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CITY OF LEEDS EDUCATION COMMITTEE

ANNUAL REPORT
OF THE SCHOOL
MEDICAL OFFICER

FOR THE YEAR ENDED 31st DECEMBER, 1942

INDEX.

PAGE.	
15	AFTER CARE.
18	BLIND.
11	CAMP SCHOOL.
16	CLINICS.
15	CO-OPERATION.
18	DEAF.
21, 17, 11	DENTAL.
17, 11	EAR, NOSE, AND THROAT DEFECTS.
15	EMPLOYMENT OF CHILDREN.
11	EVACUATION.
18	EXCLUSIONS.
11	EXTERNAL EYE DISEASE.
10	FOLLOWING UP.
19	HEIGHTS.
6	IMMUNISATION.
6	INFECTIOUS DISEASE.
15	JUVENILE EMPLOYMENT BUREAU.
16, 7	MEDICAL INSPECTION.
18	MENTALLY DEFECTIVE.
9	MILK.
16, 10	MINOR AILMENTS.
15	N.S.P.C.C.
6	NUMBER ON ROLL.
7, 6	NURSERY SCHOOLS AND CLASSES.
16, 8	NUTRITION.
11	ORTHOPÆDIC WORK.
11	ORTHOPTIC TREATMENT.
14	PHYSICALLY DEFECTIVE.
	PROSECUTIONS.
8	PROVISION OF MEALS.
15	REMAND HOME.
11	RHEUMATISM.
18, 15	SECONDARY SCHOOLS.
10	SKIN DISEASES.
20, 18	SPECIAL SCHOOLS.
5, 3	STAFF.
16	STATISTICAL TABLES.
14	SUBNORMAL CHILD.
15	TRAINING COLLEGES.
17	TREATMENT OF DEFECTS.
11	TUBERCULOSIS.
18, 10	UNCLEANLINESS.
17, 11	VISION.
19	WEIGHTS.

LEEDS EDUCATION COMMITTEE

Medical Inspection of School Children

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„ J. TAIT.

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„ EDITH YOUNGMAN.

Co-opted Member :

Mrs. F. MATTISON.

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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IRENE HASLEGRAVE, M.B., Ch.B. (*Resigned 31st May, 1942*).

Temporary Assistant School Medical Officers—

GRACE HOLEY, M.B., Ch.B. (*Appointed 1st July, 1942*).

ANNE M. NUTT, M.B., Ch.B. (*Appointed 26th January, 1942, Part-time*).

KATHERINE ODLING-SMEE, M.B., Ch.B., D.P.H. (*Appointed 26th January, 1942, Part-time, Left 17th July, 1942*).

KATHLEEN V. MILLER, M.B., Ch.B. (*Appointed 1st September 1942*).

Consulting Surgeon (Nose, Throat and Ear)—ALEXANDER SHARP, C.B., C.M.G., 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.).

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 L. 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.

JAMES A. WHITELAW, L.D.S. (*Appointed on the Permanent Staff 1st January, 1942.*)

Temporary Appointments—

MARY V. DYMOND, L.D.S.

SYBIL L. H. THOMSON, L.D.S., R.F.P.S. (Glas.) (*Appointed 1st September, 1942.*)

School Nurses—

ISABEL FERGUSON
(*Senior Nurse*).

JANE TOTTIE.

HILDA MOODY.

EMMA M. HEARNshaw.

EDITH D. WYNN.

LILIAN MOODY.

MINNIE ABBOTT.

ALICE SHACKLETON.

*MATILDA HOLMES

G. MARY TAYLOR.

WINIFRED HOLDSWORTH.

MILDRED M. WILLIS

(*Left 28/3/42.*)

ETHEL WILSON.

ELIZABETH WHURR.

GERTRUDE SMITH.

HELENA SIMPSON.

MARY CHERRETT.

ELSIE K. BRIGGS.

ANNIE A. POSKITT.

MONA K. MACPHERSON.

SARAH E. WEBSTER.

GERTRUDE M. PENFOLD.

GRACE E. PRIOR.

BESSIE ATKINSON.

LOIS M. WARE (*Left 14/12/42.*)

B. MABEL MORLEY

(*Appointed 18/5/42.*)

Masseuses—

WINIFRED WEAR.

