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CITY OF LEEDS EDUCATION COMMITTEE

ANNUAL REPORT
ON THE SCHOOL
HEALTH SERVICE

FOR THE YEAR ENDED 31st DECEMBER, 1945

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 Medical Inspection of School Children

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Co-opted Members :

Mrs. M. MUIR.

Rev. A. S. REEVE, M.A.

 MEDICAL STAFF
Acting School Medical Officer—MAURICE E. WILLCOCK, M.B., Ch.B.,
D.P.H.*Full-time Assistant School Medical Officers—*

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.

Temporary Assistant School Medical Officers—

GRACE HOLEY, M.B., Ch.B.

ANNE M. NUTT, M.B., Ch.B.

AGNES M. WYON, M.B., Ch.B., D.R.C.O.G. (*Resigned 12.3.45*).*Consulting Surgeon (Ear, Nose and Throat)*—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*—GEORGE BLACK, M.B., B.S. (LOND.),
F.R.C.S.(ENG.)

MEDICAL STAFF—(continued).

Full-time Assistant School Dental Officers—

ARTHUR B. MORTIMER, L.D.S.
 DAVID E. TAYLOR, L.D.S.
 *NORMAN K. DAVISON, L.D.S.
 *E. EMERSON GIBSON, L.D.S.
 *ARTHUR H. GREEN, L.D.S.
 HENRY L. GRAY, L.D.S.
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 *LAWRENCE MORAN, L.D.S.
 *J. WALTER SHAW, H.D.D., L.D.S.
 *DOUGLAS M. MCGIBBON, L.D.S.
 *JOHN MILLER, L.D.S.
 JAMES W. WHITELAW, L.D.S.

Temporary Appointments—

HERBERT GAUNT, B.Ch.D.
 G. BROCAS HUNTER, B.D.S., H.D.D., D.M.D.
 (*Appointed 9.4.45. Resigned 31.12.45*).
 TORQUIL M. BAIN, L.D.S. (*Appointed 4.12.45*).

School Nurses—

I. FERGUSON (<i>Senior Nurse</i>).	E. WILSON.
J. TOTTIE.	E. WHURR.
H. MOODY (<i>Resigned 31.7.45</i>).	G. SMITH.
E. M. HEARNshaw.	H. SIMPSON.
E. D. WYNN.	M. CHERRETT.
L. MOODY.	E. K. BRIGGS.
M. ABBOTT.	A. A. POSKITT.
A. SHACKLETON.	M. K. MACPHERSON.
M. HOLMES.	S. E. WEBSTER.
G. E. PRIOR.	G. M. PENFOLD.
B. ATKINSON.	E. M. MILLS.
W. HOLDSWORTH.	M. S. E. LIVINGSTON
M. D. DAVIDSON (<i>Resigned 31.1.45</i>).	(<i>Resigned 31.10.45</i>).
I. M. CONDELL.	J. HITCHCOCK (<i>Appointed 1.2.45. Resigned 31.12.45</i>).
	A. HAYES (<i>Appointed 12.11.45</i>).

Masseuses—

W. WEAR.	M. HENDERSON.
M. E. SWINGLEHURST.	J. D. BROWELL.

Speech Therapist—

BLANCHE JACKSON (Mrs.).

*Joined H.M. Forces.

REPORT OF THE ACTING SCHOOL MEDICAL OFFICER FOR THE YEAR ENDED THE 31ST DECEMBER, 1945.

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 Health Service of the City of Leeds for the year ended the 31st December, 1945.

Professor C. W. Vining, M.D., F.R.C.P., D.P.H., has accepted ^{Staff} appointment as Honorary Consultant to the Authority in Children's Diseases and Dr. J. T. Ingram M.D., F.R.C.P. as Honorary Consultant in Dermatology.

Mr. A. D. Sharp, C.B., C.M.G., F.R.C.S., Consulting Surgeon (Ear, Nose and Throat) resigned his appointment in July but is carrying on for the present until conditions are more favourable for the appointment of his successor. Mr. Sharp was the first Consultant appointed by the Committee. The School Health Service and the school children of the city owe him a great debt for his keen interest in the work and the personal attention which he has devoted to the cases referred to him for twenty seven years. The Education Committee has expressed to Mr. Sharp its appreciation of his notable services and its thanks for his willingness to continue till his successor can be appointed.

