[Report 1962] / School Medical Officer of Health, Leeds City.

Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
https://wellcomecollection.org

CITY OF LEEDS EDUCATION COMMITTEE

ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER

FOR

1962

CITY OF LEEDS EDUCATION COMMITTEE

Annual Report on the School Health Service for the Year 1962

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

School Health Service

SPECIAL SERVICES SUB-COMMITTEE

Chairman: Alderman L. Hammond

Councillor A. R. Bretherick (To May 1962)
Councillor A. S. Pedley (From May 1962)
Councillor V. M. Cardno
Councillor S. Cohen
Councillor M. Fish
Councillor L. E. Henson
Councillor A. Malcolm
Councillor G. Murray
Councillor F. H. Watson

Co-opted Member: Rev. Canon W. Fenton Morley

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

SCHOOL HEALTH SERVICE

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. (Retired 30.11.62) J. MILLER, L.D.S., D.ORTH.R.C.S.ENG., (Appointed 1.12.62)
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. (Retired 11.7.62)
	H. G. HUTTON, B.A. (Cantab.), M.R.C.S., L.R.C.P., D.P.H.
	MARY ALLEN, M.B., B.Ch., D.Obst., R.C.O.G., D.P.H. (Resigned 12.9.62)
	MARIANNE H. WITT, M.D., L.R.C.P., & S. (Ed.), D.P.H.
	HILDA M. WILSON, M.B., Ch.B. (Commenced 17.9.62)

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.
	HAZEL M. COLERIDGE, M.B., B.Ch. (Resigned 31.1.62)
	ELIZABETH A. COLVILLE, M.B., B.S.
	*E. COUPLAND, M.R.C.S., L.R.C.P.
	RUTH M. CHIPPINDALE, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.C.H. (Resigned 19.7.62)
	*MYRA WIGODER, M.B., Ch.B., (Commenced 5.2.62)
	*J. A. KELLY, M.B., Ch.B., B.A.O. (Commenced 5.3.62)
	MARGARET MCCRACKEN, M.B., Ch.B. (Commenced 1.10.62)
Ophthalmologists	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.
Orthodontist	J. MILLER, L.D.S., D.ORTH.R.C.S.ENG., (Appointed Principal Dental Officer 1.12.62)
School Dental Officers (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.
	P. NORMAN, B.Ch.D., L.D.S.
	F. SZTRODL, M.D.
School Dental Officers (Part-time)	Mrs. J. M. MARTIN, L.D.S. (Resigned 20.7.62)
	A. R. P. PATON, L.D.S. (Commenced 17.1.62, (Resigned 24.3.62)
	G. F. R. HARKINS, L.D.S. (Commenced 5.2.62)
	N. H. WHITEHOUSE, L.D.S. (Commenced 22.4.62, Resigned 27.10.62)
	Miss O. FINN, L.D.S. (Commenced 1.5.62, Resigned 20.7.62)
	F. G. TYLER, B.Ch.D., L.D.S. (Commenced 8.10.62)

**Also anæsthetists to the School Dental Servic*

SCHOOL HEALTH SERVICE STAFF—(*continued*)

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 (Retired 26.12.62)

Senior Assistant	G. Vallender (Retired 31.12.61) Miss Mary Mathers (Appointed 1.1.62)

Chiropodist	Mrs. Joan Beel, M.Ch.S.
†*Dispensing Opticians*	H. Davis, F.A.D.O. Mrs. J. Bolton, A.B.O.A. (Part-time)

Speech Therapists	Mrs. B. Jackson, L.C.S.T. Miss S. F. Williams, L.C.S.T. (Resigned 30.9.62) Mrs. A. M. Crosswaite, L.C.S.T. Mrs. P. H. Black, L.C.S.T. (Resigned 24.4.62) Miss J. Flory, L.C.S.T. (Commenced 10.9.62)
†*Orthoptist*	Mrs. Drusilla M. Whyte, D.B.O. (Commenced 13.9.62)

School Nurses	24
Physiotherapists	
Full-time	3
Part-time	2
Oral Hygienists	2
Clinic Assistants	8
Dental Attendants	11

SCHOOL HEALTH SERVICE STAFF—(*continued*)

CHILD GUIDANCE

Senior Educational Psychologist	P. C. LOVE, M.A., Ed.B., A.B.Ps.S.
Senior Assistant Educational Psychologist	E. BOWSKILL, B.A.
Social Workers	Mrs. P. ALTMAN, B.A. (Commenced 21.5.62) Mrs. J. FLETCHER, Dip.Soc.Studies (Commenced 15.10.62) Mrs. N. GOULD, B.A., Dip.Soc.Studies Mrs. E. MYERSON, Dip.Soc.Studies (Resigned 3.7.62) Mrs. H. STEPHENSON, Dip.Soc.Studies Mrs. J. THOMPSON, B.A.
Remedial Teachers	R. NEWMAN, Dip.Prim.Educ. J. HILL Miss E. NICHOLSON A. RICHARDSON, Dip.Ed.Psy., L.R.A.M., A.R.C.M., A.R.C.O. (Resigned 31.7.62) Miss J. SANDFORD
Remedial Teachers (Part-time)	4
Teachers of Maladjusted Pupils	Miss A. THOMAS (Commenced 1.1.62) Mr. M. QUATE

CONSULTANTS

†*Ear, Nose and Throat Surgeon*	T. McM. BOYLE, F.R.C.S.
†*Orthopædic 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.
Pædiatric 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, 1962

Type of School	Number of Schools	Number of Departments	Number on Roll
Primary—			
County	82	130	35,012
Voluntary	40	56	12,774
Comprehensive	3	3	3,816
Secondary—			
Modern	41	45	18,170
Grammar	11	11	6,255
Technical	2	2	1,783
Special—			
Educationally Sub-Normal ..	5	5	492
Educationally Sub-Normal Classes (3)	—	—	46
Physically Handicapped ..	2	2	137
Deaf and Partially Hearing ..	1	1	116
Partially Sighted Class (1) ..	—	—	16
Other—			
Nursery	1	1	72
TOTALS	188	262	78,689

Ladies and Gentlemen,

I present herewith the report of the School Health Service for the year ended 31st December, 1962.

As was expected, in the early part of the year Sabine (oral) poliomyelitis vaccine was made available and has now largely replaced the Salk type, given by injection. As the great majority of school children had already received a full course of Salk vaccine a special campaign was not necessary, although the vaccine was made available at school clinics. The School Health Service was, however, once again called upon to carry out an immunisation campaign, this time against diphtheria. Booster injections against diphtheria for school entrants had become increasingly delayed because of the poliomyelitis vaccination campaigns and the opportunity was taken to bring these up to date for all children in infant and junior schools. Apart from the large amount of work for immunisation teams the necessary preliminary checking of records threw a heavy burden on the clerical staff of the school medical section. The only notable outbreak of infection was the epidemic of german measles in primary schools. Although trivial in itself, the illness may cause congenital deformities in the baby if mothers contact it during pregnancy. A shortage of the gammaglobulin material used to protect expectant mothers emphasized the possible risk to married teachers, and the Chief Medical Officer of the Ministry of Education suggested that it would be reasonable to allow teachers who were " at risk " to have leave of absence with pay, where judged necessary. This procedure will be used in any future outbreaks.

The new arrangements for routine examinations are working well and serving their purpose of concentrating the work of the School Health Service on children who need special attention. This redirection of effort will be of even more importance in the future when preventive schemes such as the follow-up of babies " at risk " extend to children of school age.

During the year three members of the School Health Service staff retired after long service. Mr. David Taylor retired after fifteen years as Principal Dental Officer and a lifetime spent in the cause of children's dentistry. His technical ability received national recognition and his enthusiasm and hard work were of the greatest value to the School Dental Service during the difficult post-war years.

Dr. Gwendoline F. Prince, School Medical Officer, retired in July after having been on the staff of the School Health Service since 1931.

In December, Miss E. Wilson, Deputy Superintendent Health Visitor and School Nurse retired. She also had been on the staff of the School Health Service for 30 years, during the last fourteen of which she had been responsible for the supervision of school nursing.

Once again it is a pleasure to acknowledge the help given to the School Health Service by our colleagues in the Education Department and by the teachers and staff in the schools.

I wish to tender my personal thanks and those of my staff to the Chairman and Members of the Education Committee and to the Special Services Sub-Committee for their unfailing courtesy and encouragement.

I am,

Ladies and Gentlemen,

Your obedient servant,

D. B. BRADSHAW,

Principal School Medical Officer.

February, 1963.

STAFF

Medical Staff	One full-time officer retired and one full-time and two part-time officers resigned. One full-time and three part-time officers have been appointed.
Nursing Staff	The Deputy Superintendent Health Visitor and School Nurse retired, five nurses and two clinic assistants resigned. Four nurses and two clinic assistants have been replaced.
Physiotherapy Staff	Three physiotherapists resigned, one has been replaced and two part-time physiotherapists have been appointed.
Speech Therapy Staff	Two speech therapists resigned, one has been replaced.
Child Guidance Staff	One social worker and one remedial teacher resigned. Two social workers, four part-time remedial teachers and one teacher of maladjusted pupils have been appointed.
Dental Staff	The Principal Dental Officer resigned and has been replaced. Five part-time officers have been appointed and four have resigned.