MARION E. SWINGLEHURST.

JEAN D. BROWELL

MARJORIE HENDERSON.

KATHLEEN CHAPPELL

(*Left 28/3/42.*)

Speech Therapist—

BLANCHE JACKSON.

*Joined H.M. Forces.

CITY OF LEEDS
EDUCATION DEPARTMENT

**Report of the School Medical Officer for the year ended
the 31st December, 1942.**

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, 1942. Owing to the necessity for making this report as brief as possible some matters have not been dealt with as fully as one would desire.

Changes have not been great. Dr. Haslegrave resigned on her marriage and Dr. Odling-Smee was unable to continue her work. Their places were filled by the temporary appointments of Dr. Holey and Dr. Miller—both of whom have proved themselves to be suitable additions to the School Medical Service.

There have been no further withdrawals from the dental staff but one temporary additional dental officer has been secured. Her work has also proved very good, but the shortage of staff has upset considerably the efficiency of the dental service just at the time when its value was approaching its zenith.

One Nurse only has left the Service during the year—her replacement is pending. Changes in the clerical staff have been more frequent, but replacements have been partially met by the temporary return of former members who retired on marriage. Consequently, it has not been necessary to curtail drastically any of the services hitherto provided.

Assistance has been given to the Health Committee in immunisation, the last drive having been done entirely by the School Medical Staff. Further assistance will be given should occasion and opportunity arise.

The suggestions made in the Board of Education's Circular 1523 as to economy of time do not apply to Leeds.

**Return of Number of Children on Roll at
31st December, 1942.**

Type of School.	Number of Schools.	Number of Departments.	Number on Roll.
<i>Elementary—</i>			
Council	73	157	44,068
Voluntary	47	78	13,812
<i>Higher—</i>			
Maintained	11	11	5,408
Non-maintained	5	5	2,081
<i>Home Office</i>	2	2	207
<i>Special—</i>			
Mentally Defective .. (including One Oak and Warlbeck)	6	6	425
Physically Defective .. (including Park Hill)	2	2	146
Partially Sighted ..	1	1	53
Deaf	1	1	115
<i>Other—</i>			
Sanatorium	1	1	27
Nursery (including Sicklinghall Grange)	2	2	129
Bewerley Park Camp ..	1	1	183
Total	152	207	66,654

Infectious
Disease.

The year has been very free from infectious sickness, even the expected measles epidemic never caused anxiety so far as the school population was concerned. No schools were closed.

Facilities for protecting children against diphtheria have again been offered to parents and by the time this drive is completed another 15,000 children will have been treated. Since 1935, four separate drives to protect children in school have been made with the result that the state of immunity is now very high in children over five years of age. The recent drive has not, however, proved as satisfactory as was hoped in the children under five. In some Nursery Classes the figures are very good, so that there must be many where the population at risk is high. Parents of non-immunised children under five are advised to keep them at home when cases occur and to seek protection. A record card showing the immunised state of each nursery class will shortly exist in every school where under fives are present.

There is no doubt that immunisation in school is popular with parents, as they are not required to be present with their children and it is interesting to note the absence of any fear even in tiny children because no suggestion is ever made to them that the prick of the needle does or does not hurt. The toddlers follow each other

without a whimper and the whole process is completed in a few seconds. Visits have been made by Medical Officers, both of the Ministry of Health and Board of Education.

Statutory requirements have been more than fulfilled, and a ^{Routine} ~~great~~ increase is shown in the numbers examined during the year. ^{Inspection.}

At the request of the Board, extra time has been allocated to entrants and will continue to be, so long as required. It must be realised, however, that attendance under five is not compulsory and that children are often away on the days of the Doctor's visit. As regulations insist that parents have previous warning, it is not always possible to substitute others at short notice and sessions may prove uneconomical if only a small number is available. Head teachers have been asked to inform the Department of the number of entrants not yet examined and special sessions are arranged at an early date where the numbers justify them or where there are enough re-inspections to fill up.

