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CITY OF LEEDS EDUCATION COMMITTEE

ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER

FOR

1954

CITY OF LEEDS EDUCATION COMMITTEE

Annual Report on the School Health Service for the Year 1954

BY

I. GLYN DAVIES, M.D., B.S., F.R.C.P., D.P.H.,

Medical Officer of Health and
Principal School Medical Officer

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LEEDS EDUCATION COMMITTEE

School Health Service

SPECIAL SERVICES SUB-COMMITTEE

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SCHOOL HEALTH SERVICE STAFF

Principal School Medical Officer .. I. G. DAVIES, M.D., B.S., F.R.C.P., D.P.H.

Deputy Principal School Medical Officer .. D. B. BRADSHAW, M.A., M.B., B.Ch., B.A.O., D.P.H.

Senior School Medical Officer M. E. WILLCOCK, M.B., Ch.B., D.P.H. (Retired 30/4/54)

J. G. JAMIESON, M.A., B.M., B.Ch., D.C.H. (from 1/5/54)

Principal School Dental Officer D. E. TAYLOR, L.D.S.

School Medical Officers (Full-time) .. IRENE M. HOLORAN, M.B., Ch.B., D.C.H.

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

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

R. WOOD, M.B., Ch.B.

ETHELINE E. HINGSTON, B.A., M.B., B.Ch., D.C.H. (Left 31/10/54)

MARY UPRICHARD, M.B., B.Ch., D.Obst., R.C.O.G., D.P.H. (from 11/10/54)

SCHOOL HEALTH SERVICE STAFF—(*continued*)

School Medical Officers (Part-time)	..	GRACE HOLEY, M.B., Ch.B.
		A. SURTEES, M.B., Ch.B.
		A. CRONE, M.B., Ch.B., D.C.H.
		E. C. ILLINGWORTH, B.Sc., M.B., Ch.B., L.R.C.P., M.R.C.S.
		W. H. BEAN, M.B., Ch.B.
Orthodontist	.. .. ..	J. MILLER, L.D.S.
School Dental Officers — *Present Staff*		P. ATKINSON, L.D.S.
		T. M. BAIN, L.D.S.
		Miss M. B. COGAN, B.Ch.D., L.D.S.
		H. GAUNT, B.Ch.D. (Apptd. 22/4/54)
		S. R. GORSE, L.D.S.
		R. F. GRAINGER, B.Ch.D., L.D.S. (Apptd. 1/10/54)
		P. IRVINE, L.D.S.
		F. C. SINGER, B.Ch.D., L.D.S. (Apptd. 22/4/54)
		P. SMITH, B.Ch.D.
		F. SZTRODL, M.D.
		J. W. WHITELAW, L.D.S.
		E. S. NEMETH, L.D.S. (left 23/10/54)
		A. BARNETT, L.D.S. (left 10/3/54)
		J. MANNING, L.D.S. (left 12/6/54)
		B. NEVILLE, L.D.S. (left 4/9/54)
		P. MARSHALL, L.D.S. (Apptd 24/4/54 —left 10/7/54)
Superintendent Health Visitor and School Nurse		Miss J. M. AKESTER
Deputy Superintendent Health Visitor and School Nurse		Miss E. WILSON.
Chief Administrative Officer	..	G. VALLENDER.
Chiropodist	.. .. ..	F. H. PATEMAN, F.Ch.S.
Speech Therapists (Full-time)		MRS. B. JACKSON, L.C.S.T.
		Miss U. PURCHASE, L.C.S.T.
Orthoptist	.. .. ..	Miss B. POOLE, D.B.O.
School Nurses	.. ..	25
Physiotherapists	.. ..	6
Clinic Assistants	.. ..	8
Dental Attendants	.. ..	15

CHILD GUIDANCE

Educational Psychologists ..	Mrs. D. M. HUGHES, B.A. (Psychology)
	Mrs. M. E. SCOTT, B.A. (Psychology) (Part-time)
Psychiatric Social Worker ..	Miss H. KEVEND, B.A.
Remedial Teacher	R. MARKS, M.A., B.Com., D.P.E.

CONSULTANTS

**Ear, Nose and Throat Surgeon*	T. McM. BOYLE, F.R.C.S.
**Orthopaedic Surgeon* ..	J. M. P. CLARK, M.B.E., F.R.C.S.
**Ophthalmic Surgeons* ..	J. SHERNE, M.B., Ch.B., F.R.C.S., D.O.M.S.
	P. WILSON, F.R.C.S.E., D.O.M.S.
Paediatric Consultant ..	Professor W. S. CRAIG, B.Sc., M.D., F.R.C.P.E., F.R.S.E.
Psychiatrist	W. MARY BURBURY, M.A., M.B., B.S., D.P.M., L.R.C.P., M.R.C.S.
Oral Surgeon	Professor T. TALMAGE READ, F.R.F.P.S., F.D.S., R.C.S., L.R.C.P
Orthodontist	H. SHAW, F.D.S., R.C.S.

* Appointed by the Regional Hospital Board.

Return of Number of Children on Roll at 31st December, 1954

Type of School	Number of Schools	Number of Departments	Number on Roll
Primary—			
County	81	144	43,202
Voluntary	44	67	15,463
Secondary—			
Modern	21	27	10,018
Grammar	8	8	4,884
Technical	2	2	1,136
Junior Technical Institute	1	1	29
Special—			
Educationally Sub-normal	4	4	404
Physically Handicapped ..	2	2	152
Partially Sighted	1	1	25
Deaf and Partially Deaf	1	1	122
Other—			
Sanatorium	1	1	39
Nursery	1	1	76
Total ..	167	259	75,550

LADIES AND GENTLEMEN,

I have the honour to present herewith the report of the School Health Service for the year ended 31st December, 1954.

I should like to take the opportunity of placing on record my appreciation of the services of Dr. Willcock who retired in April after thirty-one years in the Leeds School Health Department. During the six years we were colleagues I found his intimate and extensive knowledge of the school health service and the respect in which he was held by all sections of the Education Department, of immense value in the administrative adjustments which had to be made in the years following the coming into operation of the National Health Service Act. Dr. Willcock had a wide experience and a deep understanding of the medical needs of school children. The School Health Department remember him with affection and wish him well in his retirement. Dr. Willcock was succeeded as Senior School Medical Officer by Dr. Jamieson who commenced duty in May.

The health of the Leeds school children as found by inspection in schools and clinics is good. General medical inspection of 21,538 children during the year has indicated that 95.94% can be considered in satisfactory nutritional condition. The incidence of skin disease in school children is declining and the more severe forms of impetigo, formerly common, are now rarely seen. Ringworm of the scalp and body are no longer a serious problem. Scabies is relatively uncommon. The state of cleanliness of children attending schools is generally excellent, and this record is marred only by the unfortunate children of the same small group of neglectful parents, whose lack of care in this respect merits more severe punishment than is permitted by law.

Dr. Jamieson has referred in the body of the report to the small scattered outbreaks of epidemic vomiting which occurred in Leeds school children during the latter part of the year. This condition was fairly widespread in areas outside Leeds and the City was less affected than many other districts. The cause of the outbreak is a virus not yet fully identified and investigations are being made throughout the country into its epidemiology. The occurrence of outbreaks of vomiting among school children naturally causes anxiety as to its possible connection with school milk and meals. No outbreaks of food poisoning have occurred during the year which could be traced to these sources.

An important development during the year was the introduction of B.C.G. vaccination of pupils about to leave school. The method used is described in the report. In the natural course of events all individuals acquire resistance to tuberculosis by contact

with infection. Provided this first contact is minimal, the individual is able to build up a resistance to the disease. This is shown by a positive Mantoux test. If, however, the first contact is with a large dose of infection this may be sufficient to overwhelm the defences of the body and clinical tuberculosis may develop. B.C.G. vaccination is a method of providing a safe minimal controlled infection and of providing an initial resistance towards subsequent infection. The method is safe and the vaccine used is under the strictest possible supervision by the Ministry of Health. The medical officers performing the vaccinations are approved by the Ministry of Health after satisfactory training in the technique required.

The report shows the care taken with regard to the ascertainment of handicapped children and the measures taken to provide special education for them. The reports of Mr. Sherne and Mr. Wilson, the Committee's Ophthalmological consultants indicate the necessity for the early treatment of visual defects in school children. It is of the utmost importance that children with visual defect should be seen by an ophthalmological specialist in every case. The proper care of the eyes constitutes much more than a mere prescription of spectacles to correct a visual defect.

Of at least equal importance and in some respects perhaps of even greater social importance is the early recognition of defects of hearing in infants and young children. In the case of infants a defect of hearing causes delay in the development of speech. The work of Mr. Boyle, the Committee's Consulting Aural Surgeon and of Mr. Harland, Headmaster of the School for the Deaf is specially designed to provide for the early ascertainment of auditory defect and the commencement of auditory training at the earliest possible moment.

The work done by the Education Committee for the spastic child is worthy of note. The School Health Department is grateful to Mr. Clark, Consulting Orthopaedic Surgeon for his continuous expert guidance and assistance in the care of spastic children at Potternewton and Larchfield. Dr. Holoran, the medical officer in charge of these children has done a great deal of investigation into the needs of spastic children and she has made valuable contributions to the national literature on this subject. The Education Committee have every reason to be proud of the provision which they have made for children with cerebral palsy. Leeds is outstanding among local education authorities in this respect.

