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CITY OF LEEDS EDUCATION COMMITTEE

ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER

FOR

1959

CITY OF LEEDS EDUCATION COMMITTEE

Annual Report on the School Health Service for the Year 1959

BY

D. B. BRADSHAW, M.A., M.B., B.CH., B.A.O., D.P.H.

Medical Officer of Health and
Principal School Medical Officer

INDEX

PAGE.	
12	Audiometry.
20	B.C.G. Scheme.
21	Blind.
18	Child Guidance.
6	Children on Roll.
16	Chiropody.
20	Cleanliness of Pupils.
10	Clinics.
5	Consultants.
22	Deaf Children.
22	Delicate Children.
29	Dental Service.
14	Dispensing Optician.
23	Educationally Sub-Normal Children.
23	Epileptic Children.
11	General Condition of Children.
21	Handicapped Children.
19	Infectious Diseases.
7	Introduction.
26	Larchfield School
24	Maladjusted Children.
28	Milk in Schools.
12	Minor Ailments.
27	Miscellaneous Examinations.
14	Ophthalmic Service.
30	Orthodontic Treatment.
15	Orthopædic Service.
12	Oto-Rhino-Laryngological Service.
16	Pædiatric Clinic.
22	Partially Deaf Children.
22	Partially Sighted Children
11	Periodic Examinations.
24	Physically Handicapped Children.
21	Poliomyelitis Vaccination
13	Pre-School Deaf Clinic.
28	School Transport
17	Speech Defects.
43	Special Schools
3, 9	Staff.
37	Statistical Tables.

APPENDICES

		PAGE
I.	Report on Physical Education	32
II.	School Meals Service	34

School Health Service

SPECIAL SERVICES SUB-COMMITTEE

Chairman: Alderman L. Hammond

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Councillor V. M. Cardno	,, L. Lyons
,, S. Cohen	,, G. Murray
,, M. Fish	,, F. H. Watson

Co-opted Member: Rev. Canon C. B. Sampson, M.A.

Chief Education Officer: George Taylor, M.A., Barrister-at-Law

SCHOOL HEALTH SERVICE STAFF

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

Deputy Principal School Medical Officer G. E. Welch, M.B., B.S., D.P.H.

Senior School Medical Officer J. G. Jamieson, M.A., B.M., B.Ch., D.C.H.

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

School Medical Officers (Full-time) .. Irene M. Holoran, M.B., B Ch., D.C.H.
Gwendoline F. Prince, M.B., Ch.B., D.C.H.
H. G. Hutton, B.A. (Cantab.), M.R.C.S., L.R.C.P., D.P.H
J. A. Kelly, M.B., Ch.B., B.A.O.,
Mary Allen, M.B., B.Ch., D.Obst., R.C.O.G., D.P.H.
Marianne H. Witt, M.D., L.R.C.P. & S.(Ed.), D.P.H.

School Medical Officers (Part-time) E. C. Illingworth, B.Sc., M.B., Ch.B., L.R.C.P., M.R.C.S.
M. Elisabeth Jamieson, M.R.C.S., L.R.C.P.
Alison G. H. Beaumont, M.B., Ch.B., D.C.H. (Commenced 13/4/59)

SCHOOL HEALTH SERVICE STAFF—(*continued*)

	HAZEL M. COLERIDGE, M.B., B.Ch.
	MARY DUNLOP, B.SC., M.B., Ch.B. (Left 28/1/59)
	G. ANNE KITCHING, M.B., Ch.B. (Left 17/3/59)
Ophthalmologists (Part-time)	W. W. BALLARDIE, M.D., Ch.B.
	J. L. WOOD, M.R.C.S., L.R.C.P.
Orthodontist	J. MILLER, L.D.S.
School Dental Officers (Full-time)	MRS. H. M. ASH, B.D.S.
	P. ATKINSON, L.D.S.
	Miss M. CLARKE, L.D.S.
	Miss M. B. COGAN, B.Ch.D., L.D.S.
	H. GAUNT, B.Ch.D.
Present Staff	S. R. GORSE, L.D.S.
	R. F. GRAINGER, B.Ch.D., L.D.S.
	P. IRVINE, L.D.S.
	S. P. MASTERS, L.D.S.
	P. NORMAN, L.D.S.
	F. SZTRODL, M.D.
	T. M. BAIN, L.D.S. (Left 30/9/59)
Pre-School Deaf Clinic	Mrs. K. H. NEWLAND, Teacher of the Deaf (Part-time)
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	Mrs. JOAN BEEL, N.Ch.S.
**Dispensing Opticians*	C. W. NORMAN, A.A.D.O.
	M. G. H. BIRCHENOUGH, A.M.I.O.Sc., M.A.D.O. (Left 31/7/59)
	MRS. J. BOLTON, A.B.O.A. (Part-time)
Speech Therapists	MRS. B. JACKSON, L.C.S.T.
	Miss U. PURCHASE, L.C.S.T.
	Miss S. F. WILLIAMS, L.C.S.T. (Commenced 19/1/59)
**Orthoptist*	Miss B. KELLY, D.B.O.

School Nurses	24
Physiotherapists and Remedial Gymnasts ..	5
Oral Hygienists	2
Clinic Assistants	8
Dental Attendants	17

CHILD GUIDANCE

Educational Psychologists ..	P. C. LOVE, M.A., Ed.B., A.B.Ps.S. Mrs. J. I. TABORY, M.A., Ed.B.
Social Workers	Miss H. KEVEND, B.A. (Left 25/3/59) Mrs. H. STEPHENSON, Dip.Soc.Sc. Commenced 1/9/59) Mrs. J. THOMPSON, B.A. (Commenced 7/9/59)
Remedial Teachers	S. ARNOLD, B.A., M.EI. (Left 25/3/59) R. NEWMAN, Diploma in Primary Education E. BOWSKILL, B.A. (Commenced 9/4/59) Mrs. C. BARNETT, B.A. (Commenced 8/9/59) Miss E. NICHOLSON (Commenced 8/9/59) Miss S. MORRIS (Commenced 6/1/59 and Left 24/7/59)

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 Surgeon* ..	J. SHERNE, M.B., Ch.B., F.R.C.S., D.O.M.S.
Paediatric Consultants ..	Professor W. S. CRAIG, B.Sc., M.D., F.R.C.P.E., F.R.S.E. Dr. E. C. ALLIBONE, M.D., F.R.C.P., D.P.M.
Oral Surgeon	Professor T. TALMAGE READ, F.R.F.P.S., F.D.S., R.C.S., L.R.C.P.

* Appointed by the Regional Hospital Board.

Return of Number of Children on Roll at 31st January, 1959

Type of School	Number of Schools	Number of Departments	Number on Roll
Primary—			
County	79	140	39,128
Voluntary	45	64	14,355
Comprehensive	2	2	2,005
Secondary—			
Modern	32	37	14,588
Grammar	10	10	5,737
Technical	2	2	1,420
Special—			
Educationally Sub-normal	5	5	452
Physically Handicapped ..	2	2	141
Partially Sighted (Class) ..	1	1	13
Deaf and Partially Deaf ..	1	1	110
Other—			
Nursery	1	1	72
Totals	180	265	77,994

Ladies and Gentlemen,

I present herewith the report of the School Health Service for the year ended 31st December, 1950.

Once again, inoculations of polio vaccine were given on a large scale. During the previous year initial courses of two inoculations had been given and the programme in 1950 consisted therefore mainly of third inoculations. The number of school children requiring polio vaccine inoculations in future years is likely to be relatively small. Because of the polio vaccination programme it was thought wise to defer B.C.G. inoculations until next year.

The number of cases of the paralytic form of polio occurring in school children during the year was four. It is tempting to regard this low figure as proof of the success of polio vaccine, but the incidence of polio is very variable from one year to another and several years must pass before the efficacy of the vaccine can be properly assessed.

The standard of health in all the schools was satisfactory throughout the year and there was no large outbreak of any infectious disease.