It is of importance that all children shall be seen as soon as possible after admission and thereafter as required especially as so many mothers are working in the national interests and not able to keep in close contact with the teacher or be present at the Doctor's inspection themselves. Consequently, it is necessary that both doctor and teacher shall be in possession of a much fuller history of the child than we formerly required. It has, therefore, been settled that the "Nursery" card previously only used in Nursery classes shall be used for all children examined before their fourth birthday. This card, which collects a great deal of valuable information for both doctor and teacher, calls for a clearer picture of the home circumstances as well as the child's individual make up and will make greater demands on the time of both teacher and doctor, but once done will enable closer observation to be kept in the absence of the mother, not only as to physical but also as to psychological conditions. In effect it is hoped to come closer to the ideal which the School Medical Service has always desired.

This problem of under age children is no new one in Leeds, where, for many years approximately half the children between three and five have been on roll. In December, 1942, there were just under 2,000 under four and nearly 4,000 between four and five in school with a waiting list of about 1,200, either floor space or air raid shelter being not available. It might be possible to base admissions on average attendance over a period, for at present there is always one child in three away from school in the under five groups. There is no doubt as to the importance of systematic

inspection at this age and every care will be taken to see that such children have their opportunities, especially as it is found that there are a number who show evidence of the minor neuroses of childhood that are not directly attributable to the war.

Whilst it has not yet been found necessary to drop any examinations of older groups, further staff depletion will call for some change, possibly by cutting out one age altogether or re-arrangement of the age groups. It is difficult to visualise a satisfactory method of selection as every year children are found with defects that would be missed if examination were not universal.

Nutrition

Careful watch was kept throughout the year on the state of nutrition and it is noteworthy that only 15 children out of 25,000 examined are classified as of "bad" nutrition or one in 1,600. In general the classification is very similar to that of preceding years and can be accepted as a fair picture of the school population. Every child is seen independently and its nutrition assessed as a part of a fuller examination and not merely as a special nutritional survey. It has been said previously that it is the state of nutrition and not physique that we look for, as whilst it is assumed that the former can be improved by proper diet, there is no evidence that physique can be improved equally quickly.

For the last twenty years a careful record has been kept of the weights taken each year which shows a gradual increase. Occasionally there is a temporary drop in one sex or age, but on the whole a definite improvement since 1923. There is no doubt that there has been an improvement in nutrition, even if not as big as might be wished.

It is too early to say whether communal feeding is having any marked effect and no conclusion should be drawn until the same children have been observed for a period of at least three years, not only on their gains in weight but also on their capacity for exercise. If the children weighed in 1942 show a bigger gain in 1945 than hitherto found and, as may confidently be expected, the value of school meals will be proved. It is not that such meals are bigger but their building up value is better.

Provision of Meals.

In January, 1942, 4,400 children were served daily with dinners at 39 canteens, but during the year there was a steady increase until in December 60 canteens were serving 6,887 children, necessitating the addition of two more supplying kitchens. In February, the supply of breakfasts and teas began to the children of war workers and in December 33 canteens were serving 585 breakfasts and 1,401 teas daily. There has, moreover, in spite of a slight increase in the early part of the year, been a steady

drop in the number fed free of cost to the parents, due probably to two causes—(1) the bigger use of women in industry and (2) larger family allowances to dependants of men in the forces. The number of "necessitous" cases in December had been reduced to about 1,000. It is a matter of regret that these are the worst offenders in not attending.

As regards paying cases, experience bears out the statement made last year that, if cooking appliances and canteen accommodation were available, the numbers of children taking their main meal in school would be largely increased. Actually nearly 6,000 paying children were fed daily in December, nearly double the number fed in 1941 and it is anticipated that these figures could be nearly doubled in 1943 if the necessary equipment were available.

The appointment of a Meals Organiser who is also Dietitian has been the means of improving the variety and quality of the meals and the Government priority scheme has, in general, enabled the kitchens to obtain food stuffs in sufficient quantities for their needs.

This again shows an increased issue of a million bottles during the year, that is approximately 4,000 bottles a day. Supply of Milk.

The position is extremely satisfactory so far as elementary schools go, as in December 77·5 per cent. of children on roll were taking their daily bottle, so that, allowing for absentees, there must have been at least 80 per cent. of those present drinking milk. The position is not so good in schools for higher education, but the need is not so great.

