[Report 1947] / School Medical Officer of Health, Leeds City.

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CITY OF LEEDS EDUCATION COMMITTEE

ANNUAL REPORT ON THE SCHOOL HEALTH SERVICE

FOR THE YEAR ENDED 31st DECEMBER, 1947

INDEX

LEEDS EDUCATION COMMITTEE

School Health Service

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MEDICAL STAFF

School Medical Officer—I. GLYN DAVIES, M.D., B.S., M.R.C.P., D.P.H.

Chief Assistant 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., D.P.H. (*Left* 30.9.47).
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.

Consulting Surgeons (Ear, Nose and Throat)—

ALEXANDER SHARP, C.B., C.M.G., F.R.C.S. (Edin.).
GEORGE S. SEED, F.R.C.S.

Consulting Surgeons (Orthopædic)—

REGINALD BROOMHEAD, M.B., Ch.B., F.R.C.S.
JOHN M. P. CLARK, M.B.E., F.R.C.S.

Consulting Ophthalmic Surgeon—GEORGE BLACK, M.B., B.S. (LOND.), F.R.C.S.(ENG.)

Specialists in Children's Diseases—

CHARLES WILFRID VINING, M.D., F.R.C.P.
WILLIAM S. M. CRAIG, B.Sc., M.D., F.R.C.P.E., F.R.S.E.

Consulting Dermatologist—JOHN T. INGRAM, M.D., F.R.C.P.

MEDICAL STAFF—(*continued*).

Senior Dental Officer—DAVID E. TAYLOR, L.D.S. (*Apptd. Senior* 1.9.47)

Full-time Assistant School Dental Officers—

ARTHUR B. MORTIMER, L.D.S.
HENRY E. GRAY, L.D.S. (*Resigned* 6/6/47).
GEORGE M. S. MCGIBBON, L.D.S.
LAWRENCE MORAN, L.D.S.
J. WALTER SHAW, H.D.D., L.D.S. (*Resigned* 30/4/47).
DOUGLAS M. MCGIBBON, L.D.S.
JOHN MILLER, L.D.S.
JAMES W. WHITELAW, L.D.S.
HERBERT GAUNT, B.Ch.D.
TORQUIL M. BAIN, L.D.S.
FRANK A. GOSTLING, L.D.S.
ROBERT CARSON, L.D.S.
BASIL G. TETLOW, L.D.S. (*Appointed* 13.10.47).
JACK HARDY, L.D.S. (*Temp. from* 24.11.47).
PHILIP ATKINSON, L.D.S. (*Temp. from* 10.12.47).

School Nurses—

I. FERGUSON (*Senior Nurse*) (*Retired* 30.9.47)
J. TOTTIE.
E. M. HEARNSHAW.
E. D. WYNN (*Retired* 15.12.47)
M. ABBOTT.
A. SHACKLETON.
M. HOLMES.
G. E. PRIOR.
B. ATKINSON.
W. HOLDSWORTH.
I. M. CONDELL.
M. BANKS.
M. P. O'MEARA (*Temp.*).
E. WILSON.
E. WHURR.
G. SMITH.
H. SIMPSON.
M. CHERRETT.
E. K. BRIGGS.
A. A. POSKITT (*Retired* 28.2.47).
M. K. MACPHERSON (*Died* 28.12.47).
S. E. WEBSTER.
G. M. PENFOLD.
E. M. MILLS.
A. THORNES (*Temp. from* 20.1.47)
B. CORKERY (*Temp. from* 28.4.47).

Clinic Assistants—

B. PRESTON (*Apptd.* 1.2.47).
M. HUNTER (*Apptd.* 1.2.47).
J. HEWITT (*Apptd.* 1.2.47).
J. M. MOORE (*Apptd.* 2.6.47).
C. LEESE (*Apptd.* 2.6.47).
M. ROBERTS (*Apptd.* 1.7.47).

Masseuses—

W. WEAR.
M. E. SWINGLEHURST.
E. M. WATTS, (*Temp.*).
M. HENDERSON.
M. A. WOOD (*Appointed* 12.5.47).

Speech Therapist—

BLANCHE JACKSON (Mrs.).

Chiropodist—

FRANK H. PATEMAN, F.Ch.S. (*Appointed* 7.5.47).

REPORT OF THE SCHOOL MEDICAL OFFICER FOR THE YEAR ENDED THE 31ST DECEMBER, 1947.

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, 1947.

Staff

Mr. George S. Seed, F.R.C.S., has accepted the post of honorary consultant for Ear, Nose, and Throat conditions to the Authority. Mr. Sharp is still the Authority's consultant for these conditions and has sessions for the examination of school children in the Central Clinic ; he also visits and supervises the treatment of children in the School for the Deaf at Farnley. Mr. Seed's appointment means that Leeds school children who attend the General Infirmary are brought within the scope of the Authority's scheme for treatment.

Dr. Bernard Schroeder resigned his appointment as Assistant School Medical Officer in September on being appointed to a senior post in the West Riding.

Mr. David E. Taylor was appointed Senior Dental Officer in the Leeds School Health Service from the 1st September, 1947.

Mr. J. Walter Shaw resigned his post in April, 1947, on appointment as Senior Dental Officer to the Sheffield School Health Service, and Mr. Henry E. Gray received a similar appointment under the Derbyshire County Council in June, 1947.

Mr. B. G. Tetlow was appointed an Assistant School Dental Officer on the permanent staff in October and Mr. T. Hardy and Mr. P. Atkinson received temporary appointments in October and December, respectively.

Miss I. Ferguson retired from the service in September. She had been a member of the staff since 1921, and since October, 1932, had been Senior School Nurse. By her tact and kindliness she had endeared herself to all members of the staff and won the confidence of both children and parents. She was completely reliable and efficient in all her personal work. Miss Ferguson takes with her into her retirement the sincere good wishes of all members of the service.

During the year Nurse A. A. Poskitt retired after 28 years' service, and Nurse E. Hearnshaw and Nurse E. D. Wynn resigned owing to ill health after 28 years and 27 years on the staff. In December, Nurse M. K. Macpherson, who had been in the School Health Service since 1919, died after a very short illness to the great regret of all who had worked with her. All these nurses had given devoted service to the Authority over many years and the loss of so many senior members of the nursing staff in such a short time must be severely felt.