I am pleased to record a considerable increase in the number of audiometer tests carried out. I need not stress the importance of detecting and correcting hearing defects at an early age. The number of children found to have defective hearing was not large in relation to the number tested, but it is significant that many of the hearing defects had been unnoticed by the parents and but for the audiometer test would have remained untreated. Eye testing is available as a routine and we must make it our aim to provide routine audiometer tests as soon as may be.

It is much to be regretted that the Child Guidance Service still remains without the services of a child psychiatrist. The Leeds Regional Hospital Board have as yet been unable to appoint a consultant child psychiatrist, and the School Medical Service owes a considerable debt of gratitude to Dr. E. C. Allibone who has undertaken much work in this field.

During the year the Medical Research Council published its "Second Report upon B.C.G. and Vole Bacillus Vaccines in the Prevention of Tuberculosis in Adolescents." This is an interim "follow up" report upon children who received anti-tuberculous vaccine in 1950/51, an investigation in which the Leeds School Health Service played an important part. The report is long and technical but it confirms the previous conclusion that these vaccines give a protection of nearly 90% against tuberculosis.

Once again it is a pleasure to acknowledge the help which the School Health Service has had from colleagues in the Education Department and from the teachers and staff in the schools.

I and my staff are sincerely grateful to the Chairman and Members of the Education Committee and Special Services Sub-Committee for their encouragement and courtesy during the year.

I am,

Ladies and Gentlemen,

Your obedient Servant,

D. B. BRADSHAW,
Principal School Medical Officer.

February, 1960.

STAFF

Medical Staff.	There has been no change in the permanent full time staff during the year.
Nursing Staff.	Five nurses left the service and have been replaced.
Physiotherapy Staff.	Two physiotherapists resigned and have been replaced.
Speech Therapy Staff.	There has been no change during the year.
Child Guidance Staff.	One social worker left during the year and two were appointed. Two remedial teachers left during the year and three were appointed.
Dental Staff.	One full-time officer resigned and has not been replaced. Advertisements failed to attract any applicants.

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, pre-school clinic for spastic children, pre-school clinic for deaf children and dental treatment.

Consultants to the Authority in pædiatric, orthopædic, ear, nose and throat and ophthalmic conditions hold 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.
Beckett Street C.P. School ..	Minor ailments.
Burley (Willow Road)	Minor ailments, physiotherapy, refraction, speech therapy, dental treatment.
East Leeds (Harehills Lane) ..	Minor ailments, physiotherapy, refraction, speech therapy, dental treatment.
Burmantofts (Burmantofts Street)	Speech therapy.
Hawksworth C.P. School ..	Minor ailments.
Holbeck (Hunslet Hall Road)	Minor ailments, physiotherapy, speech therapy, refraction, dental treatment.
Hunslet (Jack Lane) ..	Minor ailments, physiotherapy, dental treatment.
Ireland Wood C.P. School ..	Minor ailments.
Iveson House C.P. School ..	Minor ailments.
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
Seacroft Grange School ..	Minor ailments, dental treatment
Halton Moor (Halton Moor C.P. School)	Minor ailments.
Middleton (Middleton Park Avenue)	Minor ailments, speech therapy, dental treatment.
Park Square (M. and C.W. Clinic, Park Square)	Dental treatment.
Roundhay Road (Roundhay Road C.P. School)	Dental treatment.
Leafield (King Lane)	Dental treatment, minor ailments, physiotherapy, speech therapy.
Parklands High School ..	Minor ailments.

PERIODIC EXAMINATIONS

7,245 children were examined on entering school. On the whole their general condition was satisfactory. The incidence of middle ear disease still continues to fall. Where defects were present it was found that in the majority of cases medical advice had been sought but there was still a number of children in whom a defect was discovered for the first time.

7,228 children were seen at the intermediate routine examinations. Only a very small number of defects came to light for the first time at this examination. This has been the experience in many authorities for some years.

A small pilot scheme has been prepared for use in some junior schools during 1960 whereby the intermediate examination will be discontinued and only certain selected pupils will be submitted for examination. Children who have poor attendance records, who appear to be physically or mentally in need of medical care will be examined regardless of their age. They will be chosen on the suggestion of parent, teacher, nurse, or medical officer. As in former years all children will have an annual check for visual defect by nurses, and audiometry will be carried out on those who are 7 years of age.

6,238 children were examined during their last year at school and information was passed on to the Youth Employment Officer about children for whom some forms of employment would be unsuitable.

GENERAL CONDITION

No. Examined	No. Unsatisfactory	%
21,825	124	0·6

Only 124 children were listed as being in an unsatisfactory condition and steps were taken to try to remedy this in each case. The medical officers still find striking differences between the various schools in matters such as posture and footwear. There is an impression that the number of fat unwieldy children is increasing though it is difficult to take active steps to improve the situation.

MINOR AILMENTS

There are 18 minor ailment treatment centres in various parts of the city. In addition to branch clinics, several centres are situated in school premises on housing estates where no clinical facilities are readily available.

As can be seen from Table VI in the statistical section of the report, skin lesions and minor injuries form the bulk of conditions seen at the branch clinics. The type of impetigo seen nowadays is rarely the explosive form seen commonly before the war. It is, however, very resistant to treatment and requires a considerable expenditure of nurse's time.

Scabies was again more prevalent than in previous years. Suspected cases of scabies are reported to the Health Department for appropriate action.

Despite the fine summer and the enormous increase in attendances at swimming baths and the use of showers there was no increase in the incidence of athlete's foot and the number of cases of plantar warts was in fact reduced.

OTO - RHINO - LARYNGOLOGICAL SERVICES

Mr. Boyle attended weekly at the Central Clinic. Visits were also made to the School for Deaf and consultations were held with the teacher in the pre-school deaf clinic. As far as possible only children suffering from defects of hearing were seen at the clinic. Children suffering from other defects of the upper respiratory system were encouraged to take the advice of the family doctor. There were still a number of children suffering from chronic otitis media whose parents had not sought medical advice and it is clear that " running ears " are not regarded at all seriously in some families.

Hearing aids were ordered for 15 children. Some of these children continued to attend ordinary school but for others a trial period in the deaf school was recommended.

Audiometric testing by nurses was resumed on a fairly wide scale. The provision of two small battery operated audiometers enabled the scheme to be carried out with far greater facility and efficiency than in previous years. A number of children who were reported as having failed to satisfy the test were seen by Dr. Kelly at the central clinic. Others attended their family doctor or E.N.T. consultant.

The following table shows the results of the children tested in schools by nurses.

No. Tested	Normal Hearing	Moderate Loss		Serious Loss	
		1 ear	both ears	1 ear	both ears
6,356	5,927	21	53	214	141

Dr. Kelly reports as follows :—

Following preliminary audiometry tests by nurses at various schools in the city, 73 children in the 6-7 years age group were referred to the aural clinic for futher investigation of serious loss of hearing. In a large proportion of the cases this defect had been unnoticed by the parents, all of whom expressed their appreciation and gave full co-operation.

Of the 73 cases examined, 3 cases were finally discharged, after examination and a further audiometric test, as no further treatment was advised. Eleven cases were referred to Mr. Boyle (Ear, Nose and Throat Consultant), where it was thought that the deafness was due to one of the following conditions—Aural Polyp, Chronic Otitis Media, or Enlarged Tonsils and Adenoids.

The remaining 59 children showed conditions varying from wax in ears, chronic nasal catarrh, unhealthy enlarged tonsils, tonsils and adenoids. Treatment for the above was arranged either at the school clinic or by reference to the family doctor or to hospital out-patients. It is proposed to arrange further attendances of those children at the aural clinic after a sufficiently long period in which to allow treatment to be effectively carried out.

Mrs. Newland, a teacher of the deaf, attended the pre-school clinic for two sessions a week until November. Since than she has devoted four sessions a week to the clinic. This has enabled more time to be devoted to each child and the teacher has also been able to visit the homes in cases where there were particular problems of management or where attendance at the clinic was extremely difficult to effect.