Dr. A. M. Wyon, part-time S.M.O., resigned in March, 1945 and was not replaced.

Two of the nurses on our permanent staff resigned during the year, Nurse H. Moody owing to ill health and Nurse M. D. Davidson in order to take up an appointment as Health Visitor. Miss Moody had been on the staff for more than twenty one years and had given excellent service to the Authority. Temporary appointments were made to fill these vacancies.

On the dental side two temporary appointments were made during the year, Mr. G. B. Hunter who was appointed in April and resigned at the end of the year and Mr. T. M. Bain who was appointed in December. In November Mr. L. Moran, a member of our permanent staff resumed his duties after five years in His Majesty's Forces.

Development.

The Ministry of Education in Circular 29 (12th March, 1945) has laid down the lines on which the School Health Service should proceed in the interim period before the establishment of a National Health Service. The circular recommends that Education Authorities should concentrate on improving and perfecting their existing provision of treatment and on extending the scope of their arrangements with hospitals.

It is with a view to improving the existing provision of treatment that Dr. Vining and Dr. Ingram have been approached by the Authority and have generously accepted appointment as Honorary Consultants in Children's Diseases and Skin Diseases. School Medical Officers may now refer children to both these consultants at their clinics at the Infirmary and arrangements have been made for a report on every case to be returned to the Central Clinic for entry on the child's medical records.

It is a source of great satisfaction to all School Medical Officers that Dr. Vining, to whom they have owed so much in the past, now has an official position in the School Health Service.

The Committee now has the services of Consultants in Children's Diseases, Diseases of the Ear, Nose and Throat and Defective Hearing, Orthopaedic Defects, Diseases of the Eye and Defective Vision and Skin Diseases.

As regards arrangements with hospitals the Authority already had agreements with the Infirmary and Dispensary for treatment of children on the recommendation of our Consultants in orthopaedic, ear, nose and throat and eye conditions. In accordance with the advice of the Ministry these arrangements have now been extended and multiplied so that they cover all children referred to St. James's Hospital or the Infirmary by the School Health Service either through the School Medical Officer or the consultant staff. These agreements have now been submitted to the Ministry for approval. A similar agreement with the Dispensary is being negotiated.

The general effect of these agreements is that the Education Authority accepts financial responsibility for the treatment of all Leeds children attending schools maintained by the Authority who are referred to these hospitals by the School Health Service—

both as in-patients and out-patients. The parents will be free from all financial liability for the hospital treatment of such cases.

There was no serious epidemic sickness in the schools during 1945. In February the number of cases of measles rose sharply and in two weeks of that month 450 and 550 new cases were reported in the schools of the city, but by the end of March, the number of new cases had fallen to less than 100 a week and danger of a serious epidemic was over.

Infectious
Diseases.

The incidence of Diphtheria has been reduced to a very low level by the immunisation campaign maintained by the Public Health Department. Sessions have been arranged for Dr. Stewart to immunise children in the county primary schools and in the autumn this was extended to the secondary grammar schools. The result has been that in no week during the year did cases in schools, including non-clinical cases, reach double figures and for quite a number of weeks no cases at all were reported. The success of the measures taken by the Health Department indicates that, if the percentage of immunised children could be raised still further, there is reasonable hope that the disease might be stamped out altogether from our school population.

Routine inspection of school children—on admission to school and at eight years and twelve years of age—was a few months behind at the end of the year. This was inevitable owing to the shortage of medical staff. Two Assistant School Medical Officers—Dr. Schroeder and Dr. Hutton—who have been with His Majesty's Forces during the war, are to resume their duties in January 1946, and it should be possible to bring routine inspections up to date during the coming year. It is very satisfactory to have got through the war period without having to omit the examination of any of the age groups.

Routine
Inspection

A considerable number of children have had their entrants' examination in nursery classes at three years of age. It was felt that the interval between three and eight years without a full examination was too long. Accordingly all children examined before the age of four years have been given an extra routine examination on entering the Infant's Department at five years of age.

