next few weeks and it will be necessary for you to consider some replacements if the children's health is not to suffer.

Two nurses, one masseuse and three dental attendants have been replaced on marriage. Two nurses in the Forces have not been replaced.

**Return of Number of Children on Roll on the
31st December, 1940.**

Type of School.	Number of Schools.	Number of Departments.	Number on Roll.
<i>Elementary—</i>			
Council	73	160	39,536
Voluntary	48	80	12,008
<i>Higher—</i>			
Maintained	12	12	4,100
Non-maintained	5	5	1,697
<i>Home Office</i>	2	2	211
<i>Special—</i>			
Mentally Defective .. (including One Oak and Warlbeck)	6	6	355
Physically Defective .. (including Park Hill)	2	2	127
Partially Sighted ..	1	1	59
Deaf	1	1	107
Sanatorium	1	1	27
Nursery (including Sicklinghall Gr.)	2	2	121
Bewerley Park Camp ..	1	1	180
Total	154	273	58,528

Evacuation.

The number of Leeds children known to be remaining in safer areas is only about 2,100, a distressingly small proportion. This does not include private evacuations for whom no figures are available, but it does include certain official 'remainders' from secondary schools, as well as special school children who were evacuated as units in the original scheme.

The only important addition during the year has been the opening of the Beverley Park Camp School at the latter end of August, and up to the end of 1940, 309 children have been examined for admission.

This was one of many camps planned before the war by the National Camp Corporation as school holiday resorts, and the building was completed last summer. It is delightfully situated just outside Pateley Bridge and consists of a series of well planned and built wooden huts with every possible convenience for its original purpose, but not entirely adequate for a residential school in winter time. Class room accommodation is rather makeshift and has necessitated the conversion of one dormitory block for teaching purposes, thus reducing the number the camp will hold.

Further recreational facilities are needed in bad weather as well as covered ways from the dormitories to the ablution rooms. Individually the huts are as good if not better than any others I have seen, the feeding is excellent and the kitchen arrangements about as perfect as possible.

There is a delightful sick bay with quarters for a resident nurse. Heating, drainage, water supply including bathing, have been very well done, and lighting only interfered with by the necessary black-out arrangements. Adequate shelters are now completed in case of raids. Hotel services are provided by the Camp Corporation and a resident teaching staff deals with the welfare of the children.

The first batch to arrive consisted of Leeds children originally evacuated in September, 1939, to an area where alarms were of fairly frequent occurrence. Various parties have gone at intervals since.

Once again it is regretted that far too many children return home in a few days, in spite of advice given to parents. Whilst selection of children is important there can be no doubt that there are plenty suitable to keep the camp fully occupied. It should not be regarded, at present, as a short stay camp for which purposes it may be possible to consider the re-opening of our own camp at Nessfield. The health of the children has been very good, although parents are not always doing what they can to provide adequate clothing and footgear. The conditions are not suitable for young children and, in fact, those under eleven cannot be adequately dealt with. Older children cannot attend to their younger brothers and sisters. Parcels of clothing have been received from the American Red Cross and the Leeds Elementary Schools Athletic Association have given the Head Master a grant for boots in necessitous cases.

In view of a possible further evacuation, 2,506 children were given the equivalent of an additional routine inspection in March and April, whilst, commencing in June the examination of children registered for Overseas evacuation continued for many weeks. Actually 2,719 children were examined, even more fully than usual, whilst more than another 1,000 failed to appear after at least two invitations. The total number of forms applied for was 5,124 of which 3,850 were completed by the parents and returned to the Office.

Further, based on suggestions in Memo. Ev. 8 and Board of Education Circular 1979, all children, whether registered for evacuation or not, were classified, as the lessons of the previous September showed that there are many children unsuitable for indiscriminate billeting.

As usual, the work of the Head Teachers and their staffs was excellent and there can be no doubt that if a further large evacuation has to take place, reception authorities will be given full information about children who require special care.

Three code letters A, B or C, are used, but receiving authorities have been informed of the meaning and that the teacher in charge will be able to give details if required.

'A' implies that the child is suitable for any or every billet.

'B' that the child is suitable for a selected billet.

'C' that the child is suitable for Hostel reception only.

Over 100 sessions were spent by the Doctors in consultation with Head Teachers over this very important work.

This caused a great increase in cleanliness examinations by Nurses, as it was felt that children who were not scrupulously clean should not be labelled 'A' without the receiving authorities knowing they needed supervision.

Routine
Inspection.

All statutory duties have been fulfilled, in that every child eligible for inspection who was in attendance has been examined.

The volume of full examinations during the year is far greater than has happened before and would have been greater still if parents had availed themselves of their opportunities.

The full inspection (usually termed Routine—a most unsatisfactory word) as frequently as possible, with the persistent reinspection of children with defects must remain the main work of the School Medical Service.

This question will be further discussed under Nutrition.

Except for a considerable increase in the amount of work, there are no material changes to report.

Following
up and
Uncleanliness.

Nurses have paid a weekly visit to schools and persistently unclean children have been kept under regular supervision in case of a further evacuation. The variations in attendance have not rendered this work easy, for it is futile to exclude a child from school if there can be no action taken.