My thanks are due to Dr. Jamieson, Senior School Medical Officer and to Mr. Vallender, Administrative Assistant for their able assistance during the year, and to Mr. George Taylor, Chief

Education Officer for his friendly advice and guidance always readily given, and especially for his help in co-ordinating the medical work of the Health and Education Committees.

I give my personal thanks to the Chairman and Members of the Special Services Committee for their keen interest in the work of the School Health Department during 1954.

I am,

Your obedient servant,

I. G. DAVIES,

Principal School Medical Officer.

STAFFING

Medical Staff. Dr. Willcock retired in April, after 31 years service. He became Senior Medical Officer in January, 1944, following Dr. Stockwell. Dr. Hingston resigned in October, and was succeeded by Dr. Uprichard (appointed 11/10/54). Dr. Jamieson was appointed Senior School Medical Officer on the 1st May, 1954.
There is still one whole time vacancy, the work at the moment being shared by five part-time officers.

Nursing Staff. Four nurses left the Service, and these have all been replaced.

Physiotherapy Staff. Mrs. Hill was appointed in April in place of Mrs. Rumboll. Miss Dixon was appointed in February, following Miss Wear, who resigned in November, 1953.

Speech Therapy Staff. There have been no staff changes.

Child Guidance Staff. Mrs. Scott was appointed in October as a second Educational Psychologist (Part-time).

Dental Staff. There were five resignations during the year and four appointments.

Consultant Staff. There have been no changes.

SCHOOL CLINICS

The school clinics in Leeds and the forms of treatment which are available at them are as follows :—

Central Clinic (Education Office—Great George Street)

Physiotherapy, speech therapy, refraction and orthoptic treatment, dental treatment.

Consultants to the Authority in pædiatric, orthopædic, ear, nose, and throat and ophthalmic conditions have sessions in the central clinic. Most of the intelligence testing of backward and delinquent children is also carried out here by the school medical officers.

Branch Clinics

Branch Clinic and Address	Treatment Given
Armley (Town Street) ..	Minor ailments, physiotherapy, speech therapy, refraction, dental treatment.
Burley (Willow Road)	Minor ailments, physiotherapy, refraction, dental treatment.
East Leeds (Harehills Lane) ..	Minor ailments, physiotherapy, refraction, dental treatment.
Edgar Street (York Road) ..	Minor ailments, physiotherapy, speech therapy, refraction, dental treatment.
Holbeck (Hunslet Hall Road)	Minor ailments, physiotherapy, speech therapy, refraction, dental treatment.
Hunslet (Jack Lane) ..	Minor ailments, physiotherapy, refraction, dental treatment.
Meanwood (Meanwood Road)	Minor ailments, speech therapy, refraction.
Bramley (Town End)	Minor ailments.
Coldcotes (Coldcotes C.P. School)	Minor ailments.
Cross Gates (Methodist School Room)	Minor ailments
Halton Moor (Halton Moor C.P. School)	Minor ailments.
Middleton (Middleton Park Avenue)	Minor ailments.
Park Square (M. and C. W. Clinic, Park Square)	Dental treatment.
Roundhay Road (Roundhay Road C.P. School)	Dental treatment.

The attendance at Branch Clinics has remained much the same, though the type of case seen is altering. Except for an occasional outbreak, the gross skin sepsis of former years is rarely seen. The number of children attending with infected ears has also fallen, largely due to the radical and energetic treatment recommended by Mr. Boyle, the Ear, Nose and Throat Consultant. There is a rather higher attendance of minor injuries, and the prompt reference of these children to the clinic is welcomed by the medical staff.

Minor ailment treatment in the outlying suburbs presents a problem. The projected clinics at Belle Isle, Seacroft, Beckett Park and Bramley, and also the Leafield Clinic, which opens in January, 1955, will meet the need. In the meantime, temporary centres will have to be instituted in the outlying schools, with a

nurse travelling from one to another. This system already operates successfully in the Cross Gates area, and may be needed even when new clinics are built, to minimise loss of school time.

The Hunslet Clinic was transferred on the 1st June, 1954, from the old Powell Street quarters to a new pre-fabricated building in Jack Lane, shared with the maternity and child welfare service. Children who are now too far from the new clinic will eventually go to the Belle Isle Clinic; meanwhile it is hoped that a temporary minor ailment centre can be established in Belle Isle school.

PERIODIC EXAMINATIONS

In spite of changes in the staff, the programme of inspections has been kept up to date. No changes have been made in the age-groups examined, though some alterations are being considered. Ideally, examinations should take place for Infant, Junior and Senior pupils, and for school leavers, making four examinations in all. This would, however, entail at least one additional medical officer. It is possible that the medical examination of leavers could take the form of a special review of those children known to have defects, in order to give the Youth Employment Officer detailed medical guidance on suitability for occupation. At present a large number of leavers are seen who have no adverse medical history and for whom no medical restrictions are required. There is no doubt that the most valuable examinations are those at entry and at 8-9 years af age.

There has been discussion both in the lay and medical press on the value of routine examinations. School medical officers have no doubt of their value, since it is only by examining an entire age group that defects can be picked out at an early age. If exemptions were allowed the immediate result would be that children would only come before the medical officer when defects were well established. It would be the very families who need most help who would avoid examination.

The numbers of children examined during the year in the three age groups are as follows :—

Entrants examined	8,165
10-11 year olds examined	7,442
Leavers examined	5,931
Total ..	21,538

These figures show that there were about 850 more examinations carried out than in 1953. The numbers in the age groups indicate that the leavers were almost the same as last year, the entrants were about 450 down, but the intermediate age group was up by 1,300.

GENERAL CONDITION

There were 21,538 periodic examinations of children in the prescribed age groups carried out by medical officers. Grading, as in previous years, was into three categories, C below standard, B fair nutrition, and A above average. The groups may generally be interpreted as A above normal, B normal and C below normal. The classification is naturally arbitrary, and takes into account the general physique, nutritional state, general muscle tone, and the overall impression of health or its absence. Children marked as 'C' are followed-up, and usually some assistance can be given to improve their condition, either by means of convalescence, removal for a period to a residential school, provision of school dinners, or extra vitamins.

It has been felt for some time that the system of supplying malt and oil in school was unsatisfactory, and unhygienic. The children have difficulty in keeping the spoons clean. The malt and oil is liable to contamination and it is difficult for class teachers to see that children actually take it. After consultation with Professor Craig it has been decided that Vitamins A and D can be given in tablet form. Tablets have been given a trial in one school and this method has worked well. It has therefore been decided to issue tablets as stocks of malt and oil run out.

Number examined			21,538
	A	B	C
Percentage ..	13·0 ..	82·94 ..	.. 4·06

INFECTIOUS DISEASES

There have not been any severe epidemics of infectious disease amongst the schools this year. There were a number of cases of Flexner dysentry, though these diminished rapidly towards the end of September. A number of cases of vomiting, particularly amongst the infants, was reported, including an outbreak in the nursery school. On investigation it was found that these had no connection with school dinners or school milk, or indeed with any food supply, but were the result of a virus infection now widespread through the country, under a variety of names.

There were two cases of diphtheria, and six cases of poliomyelitis.

CHEST X-RAY FOR TEACHERS

Dr. Prince reports as follows :—

The statutory examination of children and young persons placed in private foster-homes under the provisions of the Children Act has been continued at the request of the Care of Children Committee. This has required a total of 250 individual routine health inspections.

The boarding out officers have been most helpful in maintaining

PREVENTION OF TUBERCULOSIS

B.C.G. Innoculation

A scheme was prepared, and carried out during the year, in accordance with Administrative Memorandum No. 451. Its object is to find out, amongst school leavers, those children who have not developed a resistance to tuberculosis by natural means. These are vaccinated with B.C.G. vaccine to produce resistance. The method is well standardized, is safe and reliable, and the vaccination is carried out by medical officers specially approved and trained in the technique required.

The parents are circularised and their written consent obtained before vaccination is carried out.

Acceptors are first X-Rayed by the Mass Radiography Unit. This is followed by a Mantoux test with 1/10,000 Old Tuberculin. A positive reaction is regarded as evidence that resistance has already developed. Negative reactors are given a further test with 1/1,000 Old Tuberculin, and these further positive reactors are excluded from vaccination.

Negative reactors to the two tests are then innoculated.

The Table gives the number of children involved. The percentages are of the number tested in each type of school.

Three months after innoculation children are retested with Old Tuberculin, to find out how many have become resistant. A number of children will have this test done in 1955, when the figures for 1954 will be completed.

The operation of the scheme which has been instituted owes a great deal of its success to the co-operation of the teaching staff of the schools concerned, for which the school health department is grateful.

There were 21,538 periodic examinations of children in the prescribed age groups carried out by medical officers. Grading, as in previous years, was into three categories, C below standard, B fair nutrition, and A above average. The groups may generally be interpreted as A above normal, B normal and C below normal. The classification is naturally arbitrary, and takes into account the general physique, nutritional state, general muscle tone, and the

B.C.G. SCHEME

Type of School	No. tested	1st Test 1/10,000		2nd Test 1/1,000		Total Positive after two tests
		+	−	+	−	
Secondary Grammar ..	473	140 (29·6%)	333 (70·4%)	30 (6·34%)	299 (62·2%)	170 (36·0%)
County Secondary	631	144 (22·8%)	487 (77·2%)	37 (5·86%)	434 (68·8%)	181 28·7%))
County Primary	809	163 (20·15%)	646 (79·85%)	57 (7·05%)	563 (69·6%)	220 (27·2%)
	1,913	447	1,466	124	1,296	571

BOARDED-OUT CHILDREN

Dr. Prince reports as follows :—

The statutory examination of children and young persons placed in private foster-homes under the provisions of the Children Act has been continued at the request of the Care of Children Committee. This has required a total of 250 individual routine health inspections.

