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CITY OF LEEDS EDUCATION COMMITTEE

ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER

FOR

1963

CITY OF LEEDS EDUCATION COMMITTEE

Annual Report on the School Health Service for the Year 1963

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

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School Health Service

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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. (Died 1.7.63).
Principal School Dental Officer and Orthodontist	J. Miller, L.D.S., D.Orth.
School Medical Officers (Full-time)	Irene M. Holoran, M.B., B.Ch., D.C.H. (Retired 30.11.63). H. G. Hutton, B.A. (Cantab.), M.R.C.S., L.R.C.P., D.P.H. Marianne H. Witt, M.D., L.R.C.P., S. (Ed.), D.P.H. Hilda M. Wilson, M.B., Ch.B.
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. Elizabeth A. Colville, M.B., B.S. *E. Coupland, M.R.C.S., L.R.C.P. *Myra Wigoder, M.B., Ch.B., *J. A. Kelly, M.B., Ch.B., B.A.O.

**Also anæsthetists to the School Dental Service*

School Medical Officers (Part-time)	MARGARET MCCRACKEN, M.B., Ch.B.
	SHIRLEY M. C. THOMPSON, M.B., B.S. (Commenced 1.1.63)
	R. D. HALL, M.B., Ch.B. (Commenced 15.7.63)
	AGNES M. MATHESON, M.R.C.S. (Commenced 16.10.63)
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.
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. (Resigned 31.7.63)
	P. IRVINE, L.D.S.
	Mrs. H. M. MILLAR, L.D.S. (Commenced 16.9.63)
	P. NORMAN, B.Ch.D., L.D.S.
	F. SZTRODL, M.D.
School Dental Officers (Part-time)	G. F. R. HARKINS, L.D.S. (Resigned 7.9.63)
	F. G. TYLER, B.Ch.D., L.D.S.
	J. W. HOBSON, L.D.S. (Commenced 1.1.63)
	A. BROOKE, L.D.S. (Commenced 1.1.63)
	J. H. THREADGOULD, B.Ch.D., L.D.S. (Commenced 15.1.63. Resigned 31.8.63)
	Mrs. J. M. MARTIN, L.D.S. (Commenced 8.2.63. Resigned 23.8.63)
	H. MARCUS, B.Ch.D., L.D.S. (Commenced 29.4.63)
	Mrs. A. K. BARNETT, B.Ch.D., L.D.S. (Commenced 1.7.63)
	B. P. A. L. BEAUMONT, B.Ch.D., L.D.S. (Commenced 9.9.63)
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	Miss L. M. M. DUNDERDALE, B.Ch.D., L.D.S. (Commenced 2.9.63)
	G. B. POTTS, L.D.S., (Leeds) R.C.S. (Commenced 11.9.63)
	R. I. BROOKE, B.Ch.D., L.D.S., M.R.C.S., L.R.C.P. (Commenced 27.9.63)

SCHOOL HEALTH SERVICE STAFF—(*continued*)

Anæsthetist (Part-time)	F. SOUTHAM, L.D.S. (Commenced 9.10.63)
Pre-School Deaf Clinic	Mrs. K. H. NEWLAND, Teacher of the Deaf (Part-time)

Superintendent Health Visitor and School Nurse	Miss J. M. AKESTER
Senior School Nurse	Mrs. R. ELIZABETH BERRY (Commenced 1.6.63)

Senior Assistant	Miss MARY MATHERS

Chiropodist	Mrs. JOAN BEEL, M.Ch.S. (State Registered)
†*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. (Retired 31.10.63)
	Mrs. A. M. CROSSWAITE, L.C.S.T. (Resigned 30.11.63)
	Miss J. FLORY, L.C.S.T. (Resigned 30.6.63)
†*Orthoptist*	Mrs. DRUSILLA M. WHYTE, D.B.O.