Total number of children attending	24
Number of new children	12
Number left	6
Total number of attendances at clinic	188
Number of home visits	6

OPHTHALMIC SERVICES

Mr. Sherne continued to attend each week at the Central Clinic to examine and advise on children referred to him for an opinion. One of the school medical officers attends these sessions both to gain experience and also to discuss any educational problems which may arise.

In addition to the sessions of Mr. Sherne it is necessary, because of the huge volume of work in the ophthalmic department, to arrange for many sessions by school medical officers and also by two part-time ophthalmologists. The following table indicates the work of the section during the year.

Total new cases seen		No. ordered spectacles	No. referred for operation	No. of cases with squint
Pre-School	School Children			
176	6,055	3,029	63	467

Many of the children for whom spectacles were prescribed obtained them through the dispensing optician attached to the school eye service.

Mr. C. W. Norman, Dispensing Optician, reports :—

Once again the figures of attendances show an increase over previous years. The number of spectacles supplied to new prescriptions was 2,804, an increase of 168 on 1958.

It is interesting to note that the number of repairs shows some slight reduction. The total number of attendances at this department was 11,556, an increase of 287 on the previous year. As usual, complete freedom of choice was offered as to where the spectacles be obtained.

New prescriptions for glasses dispensed in the optical department . .	2,804
Repairs and replacement of spectacles	1,938
Adjustments and minor repairs	1,954
Total patient attendances	11,556

An orthoptist was appointed in February. Her duties comprise both diagnosis and treatment of certain eye defects. Children referred for squint are seen in the orthoptic department where the angle of the squint can be measured and certain investigations into the cause of the squint can be carried out. Children undergoing occlusive treatment for amblyopia are also followed up. Many pre-school

children require an estimation of their visual acuity and this is frequently performed by the orthoptist using suitable methods. For certain types of squint, treatment in the form of exercises is prescribed by the consultant and these are supervised by the orthoptist.

No. of patients	No. of attendances	No. of cases occluded	No. of cases for exercises
728	2,412	449	47

THE ORTHOPÆDIC SERVICE

The orthopædic clinic continues to be held each week at the Education Offices under the guidance of Mr. J. M. P. Clark, F.R.C.S. He attends on alternate Mondays to see selected children and during the year there have been 297 attendances for Mr. Clark and 1,151 for Dr. Holoran, making 1,448 attendances in all. 820 different children have attended.

The following table shows the conditions for which they attended the orthopædic clinic.

Sequelæ of Poliomyelitis		142
Congenital Defects		
Pes Cavus	32	
Metatarsus Primus Varus	13	
Dislocation or subluxation of hip	10	
Talipes Equino Varus	11	
Structural Scoliosis	11	
Meningocele or Spina Bifida	6	122
Varus little toes	6	
Klippel Feil Syndrome	4	
Sprengel's Shoulder	4	
Various	25	
Cerebral Palsy		100
Osteochondrosis of		
Hip	26	
Spine	4	40
Various	10	
Genu Valgum		32
Osteomyelitis and Suppurative Arthritis		32
Results of Injuries		23
Tuberculosis of Bone		22
Hammer Toes		8
Postural Defects of		
Feet	65	
Spine	25	97
Neck (torticollis)	7	
Other Conditions (incidence 6 or less)		48
Consultation and no treatment or observation		137
Transient symptoms		17
		820

Liaison with the Orthopædic Consultants is facilitated by Dr. Holoran's attendance at the Infirmary Orthopædic Department's weekly case conferences.

Where necessary reports on certain children are sent to their respective schools so that their physical activities shall be limited to their capacity and any disability understood by the staff. In some cases reports go to the Youth Employment Service on suitability or otherwise for different types of employment. A few children are registered as handicapped persons on leaving school.

The pre-school cerebral palsy clinic continues to occupy 2 physiotherapists on 2 sessions a week. Curiously enough, as in 1958, very few of the present patients are in need of speech therapy, though this was not so prior to 1958.

46 children attended for physiotherapy during 1959

2 ,, ,, ,, speech therapy.

The arrangements for visits to occupation centres (for children who are considered ineducable) to examine those who are both physically and mentally handicapped continue as in recent years. The more heavily physically handicapped children are placed in the Stanningley Centre where a full-time therapist is now working. The visits provide an opportunity for parents and staff to confer with the medical team on various practical details concerning the best way to help the children.

PÆDIATRIC CLINIC

131 children were seen at this clinic. The majority, as in former years, exhibited symptoms of emotional disorder. Some children were also seen with physical lesions where correct management at home was the form of treatment required. These children presented such symptoms as obesity, minor degrees of bronchospasm or abnormal eating habits.

CHIROPODY

914 children were seen at the chiropody clinic in Fenton Street. The work has been carried on by Mrs. Beel and her assistants. The clinic is rented on 2 half days a week from the Leeds General Infirmary. During 1958 it was transferred from rooms in the main hospital to Fenton Street. The accommodation here is not very

satisfactory and it is hoped that with the development of the new chiropody service by the Health Department the situation will be improved.

Despite the extremely fine summer and the great increase in attendance at swimming baths, the number of children found to be suffering from plantar warts and athlete's foot has been relatively small. Those cases reported were, in the main, found to be in the early stages when the condition is more amenable to treatment. Presumably the combination of more frequent foot inspections with an increasing public awareness of the need for care of children's feet is resulting in this improvement.

The following table shows the work of the clinic during the year. 463 cases were discharged as cured.

Defect	New Cases	Attendances
Verruca	718	3,089
Defects of feet	83	267
Corns etc.	113	249
Total	914	3,605

SPEECH THERAPY

Speech training is given at the central clinic, at Larchfield School, Potternewton School and at eight branch clinics. Supervisory visits have also been paid to schools for the educationally subnormal, where, for some children, speech difficulties constitute one of the major handicaps. The response of many of these retarded children has been encouraging.

The staff of three speech therapists have treated 262 children during the year, including 28 cerebral palsied children, who have continued long term treatment. A total of 97 children have been discharged or have provisionally discontinued treatment.

The number of new cases referred for investigation, and the numbers awaiting treatment have remained substantially unchanged during the past three years. During the past year 151 children were examined on account of speech defects, and 102 more recommended for treatment.

It is significant to note that 43% of these children were in the six to eight year age group. At this period immaturity of speech is causing real concern as a handicap in the acquisition of skill in reading.

With a view to providing earlier treatment for this vulnerable group the Committee has authorised an increase of establishment. It is hoped that with the appointment of a fourth speech therapist it will be possible in future to start treatment of this group without delay.

The increase in staff will also enable the Committee to offer more help to the younger age groups, where immaturity of speech often increases the stress of the early adjustment to school life. In some of these cases it may be better to give advice to the parents on simple speech training and minor emotional difficulties rather than arrange routine formal speech training.

CHILD GUIDANCE SERVICE

The increased number of children referred to the Child Guidance Service during the past year shows that both teachers and parents are making more use of the facilities offered.

The remedial teaching service has given individual help to 143 pupils who were finding special difficulty with reading. This individual work has mainly been carried out at the Child Guidance Centre, but special facilities have been given to pupils who attend schools in the Seacroft area and who would otherwise have needed to spend considerable time on travelling to and from the main centre. As in the previous years, members of the remedial staff have also given help to groups of backward readers in their own schools. 106 pupils in 9 schools have been included in such remedial groups, and an additional 27 pupils attended the centre for group work.