The boarding out officers have been most helpful in maintaining a proper liaison between the two departments and the various other agencies concerned in the welfare of these children.

NURSERY SCHOOL

Dr. Prince reports as follows :—

The Hunslet Nursery School, with 76 pupils between the ages of two and five years, provides nursery education in one of the more heavily industrialised areas of the City, where it is of particular value in helping to counteract some of the health hazards of the neighbourhood.

CHILDREN IN REMAND HOMES

108 children were examined by school medical officers at the request of the magistrates, usually with a view to their suitability for approved school. As in previous years the vast majority were backward in school, and had I.Q.s ranging from 65-90.

MISCELLANEOUS EXAMINATIONS

In addition to the routine examinations at school a large number of medical examinations are now carried out by the school medical officers, mainly in the central clinic. The chief of these are listed below. The number of sessions taken up by these examinations is approximately 106. In addition to these there are a small number of examinations each day for a variety of purposes such as fitness for employment in the theatre, for admission to residential school, and before admission to the remand home.

Fitness for entry to Training Colleges ..	194
Fitness for part-time employment	1,641
Fitness for superannuation	46
Fitness for school camp	2,583
Fitness for Silverdale camp	547
Fitness for Rotary camp	122
New teaching appointments	92

MILK IN SCHOOLS

The number of bottles of milk consumed in 1954 shows a considerable increase on previous years, and is the largest number issued in any year. The number of children on roll has also increased, but not sufficiently to account entirely for the rise in consumption.

Year	Bottles consumed	No. of children on roll on 31st December
1949	11,242,361	66,691
1950	11,209,936	66,548
1951	11,081,321	69,008
1952	11,482,231	71,844
1953	11,587,451	73,537
1954	12,487,527	75,511

On the 1st July, 1954, the Ministry of Education issued a circular to all local authorities intimating that from the 1st October, 1954, the provision of milk for pupils at schools maintained by them would become their responsibility instead of that of the Ministry of Food. After negotiation the Committee were able to secure supplies of milk at less than the retail price.

HANDICAPPED CHILDREN

(1) Blind

17 children of school age are certified as blind within the meaning of the Education Act. They are placed in residential schools as follows :—

Chorleywood College for the Blind, Hertfordshire	1
Condover Hall School, Shrewsbury, Salop	1
Royal Normal College for the Blind, Rowton Castle, Shrewsbury	3
Sheffield School for the Blind	7
Worcester College for the Blind	3
Yorkshire School for the Blind, The King's Manor, York	2

(2) Partially Sighted

Mr. A. E. Harland, B.A., Headmaster of the School for Partially Sighted Children reports as follows :—

There were 25 children in the school at the end of 1954, 3 boarders and 22 day children and all, except one, were Leeds children.

The following list shows the classification of the children according to their major eye defects :—

Congenital cataract	7
Myopia	6
Nystagmus	4
Congenital developmental defects	4
Dislocation of the lenses	2
Interstitial keratitis	1
Buphthalmos	1

As reported by Mr. J. Sherne (page 28) the junior children have been transferred as a group to a county primary school. The senior class will remain at Lawns House for the time being. It has been provided with Kingfisher Myopic desks which are much appreciated by the children and the teacher in charge of the class.

Mr. J. Sherne, and medical officers have carried out inspections at the school at regular intervals and have also seen individual children at clinics at the Education Department. The general improvement in eye conditions has been maintained and in some cases a definite improvement in sight has been noted.

There was only one leaver during the year, a girl who had reached the school leaving age of 16 years. It is gratifying to record that all recent leavers are in full-time employment and the school is grateful to the Youth Employment Service for the help they give in finding employment.

(3) Deaf and (4) Partially Deaf

		Leeds		Other Authorities		
		Resident	Day	Resident	Day	Total
Deaf ..	Boys	16	12	19	1	48
	Girls	4	7	12	—	23
Partially Deaf	Boys	6	10	11	—	27
	Girls	4	9	11	—	24
		30	38	53	1	122

Sixteen children were admitted to the school during the twelve months covered by this report, nine of them being totally deaf and seven of them partially deaf. Three of the totally deaf children were under the age of five years.

No changes have been made in the organisation of the school, the totally deaf have been taught in six classes at Lawns House and the partially deaf in four classes at Farnley Hall. Two members of the staff resigned at the end of the summer term but they were replaced by two graduate teachers who were also qualified to teach the deaf and there has been little interruption in the work of the two departments.

Groups of children have been inspected each month by the Ear, Nose and Throat Specialist, Mr. T. McM. Boyle, F.R.C.S., and the Senior School Medical Officer, and the specialist has also carried out additional inspections at his clinics at the Education Department and at the General Infirmary.

Sixty-three children are provided with individual hearing aids, including all partially deaf children. Several of the totally deaf children wear hearing aids in order to make use of any possible residual nearing which may be present. Batteries are obtained in bulk from a Ministry of Health depot. Technicians from the deafness aid clinic at St. James's Hospital visit the school to service the aids.

Through the kindness of Professor Ewing at Manchester University the school has had the loan of an auditory training unit and it has been a valued addition to the teaching apparatus of the school. Eighteen students, in groups of six, from the Department of Education of the Deaf at Manchester University have done their periods of teaching practice in the school.

Thirty-nine children have had their hearing tested with the Peters audiometer or by means of practical tests. Most of these children were from ordinary schools in the city and several of them who needed the special educational treatment which this school provides have entered one or other of its two departments either as boarders or as day children. Of the two boys who took the entrance tests of the Mary Hare Grammar School for the Deaf in February, one gained a place in the school and he entered in September.

The school has taken a full part in the organised games of the city schools. Swimming is a favourite subject in the curriculum and the number of swimming certificates gained by the children shows a remarkable increase. One totally deaf boy successfully passed the tests for a proficiency certificate.

There were fourteen school leavers during the year, eleven had reached the school leaving age of sixteen years, two returned to ordinary schools and one went to the Grammar School for the Deaf. One little girl died at home.

(5) **Delicate**

There are fifteen children at present placed in residential schools. Diabetic children are now included in the category of delicate children, and ten of these are attending day schools.

Children's Convalescent Home, West Kirby ..	5
Hamilton House School of Recovery, Seaford ..	1
Ingleborough Hall School, Clapham, near Settle	1
Laleham School, Margate	2
Linton Residential School, near Grassington ..	1
Meath School of Recovery, Ottershaw, Surrey	1
Netherside Hall Open Air School, Skipton-in-Craven	1
St. John's Open Air School for Boys, Woodford Bridge, Essex	2
St. Vincent's Open Air School, St. Leonard's-on-Sea	1

(6) Educationally Subnormal

The four day schools for educationally subnormal children are fully occupied. The waiting list is fifty-three, but the fall is due rather to a diminution of the number of children examined by the medical officers, than to an actual falling off in the need for places. Dr. Willcock's retirement reduced the number of medical officers available for mental testing though another medical officer will have completed the necessary training early in 1955. In addition, a number of children referred for backwardness are now seen at the child guidance clinic and it is hoped that the number of children awaiting testing will soon be reduced.

Eighteen children are placed in residential schools for the educationally subnormal as follows :—

Aldwark Manor School, Alne, Nr. York ..	1
Allerton Priory Special School, Liverpool ..	1
Besford Court, Worcester	5
Crowthorn Residential Special School, Edgworth Nr. Bolton	1
Etton Pasture School, Nr. Beverley	5
Pontville R. C. Special School	1
St. Francis Residential School, Birmingham ..	1
Thorn Garth Hostel, Bradford	3

Mr. W. P. Bourne, of Hunslet Lane school, reports as follows :—

During the year there has been an extension of the work in practical subjects ; two sessions a week of housecraft have been arranged for all the girls aged 12 years and over and one weekly session provided for half of the boys. It is satisfactory to report that both the boys and girls who will be leaving during the year are able to prepare and serve a three course dinner in a two hour period. A weekly double period of metalwork and woodwork has been provided for all the senior boys and an additional double period for about 30 boys ; the experiment of including woodwork and metalwork in the curriculum for a selected group of girls has proved successful.

In September a specialist teacher of light crafts was appointed and, ultimately, a choice from a variety of crafts (bookbinding, weaving, pottery, leatherwork and basketry) will be given to the children.

The introduction of additional practical work has made possible a more practical approach to the academic subjects, and the children appreciate the need to be able to read simple instructions and to make easy calculations if success in craft lessons is to be achieved. Moreover, the self-reliance, consideration for others and habits of independent work required in a practical room provide good social training.

During the year, 45 children have been admitted to the school (22 from other special schools and 23 from primary schools), four girls have returned to ordinary schools, three children transferred to residential schools, two were found to be ineducable, and 61 left on reaching school leaving age.

From the four special schools for educationally subnormal children, 63 children have been notified to the Mental Health Services under Sections 57(3), (4) and (5) of the Education Act, 1944.

(7) Epilepsy

All the cases of epilepsy attending Leeds schools were examined by Dr. Hingston in 1953, as shown in the report for that year. At present there are 102 epileptic children attending day schools and 11 attending residential schools. It is the aim of the school medical officers to retain as many children in ordinary schools as possible. Some restrictions are usually placed on physical exercise and swimming and in the cases of younger children particularly, it is impressed on the parent that the child should be accompanied to and from school by a responsible child or adult.

