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CITY OF LEEDS EDUCATION COMMITTEE

ANNUAL REPORT
OF THE SCHOOL
MEDICAL OFFICER

FOR

1960



CITY OF LEEDS EDUCATION COMMITTEE

Annual Report on the School Health Service for the Year 1960

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*

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LEEDS EDUCATION COMMITTEE

School Health Service

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Councillor A. R. Bretherick	„ L. E. Henson
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„ S. Cohen	„ G. Murray

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. (Left 26/2/60)

HAZEL M. COLERIDGE, M.B., B.Ch.
ELIZABETH A. COLVILLE, M.B., B.S.
(Commenced 22/1/60)

EILEEN D. WATKINS, M.B., Ch.B.
(Commenced 7/9/60)

SCHOOL HEALTH SERVICE STAFF—(continued)

<i>Ophthalmologists</i>	.. W. W. BALLARDIE, M.D., Ch.B. J. L. WOOD, M.R.C.S., L.R.C.P. A. C. HAYES, D.O., M.B., B.Ch.
<i>Orthodontist</i>	.. J. MILLER, L.D.S.
<i>School Dental Officers</i> (Full-time)	P. ATKINSON, L.D.S. Miss M. B. COGAN, B.Ch.D., L.D.S. R. F. GRAINGER, B.Ch.D., L.D.S. P. IRVINE, L.D.S.
<i>Present Staff</i>	Mrs. J. M. MARTIN, L.D.S. (Commenced 3/10/60) P. NORMAN, L.D.S., B.Ch.D. F. SZTRODL, M.D. Mrs. H. M. ASH, B.D.S. (Left 20/8/60) Miss M. CLARKE, L.D.S. (Left 28/1/60) H. GAUNT, B.Ch.D. (Left 31/12/60) S. R. GORSE, L.D.S. (Left 14/8/60) S. P. MASTERS, L.D.S. (Left 30/4/60)
<i>Pre-School Deaf Clinic</i>	.. Mrs. K. H. NEWLAND, Teacher of the Deaf (Part-time)
<i>Superintendent Health Visitor and School Nurse</i>	Miss J. M. AKESTER
<i>Deputy Superintendent Health Visitor and School Nurse</i>	Miss E. WILSON.
<i>Chief Administrative Officer</i>	.. G. VALLENDER.
<i>Chiropodist</i>	.. Mrs. JOAN BEEL, N.Ch.S.
<i>*Dispensing Opticians</i>	.. C. W. NORMAN, A.A.D.O. Mrs. J. BOLTON, A.B.O.A. (Part-time)
<i>Speech Therapists</i>	Mrs. B. JACKSON, L.C.S.T. Miss U. PURCHASE, L.C.S.T. (Left 31/5/60) Miss S. F. WILLIAMS, L.C.S.T. Mrs. A. M. CROSSWAITE, L.C.S.T. (Commenced 1/4/60) Miss P. H. JORDAN, L.C.S.T. (Commenced 5/9/60)
<i>*Orthoptist</i>	.. Miss B. KELLY, D.B.O.

<i>School Nurses</i>	..	..	24
<i>Physiotherapists and Remedial Gymnasts</i>	..		5
<i>Oral Hygienists</i>	..	..	2
<i>Clinic Assistants</i>	..	..	8
<i>Dental Attendants</i>	..	..	12

CHILD GUIDANCE

<i>Educational Psychologists</i>	..	P. C. LOVE, M.A., Ed.B., A.B.Ps.S. Mrs. J. I. TABORY, M.A., Ed.B. (Left 19/7/60)
<i>Social Workers</i>	..	Mrs. H. STEPHENSON, Dip.Soc.Sc. Mrs. E. MYERSON, Dip.Soc.Sc. (Commenced 31/10/60) Mrs. J. THOMPSON, B.A. Mrs. M. GOULD, B.A., Dip.Soc.Sc. (Commenced 15/11/60)
<i>Remedial Teachers</i>	..	R. NEWMAN, Diploma in Primary Education E. BOWSKILL, B.A. (Left 27/4/60) Mrs. C. BARNETT, B.A. (Left 31/12/60) Miss E. NICHOLSON Mr. A. RICHARDSON, Dip.Ed.Psy. (Commenced 28/4/60)

CONSULTANTS

<i>*Ear, Nose and Throat Surgeon</i>		T. McM. BOYLE, F.R.C.S.
<i>*Orthopaedic Surgeon</i>	..	J. M. P. CLARK, M.B.E., F.R.C.S.
<i>*Ophthalmic Surgeon</i>	..	J. SHERNE, M.B., Ch.B., F.R.C.S., D.O.M.S.
<i>Pædiatric Consultants</i>	..	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.
<i>Oral Surgeon</i>	..	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, 1960**

Type of School	Number of Schools	Number of Departments	Number on Roll
<i>Primary—</i>			
County	81	142	37,376
Voluntary	42	61	13,632
<i>Comprehensive</i>	2	2	2,440
<i>Secondary—</i>			
Modern	35	39	16,173
Grammar	10	10	5,947
Technical	2	2	1,686
<i>Special—</i>			
Educationally Sub-normal Classes (2)	5 —	5 —	503 23
Physically Handicapped ..	2	2	144
Deaf and Partially Deaf ..	1	1	111
Partially Sighted Class (1)	—	—	15
<i>Other—</i>			
Nursery	1	1	68
Totals	181	265	78,118

LADIES AND GENTLEMEN,

I present herewith the report of the School Health Service for the year ended 31st December, 1960.

This was a year of quiet progress and there are few matters which require special mention in this foreword.

The first two months of the year saw the completion of the special programme of inoculation of polio vaccine for schoolchildren. In future years polio inoculation will take its place in the programme of routine immunisation. The total number of children who received three inoculations under the special programme was 32,673.

In my report for the previous year I had mentioned that there had been only four cases of paralytic polio in schoolchildren during that year. This year there has not been a single case of polio amongst schoolchildren. There can be little doubt that we must ascribe these very favourable figures to the protection conferred by polio vaccine. The total number of inoculations entailed in the special programme was almost 100,000. I would like to take this opportunity to pay tribute to the efficiency and enthusiasm of the doctors, nurses and administrative staffs who carried through this large programme.

Scarlet fever and other streptococcal infections appear to have been rather more common amongst schoolchildren during the year. The explanation of this is not clear since the notifications for the city as a whole fell considerably during the year.

For considerations of safety, the programme of B.C.G. inoculations had been delayed during the course of the special polio programme. Because of this delay the numbers of children receiving B.C.G. vaccine this year were larger than in a normal year.

We are still without a child psychiatrist at the Child Guidance Service although the Leeds Regional Hospital Board have used their best endeavours to recruit one. Once again I must express my sincere gratitude to Dr. E. C. Allibone for all the help he has given us in this field.

The number of audiometer tests carried out during the year showed a diminution due to illness among the trained testing staff.

On behalf of the School Health Service it is a pleasure to acknowledge the help so willingly given by our colleagues in the Education Department, and by the teachers and staff in the schools.

My personal thanks and those of my staff are sincerely tendered to the Chairman and Members of the Education Committee and to the Special Services Sub-Committee for their courtesy, support and encouragement.

I am,

Ladies and Gentlemen,

Your obedient servant,

D. B. BRADSHAW,
Principal School Medical Officer.

February, 1961.

STAFF

Medical Staff.	There has been no change in the permanent full time staff during the year.
Nursing Staff.	Five nurses resigned and have been replaced.
Physiotherapy Staff.	One physiotherapist resigned and has been replaced.
Speech Therapy Staff.	One resigned and was replaced. The Committee approved an additional speech therapist and an appointment was made, bringing the staff to four.
Child Guidance Staff.	One educational psychologist resigned and has not yet been replaced. Two additional social workers were appointed. Two remedial teachers resigned during the year and both were replaced.
Dental Staff.	Five dentists resigned and one was appointed.

SCHOOL CLINICS

In addition to the central clinic at the Education Offices, there are twenty-three branch clinics in the city. Consultants to the Authority hold their sessions at the central clinic and it is here that the school medical officers carry out most of their intelligence testing of backward and delinquent children. There are also facilities for physiotherapy, speech therapy, refraction and orthoptic treatment, dental treatment and pre-school clinics for spastic children and deaf children.

The following is a list of the branch clinics together with details of the treatments which are available at each.

Branch Clinics

Branch Clinic and Address	Treatment Given
Abbey Grange C of E Sec. School	Minor ailments.
Armley (Town Street) ..	Minor ailments, physiotherapy, speech therapy, refraction, dental treatment.
Beckett Street C.P. School ..	Minor ailments.
Braim Wood C.S. 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.
Hawthornthwaite 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 AND GENERAL CONDITION

21,203 children were examined at routine inspection in schools and 20,442 were seen at re-inspections. It was found that 2,186 children required treatment other than for dental conditions or uncleanliness.

On the whole the physique and well being of the children was satisfactory but the general condition of 94 (0.4%) was unsatisfactory as the children were not only in poor health but inadequate steps were being taken to remedy the defect. This figure of 94 is a minimal one as there are children whose attendance at school is so sporadic that they are rarely seen by the medical officer. In many cases nurses are able to maintain some degree of supervision and where possible the family doctor is informed if there is some anxiety about the child. It is possible to take steps under the Education Act for the child to be produced for examination, but this procedure is apt to cause ill-feeling and may defeat its own purpose. Not infrequently pressure from several quarters has to be applied before any action is taken by the parents.