School Nurses	23
Physiotherapists	
Full-time	4
Part-time	1
Oral Hygienists	2
Clinic Assistants	
Full-time	6
Part-time	4
Dental Attendants	14

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., (Hons.) A.B.Ps.S.
Assistant Educational Psychologists	J. R. ROBERTS, B.A. (Hons.) Dip. Psych. P. J. MARTIN, B.Sc., Ed.B. (Commenced 5.8.63)
Social Workers	Mrs. P. ALTMAN, B.A. Mrs. J. FLETCHER, Dip.Soc. Studies Mrs. N. GOULD, B.A., Dip.Soc. Studies. (Resigned 26.7.63) Mrs. H. STEPHENSON, Dip.Soc. Studies. (Resigned 31.3.63) Mrs. J. THOMPSON, B.A. Mrs. E. E. NOKES, B.Sc., (Soc.) (Commenced 23.9.63, Resigned 13.12.63)
Remedial Teachers	R. D. NEWMAN, Dip.Prim.Educ. J. B. HILL Miss E. NICHOLSON Miss J. SANDFORD
Remedial Teachers (Part-time)	5
Teachers of Maladjusted Pupils	Miss A. THOMAS M. QUATE
Pædiatric Consultant	Dr. E. C. ALLIBONE, M.D., F.R.C.P., D.P.M.

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, 1963

Type of School	Number of Schools	Number of Departments	Number on Roll
Primary—			
County	81	134	35,008
Voluntary	39	54	12,634
Comprehensive	3	3	3,943
Secondary—			
Modern	38	43	17,168
Grammar	11	11	6,316
Technical	2	2	1,813
Special—			
Educationally Sub-Normal ..	5	5	490
Educationally Sub-Normal Classes (3)	—	—	47
Physically Handicapped ..	2	2	147
Deaf and Partially Hearing ..	1	1	115
Partially Sighted Class (1) ..	—	—	16
Other—			
Nursery	1	1	71
TOTALS	183	256	77,768

Ladies and Gentlemen,

I present herewith the report of the School Health Service for the year ended 31st December, 1963.

The oral poliomyelitis vaccine is now firmly established as the vaccine of choice. It gives a good immunity and produces no reactions. Being given by mouth on a sugar lump instead of by injection, it is much more acceptable to the children and has the further advantage of requiring no sterilised equipment. We are now reaping the benefit of the polio vaccination campaign. Both nationally and locally polio figures were very low in 1963, indeed there was no case of polio in the city. Sufferers from polio paralysis constitute the largest group of physically handicapped children in our schools; the importance of prevention is obvious and it is encouraging to note that the number of affected children already shows a downward trend.

There were over 2,500 notifications of measles among school children. This disease, though not dangerous in a healthy child of school age, is a considerable nuisance. A protective vaccine is under trial and we may therefore hope to bring measles under control in the near future.

The benefits of treatment of deafness in the pre-school years are now becoming evident in the new admissions to Elmete Hall School.

During the year new clinic facilities were provided at Seacroft, West Park C.S. School and St. George's C. of E. School. At Seacroft, the School Health Services are provided in a clinic which also houses a full range of Local Health Authority services. The building, designed by Mr. Sheridan-Shedden, incorporates all that is best in modern clinic design and makes attractive use of modern building materials.

Like many other Authorities, Leeds is experiencing great difficulties in providing speech therapy—indeed at the end of the year there were no speech therapists in post. We are indebted to Professor Craig who has provided speech therapy for a few urgent cases, although his department is also short of speech therapists. At the end of the year discussions were taking place with other interested bodies about the possibility of organising a training course for speech therapists in Yorkshire.

A course for medical officers on the ascertainment of educationally subnormal children was held by the University Departments of Psychiatry and Preventive Medicine in September. It is likely that this course will be held annually. The course provides the training necessary for approval of medical officers for ascertainment work and is recognised by the Ministry of Education. There has long been a need for such a course in Yorkshire. Officers of the School Medical Service played a large part in the organisation and running of the course and most of the intelligence testing was carried out using Leeds schoolchildren. We are grateful to the head teachers and staffs who make this possible.

In the body of the report I refer to the death of my colleague Dr. J. G. Jamieson. Dr. Jamieson had been on the staff of the Education Committee for thirteen years and was an outstanding figure in the field of school health. He was particularly expert in the care of handicapped children of all kinds. He was regarded with affection by all who knew him and his colleagues will long remember him.