In a large number of cases, children were out of school for lengthy periods without being cleansed, because the attendance Bye-Laws were not in force. It has frequently been urged that further powers are needed by local authorities before any improvement can be secured for it is doubtful if the Justices have any power to order hair cutting even in persistently unclean cases and yet such may be the cause of clean children becoming infested. Further we are only able to examine those on school roll. Merely to secure that these are cleansed whilst other members of the family remain untouched is simply playing with the problem.

Nurses especially, but also teachers, doctors and enquiry officers have to put up with a great deal of abuse from a small minority of parents. The vast majority are only too desirous that their children shall be kept clean and would support any efforts made to keep them so.

A few compulsory hair cuts, occasionally of a drastic type, would do more to secure improvement than anything else.

Whilst Scabies will be dealt with in another place, the same general principles apply.

It will be understood that a very watchful eye is being kept on the state of nutrition of our children.

Nutrition,
Provision of
Meals and Milk.

Much has been written on this subject both as to the meaning of the word nutrition, the methods of estimation and the methods of improvement and much more will be written in the future. But observation in the next year or two will probably do a great deal to crystallise our views and help to find standards.

It is often said about nutrition that we are apt to confuse the normal or average with the optimum, but the question that each and every doctor has to answer is not merely to appraise a child's physical fitness, but to attempt to assess the process of his growth in each and every dimension. No "Tape and Scale" method has yet been found which is of constant value; there are so many external factors which must be correlated.

The figures given in Table II show the classification of those children only who have been subject to full routine inspection during the year and do not include the very much greater number whose nutrition has been investigated to see if they need any extra feeding. But the Table contains a fair sample of the population for the purposes of statistics and, compared with 1939, shows a definite improvement. Eight thousand more children have been examined and instead of finding 41 suffering from "bad" nutrition as might have been expected on the 1939 figures, in fact only 17 have been so classified—practically one in a thousand. It may be urged that in the early part of the year, attendance was not compulsory and that ailing children were not in school and that consequently the figure is too low, or that there is no proof that our children are receiving both the quantity and quality of food that they need to ensure adequate growth. This latter is the real point on which opinion at present is very varied.

It must be remembered that the period has been one of universal rationing, the same amount of necessary food being available for all, with little margin for waste. Consequently, the question of nutrition is associated not so much with the quantity available as with its value or quality when produced on the table. Badly prepared meals, unappetising in appearance and difficult of digestion, can never improve nutrition, even in the rare cases of starvation—for it will be remembered that, in the cases of wilful abstinence from food over long periods, there must follow an interval in which food of nutritious value can only be utilised in very small quantities taken frequently. If, as a result of illness acute or chronic, diet has to be altered, there must follow a period during which "building up" becomes difficult. Children are notoriously liable to "feverish attacks" during which they use up much of their latent energy and require afterwards a more adequate supply of chemical essentials. It is well realised that a child during a period of illness will lose weight and yet pick up again quickly when that illness is over, provided that appetite returns and that suitable meals are provided. These two are essentials. It is, therefore, not only the family income that requires consideration but also the needs of each individual. It is interesting to observe over a period of 18 years a slow but definite increase in the average weight of children.

No special nutritional survey has been held as it was felt by the staff, after a demonstration and discussion, that the present system of examination was far more likely to give a correct estimate and to secure results, for little improvement can be expected if parents are not present with their children.

The provision of free meals on the Income Scale has shown an expected decrease and yet there remains a number of children whose nutritional requirements are not met.

I have remarked before on the parents who do not or will not take advantage of the provision of meals, and on the small number of parents who avail themselves of the opportunity of ensuring that their children have an adequate mid-day meal on payment. There are two possible reasons, firstly, that there is still stigma attaching to anything free as savouring of relief and, secondly, that there is lack of knowledge that such meals are available.

The Dinner Centre at Coldecotes School has, to my mind, shown what can be done when adequate meals under proper supervision, are available. It is no longer an experiment but a proved success.

The Milk Scheme recommenced as soon as any individual school re-opened and the numbers taking their daily bottle have increased month by month, until in December 38,932 children were consuming milk in school. All children previously on the free list were allowed to resume milk until investigation could be made. Whilst this is not the largest number that have taken milk in any one month there is no doubt that there is a bigger percentage taking milk than ever previously except possibly for the first few weeks of the inception of the scheme. There are fewer children on roll, especially in the under 5 groups who were among the most regular consumers, but there is ample evidence that between 70 and 75 per cent. of children would have been having their daily bottle if supplies had been available.

The shortage of milk which began in November has only been partly overcome, certain schools even now not being able to obtain their full requirements. It appears that the main difficulty to-day is that of bottles and crates and not of milk itself. The matter has been taken up with the Milk Marketing Board.

There is a definite decrease in the number of free bottles issued although full use is made of the discretionary powers allowed and no child is taken off the list without very careful investigation.

The supply of meals to necessitous children was re-opened on April 1st with five centres providing meals for some 580 children. Further centres were opened as required and at the end of the year about 2,000 children, of whom almost half were paying, were being fed at 22 centres.

As was the case in the last war, there is a tendency for the numbers to decrease, because of the improvement in parents' incomes, but so long as financial need is the only test, there will remain many unsatisfactory cases for we meet frequently with malnutrition where there is neither financial nor social handicap.