The number of children attending epileptic schools is as follows

Chalfont Epileptic Colony, Chalfont St. Peter, Buckinghamshire	1
Colthurst House School, Alderley Edge, Cheshire	1
Lingfield Epileptic Colony, Lingfield, Surrey ..	8
St. Elizabeth's Home for Epileptics, Much Hadham	1

(8) Maladjusted

Ten children are placed in residential schools as follows :—

Farney Close, Bolney Court, Sussex (Under Section 6 of Education (Miscellaneous Provisions) Act, 1953)	1
Westhope Manor School, Nr. Shrewsbury (Under Section 6 of Education (Miscellaneous Provisions) Act, 1953)	1
The Vineyard, Myton, Warwick (Under Section 6 of Education Act (Micellaneous Provisions) Act, 1953)	1
Ensleigh House Boarding Home, Camborne, Cornwall	1
Holly House Children's Hostel, Chesterfield ..	1
Ledston Hall School, Allerton Bywater, near Leeds	3
Linton Residential School, near Grassington ..	2

Mrs. D. M. Hughes, Educational Psychologist, reports as follows :—

During the year 145 children were seen in the Clinic, in addition to a number of children seen in schools for educational reasons. Of the 92 new cases which were seen, 42 were referred for emotional problems and difficulties of adjustment and received full clinical examination including psychiatric investigation. The remainder presented problems which were primarily of an educational nature and, with the exception of two cases, were investigated by the

psychologist or remedial teacher only. With the present staff it has not been possible to undertake treatment, when recommended, immediately after investigation ; at the end of the year the names of 20 children were on the waiting list for psychiatric treatment.

Children requiring remedial teaching were seen individually at first and as soon as possible placed into small teaching groups. Two experimental groups have also been established in schools for a half day each week and the results so far obtained have shown that this method is successful.

In order to reduce the waiting list of children referred to the Senior School Medical Officer for mental testing, it was decided in November that the Clinic should give some assistance with these cases.

In addition to the 30 children whose treatment was completed during the year, 27 were removed from the waiting list for diagnostic examination, after investigation by the psychiatric social worker had revealed that help was no longer needed. Twelve children needing educational treatment were also withdrawn because of satisfactory improvement reported from schools. The range of time for completion of treatment was between nine months and two years.

Residential accommodation was found for two boys in schools for maladjusted children, and one boy was transferred from a residential hostel to a school. Parents of these children continue to receive guidance and the progress of the children is closely followed.

(9) **Physically Handicapped**

There are four children in residential schools for the physically handicapped.

Hesley Hall School, Tickhill, near Doncaster ..	1
Hollins Home, Killinghall, Harrogate	1
N.C.H.O. Chipping Norton, Oxon	1
Queen Mary's Hospital School, Carshalton, Surrey	1

Dr. I. M. Holoran reports on Potternewton Mansion Day School for Physically Handicapped Children as follows :—

At the end of 1954 there were 132 children at Potternewton Mansion Day School for the Physically Handicapped, an increase of 7 on the previous year. The upward trend of 1953 has continued and a proportion of the increase may be attributed to those children suffering from the sequelae of poliomyelitis, of whom there are six more than in 1953. The importance of the early ascertainment of children suffering from pseudocoxalgia (osteochondrosis of the hip) is becoming more widely known and accounts for the gradual increase in the numbers of children suffering from this disability. The value of early treatment in the prevention of disability in middle life due to arthritis of the hip is generally recognised.

The main disabilities of the pupils are as follows:—

Disability due to poliomyelitis			31
Heart Disease—Rheumatic	9		22
Congenital	13		
Tuberculosis of Bone			18
Cerebral Palsy			15
Pseudocoxalgia			14
Congenital Deformities			
Meningocoele or Spina Bifida	5		
Talipes Equino Varus	3		
Scolio-kyphosis	2		
Bowing of Left Tibia and Fibula	1		13
Absence of Radii	1		
Atelectasis of Left Lung (with Bronchiectasis of Right Lung)	1		
Hæmophilia			5
Pseudohæmophilia			1
Chronic Nephritis			3
Osteomyelitis			2
Muscular Dystrophy			2
Still's Disease			1
Von Recklinghausen's Disease			1
Laryngeal Warts			1
Recurrent fractures with Cœliac disease			1
Polyostotic fibrous dysplasia			1
Injuries to feet			1
			132

The arrangements for the medical work of the school continue as before. Mr. Clark, F.R.C.S. (Orthopaedic Consultant) and Dr. Pugh and Dr. Buchanan (Paediatric Registrars) visit the school at regular intervals. During this winter Dr. Pugh has been investigating the use of penidural (long-acting penicillin) as a preventive of relapses for the children suffering from rheumatic heart lesions.

Terman Merrill intelligence tests have been carried out on eighteen children during the year. Two children have been transferred to schools for the educationally subnormal as being physically fit for the transfer. Four other children will probably be found fit for transfer later, five classified as dull, six as of average ability and one as likely to be suitable for secondary grammar school.

Careful investigation before admission has contributed to the fact that no child has been notified as ineducable during the year.

In 1954, 44 children were taken off the school roll. The following table shows that 36 children returned to a comparatively normal life, and that 7 may yet do so. The remaining one is too feeble to remain at school and is unlikely to recover sufficiently to return to school.

To work	9		
To secondary grammar school	2		
To secondary modern school	4		36
To primary and infant schools	21		
To residential school	2		
To school for the educationally subnormal	2		7
To long-stay hospital school	3		
To home tuition—unfit for school			1
			44

The comparatively large number of children returned to primary and infant schools is an indication of the value of early ascertainment and treatment.

The year 1954 was the 50th anniversary of the opening of the school. In addition to the celebrations at the appropriate time, a brochure is to be published in which an account of the medical side of the work will appear, along with other records of the school's history.

Miss Hearfield, Head Teacher of the Potternewton Mansion School for Physically Handicapped Children, reports as follows:—

Fifty years ago, on November 7th, 1904, the Leeds Education Committee's School for Crippled Children at Clarendon House admitted its first pupils. Twenty-five years later, the school moved to Potternewton Mansion, its present home. During these fifty years about 1,800 children have passed through the school.

Thirty-six of the first hundred children had had no previous schooling and the average age of entrants was 10½ years. Some idea of the severity of their disabilities may be gathered from the fact that it is probable that only about 25 of them were later able to go to work or to normal school.

The Jubilee of the school was celebrated on November 7th, 1954, at which the Lady Mayoress was present.

Members of the Old Scholars' Committee acted as guides and an attempt was made to show all phases of the work of the school. An exhibition of art and crafts as well as articles made in woodwork was on view in the art room.

To mark the Jubilee, the Vice-president of the Old Scholars' Association presented a lectern on behalf of old scholars. He acknowledged the work of all who had served the school in the past and expressed the gratitude of those who had attended it.

On the following Saturday morning, many head teachers and teachers accepted the invitation to visit the school and in the afternoon parents and friends and members of the public attended. It is estimated that more than three hundred and fifty visitors attended during the week's celebrations.

The growing interest of the general public in the welfare of handicapped children is showing itself in requests from societies for a speaker, and in donations to the scout funds.

In October the library was completed. Shelving and a magazine rack and slope in keeping with the character of the entrance hall have been installed. Decorations, lighting and furniture have made a library as beautiful as it is distinctive in character.

Some indication of the changed population of the school is shown in the following figures :—

	1923	1931	1954
Under 7 years	4%	5%	24·4%
7 and under 11 years	50%	50%	44·5%
Over 11 years	46%	45%	31·1%

The average age of the senior boys is 13.4 years, whilst that of the girls is 12.7 years ; this makes a wide range in the age groups of the two senior classes which cannot be avoided.

The average age of the last 100 admissions to Potternewton Mansion is 7.7 years. Of the last 100 leavers at least 72 went out to normal school or to work, and it is probable that 17 others may be able to live normal lives, leaving only a small percentage who will not be self-supporting.

There has been close co-operation between the Youth Employment Officer and the school in the placing of children in industry. Though the number of leavers this year is small, the difficulty in placing has in some cases been greater than usual. A former pupil of the school, a girl, has gained a scholarship to the College of Art and hopes to qualify as an architect.

Scout Troop The dwindling number of senior boys left the troop with only nine scouts. It was decided to admit boys below the age of eleven years and thus bring the troop up to strength. Although the comparative maturity and experience of the older boys are lacking, the enthusiasm and vitality of the younger ones are compensation factors.

At Whitsuntide 17 scouts camped at Knaresborough and were joined by some old pupils. Throughout the week there was rain and wind, but despite this the morale of the boys was very high and no one returned home. Following the camp, the seniors decided to run their own troop on Wednesdays. They organised various hikes and kept a comprehensive log of each one. For a short time the older senior scouts came to troop meetings and two gave valuable service as assistant scout masters.

In the late afternoon of open day an investiture was held at the troop's headquarters, Bracken Hill, and many of the visitors attended. The scouts entertained members of the staff, friends and senior girls at a bonfire-party and again at Christmas. A surprise Christmas gift of £10 10s. was received from the Halifax firm which gave the hut, the scout headquarters. From other friends have come gifts of money and in kind as well as welcome offers of help.