SCHOOL CLINICS

In addition to the central clinic at the Education Offices, there are now twenty-four branch clinics in the city; a clinic for minor ailments was opened in Matthew Murray School in November. 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, chiropody, 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
Bramley (Town End)	Minor ailments
Burley (Willow Road)	Minor ailments, physiotherapy, refraction, speech therapy, dental treatment
Burmantofts (Burmantofts St.)	Speech therapy
Coldcotes (Coldcotes C.P. School)	Minor ailments
Cross Gates (Methodist School Room)	Minor ailments
East Leeds (Harehills Lane) ..	Minor ailments, physiotherapy, refraction, speech therapy, dental treatment
Halton Moor (Halton Moor C.P. School)	Minor ailments
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
Leafield (King Lane)	Dental treatment, minor ailments, physiotherapy, speech therapy
Meanwood (Meanwood Road) ..	Minor ailments, speech therapy, refraction
Matthew Murray School ..	Minor alments
Middleton (Middleton Park Avenue)	Minor ailments, speech therapy, dental treatment
Parklands C.P. School	Minor ailments
Park Square (M. & C.W. Clinic, Park Square)	Dental treatment
Roundhay Road (Roundhay Road C.P. School)	Dental treatment
Seacroft Grange C.P. School ..	Minor ailments, dental treatment

PERIODIC EXAMINATIONS

The alteration in the routine examinations has now been carried out. Children are seen for full medical examination on entry to the infant school and on entry to secondary school. Special examination can be arranged at either parents' or teachers' requests.

The elimination of the intermediate examination in junior schools has reduced the number of sessions required, consequently more time can be spent on children in other groups and a period at the first visit can be given to each school during which the head teacher may discuss problem children with the school medical officer.

Colour vision is now tested at the eleven year examination, in accordance with a recent recommendation of the Society of Ophthalmologists.

The optimum age at which secondary school children should have their vision tested is still to be determined. It is hoped that all eye defects other than myopia will have been discovered before the child leaves the junior school. The most difficult child to deal with is the late developing myope. There are relatively few of these and it is hard to see how they can be detected without disrupting the school routine.

The leavers' examination still presents a few problems and the exact method of conducting it is left to the individual choice of the medical officer. Some leavers may need a full examination, others need only be briefly interviewed and in some instances it is not necessary to see the child at all.

GENERAL CONDITION

The majority of children examined appeared to be in good health. There are still a number of children with sub-normal physique without any obvious organic defect. A large number of these children come from homes where the standard of management is poor and meals are inadequate and the diet is unbalanced. These children tend to be lifeless both in class and in play and are obviously tired by the end of the day.

A small enquiry was made by two health education officers into the diets of a group of girls in two secondary modern schools and a similar enquiry was made in an E.S.N. school. The girls were asked to write down what they ate each day for a week and were given some idea of the size of a known weight of various foods. They were shown, for instance, the size of a 1 oz. pat of margarine and how much a small rasher of bacon would weigh.

The results were examined by a dietician. Naturally no definite statistics could be obtained without accurate weighing but certain general conclusions were made. Most diets were adequate in calories but contained too much carbohydrate and too little fat and first class protein. It appeared that in several instances the protein taken at school meals provided the major part of the total protein intake. There was a lack of variety, particularly with vegetables and the intake of fresh fruit and salad was found to be on the low side.

COLOUR VISION

Testing of colour vision is now carried out at the eleven year old routine examination. The Ishihara test book is used and as a routine only certain colour plates are shown to the examinee.

The incidence of colour blindness in Leeds appears to be roughly comparable with the figures quoted by various authorities.

The test is not used in girls' schools owing to the rarity of colour blindness in girls. If colour blindness is detected the appropriate code number is marked on the medical card for the benefit of the Youth Employment Officer.

A list of the trades and professions in which normal colour vision is required was compiled by the Youth Employment Officer. It is not always easy to decide with the Ishihara test whether in fact a candidate will fail to pass a colour vision test when examined for a trade or profession. Candidates who appear to have identical degrees of defect with the Ishihara test may prove to have different degrees of colour vision when subjected to a full-scale colour vision test.

MINOR AILMENTS AND INFECTIOUS DISEASES

There is still a sufficient number of children with minor ailments to warrant the existence of minor ailment clinics. The number of sessions available for treatment has been cut down substantially. Nurses make regular visits to certain schools which are too remote for the children to visit the branch clinic. The nurse from Elmete Hall School visits the neighbouring county secondary girls' school at regular intervals.

One very mild outbreak of " pink eye " occurred in an infant school but was very short lived. Diarrhoea with and without vomiting was still prevalent though the number of outbreaks of periodic vomiting appeared to be diminished in comparison with previous years.

The country-wide epidemic of german measles was the most severe for many years. Fortunately there do not appear to have been many sequelae. Several children had two attacks, the second occurring a few weeks after the first. Some children also were attacked though there was a clear history of an attack in previous years.

OTOLOGICAL SERVICES

Mr. Boyle attended weekly at the central clinic. This clinic was originally held in the latter half of the afternoon but mothers attending found it difficult to make arrangements for their other young children to be looked after on coming home from school. Mr. Boyle kindly agreed to start the clinic at 1.45 p.m. to avoid this difficulty.

An audiometric test is carried out where necessary and children requiring special hearing tests are referred to Mr. Hughes, the audiometrician at the Leeds General Infirmary. Other children are referred to the pre-school clinic for further investigation.

Those requiring treatment to the ears are referred either to the branch clinics or to the ear, nose and throat department at the Infirmary.

Audiometry

Routine audiometric tests have been carried out by nurses on the children in the six to seven year old age group. Other children can also be tested if the teacher feels there is a hearing defect. A large number of children who have been examined for backwardness have also been tested with the audiometer.

Three hundred and eight children were seen at the audiology clinic by Dr. Wigoder following the test in school. The majority of children were found to be suffering from temporary catarrhal conditions, or had the drums obscured by wax. One hundred and seven children, however, were referred for further opinion and investigation.

Pre-School Deaf Clinic

Mrs. Newland now devotes five afternoons each week to the pre-school deaf children.

Of the 40 children seen during the year, two were seen in a Training Centre, two in the Nursery School, three in their homes and thirty-three at the central clinic. Ten have been discharged to either Elmete Hall School for Partially Hearing or to ordinary school, the remaining 30 are still receiving treatment.

Besides teaching she interviews children whose hearing ability has not been firmly established. Some of these children, often after several interviews, are found to have normal hearing. Their failure to develop speech and understanding of speech has therefore to be investigated further. Frequently the cause is mental subnormality but emotional disturbance, delayed milestones and sometimes a familial tendency are also contributory factors.

OPHTHALMIC SERVICES

There have been no major changes in the department during the year.

Mrs. Whyte attends for two orthoptic sessions, one of which coincides with Mr. Sherne's visit. Consultations can therefore easily be carried out.

Mr. Sherne attends weekly for consultative sessions and also visits the class for partially sighted children at Beckett Park County Primary School.

Close liaison is maintained with the ophthalmic departments at the Public Dispensary and Hospital and the Leeds General Infirmary. While the department was without an orthoptist, Mr. Pemberton, who is in charge of the orthoptic department at the Infirmary, very kindly gave reports on certain selected cases.

Refraction is also carried out by visiting ophthalmologists and by school medical officers.

Cyclogyl is now in use at all clinics, replacing homatropine as a mydriatic. Young babies, however, are found to undergo more satisfactory dilatation of the pupil following the use of atropine ointment daily by the mother before examination.

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

New Cases		No. of glasses prescribed	No. referred for operation	No. of cases with squint
Pre-School	School			
297	4,847	2,417	63	393

Opticians' Department

The Optical Department which has been established for over eleven years, continues to be a very helpful adjunct to the ophthalmic service. While every child is given the opportunity of obtaining spectacles from the optician of his choice, it is often more convenient to be able to order them in the same building in which the child is refracted.

The medical section is required by the Leeds Executive Council to supply a form authorising all repairs, which also can be done on the premises if the parent wishes, thus saving the necessity of making a further journey.

The decrease in numbers of this service can be attributed to the fact that a large proportion of doctors' time was devoted to immunisation and consequently less could be spent on refraction.