**Return of Number of Children on Roll at
31st December, 1945.**

Type of School.	Number of Schools.	Number of Departments.	Number on Roll.
<i>Primary—</i>			
County	71	154	43,378
Voluntary	49	80	14,269
<i>Secondary—</i>			
Modern	1	1	253
Grammar	9*	9	5,162
† Technical	3*	3	681
<i>Home Office</i>	2	2	196
<i>Special—</i>			
Educationally Sub-normal (Including One Oak)	5	5	433
Physically Handicapped ..	1	1	138
Partially Sighted	1	1	43
Deaf and Partially Deaf	1	1	121
<i>Other—</i>			
Sanatorium	1	1	28
Nursery	1	1	104
Total ..	145	259	64,806

* Two Schools house both Grammar and Junior Technical.

† Only refers to Junior Students.

**Nursery
Classes.**

Dr. Prince reports "Regular supervision of health and hygiene in Nursery Classes by Doctors and Nurses has been continued during the year. Dr. Holoran and Dr. Prince have maintained close contact with the School Inspectors in the training and examination of Nursery Class Assistants.

Looking back over the past five years, during which the Nursery child has had the benefit of preferential rationing, one is conscious of a very definite improvement in a large section of this group. Not only has rickety deformity become quite exceptional but a positive well-being characterises a large proportion of the children in areas where formerly it was rather rare. This is not fully revealed in the tables of height and weight. The 'Carbohydrate' (starch fed) child, well known to the School Doctor, was well supplied with flabby fat and gave a deceptively good appearance to the tables of weight in this age group. It is probably worth while recording one's very strong impression that this type has become much less common. The children are firmer, more muscular, more alert, less catarrhal and show less evidence of dental decay than they did five years ago."

The total number of school dinners served during the year was 3,274,017. Of these 352,403 were free and 2,921,614 were paid for at the rate of 4d. a meal. The authorised number of free meals increased from a daily average of 1,550 in January to approximately 2,200 a day in December. It is a fact calling for comment that only about 86 per cent. of this number of free meals were actually consumed. This is a disturbing feature, but one for which it is difficult to discover any explanation. A possible reason may be found in a comparison of the health and attendance records of children eligible for free meals with those of more fortunate children, 86 per cent. for free cases, however, compares very unfavourably with 96 per cent. for paid cases.

Provision of Meals.

The provision of breakfasts and teas ceased in July with the final closure of all extended nursery classes and emergency play centres.

Stage A. of the Committee's scheme of kitchen construction was completed by the opening of the Kirkstall Kitchen on the 26th November, and the commencement of the erection of the Middleton (Acre Road) Kitchen (1,000 dinners) in December marked the beginning of Stage B. of the programme. Final approval by the Ministry is awaited for the kitchen and dining room to be erected on the Burton House site.

In November the Education Committee approved a revised programme of kitchen construction. It provides, in the light of experience, for the construction of smaller kitchens to serve individual schools or small groups of neighbouring schools.

The present position is that the number of dinners which can be provided from the 12 central supplying kitchens (20,550) exceeds the number of meals which can be absorbed by the existing canteens. There are now 195 canteens in primary schools, an increase of 30 as compared with last year. Between 16,000 and 17,000 dinners are delivered daily to the primary school canteens by 31 delivery vans. In addition, approximately 3,000 dinners are served daily in the secondary schools: these are largely cooked on the premises.

The Education Committee has recently approved a scheme for increasing the canteen provision, either by altering school buildings, by hiring adjacent premises, or by erecting dining huts.

Immediately the Ministry's approval of the scheme for kitchen construction and canteen provision is obtained, it is anticipated that rapid progress will be made towards achieving the Committee's aim of providing a hot midday meal for 75 per cent. of the school children in Leeds.

The thanks of the Authority are due to all the teachers who continue unselfishly to give their services in the administration and supervision of the school dining canteens.

Nutrition.

The classification of children at routine inspection as regards nutrition shows a slight improvement in comparison with the figures for 1944—13 per cent. being classed above normal and less than 7 per cent. as subnormal.

In one large school, the School Nurse has weighed and measured 59 girls of 8-9 years of age who were having dinners in school and a control group of the same age and number who went home for dinner. The children were weighed and measured in October, 1944, and again, in July, 1945.

The results were as follows :—

59 Girls 8-9 years of age	Having dinners at School.		Not having dinners at School.	
	Average Height	Average Weight	Average Height	Average Weight
October, 1944 ..	47·4"	53·1 lbs.	47·9"	54·2 lbs.
July, 1945 ..	49·1"	58·9 lbs.	49·6"	56·7 lbs.
Average Increase	1·7"	5·8 lbs.	1·7"	2·5 lbs.