The Old Scholars' Association. The Old Scholars' Annual Reunion was held in June when there was a record attendance including men and women who had vivid memories of travelling

to and from school in the old horse-drawn ambulance. Letters were received from many not able to attend, and one came from a soldier serving in the Far East.

Laurence Dalby, Vice-President, represents the Association on the Joint Consultative Committee of Voluntary Bodies at its meeting with Leeds City Councils Welfare of Disabled Persons' Committee whose chairman is Councillor William Merritt a former pupil of the school.

Dr. Holoran reports on Larchfield School for Cerebral Palsied Children as follows :—

Twenty places have been occupied by nineteen Leeds children and one from the West Riding. Three children were discharged and replaced. Two further children from the waiting list will be admitted in January, 1955. Three more children will shortly become of suitable age for admission.

Discharges—	To ordinary school	2
	Notified as ineducable after trial of 1 year	1

To assess progress, a clinical film is being made in conjunction with the Pædiatric Department, and already the records appear to be encouraging and justify the careful selection of the children.

Mr. Clark, F.R.C.S., and Dr. Pugh visit the school each term. Staff meetings are held each term at which the progress of each child is considered. The children are happy and respond well to the weekly boarding arrangement.

Some of the medical staff were able to visit the International Conference arranged by the British Council for the Welfare of Spastics, and valuable information was obtained. Two exhibits from Larchfield, a relaxation chair and a large photograph of a standing table adapted for water play, received favourable comment.

(10) Speech Defects

Mrs. B. Jackson, speech therapist, reports as follows :—

During the year ninety-two children visited the Remedial Speech Centres at Holbeck, Armley, Central and Edgar Street School Clinics. Of these, eighty-eight attended regularly twice a week and received treatment, sixty-eight of these were new cases admitted during the year without any previous treatment. Fifty-three were boys and fifteen girls. Twenty-two boys attended on account of stammering, twenty-seven were dyslalic, one had rhinolalia, and three had defective speech due to deafness. Of the girls, five stammered, six were dyslalic, two had sigmatism and two high frequency deafness.

The ages of the children ranged from seven to seventeen years Boys and girls were treated together in groups according to age and disability ; each child, however, was studied individually and his home and school visited.

During the year forty-nine children, thirty-nine boys and ten girls, were discharged as having attained a satisfactory standard of speech ; the standard was set according to environment, care being taken not to impose a mode of speech differing from family and associates, as insistence upon standard English pronunciation in children with a local accent makes for self-consciousness and only aggravates a speech defect. Of the boys discharged, fourteen had stammered, and twenty-five were dyslalic ; of the girls, six were dyslalic, two had sigmatism and two stammered. One of the boys discharged subsequently left school and went on the stage as an entertainer. Four boys were admitted to grammar schools, but many of the children were found to be very backward educationally, having special difficulty with reading and spelling, while some of the dyslalic children were unable to distinguish specific sounds, had no knowledge of the alphabet and had to be taught to read, this disability amounting almost to alexia in some cases.

Most of the children were found to be disturbed emotionally and seemed unwilling or unable to cope with growing up and had taken refuge in stammer or retained infantile speech.

Miss Purchase, speech therapist, reports as follows :—

Larchfield School.

Four sessions a week have been held during the year, this allows on an average three treatments a week for the more severe cases.

Twelve children have had speech therapy during the year, an increase of three on 1953. Four of these were new cases. Five children have been discharged, two on completing treatment, three on leaving school.

Diagnosis.

Dysarthria	4
Deafness causing speech defect	1
Echolalia and Dysarthria	1
Dyslalia	2
Stammer	1
Retarded speech development	1
Dyslalia and Dysarthria	1
Requiring breathing exercises	1

The tape recording machine which has been used for treatment and for recording progress has proved a great asset.

All these children have individual attention and the homes are visited regularly.

Potternewton School.

Continuing with two sessions a week as last year, ten children have had regular treatment ; of these three were new cases. Two children have been discharged from treatment and eight continue with therapy into 1955.

Diagnosis.

Dysarthria	4
Dysarthria and stammer	1
Dysarthria and dysphonia	1
Dyslalia	3
Stammer	1

Two of these children have had treatment twice weekly, the rest once. Regular contact has been maintained with the homes and it is becoming increasingly evident that co-operative parents can greatly speed their child's progress. Lack of space in the therapy room does, unfortunately, limit our activities to a certain extent.

Pre-School Clinic

Thirteen children have received treatment during the year, four being newly admitted. Five children have been discharged—two going to Larchfield, two to occupation centre and one having completed treatment but remaining under observation. Three of these children received twice weekly treatment, the rest once weekly.

In all cases parents attend the clinic with their children.

Meanwood Clinic

Efforts have been made during the year to reduce the considerable waiting list and treatment in small groups of two or three has been introduced

Total treated	20
Admittances	11
Discharges	7
No. continuing therapy	13

Diagnosis.

Dyslalia	15
Dyslalia and Rhinolalia	1
Dyslalia and Stammer	1
Stammer	3

CONSULTANT SERVICE

The Orthopædic Service.

Dr. Holoran reports :—

Arrangements for the orthopædic clinic, held at the Central Clinic, continue as before.

It becomes increasingly evident that most orthopædic defects, particularly those involving muscle wasting, require supervision during the growing period if the best results are to be obtained.

At six to twelve months' intervals a recommendation for a raise on one shoe, odd sized shoes, or stapling of the good leg, may be made. Recently, the increasing use of the tendon transplantion technique developed by Mr. Clark has proved valuable as a preventive measure against the deformities which may follow poliomyelitis.

The whole emphasis of the clinic is on the prevention of deformities, and this is again borne out in the work done for osteochondrosis, particularly as it affects the hip or spine. Preventive work is also carried on in the pre-school clinic for cerebral palsy which functions as before. Thirty-two children have been treated during the year.

914 children attended the orthopædic clinic during the year, a decrease of 73 on 1953, and an increase of 45 compared with 1952.

The following table shows the conditions for which children attended the clinic, excluding children from Potternewton and Larchfield schools.

Cerebral Palsy		118
Effects of Poliomyelitis		109
Congenital Defects		112
including Pes Cavus	36	
including Congenital Talipes Equino Varus	18	
Osteochondrosis		65
including Osteochondrosis of Spine	22	
including Osteochondrosis of Hip	20	
including Osteochondrosis of Patella	9	
including Osteochondrosis of Tibial Tubersity	7	
Osteomyelitis and Suppurative Arthritis		19
Tuberculosis of Bone		33
Torticollis requiring tenotomy		5
Results of Injuries		20
Genu Valgum (largely treated by mermaid splints)		131
Postural Defects		197
Other conditions		34
Consultations and no treatment or observation advised		51
Consultations for transient symptoms		20
		914

Ophthalmic Service.

Mr. J. Sherne, F.R.C.S., Ophthalmic Consultant, reports as follows:—

The year has been one of steady progress. The figures given by the dispensing optician reveal how busy a department this has become. In particular the repairs of spectacles are increasing in numbers and it is clear that this service is much appreciated by the children's parents.

Recently the position of the partially sighted children in the City has been under consideration. At the school for partially sighted children at Farnley we have a small number of children of different age groups. The same position applies to most cities and unless the education of these children is centralised, perhaps on a regional basis, it is impossible to provide a number of classes for the differing age groups and they all tend to be grouped together into one or two classes at the most. Some authorities feel that to

isolate these children in a special school of this sort is to emphasise their difference from other children and this could have a bad psychological effect. On the other hand if these children are sent individually to ordinary schools, but with restrictions on physical activities and needing special educational methods, they may feel their position even more keenly. A compromise is possible, however, whereby a single ordinary school is chosen for the reception of all the suitable partially sighted children and special facilities for their teaching are provided. Many general subjects are taught by aural methods and a partially sighted child can join normally sighted children of his own age for many of these classes and thus receive a much more general education than is possible in one mixed age group class. For special subjects in which visual methods play a predominant part, he could join his partially sighted fellows. For such a class a sympathetic teacher willing to give individual attention to his charges is of course essential and fortunately there is a large fund of sympathy and understanding to be found among the ranks of our teachers.

During the past year I have examined all the children at the partially sighted school and they have been provisionally classified as follows :—

Group 1. Non-progressive disease such as nystagmus and macular diseases. In these cases there is no restriction on activities and no restriction on the use of their eyes within their visual capacity. These children are perhaps particularly suitable for a plan such as outlined above.

Group 2. The important class of high myopes, where the myopia has started early in life and is likely to increase quickly and where there is a bad family history. These cases require to be restricted in their physical exercises for there is a danger of detachment of the retina and other complications. The general view is that visual methods of education should be controlled and restricted in these cases and while it is by no means certain that reasonable use of the eyes does in fact aggravate the condition it is perhaps wisest to take the more conservative view. These children are often very bright and would benefit particularly from the opportunity of joining ordinary classes for some subjects.

Group 3. Cases where other defects such as deafness and deformities would make their inclusion in such a scheme impossible. An important sub-group is that of the mentally dull and to include these would retard the progress of the class generally.

It is proposed that from the beginning of 1955 the children up to the age of 11, now at Farnley, who would benefit from this arrangement (14 in all) are to attend the Beckett Park County

Primary School. Special guidance will be given to the teachers and arrangements made for regular medical supervision of the children concerned.