Reference was made in last year's report to new arrangements for providing child psychiatric facilities in the Leeds area. The Regional Hospital Board has not yet been able to appoint a child psychiatrist. Dr. E. C. Allibone, consultant pædiatrician, Leeds General Infirmary, has generously undertaken the care of many children requiring psychiatric treatment. Under his guidance one of the assistant school medical officers, Dr. Mary Allen, the psychologists, and social workers of the Child Guidance Service have been able to investigate and help a high proportion of those children who have been referred on account of their emotional difficulties. 135 children were, in fact, referred to the Service in the year, for emotional reasons (this is more than twice the number referred during the previous year), and 117 cases were fully investigated through home visits, diagnostic tests and interviews. (Corresponding figure for 1958 was 47). In many of these cases initial interviews with parents and

children, coupled with the promise of ready access to the Service, if further advice is needed, has sufficed to reduce the emotional tension in the family group. In 67 cases, however, additional help was given to the children and their parents, chiefly in the form of occasional review interviews. In a limited number of cases it was found necessary to give weekly therapy to the children, and interviews with the parents. It has been noticed that during 1959, the Child Guidance staff have been asked to give advice on several cases of minor emotional difficulties in children. Few of these cases have needed more than one or two interviews, and it seems likely that longer and more intensive courses of treatment, which would have been the lot of these same children if their referral had been delayed till their emotional problems had assumed more major proportions, have been avoided. It is to be expected that this preventive role of the service in the field of mental health will continue to develop.

During the year under review, there were 16 cases of refusal to attend school amongst those referred to the Child Guidance Service. These 16 cases represent 12 per cent. of the emotional referrals during the year. The corresponding figure for 1957 was 13 per cent. In cases of this nature a close liaison has been effected between the Child Guidance staff, School Welfare Section and the head teachers concerned, and all but one of these children resumed normal school attendance within a short period.

Fuller details of the activities of the Child Guidance Service during the year 1958/1959 may be found in the Annual Report of the Chief Education Officer.

INFECTIOUS AND CONTAGIOUS DISEASES

There were no major epidemics during the year. There has been a small increase in the incidence of scarlet fever, fortunately with very few complications. Incidence of chicken pox and mumps has been higher than in former years.

Ten confirmed cases of poliomyelitis were reported compared with 20 cases in 1958. It is too early yet to say what part the inoculation campaign has played in the reduced incidence.

Impetigo and scabies have both increased in incidence. The form of impetigo now seen tends to be resistant to treatment but fortunately it does not spread in the rapid way that was customary a few years ago. Scabies has been more prevalent in certain areas and

difficulties of diagnosis and treatment have been encountered. The members of the family who avoid treatment and reinfect the children present a great problem.

Small outbreaks of dysentery and jaundice occurred. The incidence of upper respiratory infection appeared to be higher than usual during September and October despite the exceptionally fine summer.

CLEANLINESS OF PUPILS

During the year 245,521 cleanliness inspections were carried out by school nurses and clinic assistants. This is about 42,000 more than the previous year when the nurses spent considerably more time on poliomyelitis vaccination duties than they have done this year. At these inspections, uncleanliness was reported in 10,154 cases and notices were sent to the parents of the children concerned. The number of individual children who were found unclean was 3,936 some children being found in this condition several times during the year.

The names and addresses of persistent offenders are forwarded to the Medical Officer of Health who arranges for the homes concerned to be visited by sanitary inspectors. Quite often an improvement is effected but usually it is only temporary.

It was necessary to exclude 1,479 children from attendance at school, some of them on more than one occasion. After exclusion, the parents are given approximately two days in which to cleanse the children and present them at the clinic for a certificate authorising return to school. Those children who are not clear or who fail to attend the clinic as arranged are issued with a cleansing order under Section 54(3) of the Education Act, 1944. The number of such orders issued during the year was 970.

These figures may sound alarming but once again it is true to report that the great majority of children are kept in a satisfactory condition and only a hard core of regular offenders cause such a large amount of time to be spent on the cleanliness inspection service. If these inspections were not carried out regularly, the dirty children could cause children from clean homes to be infested.

B.C.G. INOCULATION

As the arrangements for giving poliomyelitis inoculation extended throughout 1959 it was deemed inadvisable to have the

B.C.G. vaccination scheme in operation at the same time. Poliomyelitis vaccination will be completed in February 1960 and arrangements have been made to resume the B.C.G. scheme immediately.

POLIOMYELITIS VACCINATION

The scheme introduced by the Ministry of Health in November 1957, whereby all children between the ages of 5 and 15 years were to be given the opportunity of having injections against poliomyelitis, has been continued in 1959. At first it was thought that two injections would give adequate protection but eventually a third one was introduced and this had to be given seven months after the second injection.

The position now is as follows :—

Record of injections given in 1959						
1st Injections		2nd Injections		3rd Injections		Total
British Vaccine	Salk Vaccine	British Vaccine	Salk Vaccine	British Vaccine	Salk Vaccine	Injections Given
3,777	62	3,930	105	9,470	22,122	39,466
Total No. of completed cases since scheme commenced ..						31,592
No. of children still to have 3rd injection						1,355

Most of the first injections under the scheme were given in June and July, 1958, and therefore the treatment could not be completed until 1959. Because of this long lapse of time quite a large number of children had left school before completion of treatment, some refused to have the third injection and others had decided to have treatment by the family doctor. The consent forms in these cases were passed to the Health Department to complete the treatment if possible and also to avoid any duplication of treatment.

The 1,355 cases still to have the third injection will be completed by February, 1960.

HANDICAPPED CHILDREN

(1) **Blind**

Fourteen children attend residential schools as follows :—

Chorleywood College for the Blind, Herts.	1
Henshaw's Institution for the Blind, Manchester	4
Royal Normal College for the Blind, Rowton Castle, Shrewsbury ..	2
Schools for the Blind, Wavertree, Liverpool	1
Sheffield School for the Blind	5
Sunshine Home, Leamington Spa	1

(2) **Partially Sighted**

Three children attend residential partially sighted schools on grounds of age or home conditions :—

Preston School for Blind and Partially Sighted	1
St. Vincent's R.C. School for Blind and Partially Sighted, Liverpool..	2

Fourteen children attended the special class in Beckett Park Junior C.P. School. Progress has been good during the year, and the older children are increasing the amount of time spent working with the ordinary classes. They join in all school activities which do not involve any risk of injury to themselves or their eyesight. Several have been able to join the swimming classes without any untoward effects.

(3) **Deaf and Partially Deaf**

63 children were on roll at Elmete Hall School on December 31st, 1959. The residential block for girls is not yet completed and the girls are still making the daily journey from Lawns House. The new equipment in the school has proved of great value to the pupils and the staff. Some of the more profoundly deaf children are able, for the first time, to take part in auditory lessons. It is hoped that the remaining class rooms will be equipped early in 1960.

Fourteen children attend residential schools, of whom one boy attends the technical school at Burwood Park and 2 girls attend the Mary Hare Grammar School.

Burwood Park School. Walton-on-Thames	1
Mary Hare Grammar School, Newbury	2
Odsal House Special School, Bradford	3
St. John's R.C. Institution for the Deaf, Boston Spa	8

(4) **Delicate**

Eleven children attend residential schools as follows :—

Children's Convalescent Home, West Kirby ..	7
Fir Bank Hostel, Frodsham, Cheshire ..	1
St. John's R.C. Open Air School, Woodford Bridge, Essex	2
Suntrap School, Hayling Island	1

The majority of these children suffer from chest disorders such as recurrent bronchitis, asthma and bronchiectasis.

A number of children are in poor health due to the circumstances in which they live. There is no evidence to charge the parents with neglect but there is gross mismanagement and deprivation. Some of these children benefit from a stay in The Hollies or a shorter stay in a convalescent home or at Silverdale Camp. Seacroft Hospital and

Wharfedale Hospital also offer facilities for children who require building up.

No. of children admitted to The Hollies during the year	61
No. of children sent to convalescent homes " " "	132
No. of children sent to Silverdale Camp " " "	614

(5) **Educationally Subnormal**

Forty-one children attend residential schools as follows :—

Aldwark Manor Boarding Special School	4
Allerton Priory R.C. Special School	3
Besford Court R.C. Special School, Worcester	9
Brompton Hall Residential School, nr. Scarborough	1
Crowthorn Residential Special School, Edgnorth, Lancs.	2
Etton Pasture School for E.S.N. Children, Beverley	4
Hilton Grange School, Old Bramhope	2
Irton Hall School, Holmbrook, Cumberland	1
Jesmond Dene House Special School, Newcastle	2
Orton Hall School, Peterborough	1
Pontville R.C. Special School, Ormskirk, nr. Southport	1
Rossington Hall, Doncaster	5
Dr. Barnado's Spring Hill School, Ripon	1
Thorn Garth Hostel, Bradford	3
Rudolf Steiner Schools, Aberdeen	2

Some of these have been recommended for residential schools on grounds of ill health, unsatisfactory home background or minor degrees of maladjustment. On 6 occasions the Authority was asked to find residential accommodation at the request of the juvenile court.