The number of children dealt with is far too small to justify any dogmatic conclusions but the improvement in the physical condition of this particular group of children having dinners in school compared with the others is of interest.

Milk in Schools Scheme 1st January to 31st December, 1945.

Supply of Milk.	Total number of bottles issued	8,725,045
	Total number of bottles issued free	567,710
	Average number of bottles per school day	44,516
	Average attendance for December, 1945	56,483
	Percentage taking milk December, 1945	82·2

The decline in the total number of bottles of milk issued during the year is mainly due to the return of children, who had been evacuated to Leeds from the South of England, to their own homes. There was a fall in the number of Leeds children having milk during the summer months but by December the percentage of children in attendance at school having milk had risen again to 82—the same figure as for 1944.

The work of the Branch Clinics has continued normally during the year. The establishment of more sub-clinics for the treatment of minor ailments in order to prevent long journeys and waste of time by the children attending Branch Clinics, has not so far been possible. Accommodation is not available in many of our older schools though the Ministry of Education's Regulations for School Premises now require a medical room for inspections and treatment to be provided in all schools with more than 300 pupils. Also the establishment of more sub-clinics will entail an increase in the number of nurses in the School Service. At present the shortage of nurses is acute. When accommodation and staff are available it is proposed to continue the policy of establishing more sub-clinics.

During the year there has been an increase in the number of cases of Ringworm of the Scalp. 29 cases of this infection were treated for us at the Infirmary by X-rays. Dr. Ingram, consultant to the Authority in Skin Diseases, had warned us that this increase was likely to occur. On his advice an Ultra-Violet Ray lamp fitted with a Wood's Glass Filter was obtained and has proved of great assistance in the examination of suspected cases and contacts.

In April the Medical Officer of Health for the city established cleansing stations for Pediculosis under the Scabies and Pediculosis Order, 1941. The procedure now in cases of verminous heads or bodies or of persistent nits is to give the parents an opportunity to cleanse the child themselves. If the child is not presented at the School Clinic on the date named in a fit state to return to school, the name and address are reported to the Public Health Department. They arrange a visit to the home and an appointment is made for the child and any other members of the family requiring treatment to attend at the cleansing station. When treatment has been completed the School Health Service is informed and arrangements are made for the child's re-admission to school.

The arrangements are working satisfactorily with the Public Health Department, whose co-operation is cordially acknowledged. It is very satisfactory to report that the period of exclusion for uncleanliness has been considerably reduced by the immediate following up and compulsory treatment carried out by the Health Department.

It has now been decided to establish a Child Guidance Clinic as part of the School Health Service as soon as the necessary staff can be obtained. After consultation with the Health Committee of the City Council it has been agreed that there should be one clinic for the children of the city and that it should be under the Education Authority. The need is urgent and it is hoped that qualified staff may be appointed in the near future.

In last year's report the need for residential accommodation for maladjusted children—both for purposes of observation and treatment—was mentioned. During the war the Ministry of Health set up a number of hostels for difficult children among the evacuees. These hostels are small ; where the children attend ordinary school, the number of children in the hostel should not greatly exceed twenty. During the last few months seven children from schools in Leeds have, with the approval of the Committee and the Ministry of Education, been admitted to these hostels for psychiatric treatment and guidance. It is likely that these hostels will be offered to Local Authorities by the Ministry of Health as boarding houses for maladjusted children. They would provide a valuable asset to the School Health Service to be used in conjunction with a Child Guidance Clinic. So many difficult children are found to be living in homes where there is an unsuitable or unstable environment or even moral danger. Their removal to conditions which do away with the sense of insecurity and place them in an atmosphere of psychological understanding, may be a first step to their rehabilitation.

Remand Home

During the year 121 children who had been remanded by the Magistrates in the Juvenile Court were examined mentally and physically by the School Medical Officers. Of this number 98 had an Intelligence Quotient of under 100 and only 23 over. 76, or 63 per cent., had I.Q.'s ranging from 75 to 95. These results are in accordance with the experience in other areas that most of the children who appear in the Juvenile Court are subnormal in intelligence though few are so subnormal as to require education as handicapped pupils.

Special Schools.

Mr. A. D. Sharp, F.R.C.S. for Ear, Nose and Throat cases, Mr. G. Black, F.R.C.S. for Eye cases and Mr. R. Broomhead, F.R.C.S. for Orthopædic cases have paid regular visits to the Special Schools for Deaf, Partially Sighted and Physically Defective Children.