In other words, the problem is mainly medical, including hereditary conditions. There will probably be communal feeding as never before, because there will be less adequate home feeding on account of mothers being out at work.

The number of children who receive dinners on payment is greater than ever and will grow larger still, as soon as parents know that their children can get a good meal at a reasonable cost under proper supervision. The Coldcotes experiment has shown that the idea is not only practicable but popular, a point that was not evident at the old free meal centres, where, as has been shown in previous reports, conditions of supervision, cleanliness and conduct were not good. Digestion and appetite must go together: children must learn to take their meals in a proper manner under proper conditions, if their food is to produce full value. The production of a meal is not the only requirement.

At all Special Schools and at Coldcotes children sit down together for their meals without distinction; clean hands and faces become the rule, conversation is free and without repression, the elder children help with the service: in fact, the value is evident both from the nutritional as well as the educational sides. One very pleasing sight is teachers sitting down to the same meal as the children.

Even with rationing, the meals have been, in general, very satisfactory, although occasionally the meat supply has been somewhat short. Catering establishments cannot always get their requirements and the suggestion has been made that, as far as school canteens are concerned, some proportion of children's coupons should be made available to supplement requirements on the grounds that, if children do not get their chief intake at mid-day, they do not get it at all and that therefore there is either a waste of coupons or that someone else gets the value. There may be administrative difficulties, but I suggest for your consideration that it would be in the interests of the children. At Bewerley Park and the other residential schools ration cards are withdrawn, but the full issue is available. To repeat, any attempt to improve children's nutrition must take into account medical needs as well as financial, and herein lies the difficulty. Parents should know that their children can have good meals at a reasonable price under good conditions and should be encouraged to take advantage of them.

Public opinion will do more than compulsion and the extension of the school canteen can, by the education of public opinion, do much more than has been realised to improve national physique and nutrition.

As the old Clinic in Sweet Street School is still fully used for A.R.P. purposes, it was necessary to find other premises. In fact this Clinic has not been well situated with regard to population around it for some time and whilst temporary accommodation was found in Isles Lane School, removal has now been made to the Hunslet Hall Road Special School, which is very well situated to the needs of the population in the district. Very little expense was incurred and the re-grouping of special school children has made it not essential at the moment. It can be returned at very short notice.

At Coldcotes School, minor treatment is given in a room specially built and equipped for the purpose. This has been amply justified by the work done and it is hoped that similar provision will be made in future building.

The total attendances at the Clinics have been, for all purposes, 141,816.

No new features present themselves.

There has been a considerable increase in the number of cases of Scabies. This unpleasant disease, due to a small animal of the crab type, is very contagious and is usually associated with uncleanness, especially in the eyes of the public.

It does occur in families where personal hygiene is good, but is generally cured very quickly.

During the latter half of 1940, there has been a considerable increase in the number of cases amongst school children and it can be assumed that the other members of the family have also been infected to the same extent, but whilst treatment can be assured amongst children of school age, this does not apply to other members of the family, with the result that children are being persistently re-infected.

It is high time that Scabies became a notifiable disease, for unless treatment can be secured quickly for every member of the household, there will be a great loss of working time in the near future.

The risks of Typhoid Fever and Diphtheria are being adequately brought to the notice of the community because of mortality, but Scabies has no death rate and does not get the care that its diminution of working capacity demands.

It is very gratifying to note that there have been very few cases of external eye disease needing treatment.

The Orthoptic Clinic has completed its first full year but, owing to the need to restrict the work at local hospitals, the numbers

Clinic Services.

Minor Ailments
and Skin
Diseases.

External Eye
Disease and
Vision.

dealt with have been smaller than was anticipated. There is, however, no doubt that it will prove a very necessary section of the School Medical Service.

The following is a summary of the cases dealt with :—

No. examined by the Ophthalmic Surgeon	..	143
No. referred for treatment		42
Of the 42 cases referred for treatment :—		
10 were to have an operation.		
32 were to have orthoptic exercises.		

Actually during 1940, 7 operations have been performed and 8 children were discharged as cured. On the 31st December, 1940, 27 children were receiving orthoptic treatment and during the year 584 attendances were made at the Orthoptic Clinic. Of the children referred for treatment only three failed to complete.

The Refraction Clinics have carried on work normally and during the year 4,918 children have been treated. Of this number 3,132 were found to require spectacles. 4,544 pairs of spectacles were supplied but this number includes those issued without further retest. It is becoming increasingly difficult to obtain spectacles and instead of parents being allowed a choice of frames there is now only one standard frame supplied. Whilst the supply of this one type is not always adequate there has not been any serious delay in delivery. It may be necessary in due course to restrict the number of children for whom spectacles are prescribed by supplying them only to the severe cases and those with myopia.

Mr. Black has continued his work as in previous years.

Ear, Nose and
Throat Defects.

The Department has continued as usual except that the Public Dispensary has not been able to take in-patients and, consequently there has been some delay over operations, but this has now been overcome.

Mr. Sharp's services are again being used.

Orthopaedics.

The Orthopaedic Scheme continues to work on a rather modified basis. Operation cases have been treated at the Leeds General Infirmary, and in a few cases at the Marguerite Hepton Hospital, Thorparch.