517 children attended day schools or classes in the city. Cardinal Square School opened in January and there are now 75 children on roll, including 10 children from the area of the West Riding County Council. By the use of daily transport, the number awaiting admission to other schools has therefore been considerably reduced.

Two classes were opened in Wykebeck Junior C.P. School in September, thus considerably reducing the waiting list for East End Park School. The children have settled quite well into the school and mix freely with others in the ordinary classes.

The satisfactory educational progress noted in past years was maintained. Attendance on the whole has been good though there are still a small number of families where children are allowed to stay away for trivial reasons or without any reason at all. The introduction of a welfare officer to deal solely with handicapped pupils has resulted in a decrease in this particular problem.

(6) **Epilepsy**

Four children attend residential schools :—

Colthurst House, Alderley Edge, Cheshire	1
Lingfield Hospital School, Surrey	2
Soss Moss Residential School, Lancs.	1

Two children were discharged from residential schools on grounds of ineducability and were notified to the Mental Health Authority.

120 children listed as epileptic attended ordinary school. The majority of these suffer from minor epilepsy and their condition does not cause any disturbance in the school routine. Other children who have infrequent major fits also attend ordinary school and with the sympathetic co-operation of both teachers and children they manage extremely well. Certain restrictions have to be imposed. Apparatus work during physical exercise is discouraged or forbidden. It is usually suggested to head teachers that swimming should be permitted only if a parent or responsible relative is present.

(7) **Maladjusted**

The number of maladjusted children cannot be accurately stated since opinions differ so much on definition. Children are frequently listed as maladjusted who are in fact behaving normally in an abnormal environment. Where a child is behaving in such a way as to cause anxiety at home or school a variety of expedients is available. Action by the school, family doctor, medical officer or welfare officer may correct the situation in many cases, but there will be others who can only be dealt with at the Child Guidance Clinic.

Thirteen children attend maladjusted schools as follows :—

Chaigeley School, nr. Warrington	1
Clwyd Hall, Ruthin	1
Cromers Close Hostel, Coventry	1
Eden Grove, Bolton, nr. Appleby	2
Breckenbrough School, Thirsk	2
Peredur House School, East Grinstead	1
Potterspury Lodge, Towcester	1
St. Peter's Boarding School, Horbury	2
Sutcliffe School, Bradford on Avon	1
Wennington Hall School, Lancaster	1

(8) **Physically Handicapped**

There are 8 children placed in residential schools for physically handicapped children as follows :—

Ian Tetley Memorial Hospital	1
Hesley Hall, Tickhill, Doncaster	1
Holly Bank, Huddersfield	1
Lord Mayor Treloar College, Hants.	1
Sheilings Curative Schools, Gloucestershire	1
Welburn Hall, Kirbymoorside	1
Wilfred Pickles School, Tixover Grange, Stamford, Lincs.	2

These children are in residential care because their severe physical handicap prevents them from being transported daily to Potternewton Mansion School or because their home conditions are poor. In addition to these children there are others receiving education in orthopædic hospitals. Such cases are examined on discharge, with the full hospital notes, to determine the type of school they should then attend.

Dr. I. M. Holoran reports on Potternewton Mansion day school for physically handicapped children as follows :—

On 31st December, 1959, there were 122 children on roll at Potternewton Mansion day school for the physically handicapped. One child was transferred from Larchfield School for the cerebral-palsied on reaching the age limit for that school. As usual there were readmissions from Thorp Arch Hospital School and from Pinderfields Hospital, mainly of children suffering from the sequelæ of poliomyelitis who had been undergoing surgical treatment appropriate to their stage of growth and rehabilitation. 25 children were admitted to the school for the first time.

The children's physical disabilities are classified as follows :—

Cerebral Palsy		29
Sequelæ of Poliomyelitis		21
Congenital Deformities (other than Congenital Heart lesions) :—		
Meningocele or Spina Bifida	9	
Scolio-kyphosis	6	
Abnormality of bladder	1	17
Absence of both radii	1	
Heart Disease—Congenital		11
Muscular Dystrophy		10
Hæmophilia and Pseudohæmophilia		8
Pseudocoxalgia		8
Tuberculosis of bone		5
Osteomyelitis and Suppurative Arthritis		3
Bronchiectasis		1
Still's Disease		1
Von Recklinghausen's Disease		1
Obscure Lesion of Cerebral Cortex		1
Progressive Spinal Muscular Atrophy		1
Slipped Femoral Epiphysis		1
Severe functional incontinence of urine		1
Fragilitas Ossium		1
Diabetes and partial-sightedness		1
Fractured Pelvis Sequelae		1
		122

Once again more than half the school, 66 children in all, are suffering from lesions present from infancy, namely cerebral palsy, congenital anomalies and haemophilia. The number of children suffering from tuberculosis of bone and from the sequelæ of osteomyelitis continues to fall.

21 of the children might have been thought unsuitable for any school at one time for the following reasons :—

Twelve of them are so heavily handicapped that they have to be taken to the toilet in a wheel chair. Of these twelve, four can walk a little with appliances and eight cannot walk at all. Three children who can walk are completely incontinent of urine and must have napkins changed. Three other children have had ileal bladder operations and one of the chair cases wears a different type of urinal and has also a colostomy. Their appliances require supervision. In

addition 3 children must be sent to the toilet more frequently than at the times planned by the school routine if they are to be kept dry. With suitable care these children can have the benefits of the life of the school without detriment to the other children.

The arrangement for the medical supervision of the school continues as before, with visits by Mr. Clark, F.R.C.S. as orthopædic consultant, and Dr. Buchanan and Dr. Lewis as pædiatricians. Dr. Holoran attends with them as well as having her own sessions. Three physiotherapists, a part-time speech therapist, a nurse with orthopædic experience and two general attendants complete the medical team. Full advantage is taken of every opportunity to discuss the children's difficulties with the teaching staff.

Terman Merrill intelligence tests have been carried out for 18 children during the year. Two children have been transferred to schools for the educationally sub-normal on becoming physically fit for the change. Two children have been notified to the Mental Health Services at the age of sixteen as in need of supervision.

Thirty three children were taken off the school roll during 1959. The following table shows their disposal.

To work	4	
To Pitman's College	1	
To Junior College of Commerce	2	
To secondary modern schools	5	24
To county primary schools	10	
To schools for the educationally subnormal	2	
To long-stay hospital schools	2	3
Left Leeds	1	
Left at 16 and notified to Mental Health Authoitry		2
Left at 16 and at home		1
Left at 16 and in a residential home for incurables		1
Died (congenital heart disease)		2
		33

Thus 24 children became physically fit for a comparatively normal life, while 3 may still do so.

Larchfield School for Cerebral Palsied Children

In 1959 three children left Larchfield School. Their destinations are shown below :—

Left Leeds and may attend a small country school	1
To ordinary school	1
To Potternewton Mansion School (now too old for Larchfield)	1

This last child can walk but falls easily and needs individual teaching. A residential school which does not allow for coming home for the weekends was refused by the parents.

Five children have been admitted during the year, only one of whom could walk on admission. Two of them are now walking. Four of the five children had already profited from the pre-school clinic, one had refused to attend there. All were under 5 years on admission.

A residential school for older cerebral palsied children is being advised for two children who are approaching the age for leaving Larchfield. They are too heavily handicapped to receive the optimum amount of individual attention at Potternewton Mansion School. Four children who originally attended Larchfield School are now attending such schools.