Nurse B. Corkery was appointed a temporary member of the staff in April. Miss Corkery has the Health Visitor's Certificate and the Committee will be asked to make the appointment permanent.

Six Clinic Assistants have been appointed during 1947 as was recommended in the report for 1946.

Miss M. A. Wood was appointed an additional physiotherapist at Potternewton Special School for Physically Handicapped Children in May.

Development.

The appointment of the Medical Officer of Health as School Medical Officer took place in July, 1947.

Subsequent to this a joint meeting of representatives of the Health and Education Committees was held to discuss the future policy in respect of the two committees. As a result of this meeting the following memorandum was drawn up for submission to the Health and Education Committees respectively, and was submitted later to the City Council, and was approved on the 4th February, 1948.

"That the proposed joint use (wherever advantageous in the interests of children in the City) of medical, dental and nursing staffs employed by both Committees be approved in principle.

"That the use of premises for joint purposes of both Committees be authorised.

"That the duties of Deputy School Medical Officer be attached to the post of Deputy Medical Officer of Health.

"That the Superintendent Health Visitor, Health Department, be appointed Superintendent Health Visitor and School Nurse, and that a Deputy Superintendent Health Visitor and School Nurse be appointed instead of the vacant post of Superintendent School Nurse being filled.

"That the Child Guidance Clinic when set up be available for the joint use of both Committees."

Dr. M. E. Willcock was appointed Chief Assistant School Medical Officer, and Mr. D. E. Taylor, Senior Dental Officer, to the combined service.

Miss Burke, at present Superintendent Health Visitor, was appointed as Superintendent Nurse in charge of the combined Health Visiting and School Nursing Staffs.

Hospital Arrangements.

The agreements with the General Infirmary, St. James's Hospital, and the Public Dispensary for the treatment of school children referred by the School Health Service, have been in operation during the year. In the course of the year the Authority decided to accept financial responsibility for Leeds school children admitted to any hospital other than those named above, if the children had been referred by the staff of the School Health Service. Reports of the treatment given and the final results are being received from the hospitals for entry in the children's medical records.

During 1947, 1,558 children have been treated as out-patients, and 1,815 as in-patients at a cost to the Authority of £15,000.

Chiropody Clinic

In May arrangements were made with the General Infirmary by which the Chiropody Clinic there was rented on one afternoon a week—Wednesdays—for the treatment of school children referred by the School Health Service. The Chiropodist in charge of the clinic, Mr. F. H. Pateman, F.Ch.S., becomes the part-time officer of the Authority.

Mr. Pateman reports, "The number of children who were treated at the clinic from 7th May to 31st December was 127. The total attendances were 626. Most of the cases were verrucae which responded to treatment without interfering with the patient's attendance at school except on the afternoon of attendance at the clinic.

"There were some cases of contracted toes which were not sufficiently advanced to warrant reference to the Orthopaedic Department. These conditions were splinted with felt, and, as the patients were young, a marked improvement was obtained, especially where there was the intelligent co-operation of the parent.

"I feel that prophylaxis where possible should be one of the objects of this clinic and have consequently given advice in foot hygiene and footwear wherever possible."

Nursing Staff.

The shortage of trained nurses remains a problem. During the year the services of five nurses on the permanent staff have been lost and only one appointment has been made to replace them. Six Clinic Assistants have, however, now been appointed. They are undertaking the regular cleanliness inspection in a certain proportion of schools and also carry out the weighing and measuring of children before the routine inspection by School Medical Officers in the schools. The experiment of appointing these Clinic Assistants is proving very successful, and the cleanliness inspection of children in the schools is up to date. All children are inspected once a term or three times a year, and children who are found to have defects of cleanliness, much more often. But the Clinic Assistants cannot undertake any of the duties requiring professional training and qualifications. Apart from carrying out their duties in the Clinic, the School Nurses are responsible for making frequent surveys of the health and condition of children in all schools including those in which a Clinic Assistant does the cleanliness inspection. The Nurses must be available for consultation by the teachers about any children whose health or physical condition is suspect, and, if they find physical defects, their duty is to refer such children to the School Medical Officers at the branch clinic for further examination. This duty of the School Nurse is of great importance to the efficiency of the Service, and it is obvious that if there are not sufficient nurses to carry it out satisfactorily, the value of the School Health Service to the community must be affected.

It may be possible and desirable to increase the number of Clinic Assistants until all cleanliness inspections are carried out by them, but the number of fully trained nurses must be sufficient to undertake the duties which they alone can perform.

Infectious Diseases

There was a considerable epidemic of measles in the spring months of 1947, the number of new cases in school children rising to 400 in a week towards the end of April, but after that the epidemic subsided rapidly.

The proportion of children protected by immunization against diphtheria has been well maintained, and the number of cases of the disease in the schools remained at a low level during the year.

In the late summer and autumn there was an outbreak of poliomyelitis (infantile paralysis) throughout the country and a number of cases were notified in the city. Of these 19 were children attending schools maintained by the Authority. In none of the cases was there any evidence to suggest that attendance at school played any part in the spread of the disease. All normal precautions were taken by the exclusion of family contacts to reduce the possibility of infection in school.

The change over to the new age groups for routine inspection has now been completed. Routine Inspection

The Ministry of Education has approved a school medical record card which is to be brought into use throughout the whole country. Its use will have the advantage that all Authorities will then be using the same form of medical record instead of having their own card and that, when children move from one Authority's area to another, their cards will go with them and so prevent re-duplication of cards and records. As these new cards become available they will be brought into service progressively by being used for school entrants at the time of their first medical inspection.

All the Secondary Grammar Schools and many of the larger departments in Primary and Secondary Modern Schools now have their routine medical inspection arranged at regular intervals—weekly, fortnightly or monthly—throughout the year. The arrangement has definite advantages over the old system by which the medical inspection of a school occupied two or three weeks consecutively and the School Medical Officer did not revisit the school again during the remainder of the year. By the regular periodic visits much closer liaison is maintained with the teaching staffs, and there is much less danger of children missing their examination for a year or even longer owing to absence at the time of the doctor's visit.

Return of Number of Children on Roll at 31st December, 1947.