Mr. P. Wilson, F.R.C.S. Ed., Ophthalmic Consultant, reports as follows :—

The ophthalmic service has run smoothly in all respects during the last year and very slight changes have been necessary. The clinics are well-attended, owing to the vigilance of doctors and welfare workers, and many squinters and potential squinters are seen at the earliest stages. This increases the possibility of attaining satisfactory results. There is close co-operation amongst the school eye service, the hospital, the orthoptic department and the dispensing department. At one time it was anticipated that the orthoptist might attend St. James's for several sessions a week to treat the early post-operative children, but so far no harm has come of post-poning orthoptic attention until the child is out of hospital. The results from the squint operations are highly satisfactory and a high proportion of cases where operation has been performed for cosmetic purposes have developed good binocular vision.

New record cards have been introduced at the central school clinic, to effect a greater economy of space and ease of reference. By this method one card only will be needed for each child.

The effect of the use of bifocals for children with accommo-dative squint has been investigated. With bifocals the accommo-dation can be fully relaxed for close work while at the same time there is vision for distance and it is anticipated that they will be found particularly helpful in those cases where there is over-convergence for close objects. One of the advantages of bifocals is that the child is less likely to discontinue the use of spectacles when not under supervision.

Once again I would like to thank all those who have referred patients to my clinic and to give commendation for the early recognition of abnormalities.

PARTICULARS OF CASES SEEN BY MR. WILSON.

	Under 5 years	*Under 10 years*	*Over 10 years*	TOTAL
Children as new patients	345	621	374	1,340

Children referred for operation 72

Children referred for orthoptic treatment .. 197

Dr. R. Wood reports as follows :—

The undermentioned total of 1,416 includes all children of school age and under school age who are known to be afflicted by squint, excluding those in the care of Mr. Wilson. Of the 1,416 cases 738 keep their eyes straight when wearing their glasses and 436 do so without them. These latter wear their glasses when in school and if using their eyes for any near-vision when at home. Early occlusion of the good eye in the course of treatment has not shown marked improvement either in the squint or in improved visual acuity in the squinting eye. Most cases of persistent alternating squint where the acuity of each eye is good are referred to the orthoptic clinic for measurement of the angle of the squint. Cases needing operation are treated at St. James's Hospital.

No. on Register		1,416
School Clinic cases	1,103	1,416
Cases referred from the Infirmary	313	
No. taken off register in 1954		83
No. eyes straight with glasses	302	1,103
No. eyes straight with and without glasses	436	
No. squint persists with glasses	179	
No. unclassified	186	
No. referred to Mr. Sherne		44
No. referred to Orthoptists		28
No. referred for operation		24

Miss B. Poole, Orthoptist, reports as follows :—

During 1954 there has been a steady flow of new cases, both children and adults, to the Orthoptic department. Patients are referred from the surgeons at the central clinic, the Public Dispensary and Otley General Hospital.

Three afternoons a week are set aside for suitable cases who require orthoptic exercises. Seventy-six patients, including five adults, have attended for half hourly sessions of these exercises.

The disposal of cases attending for exercises is as follows :—

Discharged, satisfactory result	5
Exercises postponed, satisfactory result but not ready for discharge	44
Exercises postponed until operation is performed	3
Exercises postponed due to no improvement	4
Patients ceased to attend	2
Patients still attending for exercises	18

Summary of Year's Work.

Number of New Cases	Adults	31
	Children	298
Number of Reinspections	Adults	45
	Children	2,037
Number of attendances when occlusion carried out		516
Number of attendances when vision test and measurements taken		1,116
Number of attendances when measurements only taken		375
Number of attendances for exercises		839

Mr. G. Nutton, Dispensing Optician, reports as follows :—

The work of the optical department concerned with the school eye service has continued at approximately the same level as the previous year. As the department has now been in operation for over four years further large increases in attendance figures are not anticipated.

During the past year a new card index has been instituted for patients' optical records and this has also proved to be of help to the medical section in amplifying their own records.

It is again stressed that all patients are allowed complete freedom of choice as between the facilities offered by the department and those of private opticians recognised by the Ministry of Health.

New prescriptions for glasses dispensed by the Optical Department	2,761
Complete replacements	182
Repairs to spectacles	2,765
Adjustments and minor repairs	1,281
Total attendances	12,426

CHIROPODY

Report by Mr. F. H. Pateman, F.Ch.S., Chiropodist :—

The number of children attending the clinic during the year was 299 and the number of attendances made was 1,839—an average of 6·2 attendances for each child. 215 children were still under treatment on the 31st December, 1954. As an extension of the number of clinic hours was arranged from November, it is now possible for all new cases to be seen as soon as they are recommended. The type of case needing long term treatment is seen at more frequent intervals. The children are often accompanied by their parents and advantage is taken of this opportunity to offer advice on the future care of the feet with the object of preventing the malformations so prevalent in the adult.

More complete records of the types of cases being received are now being kept. It is hoped that the data collected will provide some useful information on the cause of foot defects, particularly verruca, concerning the cause of which there is a diversity of opinion.

The improved method of recording also allows the follow up of patients who have not kept their appointments, due to illness or other causes.

It will be seen that toe defects are commoner in juniors than in seniors. The majority of these defects are curling or contracted toes, the causes of which are obscure. These, if neglected, may in some cases give rise to permanent deformities.

The following analysis shows the defects treated and the type of school the patients attended :—

Defect	Primary		Secondary Modern	Secondary Grammar
	Seniors	Juniors & Infants		
Verrucae	57	57	52	20
Defects of Toes ..	11	44	11	8
Defects of Feet ..	1	5	4	—
Corns, etc. ..	8	6	13	2

DENTAL SERVICE

Report by Mr. D. E. Taylor :—

During the year five dental officers resigned and four were recruited, so that the staffing position showed little change. There is still one part-time dentist giving two sessions per week.

By the retirement of Dr. Willcock the dental service has lost a sincere friend. His wise counsel was invaluable during the difficult post-war period. The staff could depend always on his encouragement and support for any project that would improve the service to the children.

Since the war many newly qualified dentists have used the Public Service as a means of subsistence whilst preparing to enter the General Service. It takes a considerable time for a new recruit to understand the workings of the scheme and to acquire the special knowledge and ability for children's dentistry. Many of these short term appointments have not been of much value as these dentists resigned when their services were becoming useful.

There are now signs that this period of instability is passing and the time between inspections, which was unduly prolonged in some areas, is being reduced. It is hoped that in the near future all clinics will be able to carry out inspections at intervals of not more than 12 months.

The success of the dental scheme depends on the co-ordination and co-operation of the whole staff. If treatmeat is to be efficient, the work done must not only cover the obvious present needs but also prepare for the treatment likely to be necessary in future years. Only those who remain for a considerable time in the service can acquire this outlook.

The most remarkable development during recent years has been the growth of the Orthodontic Department. Before the war the

Dental Hospital undertook this work for the Authority. During the war the service was discontinued. On its resumption the demand was such that soon there was a waiting list of applicants. This was many more than could be dealt with by the Dental Hospital and after consultation with Professor Read the Authority set up its own Orthodontic Department. It should be stressed that no propaganda for this branch of the service has ever been done, the demand, with few exceptions, coming from the children or their parents who themselves have noticed the abnormality. Exceptions were those children with severe malocclusions which affected speech or mastication. Where it was thought improvement could be made, the parents of these children were notified and were offered treatment. Cases are also referred from the ear, nose and throat specialist and the speech therapist. Many of the severe cases are of a hereditary nature and treatment can only modify the condition so that the child has a better occlusion and a more pleasing appearance.

It is gratifying to note that, although the demand is still keen and constant, the waiting list has been reduced to manageable proportions and urgent cases can be treated without delay. It should be stressed that the success of the orthodontic department depends on an efficient system of routine dental treatment, for without constant vigilance and care by dental officers and hygienists much of the work would be wasted.

Two dental officers continue to give one session alternate weeks in the orthodontic clinic. By giving the dentists this opportunity they are made familiar with the workings of the department and methods of treatment and they can assess more readily the major causes of malocclusion and are better able to take preventive measures in their own clinics for the correction of many potential abnormalities.

The treatment of fractured front teeth in the younger children which, until a few years ago, was considered impossible except by extraction, has given good results. With a co-operative patient and when treatment can be given within forty eight hours, there is every probability of retaining the tooth alive and healthy. This work is done at the central clinic as X-ray examination is necessary. The number of these operations is unpredictable but they are always treated as soon as they arrive at the clinic.

The Oral Hygienists, in addition to the time spent on scaling, cleaning and instruction of school children gave 179 sessions at the Maternity and Child Welfare Clinics demonstrating on the care of the mouth and teeth. There has been a tendency in the past, not only by the public, but also by the dental profession, to underrate the importance of the patients' part in combating dental disease.

Now that sugar and sweets are freely available this topic assumes a greater importance, as there is no doubt that the consumption of sugar between meals and before going to bed, and the lack of cleaning are major factors in dental decay. Whilst dentists and hygienists are able to instruct in individual cases, a national campaign sponsored by the ministries is needed to bring home to the public the misery and enormous expense of this misplaced " kindness " to the children.

Eighteen sessions were spent adjudicating in the dental competition in connection with Children's Day. Prizes as in the past, were given by the Yorkshire Evening Post.

Mr. S. R. Fell and Mr. J. Wigglesworth, dental surgeons at St. James's Hospital, continue to treat the children of Potternewton Mansion School suffering from severe heart conditions. We are also grateful for the prompt treatment given to cases with acute infection which require immediate hospital treatment.

The final examination of the teeth of children treated by the topical application of sodium fluoride was carried out during the year.