MINOR AILMENTS

As a result of the improvement in the general health of the children, there has been a fall in the number requiring minor ailment treatment, but a certain amount of attention is still needed. Chronic skin sepsis, for example, still occurs and a number of children are still sent to school with superficial lesions which have not been dealt with.

During the year eighty-seven cases of scabies were reported and although treatment for the school children is readily obtainable, it is difficult to prevent re-infection from untreated adults in the home. Ringworm occurred in four children only and the incidence of animal ringworm appears to have declined while the incidence of plantar warts has not altered significantly.

The number of children with chronic otitis media seems to remain much the same.

OTOLOGICAL SERVICES

Mr. Boyle attended weekly at the central clinic and visited the school for deaf and partially deaf each term. In addition, consultations were held between Mr. Boyle, Mrs. Newland, who is in charge of the pre-school deaf clinic, and the Senior School Medical Officer,

to discuss progress and placement. Nine deaf aids were ordered and thirteen children recommended for education in the pre-school clinic, while six children were recommended for admission to Elmete Hall school. The number of children attending with chronic otitis media alters very little and there is no doubt that this is a disease associated largely with a poor material standard of living for with few exceptions it has died out amongst children from satisfactory homes.

Audiometry

Nurses continued to carry out routine audiometric testing in school, and those children who failed the test were referred to Dr. Kelly who reports :—

The audiometry clinic, which was started last year, has been working to full capacity and the interest and response by parents has been well maintained.

During the year eighty-three visits have been made to schools by specially trained members of the nursing staff. 3,400 children between six and seven years of age were examined with the use of a portable audiometer and of these, 160 were referred for further investigation. Parents and head teachers were notified of any defect of hearing acuity, and the parents were invited to bring their children for a fuller and more detailed examination at the central clinic.

Minor uncomplicated conditions causing temporary slight loss of hearing acuity (i.e. simple catarrhal deafness, wax, etc.) were treated either at the local clinic, or if the parents preferred, by the family doctor. All these cases were recalled after a suitable interval for re-examination and a further audiometry test.

Hearing defects associated with conditions requiring more active treatment (chronic otitis, tonsillar enlargement, adenoids, etc.) were referred to Mr. Boyle at his weekly clinic. The advantage of this arrangement is that the waiting period is reduced to a minimum and children can be admitted to hospital without unnecessary delay. These cases, after appropriate treatment had been carried out, were similarly re-examined at the weekly clinic.

Where loss of hearing was suspected, audiometric tests were given and, if necessary, treatment was arranged.

The help and co-operation received from the head teachers of all the schools visited during the year has been greatly appreciated.

Pre-School Deaf Clinic

Mrs. Newland continued to attend this clinic on three sessions a week. Some sessions were also devoted to home visits when it was impossible for the mother to attend the central clinic or where it was felt that the child would respond better in his home surroundings. The work is extremely varied and the chief aim is to encourage the child to speak, to understand speech and where necessary to use a hearing aid intelligently. In addition the parent must learn to understand the child's problems and to help the child to make use of his limited hearing. Frequently there have been misunderstandings and emotional discords have developed which have to be eased before a successful parent-child relationship is achieved. The progress of some of the children is very striking and frequently the view is expressed that the child's hearing has improved. In fact the child has learnt to make better use of what hearing he has and this is the end to which the clinic was designed.

Occasionally children are admitted to nurseries when it is felt that more constant contact with children is necessary and also where some relief is necessary for the mother on whom the greatest strain tends to fall.

The clinic was visited twice by Dr. Sheridan, of the Ministry of Health, and both the teacher and medical officer gained much stimulating advice and information.

Thirty-one children made 277 attendances. Thirteen children were admitted to the clinic and four discharged either to ordinary school, or to deaf school, or found to be in need of no further treatment. Six children were visited forty-two times at home.

OPHTHALMIC SERVICES

The arrangements for the continuance of the service made in 1948 with the Group A Hospital Management Committee still operate satisfactorily. The Education Committee provides the premises and some of the equipment, while the Regional Hospital Board provide the consultant staff, the orthoptist and the staff of the opticians' department. Prescriptions for glasses are made up either by a private optician or by the committee's optician according to the wish of the parent. Under the National Health Service Act no charge is made for this service but the Education Committee is responsible for paying for repairs for spectacles when damage is due to negligence. The annual bill for repairs amounts to £400 approximately.

The following table shows the work of the ophthalmic department for the year.

New Cases		No. ordered spectacles	No. referred for operation	No. of cases with squint
Pre-School	School			
284	6,231	3,295	93	477

Accurate testing of vision, particularly in younger children, is very difficult to achieve. Three main difficulties arise. Firstly children cannot always identify symbols even though they can see them. This is true for letters, numbers, pictures, E symbols and Sjögren hands. Several methods have been tried out including the Sheridan-Pugmire test and it would appear that nurses must be prepared to use more than one method both in clinic and school. Secondly, children tend to peep with the covered eye and even an experienced nurse can be deceived by this. Next year it is hoped to re-introduce the eye shield as a routine in schools since without doubt less peeping occurs when it is used. Thirdly children tend to learn charts by heart and any successful system must depend on frequent changes of symbol. It is hoped to introduce the general use of a card showing only 6/6 and 6/9 type sizes for routine testing.

Pre-School Clinic

284 children under school age were seen. Since so many children with amblyopia, squint and latent squint come from families with several members suffering from similar conditions it is found advisable to examine all the children in a family where one child is known to be affected. Even though the eyes appear normal it is considered wise to continue seeing these children until the visual acuity in each eye has been accurately determined.

Orthoptic Clinic

Miss Kelly remained in charge of the orthoptic clinic, visiting the Public Dispensary and Clayton Hospital for 2 sessions a week. The type of work has remained substantially unaltered. The waiting list for squint operation has been considerably shortened as there has been an increase in the number of beds available.

Optician's Department

The work here shows a small decrease on that of last year. It is noticeable in repairs as well as new spectacles. The reason may be that more parents are now taking their children to private opticians.

	1960	1959
Spectacles dispensed	2,655	2,804
Repairs and replacements	1,610	1,938
Adjustments and minor repairs	1,784	1,954
Total number of attendances	10,712	11,556

THE ORTHOPÆDIC SERVICE

The arrangements for the weekly orthopædic clinics are the same as in recent years. Mr. J. M. P. Clark, F.R.C.S., attends on alternate Mondays to see selected children. During 1960 there have been 254 attendances for Mr. Clark and 1,001 for Dr. Holoran, making a total of 1,255. This is a reduction of over 200 compared with the average for the last nine years. During this time the number of individual children seen has fallen from 987 in 1955, the highest total, to 629 in the present year, and this in spite of some increase in the school population. In 1959, 820 children were seen. A small adjustment must be made for the fact that since 1957 children who attend the training centres have been seen in the centres instead of at the clinic, so that these numbers have not been included in the figures quoted from 1957 onwards. Most of these children are cerebral-palsied. In 1960, forty-eight consultations were held at the training centres. The children seen at Potternewton Mansion School for the physically handicapped and the cerebral-palsied children at Larchfield School have never been included in these figures.

For the first time it was possible to deal with all the cases without holding additional clinics. This reduction seems to be due largely to the general trend in children's orthopædics.

The following table shows the conditions for which the children attend the orthopædic clinic:—

Sequelæ of Poliomyelitis	..	..	..	..	..	118
Congenital Defects						
Pes Cavus	..	..	..	..	18	
Multiple Congenital Anomalies	..	..	..	..	15	
Talipes Equino Varus	..	..	..	..	12	
Dislocation or Subluxation of Hip	..	..	..	..	11	84
Structural Scoliosis	..	..	..	..	8	
Metatarsus Primus Varus	..	..	..	..	7	
Various (incidence 2 or 3)	..	..	..	..	13	
Cerebral Palsy	..	..	..	..	..	76
Postural Defects						
Feet	..	..	..	..	50	
Spine	..	..	..	..	17	
Torticollis	..	..	..	..	1	68
Osteochondrosis of						
Hip	..	..	..	..	23	
Spine	..	..	..	..	1	
Various	..	..	..	..	2	26
Genu Valgum	..	..	..	..	..	27
Results of Injuries	..	..	..	..	..	22
Osteomyelitis and Suppurative Arthritis	..	..	..	..	..	13
Tuberculosis of Bone	..	..	..	..	..	12
Other Conditions (incidence 6 or less)	..	..	..	..	..	50
Consultation and no treatment or observation	..	..	..	..	..	110
Transient symptoms	..	..	..	..	..	23
						629

Dr. Holoran continues her clinical assistantship in the Orthopaedic Department of the General Infirmary. This facilitates liaison with the department, while liaison with schools and the Youth Employment Service is kept up by letters and telephone calls. Teamwork is necessary if a child's disability is to be understood and his full potentialities developed. Parents also must be helped to take their part in the rehabilitation team.

The pre-school cerebral palsy clinic continues as usual. Two physiotherapists work on 2 sessions a week and a speech therapist is available on these days when required.

33 children attended for physiotherapy during 1960

3 children attended for speech therapy during 1960.

PÆDIATRIC SERVICES

The pædiatric clinic which is held twice a month in the central clinic is attended by a pædiatrician on the staff of the University Department of Child Health and Pædiatrics and a school medical officer. Medical officers also attend Professor Craig's out-patients' clinic at the Leeds General Infirmary and gain much valuable instruction. There are frequent discussions between the hospital staff and medical officers about difficult problems and reports on children in the care of the consultant pædiatricians are regularly received. Recommendations for modification of school regime, when feasible, are passed on to the head teacher. Discussions between the hospital staff and the medical officers occur frequently over difficult problems.