With the retirement of Dr. Irene M. Holoran in November we lost another expert in the care of handicapped children. Dr. Holoran joined our School Health Service in November, 1929, and had carried major responsiblities in orthopædics since 1936, working closely with the orthopædic consultant. She has a particular interest in spastic children. We greatly miss her knowledge and wise advice.

I extend my grateful thanks and those of the staff of the School Health Service to the Chief Education Officer and members of the Education Department for their continued help throughout the year.

I am considerably indebted to the Chairman and Members of the Education Committee and to the Special Services Sub-Committee for their constant support and co-operation.

I am,

Ladies and Gentlemen,

Your obedient servant,

D. B. BRADSHAW,

Principal School Medical Officer.

STAFF

Medical Staff	The Senior School Medical Officer died in July and one officer retired. Three part-time officers have been appointed.
Nursing Staff	A Senior School Nurse and nine school nurses have been appointed. One nurse retired and seven resigned. Three clinic assistants resigned and four part-time clinic assistants were appointed.
Physiotherapy Staff	One part-time physiotherapist resigned and one full time physiotherapist has been appointed.
Speech Therapy Staff	One speech therapist retired and two have resigned.
Child Guidance Staff	Two assistant educational psychologists have been appointed. Two social workers resigned, one was replaced but later resigned.
Dental Staff	One full-time officer resigned and was replaced. Twelve part-time officers have been appointed and three have resigned.

Dr. J. G. JAMIESON

Everyone connected with the School Health Service was deeply shocked by the death of Dr. John G. Jamieson on 1st July, 1963. Dr. Jamieson had been on the staff since September, 1950 and Senior School Medical Officer since May, 1954.

He was educated at Leeds Grammar School, Pembroke College, Oxford, and the School of Medicine, Leeds. Before joining the R.A.M.C. in 1940, where he had a distinguished career, he was Pædiatric House Physician at St. James's Hospital.

On his discharge from the army he was appointed registrar in Pædiatrics at the Leeds General Infirmary and later Pædiatric Tutor to the University Department of Child Health.

His quiet confident manner endeared him to all with whom he came in contact and his death was a sad loss to the Education Service.

He was particularly interested in the care of handicapped children and was largely responsible for the establishment of the Pre-School Deaf Clinic which is proving invaluable in the training of very young deaf and partially hearing children.

SCHOOL CLINICS

During the year two branch clinics have been transferred to new premises, the one at Seacroft Grange to the new joint clinic at Seacroft and the one at Burley to a new clinic in the grounds of West Park C.S. School. The clinic at Seacroft, the first of several joint clinics to be built, provides full school medical and dental facilities, including speech therapy, refraction and physiotherapy. A clinic, for minor ailments only, has been opened in St. George's C. of E. School.

Consultants to the Authority continue to hold their sessions at the central clinic, and it is here that school medical officers carry out most of their intelligence testing of backward children. There are also facilities for speech therapy, physiotherapy, chiropody, refraction and orthoptic treatment, dental treatment, and pre-school clinics for spastic and deaf children.

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

Branch Clinics

Branch Clinic and Address	Treatment Given
Armley (Town Street)	Minor ailments, physiotherapy, speech therapy, refraction, dental treatment
Beckett Street C.P. School ..	Minor ailments
Braim Wood C.S. School ..	Minor ailments
Bramley (Town End)	Minor ailments
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, physiotherapy, speech therapy
Meanwood (Meanwood Road C.P. School) ..	Minor ailments, speech therapy, refraction
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 Clinic	Minor ailments, dental treatment, speech therapy, refraction, physiotherapy
St. George's C. of E. School ..	Minor ailments
West Park .. .. .. (West Park C.S. School)	Minor ailments, speech therapy, refraction, dental treatment

PERIODIC EXAMINATIONS

No change has been made in the arrangements for routine examinations during the year. Full medical examinations are carried out on entry to the infant school and on entry to the secondary school. In general, only a small number of children receive a full examination before leaving school, while others are re-inspected in connection with a particular defect. This examination is still the one about which most doubt is felt, but shortage of staff during most of the year has prevented any further experiment to find the most effective method.