(1) Educationally Sub-normal.

Under the Education Act, 1944, a new category of handicapped children—the educationally subnormal—has been defined. These are children who, " by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools." This category comprises a larger number than that of certifiable mentally defective children and increased special school accommodation is required to deal with them. The Committee has approved plans for development by which there will be two Senior Schools—one for Boys and one

for Girls of 11 years plus and four Junior Mixed Schools for children under 11 years of age. There are still boys at One Oak, Ilkley, but arrangements are being made for their transfer to a hostel in Leeds from which they will attend one of the day special schools in the city.

Experience during the war has shown the great benefits to be obtained for backward and retarded children from education in a residential school. It is hoped that, when times are more favourable, such a residential school may be provided for educationally subnormal children.

In her report Dr. Holoran says " There are 138 on the roll at Potternewton P.H. School, of whom 56 have been admitted during the year. 53 children were removed from the roll during 1945 as follows :—

(2) Physically
Handicapped

Returned to Ordinary School	23
To College of Commerce	3
To Pitman's College	1
To School for Educationally Subnormal ..	1
To go to work	9
Reached 16 years of age but unfit for work ..	1
Left Leeds	5
Admitted to Hospital	2
Too ill for school	4
Died	4

" There are now three children with artificial arms and six with artificial legs in Leeds schools. Some of these are the result of accident or illness while in others the artificial limbs were required on account of congenital malformations. The children are fitted with artificial limbs at the Ministry of Pensions Hospital at Chapel Allerton. They are taught to use them first by the staff of the hospital and later at Potternewton P.H. School. The children are returned to ordinary school as soon as possible. The improvement in personality of several children whose " peg leg " has been replaced by an artificial limb and of others who have got an arm and gloved hand instead of an empty sleeve, is quite remarkable. Spare limbs are being supplied as the children are encouraged to use them as freely as possible and it often takes three months to repair or lengthen a limb.

" Residential accommodation both for certain heart cases requiring observation and control during the whole 24 hours and for children too severely handicapped for daily transport to school is very desirable."

(3) Deaf.

In his report Mr. Andrews, Headmaster of the School, says "The number on roll at the end of 1945 was Deaf 74 (Leeds children 46, from other authorities 28) and Partially Deaf 47 (Leeds children 34, from other authorities 13). Of these 62 Deaf and 27 Partially Deaf were resident.

"This year the school has been divided into two distinct sections with six classes for the deaf and three classes for those with partial hearing. The services of a nursery class assistant with the teacher of the beginners' class has proved to be a successful innovation and it is hoped that more use will be made of this system as the nursery school develops.

"Of six totally deaf Leeds children admitted during the year it is satisfactory to note that four were four years of age or under when admitted, and one, whose deafness was due to meningitis at five years of age, was admitted soon after the illness.

"Two partially deaf children were returned to normal school after an intensive course of training in lip reading."

It should be noted that there are now, with children from outside authorities, sufficient totally deaf children in the school to allow of reasonably satisfactory grading in classes. For the partially deaf the number is insufficient. Even for the deaf, more children are required to enable the school to reach the standard laid down by the Ministry of Education—of eight classes for a school of children of all ages. Leeds children are too few in number to form an efficient school by themselves. It is only by the association of several authorities that the necessary numbers can be brought together and the problem of education of the deaf and partially deaf be properly dealt with.

(4) Partially
Sighted.

Mr. Andrews reports "The number on roll at 31st December, 1945 was 43 (Leeds children 41, from other authorities 2). Of these 12 were residents. During the year one child was transferred to a school for the blind.

"It is difficult to get a good grading in two classes with children varying from 6 to 16 years of age. It seems that the minimum of five classes laid down by the Regulations of the Ministry is a reasonable one. From our experimental work we have been able to obtain a good idea of what could be done with a properly graded two stream school of eight to ten classes. This would involve bringing together from 120 to 150 children and could be carried out only by a co-operative effort of combined Authorities.

" Since the experiment of admitting children with squints for a period of treatment by occlusion was started in 1942, 48 cases have been dealt with. Of these ten were successful, six were withdrawn before the completion of treatment and the remainder showed little or no improvement."