Type of School.	Number of Schools.	Number of Departments.	Number on Roll.
Primary—			
County	71	139	44,196
Voluntary	48	75	14,712
Secondary—			
Modern	11	14	4,429
Grammar	8*	8	4,959
†Technical	2*	2	1,120
Home Office	2	2	199
Special—			
Educationally Sub-normal	4	4	444
Physically Handicapped ..	1	1	138
Partially Sighted	1	1	33
Deaf and Partially Deaf	1	1	118
Other—			
Sanatorium	1	1	67
Nursery	1	1	76
Total ..	151	249	70,491

* Two Schools both Grammar and Junior Technical.
† Only refers to Junior Students.

Nursery School and Nursery Classes.

Dr. G. F. Prince reports :—

" The number of children attending Nursery Classes in December 1947, was 4,400. Many of these classes are housed in the older type of school, where accommodation does not lend itself to a full nursery régime. Owing to continuing difficulties in organisation and supply the nursery dinner in some schools is limited to the children of working mothers, while in others the children continue to dine in the general school canteen.

" The Hunslet Nursery School makes full provision for 76 children aged from two to five years.

" Admission of two-year old children to the Nursery Classes, was discontinued in 1946. As a result of pressure on staff and accommodation higher up the school the rate of admission to, and promotion from, the nurseries has slowed down considerably. This has led to a rise in the average age of the children, and to the growth of a formidable waiting list for admission. There must be many children on the waiting list with minor ailments for which treatment would have been available had they been in school.

" Dr. Prince and Dr. Holoran have continued to exercise a general oversight of nursery hygiene in association with the Committee's Inspectors, and have assisted in the training of Nursery Nurses, Wardens and Nursery Class Assistants, by whom the nurseries are largely staffed.

" The first two groups of Nursery Nurses to be trained under the new regulations have completed their training and gained their diploma. This course requires the co-operation of the Maternity and Child Welfare Department, the Education Department, the Day Nurseries and the Nursery Classes. Their joint efforts have produced a very satisfactory pass list and a further group has commenced training.

" The health of the children appears to have been maintained at the relatively favourable level of recent years. A small number of children developed signs of rickets at the close of the phenomenally severe winter of 1946-47, but in most cases these defects cleared up satisfactorily during the ensuing months.

" The Measles epidemic of the Spring also made itself felt in the Nurseries. Here, again, the rate and completeness of recovery appeared to be satisfactory by pre-war standards."

The following report has been received as to the provision of meals in school :— Provision of Meals.

" During the year the number of meals served to children has increased by approximately 10 per cent., from 23,200 to 25,700 a day ; 43 per cent. of the children attending maintained primary and secondary schools during December 1947 were provided with dinners at school.

" Whilst it is pleasant to record so substantial an increase as 10 per cent., there are several disquieting features about this achievement. In the first place, it has been obtained, not by any increase in the capacity of the producing kitchens, but by straining existing resources to breaking point. Only one new kitchen (Middleton, Acre Road, 1,000) has been opened during the last two years. As the total capacity of the kitchens is in the neighbourhood of 22,000 meals daily, the strain of over production is assuming serious proportions. In the second place, there is no reserve kitchen capacity in case of emergency ; every kitchen is producing more than its quota and none can produce extra if one should fail. Thirdly, both staff and equipment have responded magnificently to the call, and are bound to feel the strain. Finally the rate of progress is far below that envisaged in the school meals development plan, and is therefore very disappointing to all who were hoping that by 1950 as many as 75 per cent. of the school children in the city would be able to have dinners at school. This slow rate of progress is due to the inability of the Authority to obtain more kitchens. At present 15 proposals have been submitted to the Ministry of Education during the past two years, and are awaiting commencement of the work. The position has been rendered more difficult by the restriction of building for the provision of school meals to proposals which are essential for the maintenance of the service, or are necessary to satisfy urgent demands. It should be realised that with very few exceptions all kitchens and most dining rooms are supplied and erected by the Ministry of Works and the local authority has no control over the implementation of its proposals once they have been submitted to the Ministry of Education.

" Without more kitchens it will not be possible to satisfy the demands of mothers who wish to go out to work, but who require to be assured that their children will receive a substantial hot meal at midday and be supervised during the dinner hour.

" Head Teachers are recommended to apply the following order of priority in admitting children to their dinner list :—

1. Children entitled to free dinners.
2. Children who cannot obtain dinner at home
   (*a*) because both parents are at work.
   (*b*) because of distance.
3. Special cases.

In many schools the whole allocation of meals is absorbed in satisfying only a small proportion of the children who are covered by the above list, and there would appear to be no prospect of an early improvement in the position.

"The only kitchen under construction at present is the one at Seacroft Parklands for 2,000 a day; it is not anticipated that this will be ready until late 1948. This kitchen will replace the Whitkirk Kitchen at present supplying 1,800 a day, which has to be handed back to the owners as soon as the Seacroft Parklands Kitchen is ready. Even this will only result in an increase of no more than 200 dinners a day.

Number of dinners served.

"The total number of dinners served during the year to the primary and secondary school children was 4,776,270; of these 461,215 were supplied by kitchens at Secondary Grammar Schools. Of the total, 690,181 were free and 4,086,089 were paid for.

Free dinners.

"The number of free dinner cases continues to increase. In January 1947 the number was 3,332 and in December 1947 was 3,578.

Head Attendants.

"A scheme for the appointment of Head Attendants in large canteens and those separated from their schools has been introduced, and it has been found that there has been an improvement in the conditions at these canteens. Head Teachers have also been relieved of much of their supervisory and administrative duties. These attendants are especially helpful at holiday times when no teachers are present.

"With reference to the particularly severe weather experienced last winter, the Committee's thanks are especially due to the personnel of the firms transporting the children's dinners. Their excellent work and determination under most trying conditions enabled every dinner to reach its destination.

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

Supply of Milk

During the year 1947, 10,088,426 bottles of milk were supplied to school children. Approximately 96 per cent. of the children present in school take milk daily."

Nutrition

The classification of children as regards physical condition is now given under three headings, A. Good, B. Fair, and C. Poor, instead of A. Excellent, B. Good, C. Subnormal, and D. Poor, and the heading Nutrition has been replaced by General Condition. This enables physique to be taken into consideration as well as nutrition in a strictly limited sense. The object is to obtain a general impression of the child's physical fitness.

Owing to the change in the age groups examined at routine inspection, it has not been possible to compare figures of average height and weight of children examined in school during 1947 with the similar age groups in previous years, and the table has been omitted from this report. In the report for next year the table will be restored.