Mr. Broomhead has continued his work.

Rheumatism,
etc.

It is hoped that the proposed Residential School will be started at the earliest possible moment.

Tuberculosis.

Arrangements as in previous years for the interchange of information with Dr. Tattersall, the Chief Clinical Tuberculosis Officer, have continued.

REPORT OF THE SENIOR SCHOOL DENTAL OFFICER

MR. R. DRUMMOND KINNEAR, L.D.S., R.C.S.

The second year of war conditions has seen a continuance of the problems which arose in 1939 with the outbreak of war and also new difficulties have had to be dealt with.

Taking the year as a whole, a very satisfactory dental service has been afforded the school population but the year's work cannot be reasonably compared with that of a normal year. To meet frequently changing conditions it has been necessary at times to forget the aim of a school dental service and to treat the immediate circumstances as they arose.

In effect a short term policy of treatment had to take the place of a long term one to give children certain immediate benefits. This can be clearly seen in the policy adopted for the first few months of the year. At that time the possibility of large numbers of children being evacuated from the City was freely rumoured and might well have taken place. With the knowledge that thousands of children had received no treatment for considerable periods and that they might be evacuated to rural areas where the facilities for attention would be sadly overtaxed, all attempts to carry out the normal routine were set aside for the time being. Nearly every school in the City was rapidly inspected but only children with septic mouths or with teeth which in the opinion of the Dental Officer would give trouble before long were referred for treatment. The work involved was almost exclusively extractions of teeth. Before the whole city could be dealt with a change in the general outlook allowed a return to a more normal policy but there can be no doubt that, had mass evacuation taken place, the children treated on this short term policy would have been in a much better position to go without dental attention for a time at least than those who received no such attention. A rural area can seldom, if ever, grant to the children in the district the same facilities for urgent attention that is possible in a borough and under war time circumstances, facilities might easily be further restricted or even disappear.

A scheme is now in existence for the treatment of urgent cases by private practitioners in country areas.

Regarded in that light, this sweep through the schools to 'clean up' the mouths was justified even if it did constitute a grave deviation from the essential standards of a School Dental Service.

Perhaps the greatest upset during the year was the loss of members of the staff to H.M. Forces. In May, an urgent appeal by the Central Dental War Committee was circulated to all Dental Surgeons calling for volunteers to serve in H.M.F. in a professional capacity. Local authorities were also asked to do all they could to release men for this urgent need. The committee granted permission for 50% of the staff to volunteer and in July five members were granted leave of absence for the duration of the war. Along with one who had been called up with the Officers Reserve in 1939, this reduced the staff to 50% of its peace time strength.

This entailed a considerable alteration in the disposition of the remaining members of the staff but no clinic had to be closed down. The rate of work could not be maintained with this 'skeleton' staff and once again it seemed advisable to modify the policy of treatment so that the greatest number might receive some treatment. Failing some such modification children in Leeds would have received dental treatment at the rate of about once in four years.

The Board of Education while recognising the difficulties confronting Local Authorities recommended that if at all possible, staffs should be maintained at pre-war strength.

The search for dental surgeons to fill the vacancies proved to be another war time difficulty and it became necessary to relax a standing rule regarding such appointments that candidates should have not less than two years general experience. Before the end of October six temporary appointments had been made and tribute can be paid to the enthusiasm of the recently qualified officers in their efforts to overcome the handicap of inexperience.

It is unfortunate that four of these appointments can only be for a period of six months when the claim of the Military Service Act will again arise and take precedence over our needs.

The decision to convert the Hunslet Hall Road Special School into a clinic, particularly during war time, is very encouraging, for the area affected had been without reasonable facilities for treatment for some time.

ATTENDANCES.

Over the period of the whole year the attendances for treatment have been well maintained at the average level of previous years but this is misleading for every officer has reported on several occasions the extreme variation of attendances on individual sessions. In normal times it is possible to rely upon a rough average and arrange work accordingly but during 1940 the attendances

have been markedly very poor or very good. This applies equally to the sessions for casual treatment. It has also been found very difficult to spread patients out over the working session. Variations in the official school hours, occasioned through the black-out and other conditions have in turn made it necessary to make appointments conform to these altered hours. Unfortunately, parents have not co-operated in this and have either ignored the invitation or have attended as suited themselves. This has meant a great deal of wasted time followed by a bunching of patients. Under these conditions good work is difficult and a regular flow of work impossible.

The reasons for this appear to lie in a number of war-time factors—air raid alarms through the night, restricted transport facilities, a parent home on leave from the Forces, temporary evacuation, movements of children from school to school, holidays being taken by families at other than the more usual periods of the year, mothers going out to war work, and to these may be added periods of very bad weather.

ORTHODONTIC TREATMENT.

This very necessary work has always been carried out for the committee by the Leeds Dental School but upon the outbreak of war it was found necessary to close the clinic and most of this work has been in abeyance. A few cases which were in course of treatment were carried on in our own clinic so that the earlier work might not be wasted. The clinic in the Dental School has now been re-opened and cases are once again being sent regularly as the hospital is able to deal with them. This action of the Dental School authorities in re-opening this clinic in the face of very great difficulties of restricted accommodation and demonstrators is more than appreciated and is evidence of the value of this type of treatment.