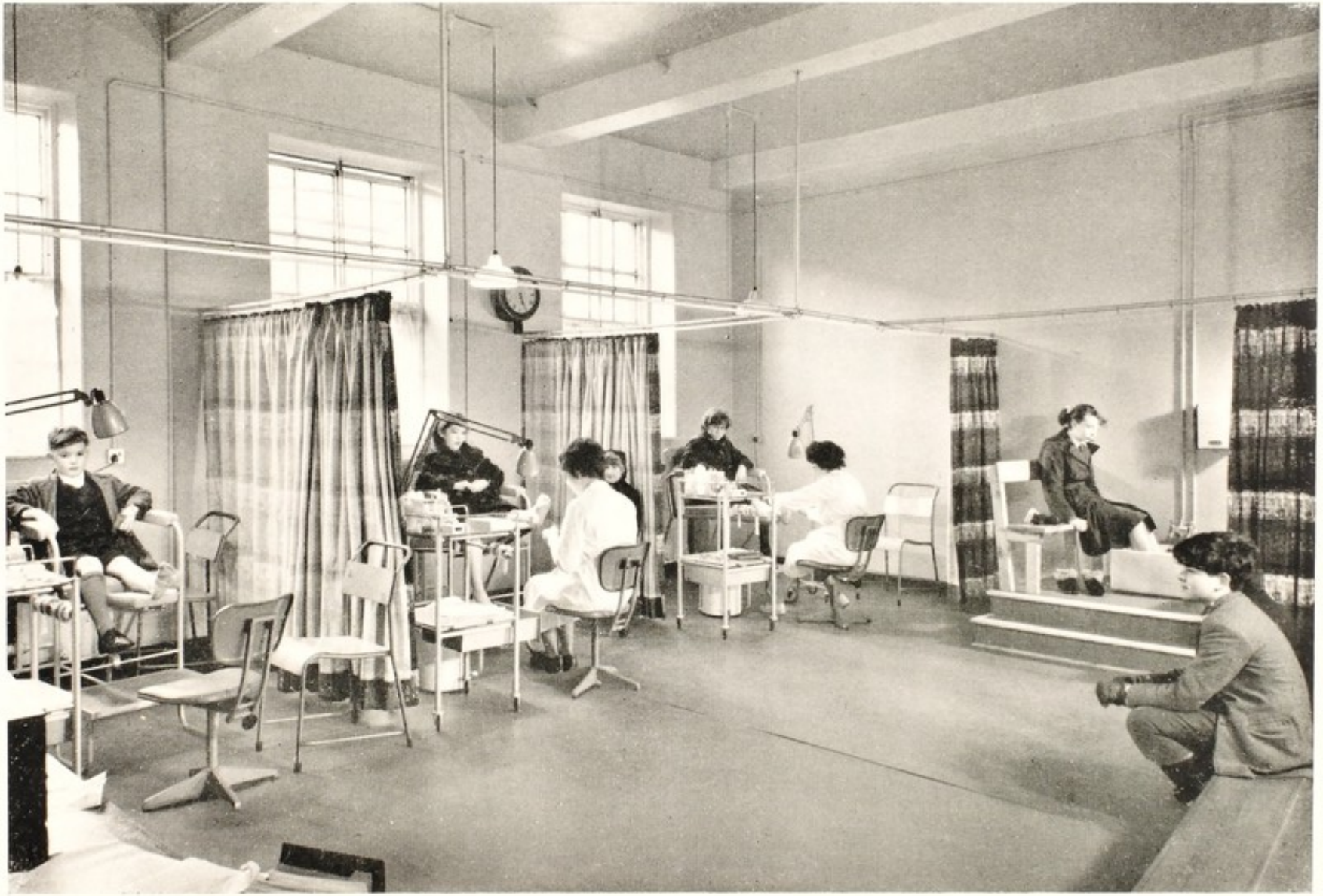
	1962	1961
New prescriptions for glasses dispensed in the Optical Department	1,920	2,125
Repairs and replacements of spectacles	1,181	1,347
Adjustments and minor repairs	1,407	1,690
Total patients' attendances	7,634	8,651

THE ORTHOPÆDIC SERVICE

The orthopædic clinic has been held each week as usual at the central clinic. Mr. J. M. P. Clark, F.R.C.S., attends every third Monday to see selected children. During the year Mr. Clark has held 172 consultations and Dr. Holoran has held 964, making a total of 1,136 attendances in all. Five hundred and ninety-two different children have been seen. These figures shown an increase of 120 attendances compared with 1961. The six years previous to 1961 showed a gradual decrease. Two hundred and one children were seen at the clinic for the first time this year. These figures do not include the children attending the Training Centres, Larchfield School for the cerebral-palsied and Potternewton Mansion School for the physically handicapped.

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

Sequelæ of Poliomyelitis		105
Congenital Defects:—		
Multiple Anomalies	18	
Pes Cavus	14	
Various (incidence 2 or 3)	14	
Dislocation or subluxation of hip	13	
Metatarsus Primus Varus	13	98
Structural Scoliosis	11	
Talipes Equino Varus	10	
Varus 5th toes	5	



THE CHIROPODY CLINIC

Cerebral Palsy			83
Postural Defects :—			
Feet	57		
Spine	19		77
Torticollis	1		
Genu Valgum			32
Osteochondrosis of :—			
Hip	14		23
Various	9		
Transient symptoms			20
Results of injuries			17
Osteomyelitis and Suppurative Arthritis			11
Tuberculosis of Bone			9
Other Conditions (incidence 5 or less)			44
Consultation and no treatment or observation			73
			592

The pre-school cerebral palsy clinic continues to occupy the time of two physiotherapists on two sessions a week. Speech therapy is available.

29 children attended for physiotherapy during 1962.
3 children attended for speech therapy during 1962.

In addition to the value of this service to children and parents, the opportunities it provides for assessment of the child's potentialities enables a reasonably accurate forecast to be made as to where the child may best be placed at the age of five.

PÆDIATRIC SERVICES

The Pædiatric Consultative Clinics are held at the central clinic twice monthly. Some of the children are referred for further investigation at the Leeds General Infirmary. School medical officers attend out-patients' in rotation and a close contact is maintained between the Pædiatric Consultants, their staff and the School Health Service. Requests are received from time to time for reports on school progress or behaviour in school of children in the care of the pædiatricians. Estimation of intelligence has also been carried out by school medical officers when requested.

CHIROPODY

A new chiropody section was opened in the central clinic in September. This operates two sessions each week with three chiropodists in attendance. The types of condition treated can be seen in the table below.

The incidence of verruca remains high but the majority are now diagnosed early and consequently treatment can be completed in a relatively short time. The large verruca, deeply impressed in the foot, causing pain and limping, is now only rarely seen.

Deformities of the feet due to unsatisfactory footwear still occur too frequently. In spite of advice from various sources in school, fashion rather than common sense is the guiding factor when choosing shoes.

The following table shows the year's work:—

Chiropody 1962

Defect	New Cases	Attendances
Verruca	677	3,610
Defects of Feet..	58	301
Corns, etc.	92	229
Total 1962	827	4,140
Total 1961	926	4,398

Discharged : 508

SPEECH THERAPY

One speech therapist's post is vacant.

The three speech therapists cannot adequately serve the school population and a system of priorities had to be established. Children referred for speech therapy are given an audiometric test and are seen by the school medical officer. Those requiring treatment for malocclusion or deafness are referred to the appropriate department. Those requiring speech therapy are put on the waiting list. The speech therapist can then classify the cases on her list and decide which needs priority and which can be offered group therapy. The remaining children are those who will probably improve without expert help. Such children may have slovenly diction or some minor fault in sound production or may persist in an infantile form of speech. They are followed up in school or at the speech clinic.

Lack of staff has made it impossible for the speech therapist to visit each E.S.N. school regularly. A number of children in E.S.N. schools have speech defects which delay reading progress. It is hoped that more sessions will be made available in E.S.N. schools. One speech therapist visits the Child Guidance Centre at regular intervals. Speech therapy is also given at Potternewton Mansion School for the physically handicapped and at Larchfield School for children with cerebral palsy.

THE CHILD GUIDANCE SERVICE

Mr. Love, Senior Educational Psychologist reports:—

A comprehensive Child Guidance Service was maintained during the year. Children with learning difficulties, and children who manifested symptoms of emotional disturbances were investigated and appropriate treatment was provided for those who required it.

Educational and psychological assessments were made of those pupils who were referred to the Service on account of their failure to make adequate progress in reading or number, or whose general scholastic attainments had deteriorated without apparent cause. These assessments were usually based on the administration of standardised tests of general ability and of scholastic attainments, as well as on reports from class teachers and interviews with the child's parents. Whenever it was possible, the referred pupils were seen and assessed in their own schools. This had the advantage of enabling the remedial teacher or psychologist concerned to discuss the child's difficulties with the class teacher, and in a number of cases no further specialist help was required. Most of the assessed pupils were recommended for a course of remedial teaching in an attempt to increase their attainments to a level which would enable them to profit from class teaching.