Milk consumption during the August holiday again proved extremely disappointing, the daily issue being only 2,883 bottles, whereas a normal daily issue is about 42,000. This number should be much increased if the issue is to be worth while and it must be regretted that parents do not see that their children take greater advantage of milk and meals available during holidays.

Whilst waste must be avoided, there is no reason why children should lose the benefits offered if parents play their part. It may be said that there is no evidence that the war has caused any deterioration in the nutritional state, but rather the reverse and that there will be a marked improvement if full use is made of the facilities provided by the Committee.

School feeding has come to stay and will gradually improve the state of the children for, as has so often been said before, the biggest trouble has been improper feeding.

Milk in Schools Scheme 1st January to 31st December, 1942.

Total number of bottles issued during the year	8,865,058
Total number of bottles issued free during year	493,630
Total number of days	209
Total number of children taking milk during January, 1942 ..	47,273
Total number of children taking milk during December, 1942 ..	48,497
Average number of bottles per day for year 1942	42,417
Average number of bottles per day for December, 1942	45,744
Number on Roll for December, 1942	63,929
Percentage taking milk in December, 1942	75.8

The above figures do not include 73,777 bottles issued during the Holiday School period in August when milk was delivered to only 55 schools.

Minor
Treatment.

During the year, the Health Committee, under the Scabies Order of 1941, instituted centres for the treatment of this unpleasant condition, which although not classified as verminous is frequently associated with uncleanness. There has been a very considerable increase in this disease since the war. The total number dealt with in 1942 was 2,027 as opposed to 351 in 1939 and 634 in 1938, showing a similar happening to the war of 1914-18.

The Health Committee's Clinics which have been under the guidance of Dr. Ingram are now treating all school cases and, as they also can secure attendance of older members of the family, the position is improving, although many children have to be kept out of school longer than is necessary because home co-operation is not forthcoming. So long as one infected member of a household remains untreated there will be a risk of infection or re-infection. The remark made last year that people do not welcome opportunities for treatment seems to have been borne out. Otherwise, minor treatment shows little change: there is no diminution in numbers attending and the clinics are open every morning, and evenings after school. Nurses still spend much of their time on this work, which would otherwise be neglected. It is to be regretted that these facilities are often abused by the lack of the use of soap and water at home.

Following up.

There are no changes in either policy or method to report.

Uncleanness.

In spite of extra visits to schools by Nurses and a big increase in examinations, there is no improvement in the number of children found verminous. Until means can be found of dealing with the adult population, this state will continue. Attempts made with special preparations during the year have too often failed because of immediate reinfestation. Power given to the Justices to order hair cutting in suitable cases would probably have a good result, but at present this cannot be done without parents' permission, which is often withheld. Uncleanness of the head is not confined

to school children, but whilst they are not permitted to remain in school, their elders are not discouraged from going to work. If Nurses were not constantly on the watch the position would rapidly become worse.

There is no change to report. Mr. Sharp's services are still much in request and, in addition to regular clinic sessions, he has paid periodic visits to the School for Deaf. Ear, Nose and Throat Defects.

This department under Mr. Broomhead and Dr. Holoran has continued. Regular weekly sessions are held and periodical visits to the School for Physically Defectives are made. Thirty-four children were certified as physically defective. Orthopaedics.

The fulfilment of the scheme to deal with these cases is still anxiously waited. It cannot be repeated too often that rheumatism is still the biggest crippling disease of childhood. Rheumatism.

Dr. Tattersall and his staff have again continued their assistance for which we are very grateful. Tuberculosis.

Whilst a large volume of work has been done, there is still much delay in providing spectacles, especially if lenses are at all complicated. It may well be that, amongst post-war developments, the Committee will consider the question of a direct supply. The arrangement with the General Infirmary for orthoptic treatment still continues, but owing to poor attendance the results have not been as satisfactory as they ought to be. External Eye Diseases and Vision.

Mr. Black's services have been utilised during the year for consultant purposes.

The numbers evacuated are still dropping, but the various temporary residential schools, including Bewerley Park, are still doing excellent work. The success of these points to a greater extension of such facilities in the future. Evacuation.