CHIROPODY

Mrs. J. Beel, Chiropodist, reports :—

The chiropody clinic in Fenton Street is rented from the Leeds General Infirmary on two half days a week. The accommodation is very restricted as three chiropodists have to work in one small room. It is hoped to secure more satisfactory premises when the Health Department develops its chiropody service.

The clinic continues to be very well attended and during the year there were 1,241 new cases treated involving 4,668 attendances. 705 cases were discharged as cured. The majority suffered from verruca and received treatment once a week. To assist in the treatment, each patient is handed a notice giving advice on the care of the infected foot. Parents are also asked to inform the clinic if the child is unable to keep the next appointment. This saves time as new appointments can be made to fill the cancelled ones.

There was a slight increase in defects of the feet but a decrease was noted in the prevalence of corns. The fashionable pointed shoe has not yet shown its effect on children's feet, although many wear them. The chiropodists have constantly been advising parents and children of the risk of permanent damage to the feet by the wearing of these shoes. There seems to be an increase in the prevalence of "Athletes Foot" and this may be due to the wearing of stockings or socks of man-made fibres which do not absorb perspiration as wool does. Some of the older girls do not wear socks or stockings and are therefore more susceptible to blisters and chilblains.

On the whole, the standard of cleanliness of the feet was found to be quite good.

The following table shows the year's work :—

Chiropody Clinic Attendances—1960

Defect	New Cases	Attendances
Verruca	1,058	4,088
Defects of feet	103	397
Corns etc.	80	183
Total	1,241	4,668

Total discharges for 1960—750

SPEECH THERAPY

Miss Purchase resigned on taking up a new post. She had been with the authority since May, 1953, and had done much valuable pioneer work with the cerebral palsied children and with the children in ordinary and E.S.N. schools. She was replaced and an additional speech therapist was appointed in September, bringing the staff to four.

The service continues to operate as in former years. Children found to have speech defects are given an audiometric test and examined by Dr. Prince who supervises the speech department. Treatment is arranged for suitable cases.

Dr. G. F. Prince reports :—

The school medical officers found 540 cases of speech defect during routine medical inspections in 1960. A total of 175 children were referred to the speech clinic for investigation in order that contributory factors and the general family background could be assessed. The situation was then explained to the parents, and decisions made as to appropriate action.

For a five year old there is still a good deal of speech training which is properly the province of the parents. The expert knowledge and encouragement of the speech therapist can often be of help to the parents in clearing up minor defects of articulation. In this way the long intensive treatment of established faults may be avoided.

There appears to be a growing impression among infant teachers that the speech of five year olds is less mature than it used to be. The traditional nursery rhymes and jingles have a very strong speech training component and teachers report that because of television they are by no means so widely known as they used to be. Many expert young "viewers" are missing the valuable experience which the learning and recitation of these traditional pieces provided for the very young child as a normal part of family life. Anything which retards language development in the early years is likely to have repercussions on formal education. This point is therefore of some importance.

As a result of the increase in the number of speech therapists the waiting list for treatment has been considerably shortened, and children are being referred and accepted for treatment at an increasingly early age.

Therapy is given at the central clinic and at eight branch clinics, as well as at Larchfield and Potternewton schools where long term help is needed by some of the cerebral palsied children. As the waiting list decreases it should be possible to pay more attention to the extensive problem of defective speech in schools for the educationally subnormal.

The following figures set out the present situation.

Children treated by speech therapists	..	..	..	..	295
Speech defects found at routine medical inspection	..	..	..	..	540
Speech defects referred for investigation	..	..	..	..	175
Children recommended for treatment	..	..	..	..	118
Children commencing and re-commencing treatment	..	..	..	..	176
Waiting list for treatment 31st December, 1959	..	..	..	..	133
Waiting list for treatment 31st December, 1960	..	..	..	..	88

CHILD GUIDANCE SERVICE

Mr. P. Love, Senior Educational Psychologist reports :—

This year the Child Guidance Service has again offered facilities for the diagnosis and treatment of those Leeds pupils who suffered from educational or emotional handicaps. The majority (61%) of these pupils have been assessed to be of average intelligence, and their ages have ranged from 3 years to 17 years. The children have

been referred to the service by school medical officers, general practitioners, head teachers, probation officers, the children's officer and, not least, by the parents themselves.

Nearly all the pupils who have been referred for educational help have been found to be retarded in reading attainment. Their average age at the time of referral to the service was 9 years, whilst their average attainment in reading was less than that of a 6 year old child. These pupils were given special help with their reading either individually or in small groups. Wherever possible, this individual and group work was carried out in the children's own schools. Remedial help continued until the child had formed a more confident attitude to reading and had reached a standard of attainment which would enable him to keep up with his class-mates.

As in past years, the referrals of children for emotional factors have been analysed into the three categories of habit disorders, behaviour difficulties and nervous disorders. Once again, over half of all the referrals have been on account of behaviour difficulties, such as pilfering and refusing to attend school. In the case of the younger boy pilferers, it is often found that their fathers are dead or separated from their families. Even where the father still lives with the family, he rarely has an effective relationship with his son. Many of these cases have responded well to an artificial "father-son" relationship with one of the staff of the service, whilst a few have needed a more consistent environment offered by residential schools. Nocturnal enuresis was the main factor in 19 referrals this year, and was a secondary factor in a further 6 cases. Facilities are available within the service for either medical or psychological treatment of this particularly distressing symptom, and satisfactory results have been achieved in all but a few cases. Each case is reviewed for up to 2 years after the completion of treatment, in order to ensure that there is no relapse.

The nationwide increase in the number of "school refusals" wrongly termed "school phobia" has also been noted in Leeds. These children are not truants in the accepted sense. The refusal is frequently the outward manifestation of some emotional disturbance usually not connected with schooling. When these children are reported they are followed up as soon as possible, since delay or wrong handling, may easily create even greater difficulties. Where, after due enquiry, the refusal appears to be a matter of truancy the school and parent are advised on the procedure to be adopted.

INFECTIOUS AND CONTAGIOUS DISEASES

Chicken pox and mumps were more prevalent than usual during the spring term. Scarlet fever was also more widespread, and in some weeks as many as 50 new cases were reported. The number of children affected by rheumatic fever and nephritis was also greater than in recent years. These increases suggest that streptococcal infection in general may have been more prevalent. Whooping cough and measles had a low incidence though there was a marked increase in the cases of whooping cough reported during July.

Several cases of suspected poliomyelitis in school children were reported during the year but none of them was confirmed. It is therefore possible to report that there was not a single case of poliomyelitis during 1960.

43 children were notified as suffering from tuberculosis. Some of these were able to attend school, though some needed hospital treatment. One child with an open lesion had been attending school and it was thought advisable to x-ray the rest of the class and any teachers who had been in close contact. Fortunately there was no spread of infection. One school meals kitchen assistant was found to have an open lesion at routine examination. The remainder of the staff were x-rayed and found to be unaffected.

There was a small increase in the number of cases of scabies found during the year, 87 children being reported as against 63 the previous year.

CLEANLINESS OF PUPILS

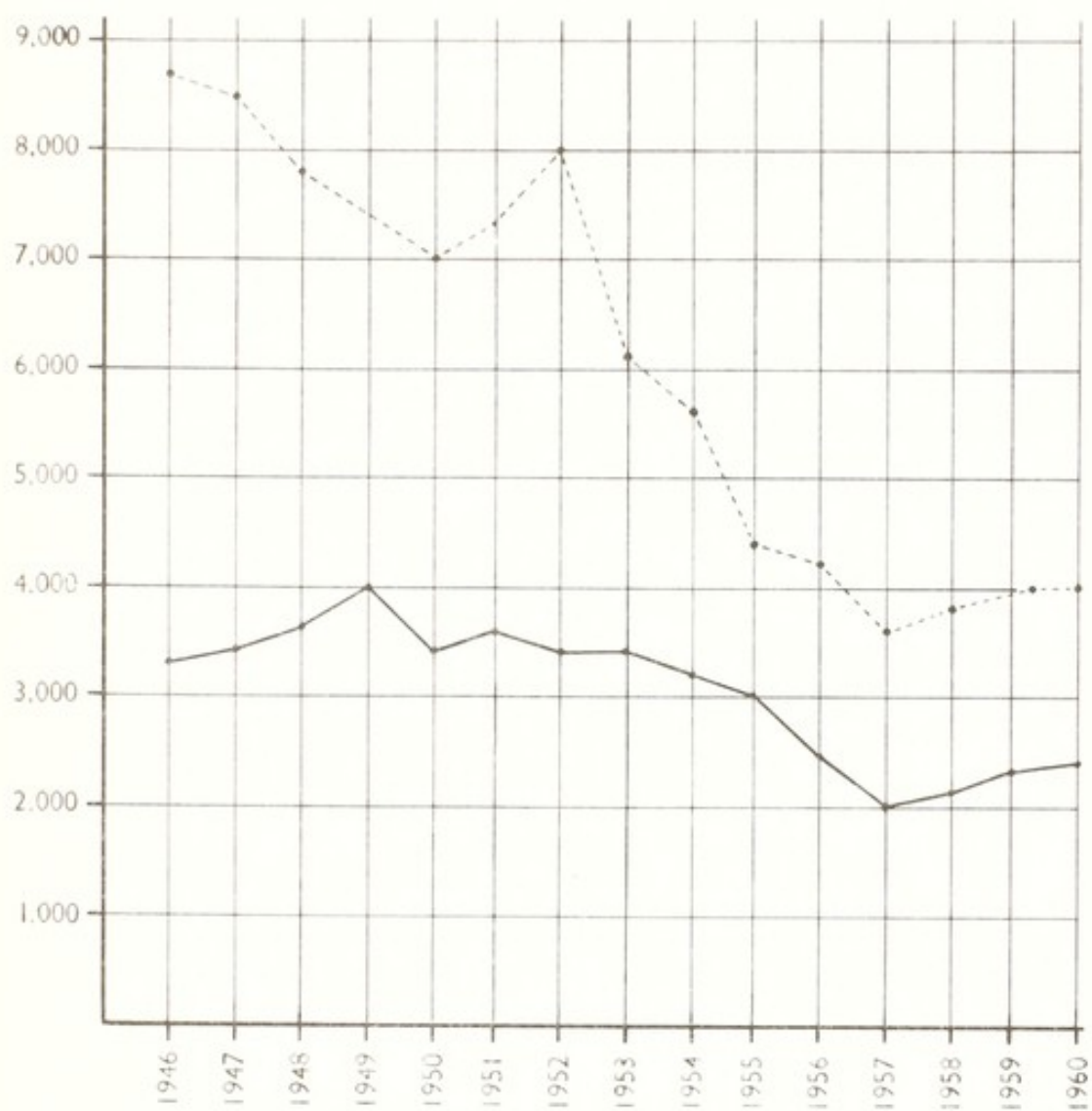
It is the duty of the committee to arrange for all school children to be examined periodically. Usually each school is visited three times when every child present is examined. A special record is kept of all children found to be in an unsatisfactory condition and these particular cases are seen again in about a month's time after the parents have been notified of the condition and required to take steps to cleanse the child. These examinations are carried out by school nurses and clinic assistants who are authorised by the committee to undertake such examinations.