There was a slight increase this year in the number of secondary school pupils who were referred for an investigation of suspected emotional handicaps. About half of the referred children were, however, on the roll of county primary schools; nearly a quarter of them were on the roll of county secondary schools; approximately 10 per cent were on the roll of grammar, technical or comprehensive schools; and $5\frac{1}{2}$ per cent were attending special schools in the city; 4 per cent of the children were of pre-school age, the youngest being a girl of two years six months, who was referred with acute sleeping difficulties. The symptoms of emotional disturbance which had led to the referral of children to the Service during the year were classified into three main groups—those of behaviour difficulties (63 per cent of all symptoms mentioned), habit disorders (approximately 20 per cent of mentioned symptoms), and nervous disorders (10 per cent of mentioned symptoms). Typical of the symptoms classified as behaviour difficulties were extreme aggression to other children, refusal to attend school, and pilfering. Nocturnal enuresis, speech disorders and encopresis were typical of the habit disorder of referrals. Withdrawal from reality, excessive timidity and irrational fears (phobias) were typical of the nervous disorders. Children were rarely referred for one symptom alone, and even in the few cases where this did happen, subsequent investigation revealed the presence of other

signs of emotional disturbance. A child who had been initially referred for bed-wetting quite frequently showed his or her over-all disturbance in other ways such as failure in school-work and excessive isolation, or perhaps through extreme aggressiveness coupled with pilfering.

The investigation of the emotionally handicapped pupils was carried out through social worker interviews with parents and through interviews and assessment of the child by psychological and medical staff. These investigations revealed a higher proportion of more severely disturbed cases than in previous years. This resulted in a considerable increase in the number of referred children who were found to be in need of regular therapy on a weekly or fortnightly basis. The social workers of the Service usually made their first contact with the case by visiting the referred child's home, but apart from this there was an increase in the amount of domiciliary case-work, and in the more acute cases of school refusal or of withdrawn personality, investigation and treatment had to be initiated in the patient's own home.

Just as a proportion of children were so backward in their scholastic attainments or ability that they required a special form of education, so there were pupils who were so maladjusted that they were unable to benefit from normal forms of schooling. During the year under review two special classes for maladjusted children have been operated in the Child Guidance Centre premises. These have provided a therapeutic and educational environment for forty-five pupils who might otherwise be excluded from schooling on account of their violent and unpredictable behaviour, or would have been unable to profit from class teaching because of their extreme withdrawal from social contacts. One of these classes catered for boys in the age range seven to sixteen years, and the other provided facilities for boys and girls of infant school age. During the year it was possible to include in the special infant group a limited number of children who were not making satisfactory educational progress in their infant classes. A trial period in the special group made it possible to reach a more definite decision on the child's ultimate need for full-time special education in a school for E.S.N. pupils.

LIAISON WITH OTHER MEDICAL SERVICES

One clerk from the medical section keeps in touch with the appointments bureau at the Leeds General Infirmary and the Public Dispensary and Hospital. It is possible through the co-operation of these offices to find out which children have been attending out-patients. In some families where supervision is lax it is found that claims to be under treatment are in fact untrue.

In similar fashion the family doctor is approached when a child is reported to be persistently absent from school. In many cases where sickness is given as an excuse the family doctor has never been asked to see the child.

The almoners' departments are particularly helpful in giving information and help on problem families.

CLEANLINESS OF PUPILS

The scheme whereby cleanliness inspections are mostly carried out by clinic assistants supervised by a school nurse, continues satisfactorily, thus enabling the trained personnel to spend more time on the specialised work of testing vision and hearing in younger children, on foot examinations and on persistently dirty children.

The number of children seen at cleanliness inspections during the year was 227,491, 3,920 were found to be in an unsatisfactory condition, 2,050 exclusions were issued, involving 1,376 children.

In spite of a general improvement in the condition of children on the whole, it must be reported that there is still a hard core of families where children are constantly found to be in a dirty condition and frequently to require exclusion from school.

In several of these cases a report was submitted to the Medical Officer of Health and the home visited by a member of the Health Department staff.

Although the Authority is empowered to have a child cleansed it is not empowered to cleanse the whole family, consequently a number of children on returning from the cleansing station are re-infested with vermin on contact with other members of the family.

DIPHTHERIA AND TETANUS IMMUNISATION

Towards the end of 1961, the Medical Officer of Health asked the School Health Service for assistance in giving protection against diphtheria and tetanus to a large number of school children who either had not received any protection or who had not completed the necessary number of injections.

A circular was sent to all parents of children in junior and infant schools asking for their consent to immunisation and also for information regarding previous injections.

A considerable amount of time was spent by the clerical staff of the medical section in checking the information received with data already held in the Health Department and in sorting the records of children according to the type and number of injections required.

Full protection is only obtained after three injections, given at the correct intervals of time, the second being given one month after the first, and the third two months after the second.

To carry out immunisation efficiently a team of four persons is required, a doctor, a nurse, a clinic assistant and a clerk; five teams were organised and a programme devised whereby a number of schools in the same area could be visited during one session.

Arrangements were made for the scheme to commence on 15th January, 1962, but unfortunately this coincided with the outbreak of smallpox in Bradford. All the work planned for school medical officers had to be cancelled to enable them to help Bradford Public Health Department and ultimately the Leeds Public Health Department to cope with the enormous demand for vaccination.

Further delay was unavoidable as even when smallpox vaccination was discontinued, it was considered desirable to allow a period of one month to elapse before children who had been vaccinated were immunised against diphtheria.

A tentative start was made early in February but it was towards the end of the month before large numbers of children could receive their first injections. This work continued until the middle of May.

A total of 150 sessions were spent on immunisation, during which 19,333 injections were given, 13,776 children either completed or received full protection, the remainder received partial protection and will be completed in due course.

POLIOMYELITIS VACCINATION

In February, the Ministry of Health released a supply of Sabin vaccine for general use. This is an oral vaccine and is administered on sugar lumps.

It was therefore decided to issue a circular to parents of children in infant departments informing them of the new vaccine and advising them either to consult their family doctor or, if they preferred, to attend the school clinics on certain days and at stated times.

Children who had received no previous protection were given three doses at monthly intervals and those children who had previously had three doses of Salk vaccine were given one dose of oral vaccine, provided that the necessary period of time had elapsed since their last injection.

It was found that most school children had received one or more doses of Salk vaccine and it was only mothers and babies who required the full course of Sabin vaccine in order to become fully protected.

A total of 3,328 doses of Sabin vaccine were given on sugar lumps.

B.C.G. VACCINATION

The scheme to offer B.C.G. vaccination to children between thirteen and fourteen years of age has continued throughout the year. During this period, 5,837 children were given a Heaf test, of which 1,336 were found to have a positive reaction and therefore have a natural protection. Of the remaining 4,501 children, 4,132 were given a B.C.G. inoculation. The 369 who were absent at the time of the doctor's visit will have an opportunity to receive full protection during the next year.

The following table summarises the tests carried our in 1962:—

Colleges and Schools	No. given Heaf Test	Positive	Negative	Absentees	No. given B.C.G.
Colleges (Full-time Students)	180	119	48	13	48 (26·6%)
Secondary Grammar & Technical ..	2,189	543	1,543	103	1,543 (70·4%)
County Secondary & Comprehensive	3,071	578	2,273	220	2,273 (74·01%)
Primary ..	397	96	268	33	268 (67·5%)
TOTALS ..	5,837	1,336	4,132	369	4,132 (70·7%)

HANDICAPPED PUPILS

(Position on the 20th January, 1963)

Blind

Placed in residential schools	16

Partially Sighted

Placed in special class	15
Placed in residential schools	6

Deaf

Placed in day school for deaf	18
Placed in residential schools for deaf	15

Partially Hearing

Placed in day school for partially hearing	39
Placed in residential school for partially hearing	7

Delicate

Placed in residential schools	13
Having home tuition	3

Diabetic

Placed in ordinary schools	25

Physically Handicapped

Placed in day school for physically handicapped	127
Placed in residential schools for physically handicapped	25

Educationally Sub-normal

Placed in day schools for E.S.N.	635
Placed in residential schools for E.S.N.	42

Epileptic

Placed in residential schools	2
Placed in ordinary schools	111

Maladjusted

Placed in residential schools	20

Speech

Placed in residential schools	1

HANDICAPPED CHILDREN

(1) Blind and Partially Sighted

Nineteen children attend residential schools:—

Chorleywood College for the Blind, Herts.	3
Henshaw's Institution for the Blind, Manchester	4
Preston School for Partially Sighted, Preston	3
Royal Normal College, Rowton Castle, Shrewsbury	2
St. Vincent's R.C. School for Blind and Partially Sighted, Liverpool	3
Sheffield School for Blind, Sheffield	3
Worcester College for the Blind, Worcester	1

The various causes of visual defect are:—

Partial Sight:—

Intracranial hæmangioma	1
Progressive retinal degeneration	1
Retrolental fibroplasia	1
Albinism	2

Blindness:—

Cerebral Tumour (removed)	1
Aphakia nystagmus	1
Congenital Cataract	5
Post meningitic optic atrophy	1
Macular degeneration or dystrophy	2
Optic atrophy	2
Bilaterial retinoblastoma	1
Microphthalmos	1

Fifteen children attend the class for partially sighted children at Beckett Park C.P. School. Mr. Edmondson who had been in charge since 1959 moved to another post and was replaced by Mr. Alexander. The policy of integrating the children into the main school as much as possible has been continued. The formal work has been greatly helped by the use of a special large type typewriter. Two children gained places in Chorleywood College and were transferred in September. One child returned to ordinary school and one child was transferred to a residential school for partially sighted at the age of eleven. Follow up of children who had returned to ordinary secondary schools during previous years showed that the decision to allow this had been correct.