The James Graham Open Air School at Farnley is still occupied (5) Open Air by the Deaf and Partially Sighted School.

Mrs. Jackson reports " Remedial Speech Centres were again Speech Therapy held at Central, Holbeck, Armley and Edgar Street School Clinics where children, their ages ranging from five to sixteen years, attended for the alleviation of disorders of speech.

" During the year 87 new cases were treated—45 for stammering and 42 for true speech defects. Children discharged as having attained a satisfactory standard of speech were 60—29 stammerers and 31 children with speech defects. In addition 13 children ceased attending owing to lack of interest or transport difficulties ; one boy was transferred to the Deaf School and one girl to a School for the Educationally Subnormal ; five children had their treatment deferred owing to age or pending dental or surgical treatment ; and three children made no response to treatment and were withdrawn.

" In only six of the 87 children treated during the year could the defect be attributed to any physical abnormality. Stammering is invariably of psychological origin and its treatment differs from that given to the child suffering from defective articulation. Children with true articulatory difficulties were classified as follows :—

Sigmatism	..	..	..	..	..	5
Rhinolalia	..	..	..	..	..	8
Idioglossia	..	..	..	..	..	5
Dyslalia	..	..	..	..	..	24

This diversity of defect called for individual treatment as well as the usual class treatment.

" Of the eight cases of Rhinolalia, five owed their defect to physical deformities. The other three owed their disability to psychological factors, there being no physical abnormalities. These three children were a brother and his twin sisters. They all had speech that was precisely that of a true cleft palate case, yet all had perfect organs of articulation. The history of the boy, a treasured only son seven years older than the twins, revealed the usual difficult and nervous temperament but the twins seemed happily adjusted children. It must therefore be concluded, the parents having normal speech, that the condition must be due to imitation of the big brother they had been taught to admire.

"Relaxation and play therapy have again played an important part in the alleviation of all disorders of speech and, where conscientious practice has been undertaken at home, teachers have reported not only improvement in speech but in behaviour and school work, the children having gained more control, more confidence, stability, power of concentration and will to work."

The need for another Speech Therapist to assist Mrs. Jackson was referred to in the report for 1944. There are some 50 children on the waiting list for the speech classes. During the year advertisement was made for a second Speech Therapist but no application for the post was received. There is a very great shortage of qualified Speech Therapists in the country.

dental
staff.

At the beginning of the year the dental staff consisted of four permanent and one temporary Dental Officers. During the year two further temporary appointments were made—but one Officer appointed resigned at the end of the year—and one of the permanent staff returned from service with His Majesty's Forces. At the end of 1945 the staff consisted of five permanent and two temporary Dental Officers. Five more Dental Officers who have been serving in the Army and the R.A.F. are expected to return by the end of January, 1946. This will mean a return to our peace-time establishment of twelve.

dental
treatment.

With the return of more normal conditions there will be a full resumption of the dental scheme under which the Authority promises to give regular inspection and treatment during their school lives to the children who accept them. The proportion of children accepting treatment has been tending to rise and a preliminary survey of two of the secondary grammar schools, which now enter the scheme for the first time, shows acceptances by 75 per cent. of the pupils attending. In county primary schools acceptances are now over 70 per cent. It is estimated that in the near future there will be 40,000 to 45,000 children who have accepted the scheme. To give this number the attention promised will mean an increase in the dental staff to at least 20 Dental Officers.

Orthodontic treatment (treatment for over-crowded, irregular teeth) has up to the present been carried out at the Leeds Dental Hospital. School Dental Officers have reported children requiring such treatment and their names have been placed on a waiting list. The treatment given has been most satisfactory but in all cases a long period—often more than a year—has elapsed before it could be given. This delay is serious as it may render treatment more difficult and the final result less satisfactory. Cordial acknowledgment is due to the Dental Hospital for the work they have done—

for which they have made no charge to the Authority—but they are not able to offer a more rapid and complete service. The only satisfactory solution is for the Authority to establish its own orthodontic clinic and it is hoped that this may be done in 1946. With a school population of 70,000 and 45,000 dental acceptances, there is ample material to justify this step.

It is interesting to note that, in the opinion of the School Dental Officers who have been attending to Leeds school children during the war, the condition of the mouths and teeth of the school population is much better than in the years preceding the outbreak of war. Teeth which have developed in the last few years appear to be better calcified and less liable to attack by rapid caries. The explanation of this may be a better balanced diet and the lack of cheap sweets, soft sticky biscuits and pastries which used to be consumed in large quantities.