It is unfortunate that many of the children who had been waiting treatment were found on re-inspection to have out-grown the possibility of deriving any advantages from attending the hospital. In other cases the children were found to be no longer available and a revised list, consisting almost entirely of new cases, has had to be formed.

OVERSEAS EVACUEES.

All children who registered under the Government scheme for evacuation abroad were examined by the medical officers, and many of the children were marked as requiring dental treatment. The papers of such children were in due course returned from London requiring that they should be made dentally fit, a certificate to that effect having to be returned as a condition of their acceptance for evacuation.

This presented a rather delicate problem for no standard of dental fitness was suggested but rather a bland acceptance of the mistaken idea that it is possible to make any and every mouth conform to the vague term "dentally fit." "Dental fitness" can, quite legitimately, vary in degree, depending upon the purpose for which the patient is under examination. If the object of the authorities concerned was to select children with a high standard of bodily health some indication of this might have been afforded the dentist. The interesting but delicate problem arose in the fact that almost without exception the children concerned had been persistent refusals of dental treatment all their lives and who, even after treatment of a drastic nature, could not be accounted "dentally fit" by any standard. It is difficult to understand how many of these cases can be regarded as most likely to be representative of the best qualities of the child population of this island.

HOLIDAYS.

All holiday periods have been severely restricted and staggered so that at no time has the dental service been closed down. The sessions of work so gained have in part made up for those lost in the intervening period between the calling up of officers to the Forces and the appointment of temporary officers to replace them. The attendances during these holiday periods were extremely disappointing and it is difficult to advance a reason for this other than on the assumption that holidays were taken by families to a greater extent than was realised or expected.

VINCENT'S ANGINA.

This disease of the mouth, commonly referred to during the last war as 'Trench Mouth,' does not usually come within the province of the school clinics but during the last year three such cases have been diagnosed. The treatment of this grave condition in the past has not proved satisfactory without resorting in many cases to very drastic measures, and new methods are still in the experimental stage.

Here again war-time conditions must be held to account for the appearance of the disease amongst the school population, and school dental officers throughout the country must be prepared to deal with and tackle at the outset what might only too readily become a serious epidemic. Parents could do much to prevent this by paying strict attention to mouth hygiene on the part of their children and themselves.

LIGHTING.

The question of a good artificial light in the clinics has been mentioned in previous reports, but it arises in even greater degree now that the natural lighting in the surgeries has been still further reduced by anti-blast netting material on the windows.

DENTAL MATERIAL.

Certain materials in daily use in the clinics are becoming increasingly difficult to obtain. The position has been safeguarded to a certain extent by the purchase of not less than six months supply of these items and this has been further safeguarded by dispersal of such stock to various parts of the city.

The Subnormal Child.

During the year the Special Schools have continued their usual work and every effort has been made to see that these children continue their education under conditions best suited to their particular defect.

Although the position does improve, it is still unfortunate that parents resent Special School education instead of being grateful that their children are given more than ordinary facilities.

Deaf and Partially Sighted.—The James Graham Open Air School is still occupied by the Deaf and Partially Sighted Children from Blenheim Walk. Mr. Sharp has continued his regular visits.

The Blind Children, who had been reducing in numbers of latter years, were transferred to other Residential Schools during the course of the year. The School is not now regarded as a School for Blind Children by the Board of Education. The removal of these children to other schools has eased the overcrowding problem which had previously existed.

The Physically Defective Children are continuing their education and treatment at the Potternewton School, a few still remaining at Parkhill, Wetherby. Fortunately it has been possible to take over certain rooms in the School which have allowed increased accommodation.

Mr. Broomhead has visited the School from time to time and this, together with the work done by Dr. Holoran and the Masseuse, assures the Committee that these children are properly cared for.

The Feeble-minded Children who were at Hickleton Hall were transferred to Warlbeck, Ilkley, as the premises were taken over by the Military Authorities. The boys, numbering about 40, are

still at One Oak, Ilkley. These two Residential Schools have furnished ample proof that the most satisfactory way of dealing with certain types of problem children is by taking them away from their home environment.

The Day Special Schools, with the exception of Hunslet Hall Road School, have reopened and are carrying on their normal duties. Owing to the reduction in 'bus services generally, the number of children in attendance was small at the outset and it quickly became obvious that some system of collection was desirable. At the same time there was the problem of taking the day deaf and partially sighted children to Farnley and the cripples to Potternewton. After careful thought a system was instituted whereby four 'buses start at different points in the outskirts of the city and pick up children at various stops. All types of cases are taken on each 'bus and after setting down feeble-minded children at the Special Schools passed on the way, all converge on Hunslet Lane Special School. Here the remaining feeble-minded are taken off and the cripples, partially-sighted and deaf taken to their destinations. Three 'buses are needed for the journeys from Hunslet Lane. For the homeward journey at night, the reverse process is followed. In some cases the time spent on each journey is about one hour and whilst this is longer than may be desired, the only alternative would appear to be to keep children out of school altogether. There is an attendant on every 'bus.

Open Air
Education.