During the year 253,731 examinations were made and in 10,979 cases the children were found to be in an unsatisfactory condition. Many of the children were found unclean on more than one occasion. The actual number of individual children who were

INCIDENCE OF UNCLEANLINESS—1946 to 1960

----- Individual children found to be unclean.

———— Number of exclusion notices issued.



found unclean was 3,939. Of these 1,572 were excluded from school owing to the presence of vermin, some of them on more than one occasion.

When a child is excluded the parents receive a form of exclusion which indicates the day, time and clinic at which the child should be presented. This is usually about 48 hours after the time of the exclusion so that the parents may have sufficient time to cleanse the child. If the child is presented at the clinic and found satisfactory a clearance certificate is issued authorising return to school. If the child is not clear or fails to attend the clinic, a cleansing order is issued in accordance with Section 54(3) of the Education Act, 1954. The number of such cleansing orders issued during the year was 956.

It is very interesting to see that the figures for 1959 very closely resemble those for 1960.

		Total No. of examinations	No. of children unclean	No. of children excluded
1959	..	245,521	3,936	1,479
1960	..	253,731	3,939	1,572

This confirms the belief that the majority of parents keep their children clean and only a small number of regular offenders cause the committee any concern. The graph on the previous page indicates the number of individual children found unclean and the number of exclusions for each year since 1946.

The amount of slum clearance and re-housing which has been carried out may well be the cause of the fall in numbers of each category. It would appear that the numbers are now levelling off at about 4,000 individual children found unclean each year and 2,400 exclusions.

POLIOMYELITIS VACCINATION

In January and February of this year a further 1,081 children were given their third and final injection. This brought the total of children fully protected to 32,673 and the operation of the scheme is now being continued by the Health Department.

B.C.G. VACCINATION

The inoculation of children against tuberculosis, which had been suspended while the poliomyelitis scheme was in operation, was resumed in March. The parents of all children over 13 years of age were given an opportunity of signing consent forms authorising the

committee to investigate and where necessary to give their children protection. Just under 10,000 consents were received and during the year all of them, except children absent and who will be seen later, were given a mantoux test. This test reveals the children who are T.B. positive and those who are negative. It is the children who are negative who require the inoculation in order that they may be converted to T.B. positive.

The following table gives a summary of the results. It is very interesting to note that the older students at the colleges show a far higher percentage of positives than pupils in other schools, indicating that far more have gained a natural immunity than the younger children.

Colleges and Schools	No. given Mantoux Test	Positive	Negative	Absentees	No. given B.C.G.
Colleges (Full-time Students)	698	332	332	34	332 (47·5%)
Secondary Grammar & Technical ..	3,009	641	2,252	116	2,252 (74·8%)
County Secondary & Comprehensive	4,582	818	3,447	317	3,447 (75·2%)
Primary ..	1,128	198	847	83	847 (75·1%)
Totals ..	9,417	1,989	6,878	550	6,878 (73·0%)

HANDICAPPED PUPILS

(Position on the 20th January, 1961)

Blind

At home—having home tuition	..	..	..	..	..	1
Attending residential schools	..	..	..	..	..	16

Partially Sighted

Attending special class ..	..	..	..	..	..	15
Attending residential schools	..	..	..	..	..	2

Deaf

Attending day schools for deaf..	..	..	..	..	..	21
Attending residential schools for deaf	..	..	..	..	..	14

Partially Deaf

Attending day school for partially deaf	..	..	..	..	..	35
Attending residential school for partially deaf	..	..	..	..	..	3

Delicate

Attending residential schools	..	..	..	..	..	..	19
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Diabetic

Attending ordinary schools	..	..	..	..	..	..	18
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Physically Handicapped

Attending day physically handicapped school	..	..	..	..	..	115
Attending residential physically handicapped school	..	..	..	..	..	25
Attending hospital special schools	..	..	..	..	..	16
Having home tuition	..	..	..	..	..	8

Educationally Subnormal

Attending day E.S.N. schools	..	..	..	..	..	618
Attending residential E.S.N. schools	..	..	..	..	..	45

Epileptic

Attending residential schools	..	..	..	..	..	6
Attending ordinary schools	..	..	..	..	..	110

Maladjusted

Attending residential schools	..	..	..	..	..	15
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Speech

Attending residential schools	..	..	..	..	..	1
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HANDICAPPED CHILDREN

(1) Blind

16 children attend residential schools :—

Chorleywood College for the Blind, Herts.	..	..	..	..	1
Henshaw's Institution for the Blind, Manchester	..	..	..	..	4
Royal Normal College for the Blind, Rowton Castle, Shrewsbury	..	..	..	..	4
Sheffield School for the Blind	..	..	..	..	6
Worcester College for the Blind	..	..	..	..	1

(2) Partially Sighted

2 children attend residential schools for partially sighted children, one at the Preston School for Blind and Partially Sighted and the other at St. Vincent's R.C. School for Blind and Partially Sighted, Liverpool. It is more difficult to decide the right type of school for the partially-sighted than for any other group of handicapped children. There is no yardstick to enable an accurate assessment to be made. Children with equally severe visual defects vary greatly in their ability to learn by sighted means. In general it is found that the youngest children can manage very well in infant schools since they are handling large objects in bright colours. In the upper infant class their disability becomes more noticeable as numbers and letters become printed in smaller and smaller sizes. Their reading pace is slow and comprehension becomes difficult since their span of words is limited. It is at this stage that transfer to a special school or class for partially sighted children becomes

necessary. They can work at a slower pace without any feeling of inferiority. After a time they can take certain lessons with ordinary children, such as history and geography, and frequently in their last junior year they can work all the time with ordinary sighted children. A number of children can transfer to ordinary secondary schools, though a few will obviously require continued partially sighted education.

PARTIALLY SIGHTED CLASS FOR JUNIORS IN BECKETT PARK C.P. SCHOOL

15 children attend this class and there is once again a waiting list. The ocular conditions of children attending the class are as follows :—

Retrolental fibroplasia, myopic astigmatism	1
Vitreous opacities, secondary cataract.. .. .	1
High myopia	2
High myopia and nystagmus	1
Nystagmus	3
Optic atrophy	1
Congenital amaurosis, nystagmus	1
Cataract	3
Retinal degeneration	1
Albinism	1

Progress of the children has been very satisfactory during this year both educationally and socially. They have taken an increasing part in the life of the school and mix freely with the other children. One boy qualified for a place in a grammar school and now attends the Leeds Modern School.

(3) Partially Deaf and Deaf

13 children attend residential schools as follows :—

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

DEAF

25 Leeds children, who are profoundly deaf, attend the Elmete Hall School and a few similar children from other authorities are remaining until they reach school leaving age but no new children from outside Leeds are being admitted. The new residential block was completed and occupied during the year, so that the school is now fully established at Elmete Hall.

PARTIALLY DEAF

46 Leeds children and 34 children from other authorities attend Elmete Hall School. A small number of children with marked bilateral hearing loss attend ordinary schools, but on the whole the use of a hearing aid in ordinary school is unsatisfactory and in the majority of cases children needing aids do better when working in the special conditions provided at Elmete Hall.

Mr. Boyle arranged for all the school leavers to have a special examination to see if any might be amenable to the newer forms of aural surgery. Unfortunately no child was found to be in this category.

Exact diagnosis of the cause of deafness is not always possible. The following table shows the variety of causes of deafness in the 112 children on roll at Elmete Hall.