REPORT OF THE SENIOR SCHOOL DENTAL OFFICER

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

In the previous war years it has been necessary to deal at frequent intervals with sudden losses of staff, but during the greater part of 1942 the position has been stabilised at six officers or 50 per cent. of the pre-war personnel. The one alteration during the year was the addition in September of one other dentist on a temporary basis. A further reduction of the staff was only avoided on appeal but the Committee may not always be so fortunate.

It is impossible for such a small staff to deal adequately with many thousands of children but having remained at

the same number for the greater part of the year the scheme has not suffered from the sudden fluctuations of the previous war years and it has been possible to settle the staff in to operate a modified war-time policy of treatment.

During the war it has been necessary to utilise what staff remained on a basis of attending to immediate needs, *i.e.*, to prevent pain or to clear up or prevent septic oral conditions. Because of that, the reduced staff of 1942 has had to spend more time relatively on extraction work but has been able to give such attention to nearly as many children as the much greater staff of 1941. Greater care has had to be exercised in the selection of children for filling work and it is regrettable that the number of children who make no effort to clean their teeth or who do it very spasmodically is increasing. Various excuses are advanced for this but the real reason seems to be the lack of control in the homes. Partly as a result of this lack of mouth hygiene and partly as the result of an unsuitable dietary, the number of cases requiring treatment for conditions that might be classed as "dirty mouths" has risen considerably. These cases can generally be put right in a very few visits but it is doubtful if the benefit is lasting in a number of cases since the children return to the same conditions.

A good deal of propaganda has been issued by the Ministry of Food as to how to make the best of war time rations and other available foods but many parents claim that they have no time to spend over all these new methods of preparing and cooking foods. That may or may not be the case but the fact remains that many children are not being fed as they might be although there is adequate foodstuff available. Many of these cases in some respects do not warrant the time spent in treating them for they will almost continually revert to the dirty condition within a short time after treatment. The necessity to deal with them lies in the fact that they may have a Vincent's infection and be not merely a dirty mouth. For the sake of the other children this must be detected and dealt with at once.

Vincent's Agina, an acute inflammatory and highly infectious condition in the mouth, has been referred to in earlier reports and has had a curious history since 1942. The appearance of this disease was not unexpected with the outbreak of war when conditions favourable to it come into being. An annual increase in the number of cases was visualised and an attempt made to prevent this by cleaning up every dirty mouth that might be a potential Vincent case. During 1940, three cases of Vincent's were detected, seven during 1941 and nine during 1942 *but* no case has occurred since early July. However much one might be tempted to believe that the disappearance of the condition is due to the work of cleaning

up unhealthy mouths, such a claim could hardly be supported, valuable as the work may be. The real reason is more likely to be found in the vigorous methods of prevention and treatment in operation in H.M. Forces for some time past and which are now having the desired effect. It is to be hoped that, whatever the reason, the disappearance of Vincent's Disease becomes permanent.

The number of children attending for urgent treatment has fallen slightly but the number of under age cases (children under 6 years of age who have not been inspected as routine cases in school) is increasing. This is accounted for by growing numbers of very young children attending Nursery Classes in schools throughout the city. Many of these children are only three or four years old and the condition of many of the mouths is truly dreadful. As was mentioned last year there is some evidence, that amongst the older children, the incidence of dental caries is less than before the war, and another year of working under war-time food restrictions supports this view. This does not seem to apply however to the very young children where in many cases the mouths are as bad as they could possibly be, necessitating the complete clearance of all teeth from the mouths. The numbers of such children attending the clinic are relatively small but if they are typical of their age groups the dental outlook of the coming generation is exceedingly poor.

The Leeds School of Dentistry has again carried out orthodontic treatment for cases selected in the school clinics, and gratitude must be expressed for their valuable work. It is unfortunate that a number of children cease to attend the Hospital before treatment has been completed. Everything possible is done to prevent this happening but too many parents after a few visits to the clinic, find some ready excuse for failing to continue. The resultant upset in the Hospital's arrangements is considerable. The institution of a fee, even a relatively nominal one, for this treatment, might assist in removing this nuisance, but it might also have the unfortunate effect of preventing some deserving child from receiving treatment.

The following Table shows the work done at the Dental School during the year:—

No. of children treated	..	..	142
Total attendances	..	..	1,082
Completed treatment	..	..	48
Abandoned treatment	..	..	10
Continuing treatment	..	..	84

Despite a much reduced staff with an increased demand for its services and the difficulties inseparable from war conditions

it can still be claimed that a very useful dental scheme is afforded the school children of Leeds.