GENERAL CONDITION

The condition of the vast majority of children examined continued to be satisfactory and the proportion found to be unsatisfactory was little more than one half of one per cent, one of the lowest figures recorded. About half of these children were being examined for the first time after admission to school.

MINOR AILMENTS AND INFECTIOUS DISEASES

The number of children requiring treatment for minor ailments is still relatively small, but it includes some who would not otherwise receive the appropriate treatment. Adjustments are made whenever necessary to treatment sessions in order to ensure economy of staff and a minimum of time spent out of school for children.

The measles epidemic which occurs every two years took place during 1963, and 2,562 cases were notified in children of school age. There was no confirmed case of poliomyelitis in a school child, and in fact for the first time since 1945 no confirmed case at any age occurred in the city.

In December a number of girls at a secondary modern school suffered from vomiting after eating food which they had prepared themselves. In view of the acuteness of the attack chemical poisoning was considered a possibility and they were taken to hospital but recovered quickly without treatment. Food materials concerned were examined by the City Analyst without revealing any abnormality and bacteriological examinations were negative. It seems likely that the cause of the trouble was a virus infection, probably that of "winter vomiting".

OTOLOGICAL SERVICES

Mr. Boyle attends weekly for consultative sessions at the central clinic and examines those children referred by school medical officers either from school inspections or branch clinics.

During the year 328 individual children made 467 attendances, and 46 children were referred to the General Infirmary for operative treatment. All children requiring an operation for the removal of tonsils and adenoids are required to have completed a course of poliomyelitis vaccine, without this protection the operation cannot be performed.

Visits were also made to Elmete Hall School for Partially Hearing approximately once each term.

Audiometry

Routine audiometric tests have been carried out by nurses on children in the six to seven year old group. As conditions for audiometric testing in schools are not ideal, those children found to have a hearing loss of more than 20 decibels are invited to the central clinic for further testing and examination by a school medical officer.

During the year 237 were referred by nurses for further investigation and 72 were found to have normal hearing. Of the 165 with some degree of loss, 36 were referred to Mr. Boyle, the Ear, Nose and Throat Consultant, and 24 to branch clinics for treatment. No child was found to be so deaf as to require transfer to a school for partially hearing, but recommendations were made for a number to "sit on the front row" at school. These are mostly children suffering from catarrhal deafness which is apparent only when they have colds.

A number of children referred from routine medical examination at five years of age are kept under observation as an accurate assessment of their hearing is not always possible.

Pre-School Deaf Clinic

Mrs. Newland reports:—

During the year 28 children within an age range of one to six years have been referred to the Pre-School Deaf Clinic for guidance. Some of these attend the central clinic and others are visited in their own homes.

For the first time children who have had pre-school guidance during four of their five years have been admitted to Elmete Hall School for Partially Hearing, they had obviously benefited during this period as compared with those children who had received no training. One of the first four children to attend the clinic has been successful in gaining a place at the Mary Hare Grammar School this year.

A Speech Training Unit has been purchased for loan to parents for home use. This has proved especially helpful in the early listening training and has had marked results in one particular instance.

Selected children have been provided with a more powerful hearing aid and have shown encouraging progress.

OPHTHALMIC SERVICES

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

Mrs. Whyte continues to attend the Orthoptic Clinic for two sessions weekly, one of which coincides with Mr. Sherne's visit, thus enabling consultations to be carried out easily.

Close liaison is maintained between the department and the Public Dispensary and Hospital and the General Infirmary. This eliminates out-patient attendance at either hospital for those children for whom an operation has been advised.

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

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

New Cases		No. of glasses prescribed	No. referred for operative treatment	No. of cases with squint
Pre-School	School			
352	4,573	2,626	91	201

In spite of the large number of defective vision cases dealt with, the waiting lists continue to increase, particularly for cases requiring re-tests. This is partly due to the difficulty in recruiting medical officers able to carry out refraction.

The possibility of obtaining more help from the Regional Hospital Board is being investigated.