The arrangements for the medical supervision of the children continue as usual. Mr. Clark visits the school once a term. Dr. G. Lewis has replaced Dr. J. Soutter as the pædiatric member of the team. Dr. Holoran attends with them as well as having her own sessions. An intelligence quotient assessment is made for each child at least every 2 years. A staff meeting is held each term when the medical, teaching and residential staff meet and discuss each child's progress and make a report for each child's record.

MISCELLANEOUS EXAMINATIONS

Suitability for Training College

The large number of entrants for the day training college accounted for the rise in number of candidates examined.

Examination at the request of the Juvenile Court

The children examined for the juvenile court comprised 30 girls and 132 boys. A full medical report is given together with an estimate of the child's intelligence and scholastic attainment. This report is available together with the head teacher's report and probation officer's report when the child appears in court.

Boarded-out Children

All children boarded out by the Children's Officer were examined at regular intervals. The number seen during the year was 353.

Part-time Employment

Children wishing to undertake part-time employment whilst still attending school must be examined by the School Medical Officer to satisfy the Committee that such employment will not be harmful to the child. During the year 1,686 children were examined.

Special Examinations.

Sessions are arranged as required to examine children referred for examination by the Senior School Medical Officer. The requests for examination come from various sources such as the parent, head teacher, welfare officer, or family doctor. During the year 58 children were examined.

No. examined for admission to Training College	397
No. examined on leaving Training College	450
No. examined on taking up new appointments	322
No. of boarded out children examined	353
No. examined at the request of the Juvenile Court	162
No. examined on taking up part-time employment	1,686
No. examined prior to going to Holiday Camp	651
No. examined for theatrical licence	102
No. examined prior to attending the pre-nursing course.. ..	27
No. examined prior to adoption	8
No. of special examinations	58

MILK IN SCHOOLS

The number of bottles of milk, each one third of a pint, consumed during the year was 12,978,472. This is a decrease of 115,007 bottles on the previous year. There is no particular reason to account for this very small decrease but it may be due to the constant reminders sent to head teachers to prevent wastage. They are asked frequently to vary the daily order for milk, when necessary, in order to avoid deliveries surplus to their requirements.

The percentage of children taking milk in the various types of schools remains approximately the same as in previous years—96% in primary schools, 89% in county secondary schools and 63·3% in grammar schools.

SCHOOL TRANSPORT

With the opening of the Cardinal Square School it became necessary to provide transport for an increasing number of pupils. It was found that by giving some of the senior children at Hunslet Lane School passes for use on public service vehicles, two coaches could be re-routed to serve the new school. The school is not yet filled to capacity and it is anticipated that in the near future an additional bus will be required.

It also became essential to increase the cars carrying handicapped pupils to school. At present 9 coaches and 10 cars convey 382 children to and from school daily.

The Welfare Services ambulance transports 2 children who are too severely handicapped to travel in either car or coach.

DENTAL SERVICE

Report by Mr. D. E. Taylor.

During the year one dental officer, Mr. T. M. Bain, retired. He had been on the staff for 14 years and for most of that time was employed at East Leeds Clinic. Despite advertising in the professional press it has not been possible to fill his place. At the time of writing another dental officer has given notice that she will be leaving at the beginning of the coming year. While every endeavour will be made to recruit more dentists it is unlikely that these vacancies can be filled in the near future. Enquiries at the Dental School confirm that the General Service holds more attraction for the younger practitioners than the Public Service.

Past reports have drawn attention to what is considered the main cause of dental decay, namely the eating of sweets and other sugary substances between meals and before retiring to bed. The following extract from the 1946 Annual Report illustrates the effect on the teeth of rationing such foods during the war.

" Several of the dental officers confirm the impression that the condition of the children's teeth in 1946 compares favourably with that of 1938. A comparison of the figures for one surgery covering approximately two thousand children is interesting :—

	1938	1946
Percentage of children referred for treatment at inspection	89%	74%
Ratio of permanent teeth filled to unsaveable permanent teeth extracted	7 : 1	11 : 1
Average number of fillings per child	2·7	2·1

The dental officer in another clinic reported that at his inspection of six year old children he found over 60 per cent. of children whose dental condition could be called good, little or no treatment being required."

1946 was the year the staff was again at pre-war strength. During the war the number of officers was reduced to four : but in spite of only a restricted number of children receiving conservative treatment the dental condition of the children showed an improvement over that of the pre-war period.

The present dental condition of the young people in this country is causing anxiety amongst those who are responsible for their treatment. While it would be impossible, due to our " civilized " diet, to prevent dental decay entirely, it should be possible to reduce the incidence of caries to a level that could be dealt with by conservative means. Even if it were possible to increase the number of

dentists to eliminate the caries from the teeth at frequent intervals this would be no solution of the problem as there is a limit to the amount of filling a tooth will tolerate. Many of the older children's teeth are reaching this condition and all the dentists can do is patch them up and so postpone the inevitable dentures.

The two oral hygienists, by their talks to mothers at the Child Welfare Clinic and chairside demonstrations to mothers and school children, do valuable work, but their efforts need to be supplemented by an intensive national campaign to be really effective.

Children attending Potternewton P.H. School, suffering from severe heart affections who needed teeth extracting were treated at St. James's Hospital by Mr. S. R. Fell and Mr. J. Wigglesworth.

The school dental officers acted as adjudicators in the dental competition in connection with Children's Day. Prizes were given as in previous years by the *Yorkshire Evening Post.*

The work done during the year by the laboratory staff of two technicians and one apprentice was as follows :—

Dentures for mothers	313
Dentures for school children	89
Repairs to dentures	7
Crowns, splints, etc.	72
Orthodontic appliances	372

The following is the report by Mr. Miller (Orthodontist).

The demand for orthodontic treatment remains high and, owing to the deteriorating dental condition of young people, this demand is likely to increase.

If, because of increasing dental decay, teeth are lost at an early age, malocclusions are more likely to develop. It is regrettable that so many permanent teeth are lost while the patients are relatively young. Dental officers make heroic efforts to arrest the tide of dental decay, but present day diet together with poor standards of oral hygiene make their task particularly difficult. Hence the importance of having all the dental clinics fully manned in an effort to reduce the intervals between dental inspections.

There are still too many parents who, while anxious to have their children's teeth " straightened," do not realize the benefits of dental fitness as a whole. In this respect valuable assistance is given by the oral hygienists who strive to teach the patients the meaning of oral hygiene and how to achieve it. In addition to those who are being treated by appliances there are many who require frequent

inspections if they are not to become "difficult" cases. There are many complicated and abnormal dental conditions which require the attention of a specialist oral surgeon. These patients are inspected and treated by our dental consultant Professor T. Talmage Read.

The following table shows the work of the Orthodontic Clinic.

Cases commenced during the year	494
Cases carried forward from previous year ..	747
Cases completed during the year	386
Patients treated with appliances	320
Appliances fitted	362
Total attendances	6,084

APPENDIX I

REPORT ON PHYSICAL EDUCATION

by

Mr. Edward G. Bailey

The branch of physical education in which the most notable progress can be reported this year is that of countryside activities and out-door pursuits. Physical education specialists have for many years tried to stimulate interest in camping, rock-climbing and associated activities, but all too often these have been regarded merely as recreational and as such have been given little place in the curriculum. However, the educational value of strenuous open-air activities is now more fully appreciated—a state of affairs to which the Duke of Edinburgh's Award Scheme and the International Geophysical Year have been contributory factors—and more and more head teachers are realising that many of these pursuits are within the scope of their pupils. During the year under review more schools than ever before have undertaken some form of open-air activity, and many parties of children, either with their teachers or on their own, have spent weekends canoeing, fell-walking or light-weight camping.

Last year the Education Committee approved a small sum of money for the purchase of camping and canoeing equipment. A limited amount of equipment was bought and stored in a common pool, from which schools may borrow tents, rucksacs, sleeping bags and cooking utensils to supplement their own equipment, so that parties of children can go to the dales and live as self-contained units. The demand has exceeded the available equipment and unfortunately a number of requests have had to be refused or only partly met. It is anticipated that the Committee will continue to make some financial provision so that more equipment may be added to the pool.