Branch Clinics

The work of the Branch Clinics has continued normally throughout the year. The establishment of more centres for minor ailment treatment is still prevented by the shortage of nurses and the lack of suitable accommodation. Some areas of the city are very poorly served at present.

The number of cases of Ringworm of the Scalp during the year was 26 as compared to 29 in 1946. These children were treated by Dr. Ingram at the Infirmary in accordance with the arrangements approved by the Authority.

In two schools there were minor epidemics of verrucae (plantar warts). This condition is apt to be spread through physical training activities—especially where there is a common stock of gym shoes or where children do the exercises with bare feet—and swimming baths. The School Nurses, by constant foot inspections and prompt reference of cases found for treatment, soon controlled the epidemic, and there have been no recent cases in the schools referred to.

Uncleanliness.

There were 213,312 examinations of children for cleanliness made by the School Nurses and Clinic Assistants during the year. These resulted in 3,400 exclusions of children on account of lack of cleanliness, of these 1,525 were cleansed by their parents within the statutory period allowed for the purpose and the remaining 1,875 were referred to the cleansing stations set up by the Public Health Department. It is not possible to compare these figures with those for 1946 as, during that year, 44,098 fewer inspections were made by the nursing staff. In 1946, however, when the number of children inspected was practically the same, there were 4,763 exclusions.

Scabies.

The number of cases of scabies found in school during 1947 showed a marked reduction, being 336 as compared to 722 in 1946.

Defective Vision.

During the year the number of pupils for whom spectacles were prescribed at the school clinics was 2,936. There is still a considerable delay due to difficulties of supply, in the provision of spectacles after

prescription—the time varying between four and sixteen weeks, according to the complexity of the lenses ordered. At the end of the year there were 475 children for whom glasses had been ordered but who had not yet received them.

The treatment of squints is a matter of considerable concern to the School Medical Officers who are doing refraction work. Unless the co-operation of children and parents can be obtained the mere prescription of spectacles is not likely to be successful. Effective following up to ensure that spectacles are worn regularly and directions given by the doctor carried out, is essential. With this object in view a Squint Register is now kept in the Central Clinic. The names of all young children who have squints are entered in it as soon as the condition is discovered. These children are seen at regular and frequent intervals at the School Clinic, and the results of examinations entered in the register. The whole scheme is under the supervision of Dr. R. Wood who has considerable experience of eye work and who devotes certain sessions entirely to the review and treatment of cases of squint.

Remand Home.

During the year 133 children or adolescents—109 boys and 24 girls—who had been remanded by the Magistrates in the Juvenile Court, were examined by the School Medical Officers. Of these, 17 had I.Q.s over 100—one boy having an I.Q. of 127: 81 had I.Q.s under 80 and 8 of these were either definitely mentally defective or border line cases with I.Q.s below 70.

Handicapped Children.

The accommodation available for children requiring special educational treatment in special schools falls far short of what is required in several of the categories of handicapped children as laid down by the Ministry of Education. This applies especially to residential accommodation and, in view of the difficulty of acquiring premises suitable for the purpose and the impossibility at the present time of building new special schools, it must be a considerable time before the position is materially altered. Meanwhile, especially in the educationally subnormal group, there is a considerable number of children in Leeds who are retained in ordinary school, though they are unfit for it, or are out of school altogether until vacancies can be obtained for them in special schools. Attempts to place Leeds children in residential special schools outside the city area are constantly being made and a certain number of children have been so placed but the shortage of residential accommodation is national and not local and the demand for places in such schools far exceeds the number available. The number of Leeds children who were in residential special schools outside the area at 31st December, 1947, was 49—comprising, Blind 11, Deaf 6, Educationally Sub-normal 5, Epileptic 9, Physically Handicapped 10, Delicate 3 and Maladjusted 5.

Regular visits have been paid during the year to special schools by the Authority's Consultant staff. Mr. Sharp has visited the School for the Deaf and Mr. Black the School for Partially Sighted. At the Potternewton School for Physically Handicapped Children, the orthopaedic cases have been under Mr. Clark's supervision and, since the spring of 1947, on the recommendation of Professor Craig, visits have been paid by Dr. I. D. Riley and Dr. J. D. Pickup who are Registrars in the Paediatric Department of the University. Dr. Riley has reviewed the heart cases in the school, and Dr. Pickup those with lesions of the central nervous system and general medical cases. Their help and advice about individual children have proved of great assistance.

(1) *Blind.* There are at present 11 Leeds children of school age in this category. All are in residential schools.

(2) *Partially Sighted.* Mr. Andrews, Headmaster of the school, reports :—

"*No. on Roll*	33
Resident	11
Day	22
Classification	
Myopia	10
Congenital Cataract	6
Optic Atrophy	3
Corneal Opacities	3
Retinal abnormalities	6
Other causes	5

"The retinal abnormalities include macular degeneration, peripapillary atrophy, pallor of discs, partial albinisim, grey patches near maculae. Three of these cases also show gross nystagmus.

"Among the other causes there are two cases of congenital nystagmus (one of these with a history of epilepsy), one case of chronic conjunctivitis, one encephalitis with a history of fits and one amblyopic child who is delicate.

"This year in the partially sighted world the pendulum has swung very definitely to education by methods involving the use of sight as opposed to the former attitude of sight saving and dioptre saving. There is no doubt that this change has been largely influenced by the Leeds attitude to the problem after experience with the Leeds Reading Aid. There have been widespread enquiries about this aid, and it is unfortunate that present industrial difficulties prevent us from putting it into production.

"There is an element of danger in this new outlook. While the ophthalmologist may take the responsibility for the absence of danger to the sight, the educationalist must point out that a child

whose best corrected acuity is 6/24 Snellen or worse, needs to be surrounded by specially large illustrations, to have specially large writing on the blackboard, to have lessons built up in slower stages and to be taught by teachers who have a special knowledge of his disability. The danger is that the true partially sighted child may be retained in the normal school, floundering about and getting more and more retarded when he could be making good progress in a properly organised and graded school for partially sighted children."