OPTICIANS' DEPARTMENT

The establishment of the Optical Department more than twelve years ago has proved to be a very helpful addition to the ophthalmic service. Although every child is given the opportunity of obtaining spectacles from an optician of his choice, many parents take the advantage of being able to order them in the same building in which the child is tested.

The number of spectacles provided during 1963 shows a slight increase on the previous year, owing to the fact that in 1962 a large portion of doctors' time was devoted to immunisation.

	1963	1962
New prescriptions for glasses dispensed in the Optical Department	2,095	1,920
Repairs and replacements of spectacles ..	1,182	1,181
Adjustments and minor repairs	1,579	1,497
Total patients attendances	8,244	7,934

VISION TESTING

During the past three years various methods of vision testing in infant schools have been tried. The most successful was a method of matching letters using the ordinary Snellen type test chart; this was carried out by two nurses on very young children and children who could not read and would otherwise be tested by the use of picture cards.

Although this method is slower, the results obtained are more accurate. The children find the test interesting and are co-operative, and this obviates the necessity for frequent eye-testing visits to school.

THE ORTHOPÆDIC SERVICE

The orthopædic clinic is normally held each week at the central clinic, Mr. J. M. P. Clark, F.R.C.S., attending every third Monday to see selected children. Unfortunately, at the commencement of Dr. Holoran's absence it was impossible to hold regular clinics, but Mr. Clark attended more frequently and for longer sessions.

Dr. Thompson, who came to Leeds from the Durham School Health Service, has now taken over the orthopædic clinic, and holds one or more sessions weekly as the need demands.

Dr. Thompson has attended a course on Cerebral Palsy in the Department of Child Health at Sheffield and also a course on the Recent Advances in Cerebral Palsy at the Centre for Spastic Children, Cheney Walk, London.

During the year Mr. Clark held 243 consultations, Dr. Holoran 482 and Dr. Thompson 174, making a total of 899 attendances in all. Five hundred and thirty one children have been seen, 159 of them for the first time. These figures do not include the children attending the Training Centres, Potternewton Mansion and Larchfield, which are visited at frequent intervals throughout the year.

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

Sequelæ of Poliomyelitis		98
Cerebral Palsy		82
Congenital Defects:—		
Multiple Anomalies	9	
Pes Cavus	9	
Various (incidence 2 or 3)	26	
Dislocation or subluxation of hip	8	81
Metatarsus Primus Varus	11	
Structural Scoliosis	12	
Talipes Equino Varus	6	

Postural Defects:—		
Feet	30	
Spine	19	52
Torticollis	3	
Genu Valgum		32
Transient symptoms		26
Results of injuries		19
Osteochondrosis of Hip		13
Osteomyelitis and Suppurative Arthritis		13
Tuberculosis of Bone		3
Other Conditions (incidence 5 or less)		54
Consultation and no treatment or observation		58
		531

As can be seen from the above figures, a large number of the defects are the sequelæ of poliomyelitis, but owing to the introduction of vaccination these numbers are decreasing. This is particularly noticeable in the younger children now entering school.

The pre-school cerebral palsy clinic occupies three physiotherapists on three half-days each week. During the year twenty-five children within an age range of six months to four years have been treated.

These children are under constant supervision in order that an early assessment of their educational needs can be made. Some are referred to the Mental Health Services for admission to a Training Centre while others are admitted to Larchfield or to Potternewton Mansion.

CHIROPODY

Mrs. Joan Beal, M.Ch.S. (State Registered) reports:

This year there has been a noticeable increase in the defects of the feet, caused by illfitting shoes and socks in most cases. These are in the main cleared up after the child and parent have been advised on the purchasing and fitting of shoes, but fashion prevails.

Verrucae continue to be the most common condition seen at the clinic. Although the majority respond fairly quickly to treatment it still represents a considerable loss of school time.

The following table shows the years work:—

Chiropody 1963

Defect	New Cases	Attendances
Verrucae	729	4,231
Defects of Feet	72	305
Corns, etc.	78	252
Total 1963	879	4,788
Total 1962	827	4,140

Discharged : 555

SPEECH THERAPY

It is regretted that at the time of writing this report there are no speech therapists in the School Health Service. Out of an establishment of four, at the beginning of the year there were three on the staff. Miss Flory resigned in June to take up another appointment, Mrs. Jackson retired at the end of October after more than 26 years service, and Mrs. Crosswaite resigned at the end of November for domestic reasons.