Leafield Clinic is now fully equipped. Schools have been allocated and treatment will commence there in January. It will be open part-time until there are sufficient children in the area to necessitate a full-time dental officer.

The laboratory work during the year was as follows :—

337 dentures supplied to nursing and expectant mothers.
69 dentures to school children.
46 crowns and splints.
487 orthodontic appliances.

At present there are only two technicians, the apprentices having left to do their national service. No suitable applicants have been found to take their places.

Professor T. Talmage Read reports as follows :—

A large number of children have been referred to my clinic by the dental officers for diagnosis and treatment. A variety of surgical conditions of the teeth and jaws have been treated including abnormalities of dental development and deformities.

Patients operated upon by me have been kept under supervision at the central clinic for post-operative treatment and observation of progress.

I am indebted to the staff at the central clinic for the organisation of my clinic and for their co-operation and helpfulness in the treatment and care of patients.

Mr. H. Shaw, Consultant Orthodontist, reports as follows :—

The happy relationship which exists between the Orthodontic Department of the Leeds School Dental Service and the Dental Hospital continues to be of mutual benefit to the staffs of these departments.

It also ensures that every possible effort is being made to give the best advice on the various types of orthodontic cases which present themselves for treatment. The demand for orthodontic treatment is steadily increasing and it is gratifying to see how appreciative parents are of the results obtained.

The following figures show the amount of orthodontic work done on children at the Dental Hospital :—

Number of children attended	169
Total attendances	989
Treatment completed	38
Treatment abandoned	8
Number continuing	123

Mr. J. Miller, Orthodontist, reports as follows :—

Though the demand for orthodontic treatment remains as keen as ever the waiting period for treatment is now much shorter. Cases of especial urgency can be commenced without delay.

The more frequent school dental inspections which are now possible have the effect of allowing many developing mal-occlusions to be treated at an early stage. There are, however, many severe cases which can only be corrected by painstaking treatment spread over lengthy periods of time. Fortunately, both patients and parents, for the most part, faithfully carry out their obligations during treatment ; this is a factor of considerable importance and one which favourably influences the progress of the cases undertaken.

Patients likely to require complicated surgical treatment for oral abnormalities are inspected by Professor Talmage Read and are usually admitted to St. James's Hospital for any operations which may be necessary.

Mr. H. Shaw, the consulting orthodontist, continues to collaborate in the treatment of the more unusual type of case.

The oral hygienists render a very valuable service to the orthodontic patient during treatment. A high standard of oral hygiene is necessary while wearing appliances and such training cannot fail to be of great value subsequently.

The technicians and the dental laboratory have, by maintaining a very high standard of workmanship, contributed to the success of the various treatments planned.

The following table shows the work of the orthodontic clinic during the year :—

Number attending	1,222
Total attendances	6,751
Needing advice only	214
Completed treatment	221
Abandoned treatment	18
Continuing treatment	769
Under observation and number on waiting list	255
Appliances fitted	476

APPENDIX I

REPORT ON PHYSICAL EDUCATION 1954

by

MR. E. G. BAILEY

Progress continues to be made in all aspects of Physical Education. It is apparent that the period of extensive experiment, particularly in primary schools, has passed and a process of consolidation is under way. Experiments in movement and movement training still continue, but a general pattern of work on informal lines has taken shape. Much benefit towards this end has come from the numerous courses run by the local authority. Courses in practice and theory of physical education, demonstrations and discussion groups have all played their part in keeping teachers fully conversant with modern trends. During the past year 534 men and women teachers of the City have voluntarily attended evening classes in physical education.

It is hoped that the appointment of a senior woman organiser to fill the existing vacancy will provide an additional stimulus to the work, particularly in respect of girls' schools.

Forty-two primary schools have been equipped with a portable metal climbing frame for use during the physical education lesson. This apparatus, simple in design, which can be erected and dismantled by children of infant age, presents a challenge to the children who can attempt many varied climbing and hanging activities.

Consideration has been given to the provision of fixed climbing apparatus in secondary schools without gymnasia. It is hoped to be able to provide some form of fixed apparatus in at least four schools each year so that the standard required for secondary education can be reached. Plans have been prepared and approved for the installation of showers and changing facilities at two of these schools.

There are now 27 (14 men and 13 women) fully qualified specialist teachers of Physical Education employed in the secondary schools and the two most recently opened county secondary schools are fully staffed with specialist teachers. There is, however, a shortage of three year trained women teachers.

Many senior boys' schools have instituted inter-house gymnastic competitions based either on personal or standard performance; successful competitors are awarded a medal, badge or colour. Competition is keen and the general standard of gymnastics high in these schools.

During the year demonstration lessons have been given for students from the University and Training College, Carnegie and the

Lady Mabel Colleges of Physical Education. Doctors taking the Course for the Diploma of Public Hygiene at the University have also visited schools to see work in Physical Education, as have many visitors to the City. The co-operation of head teachers and teachers concerned with these demonstrations is appreciated by the Committee's organisers.

In co-operation with the staff of Carnegie College of Physical Education, a pilot scheme of investigation into the value of remedial exercises for non-clinical cases of back and foot defects is being conducted at the University Children's Centre.

Swimming.

The new swimming scheme was launched during the year and appears to have met with considerable success. Under this scheme all school children, except those medically unfit, in the last primary and first secondary years attended the baths for swimming instruction during the summer term and this instruction became the responsibility of the class teachers. Co-operation between the teachers and baths' staff in every way has been good. The Education Committee sanctioned the purchase of costumes, caps and bathing slips for necessitous children. The Director of Baths readily agreed to the storing, disinfecting, drying and issuing of these articles of clothing by his staff.

Three schools in the neighbourhood of the City of Leeds Training College were able to use the College swimming bath, by kind permission of the Principal. A school close to Roundhay High School was similarly fortunate in being granted the use of a swimming period in the school bath. These arrangements not only saved money in transport but also a great deal of time, and thanks are extended to those who granted these concessions.

Special transport to the public baths was provided for 35 schools and by such means it was possible to ensure that every junior and senior school in the City took part in the scheme.

Winter swimming facilities were again offered to schools and this year more schools availed themselves of this opportunity.

Courses in swimming instruction organised and run by the Committee's physical education staff during the winter months were extremely successful : 401 men and women teachers attended. Life-saving classes were also held and most teachers attending succeeded in obtaining the Bronze Medallion or higher awards of the Royal Life Saving Society.

Five newly designed certificates were introduced into the swimming scheme. These replace the previous four certificate awards and are planned to widen the scope of swimming attainments. During the year under review 5,308 swimming certificates were

awarded to school children. 150 free passes to the Corporation Baths were issued to children who passed the R.L.S.S. test for the Bronze Medallion. Attendances made during the year were 233,424.

Leeds Schools' Camp.

Junior children were again offered places at the camp with the result that the available places were heavily over-subscribed.

The season is reported as being successful despite the poor weather that persisted. Many outdoor activities and excursions had to be curtailed because of rain and it is testimony to all concerned that the children enjoyed their stay in camp.

For the first time since the war, boys and girls dined together and although space was severely restricted, the practice will be continued. It is hoped that an extension to the dining hall will ease the problem and make communal dining another feature of the camp. The cookhouse was extended to provide a warm shower and changing cubicle, a much needed amenity for senior girls.

Youth and Adults.

Despite the variety of physical activities offered at youth clubs, the attendance remained small except possibly in the field of dancing. Leaders, keen and able, found this limited attendance frustrating but continued to offer attractive activities to young people.

In co-operation with the parent bodies concerned, classes for adults have been held in mountaineering, golf, cricket, association and rugby football and the many forms of dancing. Keep-fit and recreational classes at evening institutes were well attended.

APPENDIX II

THE SCHOOL MEALS SERVICE

by

MRS. K. V. DEWAR

The year has been one of change for the school meals service, the most noteworthy event being the end of the rationing system. As from June, 1954, limitations on the supplies of foodstuffs were removed and the scheme of price control was discontinued. The effect of this freedom on the school meals service was limited because of the need to keep costs under careful control. The absence of restrictions encouraged manufacturers to produce a wider range of goods within the same schedule of prices, so making it possible to obtain better value without increase in expenditure. The greater freedom of choice in most commodities has been appreciated by those responsible for planning the meals.

There were many problems to face in the first few weeks after the de-rationing of meat ; conditions became extremely unstable and there was an immediate increase in the price level which lasted for some weeks. After the summer holidays the prices became more settled and new contracts for the supply of meat to school kitchens are now operating smoothly. At present, on the recommendation of the Ministry of Education, meat is being used to provide the main course of the dinner on four days a week. This policy is proving to be more expensive and it adds to the difficulty of maintaining variety in the menus. As the selection of all foodstuffs available is now more extensive than at any time since the war, more interesting meals, of the correct nutritional standard, can be provided.

In 1954 the Ministry of Education discontinued the practice of centralised purchasing of equipment and the responsibility for these arrangements now devolves upon the local authorities. After some initial difficulties the new procedure is now working fairly smoothly ; it has, in fact, been found that a wider choice of certain items of equipment is available within the authorised cost. The new method of purchasing gives greater scope for the equipping of new premises, as only the total expenditure is regulated on the basis of a maximum cost per place : orders for equipment may therefore be varied to provide for the particular requirement in each establishment.