A week-end course of instruction in light-weight camping was conducted for men teachers of the city, and was heavily over-subscribed. The course, which covered also canoeing and cooking, was a success, and already there has been a demand for further courses.

It is significant that some schools have continued their week-end pursuits during the winter months and that an appreciable number of pupils have enjoyed camping under most arduous conditions.

More children learned to swim during 1959 than in any previous year, in spite of the fact that the Committee's policy on swimming

FOXWOOD SCHOOL—UPPER SCHOOL GYMNASIUM

instruction could not be fully implemented because of the shortage of facilities. The need for additional swimming accommodation is most urgent.

The improvement in the national standard of competitive swimming has been reflected in the local sphere: worthy of special mention is the success of a Leeds pupil in his first year as an intermediate (13-15 age group) swimmer in being placed third in the national individual breast stroke championship.

The first Royal Life Saving Society competition was successfully held at Armley Baths in June. The boys' championship was won by West Leeds Boys' High School, and the girls' by Brudenell County Secondary School. These two schools did well also in the Yorkshire County Championship: West Leeds were first for the fourth successive year, and Brudenell finished third. Teachers and pupils of both schools are to be congratulated on their very fine achievements. We must pay tribute also to the City's Baths Department, without whose generous help and co-operation the many swimming activities undertaken by the schools and the successes that are achieved, would not be possible.

Leeds schoolchildren have again featured in acts of bravery, and one boy was awarded the Royal Humane Society's parchment for saving an elderly angler from drowning at Nun Monkton.

A boy from Potternewton Mansion School won the national 25 yards swimming championship for physically handicapped children at Stoke Mandeville, and went on to win the world championship in this class. His success has led to further enthusiasm for swimming in the school.

The following swimming statistics for 1959 give an interesting comparison with 1958:—

	1958	1959
Attendances	339,646	398,018
Certificates	8,249	9,461
Preliminary Certificate (new swimmers	4,347	5,089

ATTENDANCES: SUMMER AND WINTER

Summer		Winter	
1958	1959	1957-8	1958-9
215,324	213,231	124,322	184,787

There has been some improvement in facilities for games, although unfortunately there has been further delay in the construction of playing fields at West Park and Allerton Grange Schools.

The development of less formal physical education continues in all schools, and much interesting work has been undertaken in

dancing and gymnastics, particularly with senior girls. The Committee have continued to provide fixed and portable apparatus, but here again demand exceeds supply. While the provisions of portable apparatus is quite adequate in most schools, a number of secondary schools remain without any fixed climbing apparatus.

Staffing is still a problem, and women specialists are in particularly short supply. Four men specialist teachers of physical education left the Leeds service during the year, three of them to take charge of their subject in grammar or comprehensive schools.

Attendances at the Education Committee's many courses continue to be good. The enthusiasm of teachers for the development of physical education in the schools has been maintained, and the progress and success achieved are due to their continued efforts.

APPENDIX II

THE SCHOOL MEALS SERVICE

by

Mrs. K. V. Dewar

The School Meals Service has continued to make progress throughout the year and altogether 7,032,790 meals were consumed by children in Leeds schools; this number shows an increase of 334,363 meals compared with statistics for 1958. During the year 581,529 meals were provided free of charge to necessitous children and the number of pupils entitled to have meals at reduced charges varied from 598 in January to 756 in December. The recommendations of the Education Committee for the revision of the scale used in considering remission of the charge for meals are at present being considered by the Ministry of Education.

The maximum daily number of meals consumed was 39,570 on one day in November; the percentage of pupils taking meals was 49·8% of the number on roll in schools, an increase of 2·6% compared with 1958.

At the end of the year the total cooking capacity of the school kitchens had increased to 42,855 meals; nine kitchens were opened during the year in the new schools as follows:—

January

West Leeds Girls' High School ..	Kitchen of 500 meals capacity
Silver Royd County Secondary School	,, ,, 500 ,, ,,
St. Kevin's R.C. Secondary School	,, ,, 500 ,, ,,

April

Clapgate County Primary School	kitchen of	500	meals	capacity
Greenhill County Primary School	,,	,,	250	,,	,,
Cardinal Square Special School	,,	,,	120	,,	,,

September

Highfield County Primary School	,,	,,	250	,,	,,
Belle Isle County Secondary School	,,	,,	500	,,	,,
Cow Close County Secondary School	,,	,,	500	,,	,,

Six canteens were opened during the year and six canteens were closed as a result of the reorganisation of schools; four canteens were transferred to other premises. The old kitchen at Chapeltown County Primary School was closed because of the unsatisfactory condition of the kitchen premises and meals are now being supplied to the school from Stainbeck kitchen.

During school holiday periods, meals were served in three school dining-rooms which were opened to cater for the needs of children in the different districts of Leeds. The daily total attendances varied from 400 at Easter to 277 at Christmas; as in previous years, most of the children attending were entitled to receive meals free of charge. The School Meals Service also continued to provide refreshments for a number of school functions, and packed meals were provided for pupils going on educational journeys.

Several improvements were made to the premises of kitchens and canteens. Extensive alterations are being made to Cross Flatts kitchen and the work is nearing completion; the adaptation of the building at Shadwell to provide a kitchen is almost complete. Improvements were made to the scullieries at Low Road and Potternewton Lane County Primary Schools, Chapel Allerton C. of E School, Cross Green and St. Brigid's R.C. County Secondary Schools. Arrangements are being made for the extension of the kitchen at Allerton High School and plans have been approved for the provision of dining accommodation at Hillside County Secondary School; progress is also being made in the building of a new dining-room for the St. Anne's R.C. Girls' School.

This year there were no exceptional difficulties in obtaining supplies of essential foodstuffs and, therefore, it was possible to provide a well-varied dietary of the prescribed standard. As there were slight increases in the prices of some commodities and reductions in the prices of others, meals were provided within the unit cost of 9·75 pence per meal.

The training of staff continues to be extremely necessary as most recruits have little experience of large scale kitchen work.

Appropriate courses of training were provided for the different grades of employees and the training of cooks was regarded as being a priority ; the instruction provided covered all aspects of their work and particular attention was given to nutrition and hygiene. Refresher courses in special subjects were arranged in school holidays and a number of courses were held in improvised methods of cooking in connection with the Civil Defence Emergency Feeding Scheme.

MEDICAL INSPECTION RETURNS
YEAR ENDED 31st DECEMBER, 1959

TABLE I,

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

A.—Periodic Medical Inspections

Age Groups Inspected (By year of birth)	Number of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
1955 and later ..	379	377	99·5	2	0·5
1954	3,310	3,286	99·3	24	0·7
1953	3,556	3,508	98·65	48	1·35
1952	312	308	98·7	4	1·3
1951	159	159	100	—	—
1950	152	151	99·3	1	0·7
1949	4,498	4,482	99·65	16	0·35
1948	2,730	2,722	99·7	8	0·3
1947	310	306	98·7	4	1·3
1946	185	183	98·9	2	1·1
1945	3,475	3,468	99·8	7	0·2
1944 and earlier ..	2,759	2,751	99·7	8	0·3
Total	21,825	21,701	99·4	124	0·6

B.—Pupils Found to Require Treatment at Periodic Medical Inspections

(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (By year of birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total individual pupils
1955 and later	11	19	29
1954	75	199	268
1953	99	241	320
1952	10	27	36
1951	4	22	26
1950	9	15	23
1949	192	269	446
1948	112	160	263
1947	26	34	56
1946	5	14	19
1945	166	191	340
1944 and earlier	180	142	308
Total	880	1,333	2,134

C.—Other Inspections

Number of Special Inspections	3,190
Number of Re-Inspections	21,870
Total	25,060

TABLE II

Infestation with Vermin

(1) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	245,521
(2) Total number of individual pupils found to be infested	3,936
(3) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	1,479
(4) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	970

TABLE III

Return of Defects found by Medical Inspection in the Year Ended 31st December, 1959