(3) *Deaf* and (4) *Partially Deaf.* Mr. Andrews reports :—

"*No. on Roll* 118
Children in residence 84
Day scholars 34

Full particulars of the children on Roll are as follows :—

		Leeds		Other Authorities		
		Resident	Day	Resident	Day	Total
Deaf	Boys	18	5	18	..	41
	Girls	10	5	13	1	29
Partially deaf	Boys	9	10	8	1	28
	Girls	6	12	2	..	20
		43	32	41	2	118

"There were 15 admissions during the year and one re-admission. Of the admissions eight were totally deaf, and seven partially deaf. The most encouraging feature of the deaf admissions is that seven of them were four year olds and the other just five. It would seem that at last we are getting earlier ascertainment and earlier action in getting the children placed in school. This is all to the good for the children concerned, but it does bring to a head the question of providing a suitable resident Nursery School for the Deaf with proper nursery equipment. It is to be hoped that conditions will soon permit this to be done so that the work can be carried out in more ideal surroundings for the deaf nursery child.

"There were sixteen leavers and one child died at home during the year. Of the leavers thirteen had reached school leaving age, two returned to other schools after a period of observation and report and one transferred to another school for the deaf, his parents having left the district. It is worthy of note that reports indicate that with the exception of two who were chronic invalids, the normal leavers have all been suitably placed in industry. This is no doubt due to the live interest of the Juvenile Employment Bureau and the Deaf Missioners who work with the full co-operation of the Headmaster."

(5) *Delicate.* The number of children listed by the School Medical Officers as suitable for an Open Air School is 852. There is urgent need for the return of the premises at Farnley to their original purpose.

(6) *Diabetic.* Six diabetic children are on the list of handicapped pupils. There is no reason why they should require special school provision.

(7) *Educationally Subnormal.* There is special school accommodation in Leeds for these children in four schools—Armley, East Leeds, Hunslet Lane and Lovell Road. These schools provide places for 420 children and all are full at present. In addition there is a waiting list of 95 children. The position is very unsatisfactory as some of these children have been waiting for admission to a special school for more than a year. Meanwhile, they are—with a few exceptions—attending ordinary schools where their presence adds to the difficulties of the teachers and means that, if much attention is devoted to them, it has to be at the expense of the normal children in the class.

No progress has been made with the proposal to establish schools for Senior Boys and Senior Girls in this class, owing to the lack of accommodation.

(8) *Epileptic.* There are at present nine children in residential schools and one awaiting admission. Besides these a number of children are listed as epileptic whose condition does not prevent their attendance at ordinary schools.

(9) *Maladjusted.* The establishment of a Child Guidance Clinic by the Education Authority is still delayed by the difficulty of obtaining the necessary highly trained staff. Meanwhile a few urgent cases including several delinquent children—some 12 or 14 in all—have been examined at the clinic in the Psychiatric Department of the University. The School Health Service is greatly indebted to Professor H. V. Dicks and the members of his staff, for their help with these children.

In this connection the need for residential accommodation for certain problem children has been stressed in previous reports. In so many cases the home environment is at fault. Feelings of insecurity produced by friction within the home, is one of the commonest causes of maladjustment. Much attention is being rightly devoted at present to the best methods of caring for homeless children and providing them with a happy settled home life, which may give them the sense of security they need so badly. But it should not be forgotten that there are children who have parents and homes of a sort, and yet grow up neglected and starved of affection. These children are surely also deserving of sympathy and action where it is possible. Such homes produce maladjusted children and it may be that this treatment cannot be successful unless they are removed to surroundings where they can receive the understanding and affection necessary to a child's normal development.

The reports on maladjusted children often end with a recommendation that the children should be boarded out in suitable foster homes, or placed in hostels which should not be so large as to make a real home atmosphere impossible. It is extremely difficult to find satisfactory foster homes even for normal children : for children who are difficult and troublesome in conduct, the quest may be almost hopeless. Small hostels with staffs who have had training in the treatment of problem children and can deal with them with understanding, appear to afford the most practical solution. Efforts to acquire premises to be used for this purpose in Leeds have so far been unsuccessful.

(10) *Physically Handicapped.* Dr. I. Holoran reports on the work of the day school at Potternewton as follows :—

" At the end of the year 1947 there were 138 children on roll at Potternewton School for Physically Handicapped Children. These comprised cases of :—

Acquired Heart Disease	31	
Congenital Heart Disease	14	45
Cerebral Palsy		32
Poliomyelitis		15
Tubercular joints		11
Osteomyelitis		10
Congenital Talipes Equino Varus		3
Fragilitis Ossium		2
Meningocele		2
Still's Disease		2
Splenectomy		2
Spina Bifida		1
Achondroplasia		1
Nephritis		1
Dermatitis		1
Scoliosis		1
Bilateral Congenital Dislocation of Hip		1
Amputation of leg		1
Neurosyphilis		1
Haemophilia		1
Muscular Dystrophy		1
Congenital Absence of Radii		1
Multiple Exostoses		1
Angiomatous Lipomata		1
Result of Severe Burns		1
		138

" For the first time there is not a single case of knock knee or of rickets in any form in our list.

" The number of heart cases making use of Potternewton is increasing. On admission they usually need to spend their day on couches on the ground floor, progressing to more normal activity for half each day, and so on. During this year we have had the advantage of visits from Dr. I. Riley, paediatric registrar and tutor at the General Infirmary. The children's progress is reviewed every few months and in a pleasing number of cases, exercise tolerance in improving and further infection has been avoided. Four severe rheumatic heart cases have been placed in residential schools as more suitable to their condition. The congenital cases are being carefully reviewed in the light of recent operative work and we may have some results to give next year.

" The number of cerebral palsy cases attending the school is also increasing. Indeed at the time of writing (January 1948) the number has risen to 38. New interest is arising in this side of the work from many quarters. The Authority is now affiliated to the Central Council for the Care of Spastics and we are trying to work on the lines of Phelps and Carlsen, as far as numbers of staff and conditions will allow. We have an additional physiotherapist but no speech therapist as yet, owing to the lack of available personnel, neither have we an occupational therapist. Our first job was to reclassify our cases in the light of the new ideas, separating the masked athetoid cases from the true spastics, before prescribing treatment. For this purpose Dr. Pickup, paediatric registrar and tutor at the General Infirmary, has held sessions along with Mr. Clark so that both medical and surgical sides are represented. Dr. Wilson of Meanwood Park Colony has also joined in our deliberations on one or two occasions.