There are now 291 canteens in schools, eight having been opened during the year. The new county primary schools, Beckett Park, Beechwood, Ireland Wood, Iveson and the Allerton Grange County Secondary School are all equipped with kitchens and dining rooms. The number of kitchens has now reached a total of 43 giving a cooking capacity of 35,415 meals.

During the year 6,325,523 meals were served to children, including 647,277 meals provided free of charge. At present dinners at the reduced charge of 6d. are being provided for 145 children.

A number of minor improvements were made to the facilities at various canteens and kitchens, and it is confidently expected that the recent easing of the building restrictions will enable many more improvements to be made within the next year.

As the demand for trained staff of all grades continues to exceed the supply of experienced recruits, the arrangements for training staff at Thoresby kitchen were continued throughout the year and, as a result, it has been possible to provide skilled staff at the new kitchens. The subject of food hygiene is one of special importance to all caterers and particular attention was given to this subject in all courses of instruction. Detailed advice was given to all supervisors on the methods of prevention of food-poisoning : the aspects

dealt with included personal hygiene, care of premises and equipment, storage of food and methods of preparation, cooking and service of meals.

The school meals service has continued to cater for many school functions held during the year. An active part was also played in the arrangements made for cooking in emergency conditions as part of Civil Defence training.

MEDICAL INSPECTION RETURNS

YEAR ENDED 31st DECEMBER, 1954

TABLE I

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (Including Special Schools)

A.—Periodic Medical Inspections

NUMBER OF INSPECTIONS IN THE PRESCRIBED GROUPS	
Entrants	8,165
Second Age Group	7,442
Third Age Group	5,931
TOTAL	21,538
ADDITIONAL PERIODIC INSPECTIONS	1,032
GRAND TOTAL	22,570

B.—Other Inspections

NUMBER OF SPECIAL INSPECTIONS	19,265
NUMBER OF RE-INSPECTIONS	4,539
TOTAL	23,804

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).

Age Group Inspected (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA (3)	Total individual pupils (4)
Entrants	225	997	1,087
Second Age Group	345	582	851
Third Age Group	426	418	784
Total	994	1,997	2,722
Additional Periodic Inspections	39	102	122
Grand Total	1,033	2,099	2,844

TABLE II

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1954

Defect Code No.	Defect or Disease	Periodic Inspections — No. of Defects		Special Inspections — 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	147	617	446	14
5	Eyes—a. Vision ..	1,033	2,479	1,970	486
	b. Squint ..	116	361	422	1
	c. Other ..	42	148	100	1
6	Ears—a. Hearing	117	439	110	1
	b. Otitis Media ..	33	218	184	—
	c. Other ..	28	122	238	6
7	Nose or Throat ..	597	2,385	515	12
8	Speech	31	288	48	105
9	Cervical Glands ..	28	341	20	1
10	Heart and Circulation ..	26	937	31	59
11	Lungs	41	1,023	192	60
12	Developmental—				
	a. Hernia ..	17	64	1	—
	b. Other ..	81	624	6	15
13	Orthopædic—				
	a. Posture	116	585	44	6
	b. Flat Foot	181	323	74	3
	c. Other ..	384	1,335	214	45
14	Nervous system—				
	a. Epilepsy	5	46	5	37
	b. Other ..	22	514	80	28
15	Psychological—				
	a. Development ..	21	382	9	13
	b. Stability	5	336	3	5
16	Other	61	605	643	58

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

Age Groups Inspected	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	8,165	921	11·3	6,881	84·3	363	4·4
Second Age Group	7,442	980	13·2	6,138	82·5	324	4·3
Third Age Group..	5,931	896	15·1	4,847	81·7	188	3·2
Additional Periodic Inspections ..	1,032	67	6·5	897	86·9	68	6·6
Total	22,570	2,864	12·7	18,763	83·1	943	4·2

TABLE III

Infestation with Vermin

(1) Total number of examinations in the schools by the school nurses or other authorised persons	247,884
(2) Total number of *individual* pupils found to be infested ..	5,598
(3) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) ..	5,598
(4) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) ..	1,916

TABLE IV

Treatment of Pupils Attending Maintained Primary and Secondary Schools (including Special Schools)

Group I.—Diseases of the Skin (excluding uncleanliness, for which see Table III)

	Number of cases treated or under treatment during the year	
	by the Authority	Otherwise
Ringworm— (i) Scalp	—	6
(ii) Body	—	24
Scabies	26	—
Impetigo	569	27
Other skin diseases	5,974	126
Total	6,569	183

Group II.—Eye Diseases, Defective Vision and Squint

	Number of cases dealt with	
	by the Authority	Otherwise
External and other, excluding errors of refraction and squint	1,209	8
Errors of refraction (including squint)	5,615	—
Total	6,824	8
Number of pupils for whom spectacles were (*a*) Prescribed	3,700	—
(*b*) Obtained	2,761	939

Group III.—Diseases and Defects of Ear, Nose and Throat

	Number of cases treated	
	by the Authority	Otherwise
Received operative treatment :—		
(*a*) for diseases of the ear	121	150
(*b*) for adenoids and chronic tonsillitis	199	2,752
(*c*) for other nose and throat conditions	52	245
Received other forms of treatment	1,621	36
Total	1,993	3,183

Group IV.—Orthopædic and Postural Defects

(*a*) Number treated as in-patients in hospitals .. 337

	By the Authority	Otherwise
(*b*) Number treated otherwise, e.g. in clinics or out-patient departments	1,355	1,957

Group V.—Child Guidance Treatment

	Number of cases treated	
	In the Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics	145	46

Group VI.—Speech Therapy

	Number of cases treated	
	By the Authority	Otherwise
Number of pupils treated by Speech Therapists	147	79

Group VII.—Other Treatment Given

	Number of cases treated	
	By the Authority	Otherwise
(*a*) Miscellaneous minor ailments	1,775	285
(*b*) Other—		
Malnutrition	129	18
Cervical Glands	43	4
Lungs	211	63
Total ..	5,458	370

TABLE V.—Dental Inspection and Treatment carried out by the Authority

(This table includes the work of the Oral Hygienists but not the work of the Orthodontic Department, details of this are given in the body of the Report)

(1) Number of pupils inspected by the Authority's Dental Officers :—		
(*a*) Periodic		34,259
(*b*) Specials		6,401
TOTAL (1)		40,660
(2) Number found to require treatment		29,708*
(3) Number offered for treatment		28,594*
(4) Number actually treated		21,762†
(5) Attendances made by pupils for treatment		31,333
(6) Half-days devoted to :—		
Inspection	218	
Treatment	5,514‡‡	
TOTAL (6)	5,732	
(7) Fillings :—		
Permanent teeth ..	22,192	
Temporary teeth ..	173	
TOTAL (7)	22,365	
(8) Number of teeth filled :		
Permanent teeth ..	17,441	
Temporary teeth ..	173	
TOTAL (8)	17,614	
(9) Extractions :—		
Permanent teeth ..		8,228§
Temporary teeth ..		19,275
TOTAL (9)		27,503
(10) Administration of general anæsthetics for extraction		18,031
(11) Other Operations :—		
Permanent teeth ..		3,834
Temporary teeth ..		226
TOTAL (11)		4,060

* Includes 6,401 Casuals and 1,214 referred to own Dentist.
† Includes 5,764 Casuals.
‡ Includes 208 other work sessions.
§ Includes 2,603 for Regulation purposes.

TABLE VI

Number of Exclusions, 1954

Defect	Referred for Exclusion by		Total
	School Medical Officers	School Nurses	
Uncleanliness of Head ..	—	3,245	3,245
Uncleanliness of Body ..	—	—	—
Ringworm—Scalp and Body ..	1	16	17
External Eye Disease ..	—	39	39
Scabies	3	6	9
Impetigo	1	105	106
Other Skin Diseases	—	10	10
Other Diseases	—	17	17
Vision	—	—	—
Total 1954 ..	5	3,338	3,443
Total 1953 ..	10	3,629	3,639

TABLE VII

Number of Children on Roll in Special Schools on 31st December, 1954

School	Number on Roll		
	Leeds Cases	Outside Cases	Total
Educationally Sub-Normal—			
Armley Lodge	85	—	85
East End Park	85	—	85
Grafton	60	—	60
Hunslet Lane	174	—	174
Total	404	—	404
Deaf and Partially Deaf	68	54	122
Partially Sighted	24	1	25
Physically Handicapped			
Potternewton Mansion	132	—	132
Larchfield	19	1	20
Total	151	1	152

TABLE VII

Average Height and Weight Tables

Average Height

Age	Number Measured		Inches	
	Boys	Girls	Boys	Girls
5–6 Yrs. . .	3,089 (3,258)	2,869 (3,062)	42·74 (42·89)	42·71 (42·53)
10–11 Yrs.	2,881 (2,664)	2,689 (2,576)	53·46 (53·13)	53·27 (52·72)
14–15 Yrs.	2,390 (19.34)	2,060 (2,045)	61·37 (61·72)	61·1 (61·28)

Figures in Brackets are those for 1953.

Average Weight

Age	Number Weighed		Pounds	
	Boys	Girls	Boys	Girls
5–6 Yrs. . .	3,089 (3,258)	2,869 (3,062)	42·7 (42·9)	41·83 (41·08)
10–11 Yrs.	2,881 (2,664)	2,689 (2,576)	69·7 (67·57)	68·4 (66·81)
14–15 Yrs.	2,390 (1,934)	2,060 (2,045)	(104·3 (104·12)	106·1 (105·33)

Figures in Brackets are those for 1953.

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