The Subnormal
Child.

The arrangements for dealing with children under Part V of the Education Act have remained unaltered, and the various war-time evacuation schools are still continuing to do admirable work. The reports of the Board's Inspectors on the two schools in Ilkley—One Oak and Warlbeck—must have been extremely gratifying to the Committee in showing the wisdom of their policy.

There will be, undoubtedly, in the near future a good deal of reorganisation and reconstruction in the world of Education and I venture to plead again for a much wider method of dealing with children who have a defect or defects which render them incapable of "deriving proper benefit from the instruction provided in an ordinary public elementary school." There is, however, another conception, namely, that every such child should be educated in a school where his disabilities are specially provided for in the curriculum, environment and equipment.

The desired result is to see that the best shall be made of every child according to his ability, a position that is not assured at the present time, because he must be certified as having a severe degree of defect in some one condition, before he is eligible for the benefits of special school instruction. As an example, a child may have a defect of vision which does not of itself warrant certification. He may also have a minor degree of physical defect which does not of itself warrant a school for physically defectives and, further, he may be somewhat retarded without being certifiable as such. At present he remains in the ordinary class and frequently leaves worse equipped than some who have had opportunities in a special school. There is a further hindrance in the attitude of parents who cannot always be made to understand that the child's interests should be the only consideration. Legislation is therefore needed to establish the principle of varying education according to the physical and mental attributes of the children and to secure that the teacher can, and should, bring to notice any and every child who requires other than ordinary treatment without any duty on his part to specify any reason but merely that a child is a misfit in the ordinary school. There should be no suggestion that a change of school is, of necessity, permanent or even that a residential period is desirable. To this end I suggest for your consideration a full development either of the Lawns House Estate or some other suitable site on the outskirts of the city where misfits of all types can be given a suitable education without the need of placing them in watertight compartments such as Blind, Deaf, Feeble minded or any other description. It is quite true that the teaching staff will need the knowledge and

methods used at present by them in the various special schools, and I would suggest that such children will repay the efforts of the best teachers who might be encouraged to devote two or three years of their life to this work. Residential blocks, craft rooms, playgrounds, would be common property—no child stigmatised at all—parental objections reduced or even removed and the ultimate benefit to both children and the community immense.

Medical Inspection continues without any change.

Secondary
Schools.

All Entrants and Leavers throughout the year have been inspected.

Training
College.

The work of examining these cases still takes up a considerable amount of Doctor's time. In many cases a full mental test needs to be carried out.

Remand
Home.

This is still a very pressing need and when opportunity arises should be extended. Both elementary and special school leavers should be kept under observation or their records passed on to some other authority with this object in view.

After Care.

All statutory duties have been carried out in close co-operation with the School Enquiry Officers and the Juvenile Bureau.

Employment of
Children.

Co-operation with the local branch of the National Society for the Prevention of Cruelty to Children has been maintained.

National Society
for the
Prevention of
Cruelty to
Children.

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.

Conclusion.

I have the honour to sign myself,

Your obedient Servant

G. E. ST. CLAIR STOCKWELL,

School Medical Officer.

MEDICAL INSPECTION AND TREATMENT RETURNS YEAR ENDED 31st DECEMBER, 1942.

TABLE I.

**Medical Inspections of Children attending Public
Elementary Schools**

A.—Routine Medical Inspections.

NUMBER OF INSPECTIONS.

Entrants	..	..	..	..	..	..	..	9,858
Second Age Group	..	..	..	..	..	..	..	4,954
Third Age Group	..	..	..	..	..	..	..	5,536

TOTAL 20,348

NUMBER OF OTHER ROUTINE INSPECTIONS 2,200

GRAND TOTAL 22,548

B.—Other Inspections.

NUMBER OF SPECIAL INSPECTIONS AND RE-INSPECTIONS 44,914

TABLE II.