The School Camp was not opened at all in 1940 and the James Graham Open Air School is still being used in place of Blenheim Walk as the School for Deaf and Partially Sighted children, and whilst it is realised these must be catered for, the return of Lawns House to its original purpose is much to be desired. I venture to suggest this for your consideration, as the absence of special opportunities for debilitated children will only increase inefficiency in after-life.

The substitution of Bewerley Park where the conditions are more rigorous will not absorb a large number of children who require special care.

Speech Therapy.

In the early part of the year Mrs. Jackson continued the work of home treatment, but from April class teaching was resumed at five centres.

It has been interesting to watch the results in former pupils who left school during the year and who have obtained employment that would have been closed to them had their speech remained untreated. One former pupil was selected to broadcast and another is a Telephone Orderly in a Hospital.

It will be realised that one difficulty has been that of travelling to and from the Centres and, to keep classes full it has been possible for the first time to take in younger children from nearby schools before the habit has been long established. Other children will be dealt with as vacancies occur and other centres will be opened as suitable groups are found.

Mrs. Jackson reports :—

" In April, 1940, the Remedial Speech Centres were reopened at Ellerby Lane, Burley Road, Dewsbury Road, Castleton and Potternewton Elementary Schools, where treatment was resumed for the alleviation of stammering, lisping, dyslalia, and cleft palate speech.

Although war conditions have somewhat curtailed the work 92 children have been treated :—

52 Stammering.

33 Dyslalia.

7 Cleft Palate.

Thirty-five have been discharged as having gained satisfactory speech, while a further 16 will be ready for discharge at Easter.

Most people take the power of speech for granted and it is not until one meets with the complete absence of it as in motor and sensory aphasia that the miracle of speech is realised and its importance fully appreciated. Therefore, while parents attach great value to the scholastic attainments of their children there are still some who fail to recognise that without clear speaking, which is the main faculty for self-expression in adult life, the social and commercial value of knowledge is greatly reduced. Parents are urged to take steps for the amelioration of all speech defects, however slight, for even the mildest lisp has the power of making a child feel different from his fellows, that he is " odd man out," leaves him vulnerable to ridicule and causes much mental suffering, which often leads to temperamental difficulties, or in the more serious cases to delinquency.

Stammering has again taken the preponderance over other speech defects. This is not to be wondered at during war time, as it is generally agreed that shock or nervous disturbance are contributory factors in the onset of this disorder, and several cases of it in older children have recently been reported, which seem to be directly due to war conditions.

The effect of bombs being dropped in the vicinity of homes of children attending the Centres has considerably retarded progress, especially in the case of one boy whose home was damaged and whose family had to find alternative accommodation. This boy also had the harassing experience of witnessing First Aid treatment being given to casualties who had been brought into the Air Raid shelter

where he was sheltering. Evacuation too has brought problems. While some children have benefited by it, the change of environment, away from over-anxious parents, having brought an improvement of speech, there are others, however, who through loneliness and fear of being away from home have lost their feeling of security, have fretted and have had their trouble seriously aggravated. This confirms the belief that all speech disorders are primarily psychological, and that each patient is a specific case and needs individual as well as class treatment."

Child Guidance. Once again I must regret that no start has been made on this matter. Juvenile delinquency seems to be assuming a more severe type and home control lessening. Remand Homes and Approved Schools are full and the need for expert investigation is greater than ever.

Nursery Schools. Dr. Prince has resumed her work as these reopened, but there is nothing new to report so far as the year under review is concerned.

Secondary Schools. Medical Inspection is again in full swing.

Training Colleges. No change to report.

Remand Home. All duties have been fulfilled. The medical staff has again to express its appreciation of the remarks made by the Chairman and members of the Juvenile Bench.

After Care. The need for after care in certain cases exists more than ever. It is to be regretted that where contra-indications for employment exist, there is no authority to pass on such information to Factory Surgeons or Welfare Officers.

Employment of Children. All statutory duties have been complied with.

N.S.P.C.C. The local branch of the N.S.P.C.C. has continued its effective work during the year. Its Officers have investigated on behalf of the Education Authority 110 cases involving 271 children and, in all but one case, warning or advice given proved effective.

Infectious Sickness. It is very gratifying to be able to report once again that none of the types of infectious sickness reached epidemic proportions during the year.

Conclusion. In conclusion, Mr. Chairman, Ladies and Gentlemen, may I on behalf of my colleagues express thanks to you for your consideration, to the Director and Office Staff for their support, especially the Enquiry Officers, and the staff of the Juvenile Employment Bureau, to the teachers for their co-operation in working for the children, to Dr. Jervis and his colleagues and to the Medical Profession of the city for their help.

I have the honour to sign myself,

Your obedient Servant,

G. E. St. CLAIR STOCKWELL,
School Medical Officer.

APPENDIX

MEDICAL INSPECTION AND TREATMENT RETURNS YEAR ENDED 31st DECEMBER, 1940.

TABLE I.

Medical Inspections of Children attending Public Elementary Schools

A.—Routine Medical Inspections.

NUMBER OF INSPECTIONS IN THE PRESCRIBED GROUPS.

Entrants	3,487
Second Age Group	5,718
Third Age Group	6,302
TOTAL	15,507
NUMBER OF OTHER ROUTINE INSPECTIONS	2,080
GRAND TOTAL	17,587

B.—Other Inspections.