The problem of correct placement on leaving the junior class is a difficult one and numerous discussions take place between the head master, the class teacher, the ophthalmic consultant and the school medical officer.

(2) **Deaf and Partially Hearing**

Eighteen children attend residential schools:—

Burwood Park School, Walton on Thames, Surrey	2
Mary Hare Grammar School, Newbury, Berks.	1
Odsal House Special School, Bradford	2
St. John's R.C. Institution for the Deaf, Boston Spa, Yorks.	13

Eighteen deaf and 43 partially hearing Leeds children and eleven deaf and 43 partially hearing children from other authorities attend Elmete Hall School.

The classrooms are now fully equipped for the use of loop aids.

During the year the number of trained teachers of the deaf has diminished and it has become necessary to increase the number of children in certain classes.

The supply and servicing of hearing aids by the audiology unit in St. James's Hospital has been extremely well organised. Mr. Blick, the technician in charge has been very helpful in many ways. Regular visits to the school are made at least every fortnight by two members of his staff, Mrs. Beeching and Mr. Reed, to service and fit hearing aids. Special visits are also made for any emergency which may arise.

Mr. Boyle, the E.N.T. consultant visits the school at regular intervals.

The children who have left school have been placed in employment with the help of the Youth Employment Officer and the representative of the Deaf Association. One boy obtained a place in the Training School, Royal School for the Deaf, Manchester where he is taking a course in bakery and confectionery. The head girl obtained a post with the Yorkshire Electricity Board.

(3) Delicate

Eighteen children attend residential schools:—

Children's Convalescent Home and School, West Kirby	11
Langley School, Baildon, Yorks.	1
Linton Residential School, Grassington, Yorks.	1
Netherside Hall, Skipton in Craven, Yorks.	1
Park Place, Henley on Thames, Oxon.	2
St. George's Hostel, Salford	1
St. John's Open-Air School, Woodford Bridge, Essex	1

Ninety-four children were also recommended for convalescence by the school medical officers and arrangements for them to spend two or three weeks in various convalescent homes were made by the appropriate section of the Public Health Department. It is still difficult to obtain facilities for boys over twelve years of age, except during the winter months.

(4) Educationally Subnormal

Forty-one children attend residential schools:—

Aldwark Manor Boarding Special School, Alne, York	1
Allerton Priory R.C. Special School, Liverpool	3
Besford Court R.C. Special School, Worcester	4
Crowthorn Residential Special School, Edgnorth, Bolton, Lancs.	1
John Duncan School, Buxton	1
Etton Pasture School, Beverley, Yorks.	3
High Close, Wokingham, Berks.	1
Hilton Grange School, Old Bramhope, Yorks.	4
Hindley Hall Special School, Stocksfield, Northumberland	3
Irton Hall, Holmrook, Cumberland	2
Jesmond Dene House Special School, Newcastle	1
Orton Hall School, Peterborough	1
Rossington Hall, Doncaster	14
Thorn Garth Hostel, Bradford	1
Rudolf Steiner School, Bieldside, Aberdeen	1

Five hundred and thirty-four children attend day schools in Leeds:—

Grafton (junior mixed)	60
East End Park (junior mixed and senior girls)	70
Armley Lodge (junior mixed)	80
Cardinal Square (junior mixed)	94
Wykebeck (three junior mixed classes)	46
Hunslet Lane (senior mixed)	184

In addition 126 Leeds children attend St. Bernadette's R.C. E.S.N. School.

During the year the majority of the senior children in Armley Lodge School were transferred to Hunslet Lane School. A few of the older children who were due to leave after a further term or two were allowed to remain.

It is well recognised that the teaching of basic subjects plays only a part in the schools' activities. Social adaptation, broadening of the field of general knowledge and physical development are all essential additions to the academic syllabus.

The attendance at the schools is good. Parental co-operation is also far greater than in former years. This is largely due to the work of the head teachers and the education welfare officers, in particular Mr. Leckenby. Frequent home visits are made and parents are encouraged to visit the schools to discuss any problems.

Follow-up of Educationally Subnormal School Leavers

It has been felt for some time that follow-up of school leavers would be of value. The best method, however, has not yet been decided. There are various difficulties. At present some children are referred to the Mental Health Services for follow-up. A few children keep in touch with the Youth Employment Officer. An informal contact is also maintained through the Hunslet Lane Youth Club. During the year, Mr. Leckenby, special education welfare officer, followed-up all the children who left Hunslet Lane in December, 1961, who had not responded to an invitation to meet the Youth Employment Officer. Children already under supervision by other bodies were not included. Mr. Leckenby was able to meet each leaver and find out how they were progressing. In some cases problems had arisen which required his assistance in solving.

The scheme appeared to be workable but involved a great deal of travelling, and repeated visits due to houses being empty and considerable evening work.

Three hundred and ninety-three children were examined by school medical officers during the year. The new Terman Merrill L-M form has been introduced. In certain cases some medical officers use the Wechsler test. There has been a tendency in recent years for children to be referred by head teachers for ascertainment at an earlier age. This is very satisfactory since children can be admitted to E.S.N. schools for specialised training at the age of seven years or upwards. Late referral only too often is associated with emotional disturbance and a feeling of frustration.

Of the 393 children examined the following recommendations for educational treatment were made:—

Transfer to E.S.N. School (Day)	119
Transfer to E.S.N. School (Residential)	3
Transfer to Training Centre	29
Recommended remedial teaching	56

(5) **Epileptic**

Two children attend residential schools:—

Colthurst House, Alderley Edge, Cheshire	1
Lingfield Hospital School, Lingfield, Surrey	1

In addition 141 children are listed as suffering from epilepsy, major or minor. Most children manage successfully in ordinary school but placement in employment is often difficult though many employers are sympathetic.

(6) **Maladjusted**

Twenty-six children attend residential schools:—

The Beacon, St. Leonard's on Sea, Sussex	1
Breckenbrough School, Thirsk	2
Broadview House, Hayling Island	2
Chaigeley School, Thelwall, Nr. Warrington	1
Clwyd Hall, Ruthin, Wales	2
Eden Grove, Bolton, Nr. Appleby	3
Hilbre School, Sheringham, Norfolk	2
The Larches Hostel, Preston, Lancs.	2
Peredur Home School, Millfield, East Grinstead, Sussex	3
The Poplars, Broadoak, Newnham, Glos.	1
St. Joseph's R.C. School, London, N.2	2
St. Mary's School, Bexhill on Sea, Sussex	1
Salesian R.C. School, Longhope, Glos.	1
National Children's Home, Stelling Hall, Stocksfield, Northumberland	1
William Henry Smith School, Brighouse	2

The treatment of other maladjusted children is dealt with under the section of Child Guidance.

The children are seen during the holidays and regular contact is maintained with the families during term time. Waiting lists for admission are still long and the majority of these children have had a long period of treatment as day pupils before admission.

The wide geographical distribution of the schools is some indication of the difficulties in obtaining places.

(7) **Physically Handicapped**

Eight children attend residential schools:—

Ian Tetley Memorial Hospital, Killinghall, Harrogate	1
Bethesda Residential School, Cheadle, Cheshire	1
Holly Bank Special School, Huddersfield	3
Lord Mayor Treloar College, Alton, Hants.	1
Welburn Hall, Kirby Moorside	2

The children attending these schools are either very severely handicapped or it has been found impossible to cope with them at home.

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

On the 31st December, 1962, there were 120 children on roll. Forty children were admitted to the school for the first time during the year, including two from Larchfield School. Seven children were readmitted during the year, one from an ordinary school and six from Hospital Schools (Thorp Arch and Pinderfields).