In conclusion, Mr. Chairman, Ladies and Gentlemen, may I, on behalf of myself and my colleagues, express thanks to you for your consideration, to the Director and Office Staff for their support, to the teachers for their co-operation, 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.

MAURICE E. WILLCOCK,

Acting School Medical Officer.

MEDICAL INSPECTION AND TREATMENT RETURNS

YEAR ENDED 31st DECEMBER, 1945.

TABLE I.

Medical Inspections of Pupils attending Maintained Primary and Secondary Schools

A.—Routine Medical Inspections.

NUMBER OF INSPECTIONS.

Entrants	6,496
Second Age Group	4,489
Third Age Group	4,157
Maintained Secondary Schools since 1st April, 1945	1,736
Inspections in Secondary Schools between 1st Jan. and 31st March, 1945	350
TOTAL	17,228
NUMBER OF OTHER ROUTINE INSPECTIONS	1,721
GRAND TOTAL	18,949

B.—Other Inspections.

NUMBER OF SPECIAL INSPECTIONS AND RE-INSPECTIONS

Maintained Secondary Schools before 1st April, 1945	414
Others	38,290
TOTAL	38,704

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.	%
16,439	2,180	13.3	13,193	80.2	1,063	6.5	3	.02

This table refers only to children in Primary Schools.

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	19,543
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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)	3,067
Other defect or disease of the eyes (excluding those recorded in Group I)	—
TOTAL	3,067
No. of children for whom spectacles were	
(a) Prescribed	2,094
(b) Obtained	1,920

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

Received Operative Treatment	179
Received other forms of Treatment	1,213
Total number treated	1,392

TABLE IV.—Dental Inspection and Treatment

(1) Number of pupils inspected by the Dentist :		
(a) Routine age-groups		20,672
(b) Specials		4,693
(c) TOTAL (Routine and Specials)		25,365
(2) Number found to require treatment		18,438*
(3) Number actually treated		16,182†
(4) Attendances made by pupils for treatment		23,316
(5) Half-days devoted to :—	(7) Extractions :—	
Inspection 141½	Permanent Teeth	5,063
Treatment 2,632	Temporary Teeth	24,182
TOTAL ‡ 2,773½	TOTAL	29,245
(6) Fillings :—	(8) Administrations of general anæsthetics for extractions	13,411
Permanent Teeth 12,256	(9) Other Operations :—	
Temporary Teeth 12	Permanent Teeth	661
TOTAL 12,268	Temporary Teeth	—
	TOTAL	661

* Includes 4,693 Casuals.

† Includes 4,109 Casuals.

‡ In addition 21 sessions spent in other work.

TABLE V.—Verminous Conditions.

(1) Average Number of Visits per School made during the year by the School Nurses	40
(2) Total Number of Examinations of Pupils in the Schools by School Nurses	212,011
(3) Number of <i>Individual</i> Pupils found unclean	11,620

TABLE VI.**A—Blind and Deaf Pupils.**

Number of totally or almost totally blind and deaf pupils who are **not** at the present time being educated in a Special School.

	At a Public Elementary School.	At an institution other than a Special School.	At no School or Institution.
Blind Pupils ..	—	—	—
Deaf Pupils ..	—	—	—

B—Educationally Sub-normal Pupils.

Total number of children reported by the Local Education Authority to the Local Mental Deficiency Authority during the year ended 31st December, 1945 72

TABLE VII.**Number of Exclusions, 1945.**

DEFECT.	REFERRED FOR EXCLUSION BY		TOTAL.
	School Medical Officers.	School Nurses.	
Uncleanliness of Head ..	—	4,923	4,923
Uncleanliness of Body ..	—	51	51
Ringworm—Scalp and Body ..	25	22	47
External Eye Disease ..	4	125	129
Scabies	319	593	912
Impetigo	56	513	569
Other Skin Diseases	3	107	110
Other Diseases	—	60	60
Vision	10	—	10
TOTAL 1945 ..	417	6,394	6,811
TOTAL 1944 ..	478	6,573	7,051

TABLE VIII.
Average Height.