" Every child has had a Terman Merrill Intelligence Quotient test as soon as he or she was sufficiently settled in the school. With such handicapped children one must be very wary of expressing too definite an opinion in the early stages, but it is surprising how often the assessments of the class teacher and of the physiotherapist are in agreement with the I.Q.

" In connection with this problem, an assessment has been made of the total number of cerebral palsy cases of school age in the city, barring those already notified to the Mental Health Authority as

ineducable. The total number is 97, including 44 cases of hemiplegia. Their Intelligence Quotients have also been ascertained, and are as follows :—

I.Q. over 80	.. 38	
66 to 80	.. 28	
51 to 65	.. 13	
below 51	.. 9	
	9	too young and unsettled to ascertain.
	97	

Thus the majority are educable if suitable provision is made.

" Thirty-six children have left the Potternewton School during the year. They were as follows :—

To normal school	15	
,, Secondary Technical School	5	(Thoresby)
,, Educationally Subnormal	1	
,, Hospital School	1	
,, Residential School	5	
,, Work	2	
Left Leeds	4	
Too ill for school	2	
Died	1	
	36	

" During the year 34 assessments of intelligence have been made at the school—some of cerebral palsy cases, some of congenital heart cases, some with a view to estimating the child's fitness for secondary school entry, and others where the child's progress was disappointing. This has been particularly helpful where lack of progress may be due to long hospitalisation or to lack of ability or to a mixture of both."

As regards the general orthopaedic work of the School Health Service, Dr. Holoran says :—

" The general orthopædic work has been carried on as usual. At the Central Clinic weekly sessions, where Mr. Clark attends each alternate Monday are held. The lack of unequal sizes in shoes continues to be a problem to many—our records show a need in 100 cases. The secret of good orthopædic results lies in continued supervision of serious cases throughout the period of growth and long after the original lesion has healed or been corrected. Equally

satisfactory work is done in the curing of postural defects, and so preventing the formation of structural defects at a later date. The general trend of the work is to use active physiotherapy rather than passive, and to work with groups. This should be borne in mind in planning any new physiotherapy accommodation in clinics—a much larger room is needed than when the work was more individual. A room of the optimum size ensures the optimum use of staff."

(11) *Children with Speech Defects.* Mrs. B. Jackson reports as follows :—

" Remedial speech centres were again held in Holbeck, Central, Armley and Edgar Street Clinics.

" During the year 93 children were admitted and treatment was given to :—

Dyslalia	44
Stammering	43
Rhinolalia	6

" Of the children admitted there were 68 boys and 25 girls. During the year 70 children were discharged as having attained normal speech, nine were unable to continue through lack of an escort, transport or other difficulties, one was transferred for treatment to St. James's Hospital and the rest were retained for further treatment.

" The 70 children discharged were cases of :—

Dyslalia	38
Stammering	31
Rhinolalia	1

" The children have been treated together in groups of eight according to their age and nature of defect and have attended bi-weekly for a period of forty-five minutes. The ages of the children ranged from five to eighteen years and they came from every kind of home, from all parts of the town and from every kind of school. They ranged from children attending special schools on the one hand to two senior students awaiting entrance to college and university on the other. Such diversity of age, status and attainment renders class work very difficult and, in consequence, children whose names appear on the waiting list cannot always be dealt with in strict rotation. Many of the children upon entering the clinic were found to be very backward in school work, especially the boys suffering from the more severe forms of dyslalia ; they were found to have a real difficulty in recognising or remembering sounds and symbols ; in a few cases the trouble amounted to alexia (word-blindness). With stammerers, although a few were found to be very bright and it would seem that their precocity accounted for the stammer, many were apathetically dull, not through any specific defect, but owing to lack of confidence and the ability to concentrate. Accordingly, special games were devised and played for the overcoming of these disabilities, and both parents and teachers have reported not only improvement in speech but in school work in general.

" All speech defects bring some sort of psychological problem. Either the child is ' nervous ' or maladjusted and begins to stammer or he lisps, has some sort of organic defect, is laughed at or criticized until he is made to feel ' different ' and responds by being shy and self conscious or if of the assertive type, naughty and aggressive. In trying to solve these problems, homes and schools have been visited and contact has been made with teachers and parents and environmental factors studied. During the year investigations have revealed that the children have had too many late nights, too much excitement and amusement, such as going too frequently to the pictures in the evening or they may be afraid of other boys of street and school gangs. Over anxiety about winning a scholarship, too much mothering or too little parental control are also factors in the causation of speech disorders. In all cases the influence of the home has been found to be the most important and decisive factor.

" In addition to the children, one case of aphasia, an adult, was treated at the Speech Clinic. He was an ex-serviceman who, by arrangement of the Ministry of Pensions with the Education Authority, was brought by ambulance and treated in the school clinic. He was treated for sensory and motor aphasia. For over a year he had been unable to express himself either by speech or writing. He was unable to emit any sound except a slight cough ; from this slight breathy sound, speech was built up and he was again able to contact his fellows and make himself understood. Sound was associated with symbol and exercises were given for the co-ordinating of the muscles of the hand and writing, although somewhat uncontrolled yet legible, was re-established."

Dental.

Mr. David E. Taylor, Senior Dental Officer, reports :—

" At the end of 1947 there were twelve Dental Officers on the permanent staff of the service and in addition two temporary appointments had been made. The Education Authority has authorised the raising of the number of dentists to twenty and this establishment has been approved by the Ministry of Education. Further development is held up by the difficulty of finding suitable premises for clinics in easily accessible parts of the city. The Roundhay Road Clinic, which is to provide two additional surgeries, should soon be ready and will relieve the congestion at the Central and East Leeds Clinics.

" In accordance with the Education Act 1944, all pupils attending educational establishments under the care of the Authority are now entitled to receive dental treatment and, with the raising of the school leaving age to 15 years, the number of children to be provided for has increased considerably.

"It is not yet possible with the present staff and facilities available to offer full treatment at yearly intervals to all pupils accepting the Authority's dental scheme, but meanwhile the interval between inspections has been reduced and the proportion of fillings to extractions has been increased. Owing to the large number of secondary school pupils now included in the scheme, it has been found necessary to have special sessions for scalings apart from the normal sessions for fillings.

"The union of the School Health Service with the Maternity and Child Welfare Services will mean that the present School Dental Officers will undertake a share of the dental treatment to be provided for expectant mothers and infants not attending school.

"Two more modern gas and oxygen machines were acquired during the year and now all clinics are equipped with the latest type of anaesthetic apparatus.