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

Cerebral Palsy		31
Congenital Deformities (other than congenital heart lesions):—		
Meningocele or Spina Bifida	11	23
Kypho-scoliosis	5	
Dislocation of Hip	2	
Anomaly of Bladder	2	
Absence of Radii	1	
Anomalies of L. leg and L. arm	1	
Anomaly of Knee	1	
Sequelæ of Poliomyelitis		17
Heart Disease:—		
Congenital	9	11
Rheumatic	2	

Muscular Dystrophy	7
Hæmophilia	5
Pseudocoxalgia	3
Pseudo-arthrosis	2
Neoplasms	2
Progressive Spinal Muscular Atrophy	2
Sequelæ of Osteomyelitis	2
Sequelæ of Fractures	2
Tuberculosis of Bone	1
Sequelæ of Tubercular Meningitis	1
Rheumatoid Arthritis	1
Fragilitas Ossium	1
Chondromalacia Patellæ	1
Otto Pelvis	1
Osteochondrosis Dissecans	1
Genu Valgum	1
Chronic Nephritis	1
Epilepsy	1
Hirschsprung's Disease	1
Retardation of pre-natal origin	1
Duodenal Ulcer	1
	120

Of the children who need help with toileting:—

Thirteen are chairbound and of these one is incontinent.

Three others are in napkins.

Five have had ileal bladder operations and require supervision of their appliances.

Two have had a colostomy.

Two others require supervision to ensure more frequent visits to the toilet than usual.

The arrangements in the medical supervision of the school continue as usual. Mr. J. M. P. Clark, F.R.C.S., visits the school as orthopædic consultant, Dr. Buchanan and Dr. G. Lewis attend as pædiatricians, while Dr. Holoran visits on these and other occasions. Close co-operation is maintained between the medical staff and the teaching staff through the headmaster. Parents are invited to attend at consultations. Three physiotherapists, one part-time speech therapist, a nurse with orthopædic experience and two general attendants complete the medical team.

Terman Merrill intelligence tests have been carried out on 22 children during the year.

Forty-two children were taken off the school roll during 1962. The following table shows their disposal:—

To work	6	
To Branch College of Commerce	3	
To Branch College of Building	1	
To Comptometer School	1	24
To Primary and Secondary Modern Schools	11	
To School for the Educationally Subnormal	1	
To Private School	1	
To long-stay hospital schools	11	
To Residential School	1	15
Left Leeds	3	
To Training Centre at 16	1	
To Mental Health Services (under 16)	1	3
Died (congenital heart disease)	1	
		42

Thus 24 of the 42 became fit for a comparatively normal life, and there are hopes of a further fifteen being added to this number.

Larchfield School for Cerebral Palsied Children

Of the twenty children on roll on 31st December, 1962, eighteen came from Leeds and two from the West Riding of Yorkshire.

During the year five children left the school, one was notified to the Mental Health Service as being unsuitable for education at school after a trial period, one was transferred to Irton Hall School for Educationally Subnormal Spastics, three reached the age limit for Larchfield and of these, two were transferred to Potternewton School for the Physically Handicapped and one to Holly Bank Residential School for the Cerebral Palsied at Huddersfield.

Five children have been admitted during the year.

As before, the medical team consists of Mr. J. M. P. Clark, F.R.C.S., Dr. G. Lewis and Dr. Holoran. The intelligence quotients of eleven children have been rechecked during the year. The usual joint staff meeting has been held each term.

HOME TUITION

Five requests for home tuition were received from family doctors and consultants. Owing to the shortage of teachers it is impossible to keep a teacher permanently employed on this duty. The most satisfactory solution is for a teacher from the child's own school to visit and supervise work. One teacher from an E.S.N. school has visited one hospital twice weekly to supervise the work of an E.S.N. boy who is also partially sighted and epileptic. The hospital superintendent informed the school medical officer that the teacher had played a great therapeutic part in improving the boy's social adjustment and in maintaining the boy's interest.

MISCELLANEOUS EXAMINATIONS

In addition to examinations for the investigation and treatment of defects, many examinations for special purposes have taken place.

The following is a summary of such examinations:—

On leaving Training College	136
Candidates for Carnegie College of Physical Education (special examination)	80
For admission to Training College	308
New appointments (including superannuation cases)	320
Boarded-out Children	351
At the request of the Juvenile Court	201
On taking up part time employment	1,934
Prior to going to Holiday Camp	689
For theatrical licences	52
Prior to attending pre-nursing course	24
Prior to adoption	10
Others	21
Total	4,126

Boarded-Out Children

Dr. Wilson reports that the condition of these children remains satisfactory.

Examinations at the request of the Juvenile Court

The girls are seen at the central clinic and arrangements are also made in certain cases for them to be examined by the consultant venereologist at the Leeds General Infirmary. The boys are seen in the remand home. The new report form from head teachers is found to be of great value in assessing the child's suitability for approved school. As in former years the great majority of children are of low average or sub-normal intelligence.

Part-Time Employment

The majority of children examined were found to be fit for employment. In a few cases when there had been bad attendance a certificate was withheld on the grounds that if a child is not fit for school he cannot be fit for employment.

Training College Students

Three hundred and eight candidates for training colleges were examined. The majority did not present any problems but in a few cases further investigations were required. The candidates for the Day Training College present more problems since the majority are in the 35-50 age group. Teaching is an arduous profession and it is sometimes difficult to decide whether an elderly candidate will in fact stand the strain.

SCHOOL TRANSPORT

Although it can be reported that the transport arrangements for conveying handicapped children to school have again worked satisfactorily, it must also be stated that the problems in arranging this have grown considerably. This is because of the increasing number of children who have to be taken to and from the Day Unit at the Child Guidance Centre; these children attend for half days on a varying number of occasions each week. Some can be accommodated in existing cars, but in several cases extra vehicles have had to be provided. As no child attends for a full day, transport has to be supplied to and from the Centre at lunch times.

A number of senior children were transferred from Armley Lodge to Hunslet Lane at the beginning of the summer term and in order to make the change easier for them, arrangements were made for them to use the existing transport with a special bus to convey them between the two schools. The bus will be discontinued in the New Year as it is considered in the children's best interests to be given travel passes, enabling them to use public transport. Where practicable, senior children are encouraged to do this so that their sense of responsibility and their confidence may be developed.

A large proportion of children in residential schools have to be escorted to and from Leeds each holiday; in some cases parents are either incapable or unwilling to travel with their children, in others is it found more economical for either one or more escorts to travel with a large party. During the last few years co-operation has developed between the Leeds and West Riding Education Committees and in schools where numbers make it practicable, a special coach is shared. A small number of severely handicapped children have to be taken to and from residential schools by ambulance; this also is shared with other authorities whenever possible.

At present ten buses and nineteen taxis are used daily and one severely handicapped child is taken to Potternewton Mansion School in an ambulance provided by the Welfare Services Committee.

This Committee also provides transport for the Larchfield children each Monday and Saturday morning.

DENTAL SERVICE

Reported by Mr. J. Miller.

In November, Mr. David Taylor retired after fifteen years' service as Principal Dental Officer and by his retirement the service suffered a great loss. He had much enthusiasm for the work of the School Dental Service. His technical ability in all branches of the work, and his rationale in dealing with the problems which children's dentistry provides, made him an outstanding member of the staff. We offer our sincere thanks for his services and trust that his retirement will be a happy one.

There was no improvement in the staffing position during the year. Newly-qualified dentists appear reluctant to enter Public Service notwithstanding that in Leeds there is already a high concentration of dentists in relation to the population. It is to be regretted that the young dental surgeon does not appreciate the fact that a career in this Service can be a very rewarding experience, in every meaning of the term. Technically and, in the long run, materially, such a career compares favourably with one in other branches of the profession.

More and more, the private dental practitioners are accepting children as patients, owing, perhaps, to a diminished demand from the adult section of the population. There are, however, many children in the City who neither agree to attend the school dental clinics for treatment, nor make any attempt to seek a regular dental inspection at the hands of a private dentist. Every effort should be made to impress upon the parents of these " untreated " children, the necessity of attending a dentist regularly. Such an appeal is made more and more necessary by the still widespread habit of consuming between meals decay-producing sweets, chocolates, biscuits, etc. In such conditions a dental health programme assumes great importance.

To this end, the dental hygienists are constantly at work in the school clinics, and in the maternity and child welfare clinics, advising parents and children on a proved method of reducing dental decay, that is, effective oral hygiene. In addition, the health education officers of this Authority endeavour, in the schools, to reinforce the work of the dental officers and the dental hygienists by devoting some of their teaching periods to the subject of dental health. An extension of this most valuable work is planned.

For more than five years, studies have been in progress in this country, with the object of assessing the dental benefits to be derived by adding fluoride salts to the public water supply, in the concentration of one part per million. Examination of the results of this project show that there is an impressive reduction in the incidence of dental decay amongst those who have had this water from birth. This confirms the results obtained from similar studies carried out in many parts of the world. It would appear that by fortifying the water supply in this way, and given a reasonably high standard of dental hygiene, the majority of the children could attain adolescence, having need for little or no dental treatment. In later life too, the need for treatment would be reduced. Thorough investigations have shown that the fluoridation of the water supply has no effect other than that of strengthening the teeth. Serious and early attention should be given to this valuable means of effectively reducing dental decay.

The services of the Orthodontic Clinic continue to be in great demand. By means of appliance therapy many of the unsightly dental abnormalities are eliminated, thus bringing about an improvement in the mental and physical condition of the patients. In this respect tribute must be given to the painstaking work of our laboratory staff in their efforts to construct effective and comfortable appliances.