NUMBER OF SPECIAL INSPECTIONS AND RE-INSPECTIONS	45,072
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TABLE II.

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	3,487	350	10.1	2,749	78.8	384	11.0	1	.1
Second Age-group	5,718	725	12.7	4,293	75.1	695	12.1	5	.1
Third Age-group	6,302	1,250	19.9	4,428	70.2	617	9.8	7	.1
Other Routine Inspections	2,080	314	15.1	1,531	73.6	237	11.4	1	.05
TOTAL	17,587	2,639	15.0	13,001	73.9	1,933	11.0	17	.1

Of the 1,933 cases classified "C" (slightly subnormal):—

596 were referred for treatment.

371 were referred for observation.

963 no action deemed necessary.

Of the 17 cases classified "D" (Bad):—

13 were referred for treatment.

1 was referred for observation.

3 no action deemed necessary.

TABLE III.

Group I.—Treatment of Minor Ailments (excluding
Uncleanliness, for which see Table V.).

Total Number of Defects treated or under treatment during
the year under the Authority's Scheme 15,134

Group II.—Treatment of 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)	4,720	55	4,775
Other defect or disease of the eyes (excluding those recorded in Group I.)	42	96	138
TOTAL	4,762	151	4,913
No. of children for whom spectacles were			
(a) Prescribed	3,132	55	3,187
(b) Obtained	2,946	55	3,001

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.		
85	1,227	2,301	3,613

Group IV.—Treatment of Other Defects.

Total No. of defects other than those in Groups I to III treated
or under treatment during the year under the Authority's
Scheme 845

TABLE IV.—Dental Inspection and Treatment

(1) Number of children inspected by the Dentist:

(a) Routine age-groups.

Age	5	6	7	8	9	10	11	12	13	14	Total
Number	—	3,700	3,805	3,814	4,087	3,805	3,241	2,959	2,399	286	28,189

(b) Specials 4,886

(c) TOTAL (Routine and Specials) 33,075

(2) Number found to require treatment 27,802*

(3) Number actually treated 18,921†

(4) Attendances made by children for treatment 30,211

(5) Half-days devoted to:—

Inspection 201

Treatment 4,458½

TOTAL 4,659½

(7) Extractions:—

Permanent Teeth 6,926

Temporary Teeth 26,648

TOTAL 33,574

(8) Administrations of general anæsthetics for extractions 10,100

(6) Fillings:—

Permanent Teeth 16,892

Temporary Teeth 15

TOTAL 16,907

(9) Other Operations:—

Permanent Teeth 2,171

Temporary Teeth 4

TOTAL 2,175

* Includes 4,886 Casuals.

† Includes 4,340 Casuals.

‡ In addition 163 sessions spent in other work.

TABLE V.—Verminous Conditions.

(1) Average Number of Visits per School made during the year by the School Nurses 42

(2) Total Number of Examinations of Children in the Schools by School Nurses 170,471

(3) Number of Individual Children found unclean 8,700

(4) Number of Individual Children cleansed under Section 87 (2) and (3) of the Education Act, 1921 490

(5) Number of Cases in which legal proceedings were taken:—

(a) Under the Education Act, 1921 48

(b) Under School Attendance Byelaws 65

TABLE VI.

A—Blind and Deaf Children.

Number of totally or almost totally blind and deaf children who are **not** at the present time receiving education suitable for their special needs.

	At a Public Elementary School.	At an institution other than a Special School.	At no School or Institution.	Total not receiving suitable education.
Blind Children	—	—	2	2*
Deaf Children	—	—	—	—

*These children were at the Catholic School for Blind, Liverpool, until 31st August, 1940 and 31st October, 1940 respectively. They were withdrawn by their parents on account of air raid danger. One has since returned (13th January, 1941).

B—Mentally Defective Children

Total number of children notified during the year ended 31st December, 1940, by the Local Education Authority to the Local Mental Deficiency Authority, under the Mental Deficiency (Notification of Children) Regulations, 1928

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TABLE VII.

No. of children given a full routine inspection in :—

(a) Schools for Higher Education	1,379
(b) Special Schools	43 ¹

TABLE VIII.

Number of Exclusions, 1940.

DEFECT.	REFERRED FOR EXCLUSION BY		TOTAL.
	School Medical Officers.	School Nurses.	
Uncleanliness of Head ..	2	3,188	3,190
Uncleanliness of Body ..	—	47	47
Ringworm	4	4	8
External Eye Diseases ..	5	3	8
Scabies	43 ⁰	500	930
Impetigo	53	155	208
Other Skin Diseases	9	92	101
Other Diseases	9	5	14
Vision	1	—	1
TOTAL 1940	513	3,994	4,507
TOTAL 1939	183	2,162	2,345

TABLE IX.
Average Height.

Age last Birthday.	Elementary Schools.			
	Number Measured.		Inches.	
	Boys.	Girls.	Boys.	Girls.
4	131 (595)	130 (557)	39.8 (40.0)	39.5 (39.6)
5	1,010 (833)	871 (816)	42.6 (42.1)	42.0 (41.6)
8	2,969 (1,795)	2,749 (1,836)	48.0 (48.6)	48.6 (48.2)
12	2,514 (1,647)	2,735 (1,709)	56.1 (55.6)	56.9 (56.5)

The figures in brackets are those for 1939.