"For many years the Dental Officers have been concerned that so little attention has been given to the conservative treatment of the temporary dentition. The reason for this has been that it has never been possible to fill all the permanent teeth requiring treatment without prolonging unduly the time between inspections. Nevertheless, it is hoped that a start will be made with this work in the near future. The cases for treatment will have to be selected with care so that successful results can be expected with confidence. Failure would jeopardise the future of all conservative work. The prejudice once so widely felt against fillings has been almost completely overcome in Leeds. This has been brought about mainly by the durability of the work done during the last fifteen years.

"For several years now the Leeds Dental Officers have been studying preventive orthodontics, a field which is still largely unexplored. In this connection, it is interesting to note that of the 4,884 permanent teeth extracted at routine extraction sessions during 1947, 2,128 were extracted either for preventive orthodontic reasons or for the correction of malocclusion. A beginning has also been made with an orthodontic service and, during 1947, dentures have been supplied to children who have lost teeth through accidents. These have been greatly appreciated and it has been remarkable to see how quickly confidence was regained when the unsightly gaps were filled up. Of the orthodontic work done at the Central Clinic in 1947, Mr. Douglas M. McGibbon writes :—'Parents are becoming increasingly aware of the irregularities in the teeth of their children and the effect this may have on their health, speech and appearance. During the year, orthodontic treatment was provided at the school clinic for a limited number of children. A scheme in miniature evolved. The experience gained in the administration of this will prove of value in establishing an orthodontic scheme on a larger scale. The number of children treated during 1947 was 34, of whom 17 completed treatment, one abandoned treatment and 16 were continuing treatment at the end of the year.'

"During the same period at the Dental Hospital, 166 children were treated. Treatment was completed in 37 cases and 118 were still attending the hospital at the end of the year. 11 children failed to carry out the treatment and were discharged. The work done by the Dental Hospital for children referred by the School Dental Officer is gratefully acknowledged.

"It is now intended to increase and extend the orthodontic work of the School Health Service and in conjunction with Professor Talmage Read, Dean of the Leeds Dental School and Hospital, a plan has been prepared for the establishment of an orthodontic unit in the Central Clinic. This will entail the appointment of consultants from the Dental Hospital to work with the School Dental staff. Treatment will be carried out at the School Clinic or at the Dental Hospital according to the nature of the case. This scheme should come into operation during 1948.

"Of the dental X-Ray work carried out at the Central Clinic, Mr. George M. S. McGibbon reports :—

'X-Rays are now used in almost every branch of dental surgery and are indispensible in the examination of children's mouths. The films disclose the information concerning the number, absence or presence, and the location and position of unerupted teeth. They play an important part in the diagnosing of supernumerary teeth, missing teeth, the presence of caries and pathological conditions. In dealing with growth problems and malocclusion they become an important adjunct to the orthodontist.

'During the year several interesting cases were noted, including two cystic conditions and one suspected fracture of the lower jaw.'

"Thanks are due to Mr. J. Wigglesworth, St. James's Hospital, for the prompt attention given by him to urgent cases in children whose physical condition rendered them unsuitable for treatment as out-patients at the School Clinics.

"*The Yorkshire Evening Post* resumed in 1947, its gift of valuable prizes for the best cared for mouths. As in the past, competition for these prizes was keen and the undoubted stimulus given to oral cleanliness is greatly appreciated."

Conclusion.

This report has been compiled for me by Dr. Willcock, Chief Assistant School Medical Officer and Mr. Vallender, Administrative Assistant in the School Health Service, and I am greatly indebted to them for their assistance in the change over which has taken place during this year, and to the staff of the School Health Department for their support. I should also like to express my thanks to the Head Teachers and Teachers for their co-operation and to the Medical Profession of this city for their help.

My grateful thanks are due to the Director of Education for his help and guidance in making the amalgamation of the School Medical and Public Health Services as smooth as possible.

In conclusion Mr. Chairman, Ladies and Gentlemen, may I on behalf of myself and my colleagues express my thanks to you for your guidance and support throughout the year.

I have the honour to sign myself,

Your obedient servant,

I. G. DAVIES,
School Medical Officer.

APPENDIX

MEDICAL INSPECTION RETURNS

YEAR ENDED 31st DECEMBER, 1947.

TABLE I.

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools

---

A.—Periodic Medical Inspections.

NUMBER OF INSPECTIONS IN THE PRESCRIBED GROUPS	
Entrants	6,459
Second Age Group	6,501
Third Age Group	4,403
TOTAL	17,363
NUMBER OF OTHER PERIODICAL INSPECTIONS	1,287
GRAND TOTAL	18,650

B.—Other Inspections.

NUMBER OF SPECIAL INSPECTIONS	18,108
NUMBER OF RE-INSPECTIONS	23,364
TOTAL	41,472

C.—Pupils Found to Require Treatment.

NUMBER OF INDIVIDUAL PUPILS FOUND AT PERIODIC MEDICAL INSPECTION TO REQUIRE TREATMENT (excluding Dental Diseases and Infestation with Vermin).

Group (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table IIA (3)	Total individual pupils (4)
Entrants	213	1,809	2,022
Second Age Group.. ..	983	1,171	2,154
Third Age Group	744	698	1,442
Total (prescribed groups)	1,940	3,678	5,618
Other Periodic Inspections	211	277	488
Grand Total	4,091	7,633	11,724

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1947.

Defect Code No.	Defect or Disease	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment	Requiring to be kept under observation, but not requiring treatment.
	(1)	(2)	(3)	(4)	(5)
4	Skin	469	139	1,480	175
5	Eyes—a. Vision ..	2,151	863	2,346	1,712
	b. Squint..	385	22	424	25
	c. Other ..	103	33	279	32
6	Ears—a. Hearing	279	139	118	59
	b. Otitis Media ..	10	1	145	9
	c. Other ..	204	47	377	83
7	Nose or Throat ..	1,402	1,238	736	556
8	Speech	96	148	121	48
9	Cervical Glands ..	68	105	25	21
10	Heart and Circulation ..	73	510	21	43
11	Lungs	287	317	15	99
12	Developmental—				
	a. Hernia ..	49	28	—	2
	b. Other ..	2	4	4	11
13	Orthopædic—				
	a. Posture	293	324	5	35
	b. Flat foot	519	198	25	74
	c. Other ..	459	296	58	53
14	Nervous system—				
	a. Epilepsy	10	14	5	21
	b. Other ..	29	207	5	29
15	Psychological—				
	a. Development ..	17	311	1	8
	b. Stability	4	115	1	17
16	Other	571	1,125	2,254	549

B.—Classification of the General Condition of Pupils Inspected during the Year in the Age Groups.