**Classification of the Nutrition of Children Inspected
during the Year in the Routine Age Groups.**

No. of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
	No.	%	No.	%	No.	%	No.	%
22,548	2,979	13.2	17,902	79.4	1,652	7.3	15	.07

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 18,031

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

	Under the Authority's Scheme.
ERRORS OF REFRACTION (including squint) ..	3,727
Other defect or disease of the eyes (excluding those recorded in Group I)	—
TOTAL	3,727
No. of children for whom spectacles were	
(a) Prescribed	2,348
(b) Obtained	† 2,022

† Balance awaiting delivery by Optician.

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

Received Operative Treatment	182
Received other forms of Treatment	1,163
Total number treated	1,345

TABLE IV.—Dental Inspection and Treatment

(1) Number of children inspected by the Dentist:				
(a) Routine age-groups				19,139
(b) Specials				4,846
(c) TOTAL (Routine and Specials)				23,985
(2) Number found to require treatment				18,198*
(3) Number actually treated				16,320†
(4) Attendances made by children for treatment				25,426
(5) Half-days devoted to:—			(7) Extractions:—	
Inspection	131½		Permanent Teeth	5,084
Treatment	2,758½		Temporary Teeth	23,412
TOTAL	† 2,890		TOTAL	28,496
(6) Fillings:—			(8) Administrations of general anæsthetics for extractions	14,217
Permanent Teeth	12,431		(9) Other Operations:—	
Temporary Teeth	1		Permanent Teeth	1,052
TOTAL	12,432		Temporary Teeth	—
			TOTAL	1,052

* Includes 4,846 Casuals.

† Includes 4,117 Casuals.

‡ In addition 140½ sessions spent in other work.

TABLE V.—Verminous Conditions.

(1) Average Number of Visits per School made during the year by the School Nurses or other authorised persons	36
(2) Total Number of Examinations of Children in the Schools by School Nurses or other authorised persons	173,772
(3) Number of <i>Individual Children</i> found unclean	8,542
(4) Number of <i>Individual Children</i> cleansed under Section 87 (2) and (3) of the Education Act, 1921	393
(5) Number of Cases in which legal proceedings were taken:—	
(a) Under the Education Act, 1921	21
(b) Under School Attendance Byelaws	447

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.
Blind Children	—	—	2*
Deaf Children	—	—	—

*1 Boy 6 years of age
1 Girl 6 years of age } both awaiting certification.

B—Mentally Defective Children

Total number of children notified during the year ended 31st December, 1942, by the Local Education Authority to the Local Mental Deficiency Authority, under the Mental Deficiency (Notification of Children) Regulations, 1928 150

TABLE VII.

No. of children given a full routine inspection in:—	
(a) Schools for Higher Education	2,112
(b) Special Schools	404

TABLE VIII.**Number of Exclusions, 1942.**

DEFECT.	REFERRED FOR EXCLUSION BY		TOTAL.
	School Medical Officers.	School Nurses.	
Uncleanliness of Head ..	1	3,467	3,468
Uncleanliness of Body ..	—	161	161
Ringworm	3	8	11
External Eye Diseases ..	26	46	72
Scabies	806	1,221	2,027
Impetigo	74	409	483
Other Skin Diseases	7	151	158
Other Diseases	17	55	72
Vision	—	—	—
TOTAL 1942	934	5,518	6,452
TOTAL 1941	532	5,206	5,738

TABLE IX.

Average Height.

Age last Birthday.	Elementary Schools.			
	Number Measured.		Inches.	
	Boys.	Girls.	Boys.	Girls.
4	1,262 (536)	1,124 (429)	39.2 (40.3)	39.4 (39.8)
5	2,264 (1,839)	2,145 (1,711)	42.3 (42.4)	42.0 (42.1)
8	2,487 (2,074)	2,467 (2,040)	48.6 (48.8)	48.6 (48.4)
12	2,280 (1,957)	2,251 (2,054)	55.9 (56.0)	56.3 (56.7)

The figures in brackets are those for 1941.

TABLE X.

Average Weight.

Age last Birthday.	Elementary Schools.			
	Number Weighed.		Lbs.	
	Boys.	Girls.	Boys.	Girls.
4	1,262 (536)	1,124 (429)	37.6 (38.4)	36.5 (37.0)
5	2,264 (1,839)	2,145 (1,711)	42.2 (41.7)	40.5 (40.2)
8	2,487 (2,074)	2,467 (2,040)	55.3 (55.1)	53.8 (53.4)
12	2,280 (1,957)	2,251 (2,054)	78.1 (77.6)	79.6 (80.3)

The figures in brackets are those for 1941.