TABLE X.
Average Weight.

Age last Birthday.	Elementary Schools.			
	Number Weighed.		Lbs.	
	Boys.	Girls.	Boys.	Girls.
4	131 (595)	130 (557)	37.7 (38.1)	37.2 (36.8)
5	1,010 (833)	871 (816)	41.8 (41.3)	40.4 (39.7)
8	2,969 (1,795)	2,749 (1,836)	55.8 (55.1)	54.2 (53.7)
12	2,514 (1,647)	2,735 (1,709)	79.2 (77.8)	81.4 (80.9)

The figures in brackets are those for 1939.

TABLE XI.
Number of Children on Roll in Special Schools
on 31st December, 1940.

SCHOOL.	NUMBER ON ROLL.		
	Leeds Cases.	Outside Cases.	Total.
FEEBLE MINDED—			
Armley	58	—	58
East Leeds	66	—	66
Hunslet Lane	107	—	107
Lovell Road	61	—	61
One Oak	42	—	42
Warlbeck	21	—	21
DEAF AND PARTIALLY DEAF	58	49	107
PARTIALLY SIGHTED	36	23	59
PHYSICALLY DEFECTIVE—			
Potternewton	107	—	107
Park Hill	20	—	20

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

CRIPPLES—

Marguerite Home, Thorparch	5
Heritage Craft School, Chailey	1

BLIND—

Yorkshire School for the Blind, York	6
Henshaw's Institution for the Blind, Manchester	2
Catholic School for the Blind, Liverpool	1

DEAF—

St. John's Institution for the Deaf and Dumb, Boston Spa	5
Rayner's Residential School, Penn (Deaf & Mentally Defective)	1

MENTALLY DEFECTIVE—

Besford Court R.C.	2
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HEART—

St. Joseph's Heart Hospital School, Rainhill, Liverpool	1
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EYE—

White Oak Hospital, Swanley	1
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EPILEPTIC—

Lingfield Epileptic Colony	2
Chalfont Epileptic Colony	1

TABLE XII.
Summary of the Work of the School Dental Service, 1940

	No. inspected	No. referred	No. inspected	No. treated	No. referred	Fillings	Fillings per child treated	Permanent Teeth Extractions Unavailable	Permanent Teeth Regulation Extractions	Temporary Teeth Extractions	Anaesthetics		Sessions In-spection	Attendance for Treatment	Other Operations
											General	Regional			
1. Elementary	28,489 (14,989)	22,916 (12,286)	81.3 (81.9)	14,881 (12,586)	63.7 (102.4)	16,967 (19,957)	1.7 (1.6)	3,712 (2,176)	2,140 (2,882)	20,183 (18,207)	11,819 (9,694)	2,110 (1,058)	201 (1.4)	1,435 (4,164)	2,175 (2,773)
2. Secondary	374 (242)	316 (215)	82.9 (88.8)	213 (169)	78.4 (78.6)	884 (563)	1.8 (3.3)	54 (83)	57 (56)	31 (41)	96 (97)	162 (128)	3 (2)	1,114 (83)	163 (168)
3. Special	6 (241)	5 (168)	— (69.7)	11 (153)	— (91.0)	— (117)	— (1.8)	16 (59)	2 (30)	10 (1.9)	16 (125)	— (22)	— (43)	2 (114)	5 (168)
Total 1, 2, 3	28,569 (15,471)	23,234 (12,663)	81.3 (81.8)	14,835 (12,902)	63.9 (101.9)	17,791 (20,617)	1.7 (1.6)	3,782 (2,618)	2,199 (2,991)	20,531 (18,381)	11,931 (9,696)	2,272 (1,268)	204 (1.7)	1,552 (4,479)	2,343 (2,877)
Casuals	4,776 (4,776)	4,779 (4,776)	100 (100)	4,335 (4,296)	88.5 (91.9)	—	—	998 (774)	—	6,069 (6,272)	4,233 (4,276)	—	—	—	346 (487)
Special Casuals (All Schools)	114 (262)	114 (262)	100 (100)	114 (262)	100 (100)	—	—	84 (122)	—	100 (122)	114 (162)	—	—	—	—
GRAND TOTAL	33,462 (20,497)	28,124 (17,688)	84.0 (86.3)	19,182 (17,466)	68.9 (98.7)	17,791 (20,617)	—	4,861 (3,534)	2,199 (2,991)	26,703 (24,674)	16,278 (14,474)	2,272 (1,268)	204 (1.7)	1,552 (4,479)	2,589 (1,394)

† Does not include 163 sessions spent on other work, e.g. supervisory, X-Ray, Orthodontic. In addition 511 exposures X-Ray were made (46%). Average No. fillings per session 6.4 (7.6). Average attendance per fillings session 4.85 (4.75). The clinics were open during all holiday periods but very little work resulted.
‡ Special casuals are children who have refused treatment but are subsequently treated by extraction for the relief of pain and by appointment only.
* Treatment of "casuals" takes place at the end of routine sessions on two occasions per week in each clinic.
Figures in brackets are those for 1939.