A—Periodic Inspections

Defect Code No.	Defect or Disease	Periodic Inspections							
		Entrants		Leavers		Others		Total	
		Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation
4	Skin	94	193	157	134	150	152	491	479
5	Eyes—*a.* Vision	190	380	346	989	344	1,101	880	2,470
	b. Squint	69	179	3	14	14	48	86	241
	c. Other	15	28	5	13	27	32	47	73
6	Ears—*a.* Hearing	29	197	22	62	29	104	80	363
	b. Otitis Media	29	115	13	46	15	49	57	210
	c. Other	13	24	7	9	13	13	33	46
7	Nose and Throat	125	1,390	18	156	57	441	200	1,987
8	Speech	22	234	6	26	25	93	53	353
9	Lymphatic Glands	—	152	—	11	—	46	—	209
10	Heart	—	190	2	121	—	146	2	457
11	Lungs	16	396	9	135	18	266	43	797
12	Developmental—								
	a. Hernia	8	25	—	—	4	4	12	29
	b. Other	13	277	9	56	14	138	36	471
13	Orthopædic—								
	a. Posture	7	80	33	229	32	266	72	575
	b. Feet	37	140	44	119	33	217	114	476
	c. Other	20	261	22	141	36	191	84	596
14	Nervous System—								
	a. Epilepsy	1	17	2	15	1	10	4	42
	b. Other	11	336	7	97	21	217	39	650
15	Psychological—								
	a. Development	10	60	2	48	27	170	39	278
	b. Stability	4	157	2	81	8	144	14	382
16	Abdomen	7	49	—	26	2	66	9	141
17	Other	13	15	14	26	23	59	50	100

B.—Special Inspections

Defect Code No.	Defect or Disease	Special Inspections	
		Requiring Treatment	Requiring Observation
4	Skin	383	50
5	Eyes—*a.* Vision	2,461	463
	b. Squint	238	—
	c. Other	43	—
6	Ears—*a.* Hearing	105	72
	b. Otitis Media	78	3
	c. Other	140	1
7	Nose and Throat	150	9
8	Speech	102	49
9	Lymphatic Glands	54	—
10	Heart	15	39
11	Lungs	92	29
12	Developmental—		
	a. Hernia	—	4
	b. Other	—	89
13	Orthopædic—		
	a. Posture	75	5
	b. Feet	100	8
	c. Other	90	41
14	Nervous system—		
	a. Epilepsy	—	8
	b. Other	—	149
15	Psychological—		
	a. Development	—	27
	b. Stability	—	14
16	Abdomen	—	10
17	Other	45	—

TABLE IV

Treatment of Pupils Attending Maintained and Assisted Primary and Secondary Schools (Including Nursery and Special Schools)

A.—Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	818
Errors of refraction (including squint) ..	6,231
Total	7,049
Number of pupils for whom spectacles were prescribed	3,029

B.—Diseases and Defects of Ear, Nose and Throat

	Number of cases known to have been dealt with
Received operative treatment—	
(*a*) for diseases of the ear	10
(*b*) for adenoids and chronic tonsillitis	74
(*c*) for other nose and throat conditions..	18
Received other forms of treatment ..	1,009
Total	1,111
Total number of pupils in schools who are known to have been provided with hearing aids—	
(*a*) in 1959	55
(*b*) in previous years	130

Table C.—Orthopædic and Postural Defects

	Number of cases known to have been treated
(*a*) Pupils treated at clinics	1,029
(*b*) Pupils treated at school for postural defects	—
Total	1,029

Table D.—Diseases of the Skin (excluding uncleanliness, for which see Table II)

	Number of cases known to have been treated
Ringworm—(*a*) Scalp	1
(*b*) Body	—
Scabies	63
Impetigo	280
Other skin diseases	5,065
Total	5,409

Table E.—Child Guidance Treatment

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics ..	135

Table F.—Speech Therapy

	Number of cases known to have been treated
Pupils treated by speech therapists ..	262

G.—Other Treatment Given

	Number of cases known to have been dealt with
(*a*) Pupils with minor ailments	5,097
(*b*) Pupils who received convalescent treatment under School Health Service arrangements	193
(*c*) Pupils who received B.C.G. vaccination	—
(*d*) Other than (*a*), (*b*) and (*c*) above :—	
Poliomyelitis Vaccinations	39,466
Chiropody	914
Malnutrition	771
Lymphatic Glands	55
Heart and Circulation	33
Total (*a*)—(*d*)	46,529

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

(1) Number of pupils inspected by the Authority's Dental Officers :—	
(*a*) At Periodic Inspections	32,051
(*b*) As Specials	3,751
TOTAL (1)	35,802
(2) Number found to require treatment	25,373
(3) Number offered treatment	19,293
(4) Number actually treated	15,558
(5) Number of attendances made by pupils for treatment, including those recorded at 11(*h*)	38,794
(6) Half days devoted to :—	
Periodic (School) inspection	265½
Treatment	6,109¾
TOTAL (6)	6,375¼
(7) Fillings :—	
Permanent Teeth	24,479
Temporary Teeth	307
TOTAL (7)	24,786
(8) Number of teeth filled :—	
Permanent Teeth	19,012
Temporary Teeth	307
TOTAL (8)	19,319
(9) Extractions :—	
Permanent Teeth	8,046
Temporary Teeth	15,905
TOTAL (9)	23,951

TABLE V (Continued)

(10) Administration of general anæsthetics for extraction	12,390
(11) Orthodontics :—	
(*a*) Cases commenced during the year	464
(*b*) Cases carried forward from previous year	747
(*c*) Cases completed during the year	386
(*d*) Cases discontinued during the year	3
(*e*) Pupils treated with appliances	320
(*f*) Removable appliances fitted	362
(*g*) Fixed appliances fitted	—
(*h*) Total attendances	6,084
(12) Number of pupils supplied with artificial dentures ..	112
(13) Other operations :—	
Permanent Teeth	5,825
Temporary Teeth	67
TOTAL (13)..	5,892

TABLE VI

Number of Exclusions, 1959

DEFECT	REFERRED FOR EXCLUSION BY		TOTAL
	School Medical Officers	School Nurses	
Uncleanliness of Head ..	—	2,322	2,322
Uncleanliness of Body ..	—	—	—
Ringworm—Scalp and Body ..	—	1	1
External Eye Disease ..	—	12	12
Scabies	14	49	63
Impetigo	—	65	65
Other Skin Diseases	—	2	2
Other Diseases	—	1	1
Vision	—	—	—
TOTAL 1959 ..	14	2,452	2,466
TOTAL 1958 ..	51	2,198	2,249

TABLE VII

Handicapped Pupils requiring Education at Special Schools or Boarding in Boarding Homes

	Blind	Partially Sighted	Deaf	Partially Deaf	Delicate	Physically Handicapped	Educationally Subnormal	Maladjusted	Epileptic	Total
During the year ended 31st December, 1959—										
Handicapped Pupils newly placed in Special Schools or Homes	4	3	—	5	14	28	181	5	2	242
Newly Assessed as requiring Education at Special Schools	7	4	—	5	11	27	133	5	2	194
On 31st January, 1960:—										
No. of Handicapped Pupils:—										
(i) Attending Special Schools—Day	—	14	19	34	—	113	515	—	—	695
Boarding	5	—	10	3	1	21	16	1	1	58
(ii) Attending Independent Schools	10	3	11	—	11	6	22	10	3	76
(iii) Boarded in Homes	—	—	—	—	1	—	2	1	—	4
Total	15	17	40	37	13	140	555	12	4	833
No. of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944:—										
(i) In Hospitals	—	—	—	—	35	33	—	—	—	68
(ii) In other Schools	—	—	—	—	—	—	—	—	—	—
(iii) At Home	1	—	—	—	2	—	—	—	—	3
No. of Handicapped Pupils requiring places in Special Schools—Day	—	1	—	4	108	—	52	—	—	165
Boarding	5	—	—	—	—	—	10	3	1	19

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