Professor T. Talmage Read continues to attend to those patients who need specialist surgical treatment. His clinic is well attended and many unusual and interesting cases are treated.

The services of the medical officers who act as anæsthetists at some of our extraction sessions are much appreciated.

Thanks are again due to the *Yorkshire Evening Post* for providing the prizes for the dental competition organised in connection with the Children's Day programme.

APPENDIX I

REPORT ON PHYSICAL EDUCATION

by

Mr. G. B. Thompson

During the year 1962 the foundations were laid of a scheme which will do a great deal to ease the problem of playing field maintenance. In the past, many difficult situations have arisen, especially during spells of bad weather, because of the increase in the number of school playing fields at a time when labour and equipment were still in short supply. Now, however, ground staff have been appointed, area headquarters established, and equipment provided for mobile groups, and there is every hope that in future playing areas will receive adequate attention and supervision. Heads of schools have readily agreed that groups and sub-committees should be formed to deal with maintenance problems, and meetings will be held with each group twice a year to discuss and settle immediate and long-term difficulties.

An extensive building programme is scheduled for the future, and by the time this report appears in print the new Stainbeck County Secondary Boys' School, with fully equipped gymnasium, ancillary rooms and extensive playing fields, will be in use.

The junior training pool at Parklands County Primary School is now completed and it is expected that the larger pool at Belle Isle County Secondary School will be in use during the summer season 1963.

As previously reported, the general quality of the swimming throughout the City has become so high that the certificate system had to be altered. The standards required for the various certificates were raised and an interim examination scheme was introduced; this resulted, as one would have expected, in a temporary decrease in the number of awards. A permanent examination scheme was introduced in September 1962, after problems of hardship to individual schools and important points relating to the panel of examiners had been satisfactorily settled. The teachers of Leeds have continued to support enthusiastically the schemes for swimming instruction and advanced training, and the Education Committee are grateful for the generous help which teachers and children throughout the City have received from the Director of the City Baths Department and his staff.

There was an increase in the number of successful candidates in the examinations for the awards of the Royal Life Saving Society and congratulations are extended to a team of girls from a Leeds school who gained first place in the Yorkshire Life Saving Championship.

SWIMMING ATTENDANCES

Winter	Summer
1961-62	1962
214,783	148,910

SWIMMING CERTIFICATES

	Winter 1961-1962	Summer 1962	
Preliminary (new swimmers)	1,842	2,247	New standards of requirements
All other certificates	1,636	983	
	3,478	3,230	

ROYAL LIFE SAVING SOCIETY AWARDS

January 1962—December 1962

Bronze Medallion	398
Instructors	42

Adequate transport to playing fields and swimming baths was provided and every consideration has been shown by all responsible officials of the Transport Department towards any scheme or suggestion from which the children of the City might benefit.

The number of children taking part in outdoor activities continues to increase. More camping equipment has been provided for loan to schools on request, and further additions will be made this year, despite the fact that more and more schools are buying their own equipment so that they can enjoy more frequent camping or walking excursions.

APPENDIX II

SCHOOL MEALS SERVICE

by

Mr. R. P. Gibbs

The total number of meals served to pupils in Leeds schools during 1962 was 7,911,819, an increase of 31,524 on the 1961 figure. The greatest number of meals served on any one day was recorded in November, when 42,991 meals were consumed. This is 571 fewer than the highest daily figure for 1961, and is accounted for by the fact that there were fewer pupils in infant schools at that period; in spite of this, however, the figure of 42,991 represents an increase of 0·9 per cent compared with the previous year. The number of children entitled to free meals increased from 4,074 daily in 1961 to 4,379 in 1962, and the total number of free meals served during the year was 717,754. The usual three centres provided meals during school holidays, the average daily attendance being 303.

There has again been an increase in the total cooking capacity of Leeds school kitchens, the figure now being 49,355 meals a day. During the year five kitchens were opened in new schools. The kitchen at Sacred Heart R.C. Junior School, opened in January, can produce 250 meals daily; in April, a new kitchen with a capacity of 200 meals was opened at Our Lady of Good Counsel R.C. School; three new kitchens came into service in May, at St. Nicholas' R.C. School (350 meals), Gotts Park County Secondary School (450), and Sacred Heart R.C. Infant School (250). September saw the re-opening of two kitchens which had been closed for reorganisation: the former Heights Lane Central Kitchen is now a kitchen dining-room for the exclusive use of West Leeds Boys' High School, the premises now comprising a kitchen with a daily capacity of 600 meals and two dining-rooms which can accommodate 600 pupils in two sittings; and the kitchen at Allerton High School, after considerable enlargement and improvement, can now produce 550 meals a day.

The opening of new school kitchens made possible the closure of the oldest central kitchen in Leeds—St. Peter's Square (capacity 2,000 meals). Nine canteens were closed as a result of the closure or reorganisation of the schools concerned: these were at St. Patrick's R.C. Juniors and Infants, Princes Field County Primary Juniors and Infants, Sheepscar County Primary Infants, St. Simon's C. of E., and Burmantofts Girls', Chapeltown, and Meanwood County Secondary Schools. The following schools have had their canteens moved

to improved premises: Hunslet St. Joseph's R.C. Secondary, Junior and Infants Schools, Beckett Street and Queen's Road County Primary Junior Schools, Old Farnley County Primary School, Green Lane County Secondary School, Hunslet C. of E. Girls' and Infant School, and Lower Wortley and Upper Wortley County Primary Infant Schools. Sculleries have been improved at the canteens used by Brudenell County Secondary, Hunslet Carr, Whingate and Woodhouse County Primary, and Beeston St. Anthony's R.C. Schools.

The four district organisers have made frequent inspections of premises where conditions are still sub-standard, and great stress is laid on the need for a high degree of hygiene.

The price of potatoes was very high at the beginning of the year, and local authorities received advice from the Ministry of Education on methods of maintaining the normal nutritional value of the school meal diet while using half the usual quantity of potatoes and supplementing this with other foodstuffs. These variations were for the most part quite acceptable, and enabled the Service to produce the school meal within the figure of 9·4d. a meal. Supplies of other essential foodstuffs have been satisfactory.

Dietetic and other tests have been made on new products which have seemed suitable for use in the Service, in order to maintain the variety and attractiveness of menus.

The training of staff has continued under the comprehensive scheme. Part-time staffs in charge of school dining centres also received an extensive course this year, particular attention being paid to hygiene. Several kitchen supervisors gained the Royal Society of Health Certificate in Catering Hygiene after attending a course held at the Leeds College of Technology.

Milk in Schools

During 1962, 12,887,043 one-third pint bottles of milk were supplied. The average daily number of children drinking milk was 66,299, which represents 85·34 per cent of the average daily number on roll, or 93·87 per cent of the average daily attendance.

(In 1961, the total number was 13,246,124 bottles, and the average percentage of children participating daily was approximately 90 per cent.)

APPENDIX III

HEALTH EDUCATION

There are now fourteen Health Education Officers in the Education Committee's service. All of them hold the qualifications of State Registered Nurse and Health Visitor. Seven are attached to particular secondary girls' schools, which they serve full-time; the other are peripatetic, serving 39 other schools, and spending from half a day to two days in each school. These officers continue to assist and instruct girls in all aspects of their adolescence. It is left to each individual officer to work out her own approach to her subject and there is no rigid syllabus, but an officer teaching full-time in one school will include some discussion of physical, mental and social health, the Health Service, child care, first aid, anatomy and physiology, family life and moral responsibilities.

It is hoped to hold in August 1963 a week's course in health education in co-operation with the Health Visitors' Association, and a provisional programme has been agreed between the Senior School Medical Officer, and the Secretary of the Association.

During the year, two exploratory meetings were held with a view to the possible introduction of some form of health education into boys' schools: these were attended by the headmasters of seven secondary schools, and the Senior School Medical Officer. Senior head teachers have already been trying out schemes with some success. It was agreed that while the general principles of health education could be demonstrated by teaching staff, expert assistance would be necessary for certain subjects.