Congenital Deafness						
(a) No causative factor known	..	..	..	..	..	60
(b) Familial history of deafness	..	..	..	..	..	18
(c) Rhesus factor present	..	..	..	..	..	4
(d) Maternal rubella	..	..	..	..	..	3
Tubercular meningitis	..	..	..	..	..	8
Meningitis	..	..	..	..	..	12
Maternal diabetes	..	..	..	..	..	1
Streptomycin treatment (for nephritis)	..	..	..	..	..	1
Cerebral palsy	..	..	..	..	..	1
Neonatal anoxia	..	..	..	..	..	1
Middle ear infection	..	..	..	..	..	3

(4) **Delicate**

16 children attend residential open air schools, the majority on the recommendation of the consultant pædiatricians.

Children's Convalescent Home, West Kirby	..	..	..	..	11
Linton Residential School, Grassington	..	..	..	..	1
Park Place School, Henley-on-Thames	..	..	..	..	1
* St. John's R.C. Open Air School, Woodford Bridge, Essex	..	..	..	..	3

With better housing conditions and the generally improved standard of health, fewer children need special facilities because of chronic ill health. Certain conditions however do not diminish in incidence. The number of children with asthma remains substantially the same and the number of children who miss a good deal of education through recurrent bronchitis remains high. Naturally from time to time any child is liable to a period of ill health and may be sent for convalescence. A number of children are sent away through the convalescent section of the Health Department. Some children are admitted to the convalescent section in West Kirby and some of these are transferred to the open air school in the same institution if a longer term of recuperation is required. Children are admitted for varying periods to The Hollies and while there attend the local schools.

(5) **Educationally Subnormal**

42 children attend residential schools as follows :—

Aldwark Manor Boarding Special School, York	..	..	..	..	4
Allerton Priory R.C. Special School, Liverpool	..	..	..	..	1
Besford Court R.C. Special School, Worcester	..	..	..	..	8
Crowthorn Residential Special School, Edgworth, Lanes.	..	..	..	..	2
Etton Pasture School for E.S.N. Children, Beverley	..	..	..	..	4

Hilton Grange School, Old Bramhope	2
Irton Hall School, Holmbrook, Cumberland	1
Orton Hall School, Peterborough	1
Pontville R.C. Special School, Ormskirk, nr. Southport	1
Rossington Hall, Doncaster	10
Dr. Barnardo's Spring Hill School, Ripon	1
Thorn Garth Hostel, Bradford	2
Rudolf Steiner Schools, Aberdeen	2
All Souls' R.C. Special School, Hillingdon	1
Hindley Hall Special School, Stockfield	1
St. Christopher's School, Bristol	1

The reasons for attendance at residential schools are variable. Frequently there is some difficulty at home. Some children require more continuous supervision and encouragement than is available at a day school.

Numbers on roll at day E.S.N. schools are as follows. These include 21 children from other authorities in attendance at Armley, Grafton, Hunslet Lane and Cardinal Square. The numbers shown on roll at St. Bernadette's is that of Leeds children only and does not include other authorities' children.

School	Roll
Armley Lodge	80
Cardinal Square	110
East End Park	78
Grafton	60
Hunslet Lane	194
Wykebeck	39
St. Bernadette's	79

St. Bernadette's, the Roman Catholic school for educationally subnormal children, was opened by the Bishop of Leeds in July. This is an independent school, and fees are charged to local authorities.

A considerable amount of time was spent by medical officers sorting out suitable children for admission from the lists supplied by the various Roman Catholic schools. On the whole a rather wider range of intelligence levels obtains in the school than in most E.S.N. schools. This was inevitable since it was the first year in which full time day E.S.N. education in a Roman Catholic school was made available.

A third E.S.N. class was opened in Wykebeck C.P. school following the large increase in population on the east side of the city.

There have been no major changes in the committee's schools. With the rapid expansion of the city it has become increasingly difficult to find places for some of the children at a school reasonably near to their home. During the past few years children have been

entering special schools at a rather earlier age with considerable benefit and it is clearly important not to allow an ascertained child to remain long on a waiting list.

(6) **Epileptic**

Six children attend residential schools :—

Colthurst House, Alderley Edge, Cheshire	3
Lingfield Hospital School, Surrey	2
Soss Moss Residential School, Lancs.	1

When possible children suffering from epilepsy have been retained in ordinary schools. Although major epilepsy is apt to be regarded as a more serious disease than petit mal (minor epilepsy) the latter condition often interferes more with schooling. Many children have frequent, fleeting attacks which may pass unnoticed. Unfortunately however, such attacks do interfere with concentration and train of thought. It is common to find that these children are retarded in their work and any attempts to bring them up to the standard of their fellows may only result in more frequent attacks.

(7) **Maladjusted**

16 children attend schools for maladjusted children.

Chaigeley School, nr. Warrington	1
Clwyd Hall, Ruthin	2
Eden Grove, Bolton, nr. Appleby	2
Breckenbrough School, Thirsk	2
Peredur House School, East Grinstead	2
St. Peter's Boarding School, Horbury	1
Sutcliffe School, Bradford-on-Avon	1
Salesian School, Longhope	1
Broadview House School, Hayling Island	1
Greenfield House, Billinge	1
The Larches Hostel, Preston	1
St. Joseph's R.C. School, East Finchley	1

Finding suitable places for these children becomes increasingly difficult and it is hoped that the opening of a hostel for maladjusted children will be feasible in the near future. Arrangements have been made for opening two day classes at the child guidance unit for 14 children, who will attend part-time.

A large number of children with minor behaviour disorders are dealt with in schools by the teachers, often in co-operation with the medical officer or family doctor. Some cases however appear to warrant further investigation and treatment and it is these children who are seen by the staff of the child guidance service. Help can be given in a large number of instances but some children obviously need very deep investigation and prolonged psychiatric treatment. With the appointment of a child psychiatrist to St. James's Hospital it is hoped that such facilities may be more readily obtained.

Dr. Allibone has continued to give valuable advice and help at the child guidance clinic. He attends for one session a week and also sees some of the children at the Infirmary when further investigation appears necessary. A school medical officer, Dr. Allen, also attends the clinic for one session a week.

(8) Physically Handicapped

Eight children were placed in residential schools for physically handicapped children as follows :—

Ian Tetley Memorial Hospital	2
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

Such children are only placed in residential care when their severe physical handicap prevents them from using the daily transport between their home and Potternewton Mansion School. There are also some children who are receiving their education in orthopaedic hospitals. These cases are seen after discharge from hospital when the type of school they should attend is determined.

Dr. Holoran reports on Potternewton Mansion School as follows :—

On 31st December, 1960, there were 113 children on roll at Potternewton Mansion School, a reduction of 9 compared with 1959. For the last eight years the numbers have varied between 122 and 132.

26 children were admitted to the school for the first time during the year, including two from Larchfield School. Five children were re-admitted, the majority having spent a period in hospital school for reconstructive surgery.

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

Cerebral Palsy	30
Sequel of Poliomyelitis	16
Congenital Deformities (other than Congenital Heart lesions) :—	
Meningocele or Spina Bifida	7
Kypho Scoliosis	6
Absence of radii	1
Abnormality of Bladder	1
Anomalies of L. Leg and L. Arm	1
Heart Disease :—	
Congenital	9
Rheumatic	1
Pseudocoxalgia	10
Hæmophilia	8
Muscular Dystrophy	7
Progressive Spinal Muscular Atrophy	2
Sequelæ of Osteomyelitis	2
Tuberculosis of Bone	2

Slipped Femoral Epiphysis	2
Still's Disease	1
Diabetes and partial-sightedness	1
Fragilitas Ossium	1
Von Recklinghausen's Disease	1
Inoperable Brain Tumour	1
Bronchiectasis	1
Sequelæ of Fractured Pelvis	1
Amputation for Pseudoarthrosis of Tibia	1
	113

Twelve of the children are largely chairbound and therefore need assistance with toileting. Two of these and four ambulant children, are incontinent, while a further three children have had an ileal bladder operation to deal with their incontinence and need supervision of their appliances.

The arrangements for the medical supervision of the school remain the same. Mr. Clark, F.R.C.S., visits the school as the orthopædic consultant, while Dr. Buchanan and Dr. Lewis attend 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. Mr. Pagdin, the head-master, is present at the medical examinations and parents are invited and attend very well. In this way teaching staff, parents and medical advisers can act as a team for the benefit of each child.

Terman Merrill intelligence tests have been carried out for 22 children during the year. Four children have been transferred to schools for the educationally subnormal on becoming physically fit for the change. After a trial period one cerebral palsied child has been notified to the Mental Health Services as unsuitable for education in school.

40 children were taken off the school roll during 1960. The following table gives the details of their subsequent careers.

To work	6	}	29
To private commercial schools	2		
To Comptometer School	1		
To Branch College of Commerce	1		
To secondary modern schools	5		
To county primary schools	10	}	
To schools for the educationally subnormal	4		
To long-stay hospital schools	3	}	4
Left Leeds	1		
Having home teaching, too feeble for school	1		
Notified to Mental Health Services as unsuitable for education in school	1		
Died: Congenital Heart Disease	4	}	5
Muscular Dystrophy	1		
			40

Thus 20 children became physically fit for a comparatively normal life, and 4 may still do so.

Larchfield School for Cerebral Palsied Children.

On 31st December, 1960, there were 20 children in residence one of whom came from the West Riding County Council.

In 1960, 4 children left Larchfield School, three went to Potternewton Mansion School, two because they had reached a suitable physical and educational level and one at the parents' request. The fourth child left Leeds.

Three children have been admitted during the year and one will be admitted in January, 1961. All were between 4 years 6 months and 5 years old on admission. All had attended the pre-school clinic and none can walk.