Age Groups	Number of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	6,459	1,617	25·0	4,311	66·8	531	8·2
Second Age Group	6,501	1,683	25·9	4,147	63·8	671	10·3
Third Age Group..	4,403	1,462	33·2	2,640	60·0	301	6·8
Other Periodic Inspections ..	1,287	324	25·2	841	65·4	122	9·4
Total	18,650	5,086	27·3	11,939	64·0	1,625	8·7

Classification during the year has been on the following basis :—
A—Above average
B—Average
C.—below average

TABLE III.

Treatment Tables.

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

(a)	Number of Defects treated, or under treatment during the year.
SKIN—	
Ringworm—Scalp—	
(i) X-Ray treatment	26
(ii) Other treatment	
Ringworm—Body	24
Scabies	500
Impetigo	803
Other skin diseases	7,291
Eye Disease .. .. (External and other, but excluding errors of refraction, squint and cases admitted to hospital)	1,276
Ear Defects	1,073
Miscellaneous .. .. (*e.g.* minor injuries, bruises, sores, chilblains, etc.)	9,037
Total	20,630

(*b*) Total number of attendances at Authority's minor ailments clinics 72,908

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

	No. of defects dealt with
Errors of Refraction (including squint)	4,766
Other defect or disease of the eyes (excluding those recorded in Group I)	—
TOTAL	4,766
No. of Pupils for whom spectacles were (*a*) Prescribed	2,936
(*b*) Obtained	2,461*

*475 awaiting delivery from optician.

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

Received operative treatment :—	Total number treated.
(*a*) for adenoids and chronic tonsillitis	486
(*b*) for other nose and throat conditions	25
Received other forms of treatment	864
Total	1,375

Group IV.—Orthopædic and Postural Defects.

(*a*) No. treated as in-patients in hospitals or hospital schools ..	108
(*b*) No. treated otherwise *e.g.* in clinics or out-patient departments ..	1,226

Group V.—Child Guidance Treatment and Speech Therapy.

No. of pupils treated (*a*) under Child Guidance arrangements ..	13
(*b*) under Speech Therapy arrangements ..	93

TABLE IV.—Dental Inspection and Treatment.

(1) Number of pupils inspected by the Authority's Dental Officers :—			
(*a*) Periodic age-groups			28,065
(*b*) Specials			5,562
(*c*) TOTAL (Periodic and Specials)			33,627
(2) Number found to require treatment			23,057*
(3) Number actually treated			23,088†
(4) Attendances made by pupils for treatment			36,806
(5) Half-days devoted to :—		(7) Extractions :—	
Inspection	218	Permanent Teeth ..	5,465
Treatment	5,107	Temporary Teeth ..	22,565
TOTAL ..	5,325‡	TOTAL ..	28,030
		(8) Administration of general anæsthetics for extractions	14,823
(6) Fillings :—		(9) Other Operations :—	
Permanent Teeth ..	24,964	Permanent Teeth ..	4,535
Temporary Teeth ..	100	Temporary Teeth ..	5
TOTAL ..	25,064	TOTAL ..	4,540

* Includes 5,610 Casuals.
† Includes 4,745 Casuals.
‡ In addition 259 sessions spent in other work.

TABLE V.

Number of Exclusions, 1947.

Defect.	Referred for Exclusion by		Total.
	School Medical Officers.	School Nurses.	
Uncleanliness of Head ..	—	3,400	3,400
Uncleanliness of Body ..	—	63	63
Ringworm—Scalp and Body ..	18	15	33
External Eye Disease ..	10	91	101
Scabies	94	242	336
Impetigo	10	159	169
Other Skin Diseases	3	53	56
Other Diseases	3	65	68
Vision	—	—	—
Total 1947 ..	138	4,088	4,226
Total 1946 ..	263	4,500	4,763

TABLE VI.

Number of Children on Roll in Special Schools on 31st December, 1947.

School.	Number on Roll.		
	Leeds Cases.	Outside Cases.	Total.
Educationally Sub-normal—			
Armley	92	—	92
East Leeds	87	—	87
Hunslet Lane	203	—	203
Lovell Road	62	—	62
Deaf and Partially Deaf	75	43	118
Partially Sighted	33	—	33
Physically Handicapped	138	—	138

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

BLIND—

Worcester College for the Blind	1
Royal Normal College for the Blind, Rowton Castle, near Shrewsbury	1
Sheffield School for Blind	4
Henshaws Institution for the Blind, Old Trafford, Manchester	1
Yorkshire School for the Blind, The King's Manor, York	4
Sunshine House School for Blind Infants, Royal Leamington Spa	1

DEAF—

St. John's Institute for the Deaf, Boston Spa, Yorkshire	6

DELICATE—

Cheyne Hospital School, Sevenoaks, Kent	1
St. Vincent's Open Air School, St. Leonard's-on-Sea, Sussex	1

EDUCATIONALLY SUB-NORMAL—

All Souls Special School, Field Heath House, Hillingdon, Middlesex	2
Moor Park Open Air School, Preston (Educationally Sub-normal Department)	1

EPILEPTIC—

Chalfont Epileptic Colony, Chalfont St. Peter's, Bucks.	1
Lingfield Epileptic Colony, Lingfield, Surrey	7
St. Elizabeth Home for Epileptics, Much Hadham	1

MALADJUSTED—

Dunnow Hall School, Newton-in-Bowland, near Clitheroe	1
The Hostel, Sourhall, Todmorden	2
Rochdale Welfare Mission, Dunsterville, Manchester	1
Yews Hostel, Worrall, near Sheffield	1

PHYSICALLY HANDICAPPED—

Marguerite Hepton Memorial Orthopædic Hospital, Thorparch	4
N.C.H.O. Chipping Norton, Oxon.	1
The Children's Convalescent Home, West Kirby	2
B.R.C.S. The Palace School, Ely, Cambridgeshire	1
St. John's Open Air School for Boys, Woodford Bridge, Essex	2