Age last Birthday.	Primary Schools.			
	Number Measured.		Inches.	
	Boys.	Girls.	Boys.	Girls.
4	781 (877)	699 (846)	39·4 (40·1)	40·7 (39·8)
5	1,479 (1,324)	1,476 (1,450)	42·3 (42·3)	42·2 (41·9)
8	2,239 (2,766)	2,250 (2,608)	49·5 (48·6)	48·6 (48·2)
12	1,765 (2,150)	1,828 (2,075)	56·2 (56·0)	56·5 (56·5)

The figures in brackets are those for 1944.

TABLE IX.
Average Weight.

Age last Birthday.	Primary Schools.			
	Number Weighed.		Lbs.	
	Boys.	Girls.	Boys.	Girls.
4	781 (877)	699 (846)	38·7 (38·6)	38·6 (37·4)
5	1,479 (1,324)	1,476 (1,450)	41·8 (42·1)	41·3 (40·5)
8	2,239 (2,766)	2,250 (2,608)	57·1 (55·5)	54·4 (54·2)
12	1,765 (2,150)	1,828 (2,075)	78·8 (78·9)	81·6 (81·3)

The figures in brackets are those for 1944.

TABLE X.

**Number of Children on Roll in Special Schools
on 31st December, 1945.**

SCHOOL.	NUMBER ON ROLL.		
	Leeds Cases.	Outside Cases.	Total.
EDUCATIONALLY SUB-NORMAL—			
Armley	98	—	98
East Leeds	73	—	73
Hunslet Lane	182	—	182
Lovell Road	66	—	66
One Oak	14	—	14
DEAF AND PARTIALLY DEAF	80	41	121
PARTIALLY SIGHTED	41	2	43
PHYSICALLY DEFECTIVE	138	—	138

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

PHYSICALLY HANDICAPPED :—

Marguerite Hepton Memorial Orthopædic Hospital, Thorparch	5
North Devon Convalescent Children's Home, Lynton	1

BLIND—

Yorkshire School for the Blind, York	9
Henshaw's Institution for the Blind, Manchester ..	1

DEAF—

St. John's Institution for the Deaf and Dumb, Boston Spa	6
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EDUCATIONALLY SUB-NORMAL—

Besford Court R.C., Worcester	2
Allerton Priory R.C., Liverpool	3
All Souls' R.C., Hillingdon	1

EPILEPTIC—

Lingfield Epileptic Colony	3
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MALADJUSTED—

Dunnow Hall School, Newton-in-Bowland	1
Oak Bank Hostel, Keighley	2
Belmont Hostel, Otley	1
Burley Lodge Hostel, Burley-in-Wharfedale ..	1

TABLE XI.
Summary of the Work of the School Dental Service, 1945.

	No. inspected	No. referred	% to inspected	No. treated	% to referred	No. of Fillings	Fillings per child treated	Permanent Teeth Extractions Unsaveable teeth	Permanent Teeth Regulation Extractions	Temp. Teeth Extractions	Anaesthetics		*Sessions		Attendances for Treatment	Other Operations
											L. or R.	G.	In. inspection	Treatment		
Primary Schools ..	10,502	13,003	66.7	11,268	86.7	11,172	1.0	2,551	1,309	17,964	701	8,921	134	2,450	17,358	591
Secondary Schools	1,155	730	63.2	694	95.1	1,019	1.5	297	137	217	140	300	7	167	1,109	55
Special Schools ..	15	12	80.0	111	925.0	77	.7	51	15	76	5	81	1	15	156	15
Occupation Centres	104	58	55.8	39	67.2	9	.2	37	1	42	—	31	1	34	67	3
Total ..	20,776	13,803	66.4	12,112	87.7	12,277	1.0	2,939	1,462	18,329	846	9,333	147	2,635	18,690	664
Casuals ..	4,655	4,655	100.0	4,071	87.5	—	—	662	—	5,870	—	4,071	—	—	4,655	—
†Special Casuals (All Schools)	38	38	100.0	38	100.0	—	—	38	—	25	—	38	—	—	38	—
GRAND TOTAL ..	25,469	18,496	72.6	16,221	87.7	12,277	—	3,639	1,462	24,221	846	13,442	147	2,635	23,383	664

*Does not include 21 sessions spent in other work. Average No. of fillings per session 7.5. Average attendances per fillings session 4.6.
†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 the routine session on two occasions per week in each Clinic.
§Includes outstanding cases from 1944.