Two of the children, aged 10 plus, are awaiting admission to a residential school. They are too heavily handicapped to benefit by attendance at Potternewton Mansion School. This also applies to two children aged 9 for whom early application is being made for residential school next year.

The general arrangements for the medical supervision of the school continue as before. Mr. Clark, F.R.C.S., visits once a term. Dr. G. Lewis continues as the paediatric member of the team. Dr. Holoran attends with them and has her own sessions also. Intelligence quotients are checked at least every 2 years. Staff meetings are held at the end of each term when a summary of the medical and educational reports is entered on every child's record.

Children with Multiple Defects

These children are usually difficult to place satisfactorily. The recommendation has frequently to be made in the light of several conflicting opinions. It is sometimes necessary to make trial of one or more forms of education before the most suitable can be found. The combinations of defects encountered are many. The commonest combination is severe physical defect with intellectual retardation. Other dual defects which call for special education are defective hearing with defective vision. Two pre-school children with these defects have been examined during the year and despite numerous applications and enquiries final placing has not yet been secured. One child in a school for blind became hallucinated and had to be removed at short notice. He has been temporarily accommodated in the care of the Mental Health Committee until he can be placed in a residential school.

Children debarred from school through illness may require education. Teachers are attached to certain wards in Seacroft Hospital, Cookridge Convalescent Hospital and to the children's wards at St. James's Hospital. One E.S.N. child in Killingbeck Hospital has been receiving tuition from a teacher from the child's own school. Twelve children received tuition at home, and here the usual arrangement is for a teacher from the child's own school to give instruction and homework.

MEDICAL SUPERVISION IN SPECIAL SCHOOLS

There are now 8 special schools and 4 special classes in ordinary schools. Admission follows a definite routine in which opinions are obtained from a variety of sources, medical, educational and social. Many handicapped children manage well in ordinary schools although they may not be able to take part in the full range of school activities. It is only the more grossly affected children or those who need some form of specialised treatment who are referred for special education.

Handicapped children are examined by the school medical officers to whom reports are available. Often it is quite easy to decide what form of education will be required. Sometimes, however, trial periods in ordinary school or special school are necessary before a final decision can be made.

After admission to a special class or school the medical officers continue to visit the schools, examine the children and discuss their progress and their future with the teaching staff. It may become evident that further investigation is required or a different placing. A child for instance who is partially sighted may eventually be better placed in an E.S.N. school. One child with a mild hearing defect may find ordinary school too much of a trial while another child with worse hearing may manage quite well with ordinary teaching methods.

In addition to the school medical officers, consultants to the authority visit certain schools. The paediatrician and orthopaedic consultants visit Potternewton Mansion and Larchfield schools. The consultant otologist visits Elmete Hall School and the ophthalmic consultant visits the partially sighted class at Beckett Park school.

Residential education may be of a type not available in the day schools. Maladjusted children, senior partially sighted children and blind children are in this category. In addition a number of handicapped children are recommended for residential schools because home conditions are difficult or unsatisfactory.

MISCELLANEOUS EXAMINATIONS

During the year many medical examinations take place for special reasons quite apart from the periodic examination of children in schools or the investigation and treatment of defects.

The following table gives a summary of the examinations :—

For admission to Training Colleges	297
On leaving Training Colleges	443
New appointments (including superannuation cases)	294
Boarded-out children	309
At the request of the Juvenile Court	194
On taking up part-time employment	1,991
Prior to going to Holiday Camp	654
For theatrical license	85
Prior to attending the pre-nursing course	30
Prior to adoption	10
Special examinations	49
Total	4,416

Admission to Training College

Whenever possible whole sessions are arranged for these cases and the doctors can examine about 20 a session. A chest x-ray is also arranged for these candidates.

The authority is required to examine all Leeds students even if they are to be admitted to training colleges in other parts of the country.

Training College Leavers

Medical reports must be completed for all students leaving the Leeds colleges and these must be forwarded to the Ministry of Education before a student can be recognised as a teacher.

Boarded Out Children

All children boarded out by the Children's Officer are examined at regular intervals to ensure that they are making satisfactory progress.

At the request of the Juvenile Court

140 boys and 48 girls were examined during the year. At the court's request 32 examinations were also carried out by the consultant venereologist on these children. The findings were substantially the same as in former years. Examinations of the boys now takes place at the remand home and in making a report it is of great value to have the opportunity of discussing the boy with the staff who have had a good opportunity of observing him. The head teacher's report is also available. Accurate assessment of the I.Q. is not always possible in the circumstances but the trend noted in previous years towards a general higher level of intelligence continues. The exact significance of this is not yet apparent.

Part Time Employment

The school medical officers examine all children who wish to undertake employment out of school hours in order to satisfy the Committee that such employment will not be detrimental to the child's health. During the year 1,991 children were examined.

Special Examinations

These are carried out on children referred to the senior school medical officer from various sources such as the parent, head teacher, welfare officer, family doctor or school medical officer.

MILK IN SCHOOLS

The consumption of milk varies very little from year to year as the figures for the last five years show.

1956	13,024,610	bottles
1957	12,808,382	"
1958	13,093,479	"
1959	12,978,472	"
1960	13,167,818	"

The small variations may be accounted for by periods of increased absences caused by infectious sickness or even a different number of school openings in each year. There is nothing to indicate that the milk drinking habit has changed to any extent.

The monthly milk returns are closely examined in order to see that schools are not ordering more bottles than are required to allow regular milk drinkers to have one $\frac{1}{3}$ pint bottle a day. The cost of the milk in schools scheme is approximately £134,000 a year.

SCHOOL TRANSPORT

It has been necessary to increase the number of vehicles conveying children to special schools to thirteen cars and nine buses.

At present 357 children travel by bus, 100 children by car and the Welfare Services provide transport for a severely handicapped child who is unable to travel by any other means.

Although the bus taking the girls to and from Elmete Hall and Lawns House, daily, was discontinued after the Whitsun holiday, transport had to be provided for children attending the new St. Bernadette's Roman Catholic school. At present one bus is used wholly for this school and the routes of two others have been re-arranged to accommodate other pupils.

St. Bernadette's admits Roman Catholic educationally sub-normal children from the whole of the city and while some children are able to travel on public transport other arrangements have to be made for the majority. It is anticipated that as numbers increase more transport will have to be provided.

On the 31st December, 1960, there were 121 children attending 54 residential schools in various parts of the country, the most distant being Hayling Island and Aberdeen. Where only one child attends a school the parents, if possible, act as escort to and from school each holiday, the committee repaying the cost. In many cases parents either refuse or are incapable of doing this and the committee must then provide the escort. Where it is found more economical to arrange a party, escorts are also provided by the committee.

DENTAL SERVICE

Report by Mr. D. E. Taylor.

During the year 5 dentists resigned and one was appointed. No replies were received to advertisements. Of the dentists who resigned one did so on domestic grounds, two went into general practice and two to other authorities. One who left to go to another authority obtained a higher position and the other went to what is considered a more pleasant part of the country. Enquiries have shown that other authorities are having the same difficulty in recruitment.

In the past, at general anaesthetic extraction sessions dentists have acted as anaesthetists but last year it was arranged that part-time medical practitioners should give the anaesthetic at some of these sessions and so allow the dentists more time on conservative work.

Prevention, which should be the first duty of any public health service, has been the most neglected part of the dental service in the past. It is gratifying to report the health authorities concerned have during the year taken a much greater interest in dental health. In Leeds there is an oral hygiene service in the School and Maternity and Child Welfare Clinics. In order to extend the work already done in this field by the health education officers in schools a meeting was held at which medical and dental officers discussed the problem with Miss Keeling and her staff. It was agreed that simplicity of presentation was likely to be most effective, that a start should be made with instruction in the proper use of the toothbrush after meals and that the importance of not eating anything of a

sugary or starchy nature between meals should be emphasised. A study is being made of the literature, films and posters available and the most suitable will be selected. Models for demonstration purposes similar to those used by the oral hygienists are being prepared.

Physically handicapped children attending Larchfield Residential School and Potternewton Mansion School are inspected every six months. All children whose parents agree are treated in the school clinics except those in need of extraction of teeth who suffer from either severe heart affections or hæmophilia. Such cases are referred to Mr. S. R. Fell and Mr. J. Wigglesworth at St. James's Hospital.

By arrangement with the Maternity and Child Welfare doctors pre-school children with dental abnormalities are inspected by a dental officer as soon as these conditions are detected. It is hoped that, by treating any dental disease found at this early age and advising on the necessity of prevention, school entrants would not be found to have widespread decay and sepsis.

The equivalent of three quarters of the time of a dentist was spent on treating nursing and expectant mothers and pre-school children.

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

Dentures for mothers	..	..	..	..	351
Dentures for school children	..	..	..	..	89
Repairs to dentures	..	..	..	..	10
Crowns, splints, etc.	..	..	..	..	62
Orthodontic appliances	..	..	..	..	400

The following is the report by Mr. J. Miller (orthodontist) :—

The incidence of dental malocclusion remains at a high figure. Consequently the resources of the orthodontic clinic are put to full use. More and more the parents—and patients—are becoming aware that " regulation " treatment of the teeth may be a desirable—indeed a necessary—complement to routine dental treatment. Very helpful too is the fact that many of the patients are presented at an early age and in good time for the necessary treatment to be undertaken.