MEDICAL INSPECTION RETURNS
YEAR ENDED 31st DECEMBER, 1962

TABLE I,

Medical Inspection of Pupils attending Maintained 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
1958 and later ..	122	122	100	—	—
1957	3,159	3,135	99·24	24	0·76
1956	3,320	3,270	98·58	47	1·42
1955	354	343	97·16	11	2·84
1954	158	156	98·74	2	1·26
1953	155	153	98·71	2	1·29
1952	311	310	99·67	1	0·33
1951	1,994	1,988	99·71	6	0·29
1950	3,855	3,820	99·09	35	0·91
1949	1,714	1,701	99·24	13	0·76
1948	328	324	98·78	4	1·22
1947 and earlier ..	307	305	99·34	2	0·66
Total	15,777	15,627	99·05	147	0·95

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
1958 and later	3	2	4
1957	111	195	242
1956	134	257	292
1955	13	40	41
1954	15	17	26
1953	7	21	24
1952	12	26	28
1951	81	89	177
1950	244	180	304
1949	99	93	141
1948	17	13	25
1947 and earlier	26	13	21
Total	762	946	1,325

C.—Other Inspections

Number of Special Inspections	6,046
Number of Re-Inspections	26,003
Total	32,049

TABLE II

Infestation with Vermin

(1) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	227,491
(2) Total number of individual pupils found to be infested	3,920
(3) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) ..	1,376
(4) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) ..	902

TABLE III

Return of Defects found by Medical Inspection in the Year Ended 31st December, 1962

A—Periodic Inspections

Defect Code No.	Defect or Disease		Periodic Inspections			
			Entrants	Leavers	Others	Total
4	Skin	T	9	36	41	86
		O	185	307	337	829
5	Eyes— *a.* Vision	T	111	343	265	719
		O	221	851	721	1,793
	b. Squint	T	34	12	54	100
		O	96	44	141	281
	c. Other	T	3	3	8	14
		O	44	66	78	188
6	Ears— *a.* Hearing	T	16	24	44	84
		O	216	100	250	566
	b. Otitis Media ..	T	2	7	5	14
		O	73	56	103	232
	c. Other	T	—	1	4	5
		O	47	15	38	100
7	Nose and Throat	T	33	23	57	113
		O	614	321	931	1,866
8	Speech	T	15	12	24	51
		O	175	76	327	578
9	Lymphatic Glands ..	T	1	—	4	5
		O	134	41	211	386
10	Heart	T	4	4	8	16
		O	101	141	198	440
11	Lungs	T	6	14	20	40
		O	178	143	326	647
12	Developmental—					
	a. Hernia	T	4	—	3	7
		O	16	15	13	44
	b. Other	T	14	28	42	84
		O	271	341	367	979
13	Orthopædic—					
	a. Posture	T	2	17	15	34
		O	36	196	313	545
	b. Feet	T	10	29	37	76
		O	137	211	188	536
	c. Other	T	10	10	20	40
		O	140	213	265	618
14	Nervous System—					
	a. Epilepsy	T	—	4	2	6
		O	3	4	69	76
	b. Other	T	5	12	26	43
		O	41	206	329	576
15	Psychological—					
	a. Development ..	T	4	1	16	21
		O	49	85	175	209
	b. Stability ..	T	3	10	14	27
		O	146	279	289	714
16	Abdomen	T	—	—	3	3
		O	43	88	99	230
17	Other	T	25	26	38	89
		O	101	106	156	363

B.—Special Inspections

Defect Code No.	Defect or Disease	Special Inspections	
		Pupils requiring treatment	Pupils requiring observation
4	Skin	194	—
5	Eyes—*a.* Vision	2,032	552
	b. Squint	197	—
	c. Other	43	—
6	Ears—*a.* Hearing	168	246
	b. Otitis Media	62	—
	c. Other	112	—
7	Nose and Throat	169	—
8	Speech	131	134
9	Lymphatic Glands	3	1
10	Heart	3	29
11	Lungs	93	13
12	Developmental—		
	a. Hernia	—	—
	b. Other	—	49
13	Orthopædic—		
	a. Posture	39	1
	b. Feet	70	2
	c. Other	64	15
14	Nervous System—		
	a. Epilepsy	—	3
	b. Other	14	158
15	Psychological—		
	a. Development	—	34
	b. Stability	—	23
16	Abdomen	—	13
17	Other	116	—

TABLE IV

Treatment of Pupils Attending Maintained 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	454
Errors of refraction (including squint)	5,144
Total	5,598
Number of pupils for whom spectacles were prescribed	2,417

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	4
(*b*) for adenoids and chronic tonsillitis	49
(*c*) for other nose and throat conditions..	5
Received other forms of treatment ..	680
Total	738
Total number of pupils in schools who are known to have been provided with hearing aids—	
(*a*) in 1962	23
(*b*) in previous years	154

Table C.—Orthopædic and Postural Defects

	Number of cases known to have been treated
(*a*) Pupils treated at clinics or out-patients departments..	367
(*b*) Pupils treated at school for postural defects	—
Total	367

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

	Number of cases known to have been treated
Ringworm—(*a*) Scalp	—
(*b*) Body	—
Scabies	—
Impetigo	133
Other skin diseases	3,842
Total	3,975

Table E.—Child Guidance Treatment

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics ..	276

Table F.—Speech Therapy

	Number of cases known to have been treated
Pupils treated by speech therapists ..	334

G.—Other Treatment Given

	Number of cases known to have been dealt with
(*a*) Pupils with minor ailments	4,520
(*b*) Pupils who received convalescent treatment under School Health Service arrangements	94
(*c*) Pupils who received B.C.G. vaccination	4,132
(*d*) Other than (*a*), (*b*) and (*c*) above.	
Pupils who received poliomyelitis (Sabine Vaccine) protection	1,664
Immunisation against diphtheria & tetanus	13,776
Receiving Vitamin tablets	474
Heart and Circulation	7
Chiropody Treatment	827
Total (*a*)—(*d*) ..	25,494

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

(*a*) Dental and Orthodontic work:

I. Number of pupils inspected by the Authority's Dental Officers:—

(i) At Periodic Inspections ..	38,729	Total I ..	4,2076
(ii) As Specials	3,347		
II. Number found to require treatment			18,133
III. Number offered treatment			13,700
IV. Number actually treated			9,082

(*b*) Dental work (other than orthodontics).

I. Number of attendances made by pupils for treatment, (i) excluding those recorded at (*c*) i below			23,684
II. Half days devoted to:			
(i) Periodic (School) Inspection ..	161½	Total II	4,264
(ii) Treatment	4,102½		
III. Fillings:			
(i) Permanent Teeth ..	14,592	Total III	14,757
(ii) Temporary Teeth ..	165		
IV. Number of Teeth Filled:			
(i) Permanent Teeth ..	11,215	Total IV.	11,380
(ii) Temporary Teeth	165		
V. Extractions:			
(i) Permanent Teeth	3,442	Total V	13,784
(ii) Temporary Teeth ..	10,342		
VI. Administration of general anæsthetics for extraction ..			8,378
VII. Number of pupils supplied with artificial teeth			66
VIII. Other operations:			
(i) Permanent Teeth	7,132	Total VIII	7,162
(ii) Temporary Teeth	30		

TABLE V (Continued)

(*c*) Orthodontics:

(i) Number of attendances made by pupils for orthodontic treatment	6,261
(ii) Half days devoted to orthodontic treatment	457
(iii) Cases commenced during the year	206
(iv) Cases brought forward from the previous year	839
(v) Cases completed during the year	259
(vi) Cases discontinued during the year	25
(vii) Number of pupils treated by means of appliances	385
(viii) Number of removable appliances fitted	456
(ix) Number of fixed appliances fitted	—

TABLE VI

Number of Exclusions, 1962

Defect	Referred for Exclusion by		Total
	School Medical Officers	School Nurses	
Uncleanliness of Head	—	2,048	2,048
Uncleanliness of Body	—	2	2
Ringworm—Scalp and Body	—	—	—
External Eye Disease	—	18	18
Scabies	—	45	45
Impetigo	—	17	17
Other Skin Diseases	—	8	8
Other Diseases	—	1	1
Vision	—	—	—
Total 1962	—	2,139	2,139
Total 1961	1	2,245	2,246

TABLE VII

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

	Blind	Partially Sighted	Deaf	Partially Hearing	Physically Handicapped	Delicate	Maladjusted	Educationally Subnormal	Epileptic	Speech	Total
During the year ended 1962—											
Handicapped pupils newly placed in schools and homes	—	2	3	5	44	8	9	110	—	—	181
Newly assessed requiring education	—	4	2	2	44	7	9	122	1	—	191
On 20th January, 1963 :—											
No. of handicapped pupils :—											
(i) Attending Special Schools—Day	—	15	18	39	127	—	—	635	—	—	834
Boarding	13	6	15	7	25	13	5	38	2	1	125
(ii) Attending Independent Schools	—	—	—	—	—	—	12	3	—	—	15
(iii) Boarding in Homes	—	—	—	—	—	—	3	1	—	—	4
Total	13	21	33	46	152	13	20	677	2	1	978
No. of handicapped pupils being educated under arrangements made under Section 56 of Education Act, 1944 :—											
(i) In Hospitals	—	—	—	—	—	21	—	—	—	—	21
(ii) In other Groups (conv. homes)	—	—	—	—	—	—	—	—	—	—	—
(iii) At home	—	—	—	—	—	3	—	—	1	—	4
No. of handicapped pupils requiring places in special schools—Day	—	4	—	6	—	50	—	33	—	—	93
Boarding	1	—	—	—	1	—	2	6	1	—	11

Printed by
Jowett & Sowry
Ltd. Leeds 9