TABLE XI.
Number of Children on Roll in Special Schools
on 31st December, 1942.

SCHOOL.	NUMBER ON ROLL.		
	Leeds Cases.	Outside Cases.	Total.
FEEBLE MINDED—			
Armley	81	—	81
East Leeds	58	—	58
Hunslet Lane	160	—	160
Lovell Road	59	—	59
One Oak	41	2	43
Warlbeck	24	—	24
DEAF AND PARTIALLY DEAF	62	53	115
PARTIALLY SIGHTED	44	9	53
PHYSICALLY DEFECTIVE—			
Potternewton	130	—	130
Park Hill	16	—	16

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

CRIPPLES—

Marguerite Hepton Memorial Home, Thorparch .. 5

BLIND—

Yorkshire School for the Blind, York 9

DEAF—

St. John's Institution for the Deaf and Dumb,
Boston Spa 6

Rayner's Residential School, Penn (Deaf & Mentally
Defective) 1

MENTALLY DEFECTIVE—

Besford Court R.C. 3

EYE—

White Oak Hospital, Swanley 2

EPILEPTIC—

Lingfield Epileptic Colony 3

TABLE XII.
Summary of the Work of the School Dental Service, 1942.

	No. inspected	No. referred	No. to inspected	No. treated	Fillings referred	Fillings per child treated	Permanent Teeth Extractions Unserviceable teeth	Permanent Teeth Regulation Extractions	Temp. Teeth Extractions	Anaesthetics		In. session	Sessions Treatment	Attendances for Treatment	Other Operations
										General	Regional				
1. Elementary	19,139 (20,716)	13,352 (15,099)	69.8 (72.9)	12,203 (13,419)	12,432 (18,021)	1.7 (1.5)	2,996 (4,411)	1,383 (1,887)	17,705 (18,377)	10,100 (10,550)	856 (1,673)	131½ (14½)	2,256½ (7,921)	20,560 (24,971)	1,038 (1,160)
2. Secondary	537 (206)	345 (168)	64.2 (81.6)	241 (410)	837 (1,209)	1.8 (1.7)	105 (164)	36 (116)	52 (52)	132 (222)	187 (2)	1 (1)	107½ (68)	672 (1,090)	85 (83)
3. Special	— (170)	— (142)	— (81.5)	— (23.5)	— (355)	— (1.8)	7 (211)	— (42)	5 (213)	6 (178)	— (93)	— (1)	½ (186)	6 (417)	— (16)
Total 1, 2, 3	19,676 (21,095)	13,697 (15,409)	69.6 (77.8)	12,444 (14,094)	13,269 (19,585)	1.7 (1.6)	3,108 (4,790)	1,419 (2,045)	17,762 (18,642)	10,238 (10,950)	1,043 (1,768)	135½ (14½)	2,366½ (4,475)	21,258 (26,498)	1,123 (1,259)
Casuals	4,819 (5,038)	4,819 (5,038)	100.0 (100.0)	4,090 (4,405)	—	—	693 (614)	—	5,686 (6,389)	4,090 (4,405)	—	—	—	4,819 (5,038)	729 (633)
Special Casuals ‡(All Schools)	29 (54)	29 (54)	100.0 (100.0)	29 (54)	—	—	14 (51)	—	21 (32)	29 (54)	—	—	—	29 (84)	—
GRAND TOTAL	24,524 (26,187)	18,515 (20,501)	75.6 (78.3)	16,563 (18,523)	13,269 (19,585)	—	3,815 (5,755)	1,419 (2,045)	23,469 (25,063)	14,357 (15,409)	1,043 (1,768)	135½ (14½)	2,366½ (4,475)	26,106 (31,590)	1,852 (1,892)

† Does not include 140½ sessions spent on other work, e.g., supervisory, X-Ray, Orthodontic. In addition 516 X-Ray exposures were made (407). Average No. fillings per session 8.1 (7.75). Average attendance per fillings session 5.9 (4.7).

‡ 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.

‡ Includes General Anaesthetics sessions.