The importance of oral hygiene is stressed constantly. There are however still far too many patients who ignore their " dental appearance " until they become " teenagers " ! It may then be too late completely to remedy the damage.

Professor T. Talmage Read holds a weekly oral surgery clinic. Operations such as the removal of unerupted canines and supernumerary teeth and enucleation of cysts, are carried out. For many of these patients post-operative orthodontic treatment is necessary. The following table shows the work of the orthodontic clinic : —

Cases commenced during the year	..	..	360
Cases carried forward from previous year	..	..	825
Cases completed during the year	..	..	319
Patients treated with appliances	..	..	354
Appliances fitted	..	..	385
Total attendances	..	..	6,088

APPENDIX I

REPORT ON PHYSICAL EDUCATION

by

Mr. EDWARD G. BAILEY

The progress and interest in countryside activities reported last year continue and an increasing number of schools are taking part in outdoor pursuits. Lightweight camping, canoeing, fell-walking and rock climbing are the most popular. During most weekends parties of Leeds school children are to be found exploring the Yorkshire Dales and during holiday periods more and more school parties are camping, climbing and canoeing further afield in different parts of the country. School boys camping in the Grampians at over 3,000 ft. have climbed more than ten peaks above this height and expeditions by canoes have covered many hundreds of miles.

The Authority has provided more camping equipment and this is in great demand. More schools are also providing their own and it is particularly pleasing to note that many school children are now purchasing lightweight camping equipment for their own use.

A course of instruction in lightweight camping and canoeing for men teachers was again organised by the Authority. As last year the course was over-subscribed and a limit had to be set at 20 teachers. The interest in canoeing and cycling associated with camping continues to develop and during the year more schools have built their own canoes. In future more pupils from some of our down-town schools will be able to undertake instruction in elementary canoeing as the Parks Department has kindly agreed to provide storage accommodation for the craft at Roundhay Park and to allow the lakes to be used for canoeing.

During the past year fixed gymnastic apparatus was installed at Kirkstall and Green Lane C.S. Mixed Schools and at Blenheim and Middleton C.S. Girls' Schools. Halls at Harehills C.S. Boys' School and Roseville and Cross Gates C.S. Girls' Schools have been converted into modern gymnasias with changing facilities and showers. The provision of such first class accommodation for physical education in these schools will add considerably to the variety of physical activities that can be undertaken.

A hinged climbing frame was specially designed and erected at the newly opened Gledhow C.P. Infants' School and already considerable outside interest has been shown in this apparatus.

Transport is provided on a fairly liberal scale to convey school children to playing fields and swimming baths. While the position regarding playing fields has generally improved, more space for games is still urgently required and consideration should be given to the provision of large communal playing areas. Ideally such communal playing areas should be provided with classrooms and adequate changing rooms.

The teaching of swimming by class teachers continues to prove highly successful. Competitive swimming in Leeds has now reached a particularly high standard; this we owe to the voluntary efforts of an enthusiastic group of teachers who regularly devote two or three evenings each week to the coaching of selected swimmers. In the English Schools National Championships in Blackpool, a Leeds schoolboy won the intermediate breast stroke title.

More pupils have been successful in gaining the Bronze Medallion Award of the Royal Life Saving Society and every successful candidate has again received a free pass to the baths. In the Yorkshire-Lincolnshire Life Saving Team Championships the Leeds teams were placed first in the girls' competition and second in the boys'. The girls' team from Ingram Road C.P. School qualified for the final of the All England Life Saving Team Championship and did well. Teachers and children are to be congratulated.

The helpful co-operation of the Baths Department in all aspects of swimming, and of Carnegie College of Physical Education in training methods for advanced swimmers has again been very much appreciated.

The following statistics for swimming in 1960 show the extent of this activity in the schools:—

	1959	1960
Attendances	398,018	487,703
Certificates gained	9,461	9,868
Preliminary certificates gained (new swimmers)	5,089	4,971
Advanced training attendances	3,480	14,385

ATTENDANCES—SUMMER AND WINTER			
Summer		Winter	
1959	1960	1958-9	1959-60
213,231	169,460	184,787	218,243

The decrease in the summer attendances in 1960 is accounted for by the much shorter summer season and the temporary closure of two pools; it is interesting to note on the other hand the increase in the number of winter attendances.

The large increase in attendances for advanced training is a tribute to the group of teachers whose voluntary services in this connection have already been mentioned.

If more swimming instruction is to be undertaken in Leeds, indeed if the Committee's policy regarding instruction of swimming is to be fully implemented, consideration should be given to the provision of instruction-type swimming pools at some of the larger schools. Not only would more children then have more frequent swimming periods but a considerable amount of money and time would be saved in transport.

Twenty men and women teachers attended a special course of instruction in swimming held during the evenings of the winter term and all of them took the examination for the A.S.A. Teachers' Certificate in Swimming Instruction.

School Leavers—Swimmers

The following statistics show the percentage of children leaving school in July, 1960, who could swim at least one length of the bath. These figures illustrate the fine work done in the schools.

	Boys	Girls
Grammar	92.7	84.6
County Secondary	77	69.5
County Primary	75.6	65
Church of England	80	63.3
Roman Catholic	65	58.3
Special	85	71.2

Demonstrations of work at all levels have been shown to the Leeds Head Teachers' Association and to visitors from outside the city. Inspectors and administrators from overseas visiting Leeds have expressed their admiration for the progressive work they had seen in physical education.

Mrs. Jean Williams, who had been an assistant organiser in physical education since June, 1958, left the Authority's service in August to take up duties as lecturer in physical education at Fenham St. Mary's Training College.

It is still difficult to find enough specialist teachers of physical education for all secondary schools, but through the enthusiasm of non-specialist teachers consistently high standards are maintained in both primary and secondary schools. During the year 214 teachers voluntarily attended evening courses of instruction. Until there are enough specialist teachers, the maintenance of standards will depend on the willingness of non-specialists to attend such courses and thus equip themselves to use apparatus and equipment which are provided in the schools.

APPENDIX II

SCHOOL MEALS SERVICE

A total of 7,602,400 meals were served during the year. This is an increase of 500,670 on the number for 1959.

The maximum daily number of meals consumed was 41,621 on one day in October. 52.6% pupils take meals, an increase of 2.8% compared with 1959.

The new scale for free and part-payment meals was approved by the Ministry of Education as from the 1st April, 1960. The effects of this are shown as follows :—

During January there were 3,395 free meals and 746 part-payment meals provided.

During December there were 4,027 free meals and 377 part-payment meals provided.

At the end of the year the total cooking capacity of the school kitchens had increased to 45,505 meals. Five kitchens were opened during the year in new schools and one central kitchen, as follows :—

January :

Gledhow C.P. Infants Kitchen of 500 meals capacity

February :

Cookridge C.P. Infants Kitchen of 250 meals capacity

September :

Shadwell Central Kitchen of 750 meals capacity

Abbey Grange C.E. C. Secondary Kitchen of 500 meals capacity

Braim Wood C. Secondary Girls' .. Kitchen of 500 meals capacity

Allerton Grange Comprehensive Double kitchen unit of 850
meals capacity

Cross Flatts kitchen (1,800 meals) was re-opened in June on the completion of extensive alterations. This enabled Height's Lane kitchen (2,000 meals) to be closed so that it could be converted into a kitchen-dining room.

Allerton High School kitchen was temporarily closed in July for structural alterations. Transported meals were supplied to the school from Shadwell central kitchen from the commencement of the autumn term.

Five canteens were opened during the year and five were closed as a result of the re-organisation of schools. Nine canteens were transferred to other premises, including :—

St. Anne's R.C. Girls to the newly built dining-room.

Cross Green County Secondary to improved premises in school.

Upper Wortley C.P. Mixed to a vacant prefabricated building converted for dining purposes.

Ingram Road C.P. Boys and Girls from unsatisfactory conditions in school to hired premises.

Because of the unsatisfactory state of the Wortley Men's Institute, Lower Wortley C.P. Mixed and Infants' canteens have been moved temporarily to vacant rooms in the mixed school until the new dining-room and scullery have been built.

Improvements to sculleries to fit the hygiene requirements continue to be made as quickly as circumstances permit and, during the year, alterations were made at these schools :—

Low Road C.P. Infants',
Bewerley Street C.P. Boys',
Castleton C.P. Infants',
Roseville C. Sec. Girls',
Blenheim C.P. Infants'.

During the 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 297 at Easter (25% less than last year's maximum) to 349 at autumn mid-term. As in previous years, most of the children attending were entitled to receive meals free of charge.

The School Meals Service continued to provide refreshments for a number of school functions, and packed meals were provided for pupils going on educational journeys.

This year, again, there have been no exceptional difficulties in obtaining supplies of essential foodstuffs, and therefore it was possible to provide varied meals of the prescribed dietetic standards and coming within the unit cost of food of 10d. per meal.

The training of staff continues to be of great importance as most recruits have insufficient experience of large scale kitchen work. Appropriate courses of training were provided for the different grades of employees and the training of cooks is regarded as being a priority. The instruction covered all aspects of their work and particular attention was given to nutrition and hygiene.

Courses of instruction for supervisors and cooks-in-charge have been arranged and held at regular intervals. Courses in emergency feeding have been continued.

MEDICAL INSPECTION RETURNS

YEAR ENDED 31st DECEMBER, 1960

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
1956 and later	469	467	99·6	2	0·4
1955	3,395	3,385	99·7	10	0·3
1954	3,250	3,230	99·4	20	0·4
1953	422	417	98·8	5	1·2
1952	188	188	100·0	—	—
1951	173	172	99·4	1	0·6
1950	4,110	4,092	99·6	18	0·4
1949	2,445	2,431	99·4	14	0·6
1948	224	222	99·1	2	0·9
1947	241	230	97·9	5	2·1
1946	3,643	3,629	99·6	14	0·4
1945 and earlier	2,697	2,694	99·9	3	0·1
Total	21,263	21,169	99·6	94	0·4

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
1956 and later	7	25	32
1955	83	179	262
1954	115	236	351
1953	20	66	86
1952	13	24	37
1951	7	20	27
1950	150	242	398
1949	108	169	277
1948	11	25	36
1947	19	18	37
1946	136	127	263
1945 and earlier	144	119	263
Total	819	1,250	2,069

C.—Other Inspections

NUMBER OF SPECIAL INSPECTIONS	..	..	..	..	..	3,428
NUMBER OF RE-INSPECTIONS	..	..	..	..	..	22,788
TOTAL	..	..	..	..	..	26,216

TABLE II

Infestation with Vermin

(1) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	..	..	..	253,731
(2) Total number of individual pupils found to be infested	..	..	..	3,939
(3) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	..	..	..	1,572
(4) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	..	..	..	956

TABLE III

Return of Defects found by Medical Inspection in the Year Ended 31st December, 1960

A—Periodic Inspections

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		TOTAL	
		Requir- ing Treat- ment	Requir- ing Observa- tion	Requir- ing Treat- ment	Requir- ing Observa- tion	Requir- ing Treat- ment	Requir- ing Observa- tion	Requir- ing Treat- ment	Requir- ing Observa- tion
4	Skin	19	122	98	259	170	367	287	748
5	Eyes— <i>a.</i> Vision	90	232	280	1,071	449	1,352	819	2,655
	<i>b.</i> Squint	46	110	4	33	57	162	107	305
	<i>c.</i> Other	9	31	11	51	31	62	51	144
6	Ears— <i>a.</i> Hearing	17	146	16	67	42	262	55	235
	<i>b.</i> Otitis Media	8	90	5	31	21	119	34	240
	<i>c.</i> Other	4	18	1	17	12	28	17	63
7	Nose and Throat	60	577	7	171	112	1,150	179	1,898
8	Speech	16	173	7	42	56	246	79	461
9	Lymphatic Glands	2	102	1	10	5	184	8	296
10	Heart	3	104	1	121	9	247	13	472
11	Lungs	4	202	8	124	52	407	64	733
12	Developmental—								
	<i>a.</i> Hernia	3	13	1	3	4	87	8	103
	<i>b.</i> Other	17	205	13	172	39	457	69	834
13	Orthopaedic—								
	<i>a.</i> Posture	4	49	26	196	25	235	55	480
	<i>b.</i> Feet	9	104	16	130	41	315	66	449
	<i>c.</i> Other	8	145	23	184	35	343	66	672
14	Nervous System—								
	<i>a.</i> Epilepsy	2	5	2	9	5	35	9	49
	<i>b.</i> Other	6	209	2	92	37	445	45	746
15	Psychological—								
	<i>a.</i> Development	2	40	7	40	88	223	96	303
	<i>b.</i> Stability	—	114	11	93	18	266	29	473
16	Abdomen	2	18	4	46	8	103	14	167
17	Other	2	6	3	27	10	41	15	74

B.—Special Inspections

Defect Code No.	Defect or Disease	SPECIAL INSPECTIONS	
		Requiring Treatment	Requiring Observation
4	Skin	253	7
5	Eyes— <i>a.</i> Vision	2,548	543
	<i>b.</i> Squint	241	4
	<i>c.</i> Other	44	2
6	Ears— <i>a.</i> Hearing	103	247
	<i>b.</i> Otitis Media	87	1
	<i>c.</i> Other	133	—
7	Nose and Throat	157	28
8	Speech	212	4
9	Lymphatic Glands	10	1
10	Heart	4	30
11	Lungs	83	128
12	Developmental—		
	<i>a.</i> Hernia	—	—
	<i>b.</i> Other	—	103
13	Orthopædic—		
	<i>a.</i> Posture	60	14
	<i>b.</i> Feet	60	12
	<i>c.</i> Other	75	47
14	Nervous system—		
	<i>a.</i> Epilepsy	1	5
	<i>b.</i> Other	2	143
15	Psychological—		
	<i>a.</i> Development	5	11
	<i>b.</i> Stability	2	46
16	Abdomen	—	6
17	Other	60	1

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	612
Errors of refraction (including squint)	6,515
Total	7,127
Number of pupils for whom spectacles were prescribed	3,295

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	8
(b) for adenoids and chronic tonsillitis	65
(c) for other nose and throat conditions	1
Received other forms of treatment	974
Total	1,048
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1960	43
(b) in previous years	159

Table C.—Orthopædic and Postural Defects

	Number of cases known to have been treated
(a) Pupils treated at clinics	866
(b) Pupils treated at school for postural defects	—
Total	866

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

	Number of cases known to have been treated
Ringworm—(a) Scalp	—
(b) Body	4
Scabies	87
Impetigo	188
Other skin diseases	4,740
Total	4,989

Table E.—Child Guidance Treatment

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	166

Table F.—Speech Therapy

	Number of cases known to have been treated
Pupils treated by speech therapists	295

G.—Other Treatment Given

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	1,702
(b) Pupils who received convalescent treatment under School Health Service arrangements	153
(c) Pupils who received B.C.G. vaccination	6,878
(d) Other than (a), (b) and (c) above.	
Pupils who received vaccination against poliomyelitis	1,081
Malnutrition	670
Lymphatic Glands	12
Heart and Circulation	17
Chiropody	1,241
Total (a)—(d)	14,754

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	..	..	..	..	..	23,484
(b) As Specials	..	..	..	..	..	3,660
TOTAL (1) ..						27,144
(2) Number found to require treatment	..	..	..	..	..	21,491
(3) Number offered treatment	..	..	..	..	..	16,672
(4) Number actually treated	..	..	..	..	..	12,513
(5) Number of attendances made by pupils for treatment, including those recorded at 11(h)	..	..	..	..	..	29,878
(6) Sessions devoted to :—						
Periodic (School) inspection	..	..	..	..	..	217½
Treatment	..	..	..	..	..	4,841½
TOTAL (6) ..						5,058½
(7) Fillings :—						
Permanent Teeth	..	..	..	..	..	17,813
Temporary Teeth	..	..	..	..	..	219
TOTAL (7) ..						18,032
(8) Number of teeth filled :—						
Permanent Teeth	..	..	..	..	..	14,938
Temporary Teeth	..	..	..	..	..	219
TOTAL (8) ..						15,157
(9) Extractions :—						
Permanent Teeth	..	..	..	..	..	6,881
Temporary Teeth	..	..	..	..	..	12,562
TOTAL (9) ..						19,443

TABLE V (Continued)

(10)	Administration of general anæsthetics for extraction	10,186
(11)	Orthodontics :—	
	(a) Cases commenced during the year	360
	(b) Cases carried forward from previous year	825
	(c) Cases completed during the year	319
	(d) Cases discontinued during the year	9
	(e) Pupils treated with appliances	354
	(f) Removable appliances fitted	385
	(g) Fixed appliances fitted	—
	(h) Total attendances	6,688
(12)	Number of pupils supplied with dentures	89
(13)	Other operations :—	
	Permanent Teeth	7,470
	Temporary Teeth	68
	TOTAL (13) ..	7,538

TABLE VI

Number of Exclusions, 1960

DEFECT	REFERRED FOR EXCLUSION BY		TOTAL
	School Medical Officers	School Nurses	
Uncleanliness of Head ..	—	2,395	2,395
Uncleanliness of Body ..	—	1	1
Ringworm—Scalp and Body ..	—	—	—
External Eye Disease ..	—	10	10
Scabies	—	79	79
Impetigo	—	19	19
Other Skin Diseases	—	6	6
Other Diseases	—	2	2
Vision	—	—	—
TOTAL 1960 ..	—	2,512	2,512
TOTAL 1959 ..	14	2,452	2,466

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

	Blind	Parti-ally Sighted	Deaf	Parti-ally Deaf	Debi-cate	Physic-ally Hand-icapped	Educa-tionally Sub-normal	Mal-adjusted	Epi-leptic	Speech	Total
During the year ended 1960—											
Handicapped pupils newly placed in schools and homes	4	4	2	7	10	25	187	8	2	—	249
Newly assessed requiring education	1	8	2	4	15	28	188	13	—	—	259
On 20th January, 1961 :—											
No. of handicapped pupils :—											
(i) Attending Special School—Day	—	15	21	35	—	115	618	—	—	—	804
Boarding	16	2	14	3	19	25	39	5	6	1	130
(ii) Attending Independent School	—	—	—	—	—	—	4	9	—	—	13
(iii) Boarding in Homes	—	—	—	—	—	—	2	1	—	—	3
Total	16	17	35	38	19	140	663	15	6	1	950
No. of handicapped pupils being educated under arrangements made under Section 56 of Education Act, 1944 :—											
(i) In Hospitals	—	—	—	—	16	—	—	—	—	—	16
(ii) In other schools	—	—	—	—	—	—	—	—	—	—	—
(iii) At home	1	—	—	—	—	8	—	—	—	—	9
No. of handicapped pupils requiring places in special schools—Day											
Boarding	2	—	1	—	2	5	29	1	—	—	105
Total	—	5	—	—	70	1	5	—	—	—	16



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