Every effort has been made to recruit new staff but without success. This situation is not peculiar to Leeds as there is a national shortage of speech therapists.

Dr. Wilson continues to see all children who are reported as having speech defects, and one very severe case was referred to Professor Craig at the Leeds General Infirmary, where arrangements are being made for treatment. Professor Craig has agreed to help in very urgent cases, but as there is also a shortage of therapists at the Infirmary it will not be possible to refer many children.

At the end of December there were 340 on the waiting list for therapy.

THE CHILD GUIDANCE SERVICE

Mr. Love, Senior Educational Psychologist reports:—

"Child Guidance" is an ambiguous term. In its narrowest sense it describes the clinical approach by a team of psychiatrists, psychologists and social workers to the investigation and treatment of maladjusted children. This team approach, which has become a characteristic of Child Guidance Clinics, originated in America during the second decade of the present century.

A broader meaning was given to "Child Guidance" by Sully in the 1890's, and his definition of it included a scientific study of normal, as well as deviant children, and the assessment and treatment of children with problems in the field of education as well as in the field of mental health. It was this form of Child Guidance which led to the development of school psychological services.

The first acceptance of responsibility by a local Authority for Child Guidance provision was 50 years ago, when London County Council appointed (Sir) Cyril Burt as their school psychologist. Twenty-two years later Birmingham became the first Education Authority to accept complete responsibility for a child guidance clinic.

The pattern which was adopted by the Leeds Education Committee when it created a Child Guidance Service in 1950 was a blend of child guidance clinic and of school psychological service. Since 1958 the lack of adequate child psychiatric facilities in the

city has led to a concentration on the broader child guidance of a school psychological service. The latter service has, with the essential and additional support of the pædiatrician, been able to provide facilities for all but the most grossly disturbed children. The recent opening of a child psychiatric unit by the Regional Hospital Board, and the development of effective liaison between this Unit and the Education Committee's own service, has once more made it possible to envisage an adequate and completely comprehensive range of child guidance facilities for Leeds children.

During the past year eight children were referred by the Child Guidance Service to the Regional Hospital Board Unit for a psychiatric opinion. At the request of the Child Psychiatric Unit, the city service arranged psychological assessments of 35 children, and joint treatment programmes by both agencies were arranged for eight children. Of the 643 children who were referred to the Child Guidance Service this year, 40 per cent were presenting symptoms of emotional disturbance and 43½ per cent were presenting special educational difficulties. The remaining 16½ per cent were referrals of juveniles for vocational guidance, of recent immigrant children for oral English lessons and of children who were involved in the special screening service at the Care of Children Department's Reception Centre. The ages of these children and juveniles ranged from three and a half to almost seventeen years. Over half of the referred children were of at least average intelligence. The majority of the referrals were made by head teachers and a large number were from school medical officers.

For the second year in succession there was an increase in the number of parents who made a direct approach to the Child Guidance Service in order to seek help with problems presented by their children. When their children present problems of an educational or emotional nature, most parents will consult initially the head teacher, a school or family doctor, but there will be some parents who, for various reasons, prefer to contact the Child Guidance Service without intermediary advice. Such direct referrals have never proved to be frivolous, and in any case where a medical condition could have caused the symptoms which had led to concern, a pædiatric examination was arranged.

There has also been a marked increase this year in the number of children who were referred for child guidance by hospital departments—principally those of pædiatrics and child psychiatry.

Of the 280 pupils who were referred on account of special educational difficulties, 62 per cent had a specific weakness in reading or number and 34 per cent were generally backward in school work. Following the national publicity which was given at the beginning of the year to the formation of an Association to study and treat

"word blind" children, three parents who suspected that their children might be suffering from this condition asked for special investigations of this possibility. Very full investigation of the children were made, but in all of these cases factors other than those of specific dyslexia were found to account for their reading difficulties. Out of the 161 pupils who were referred during the year on account of specific reading difficulties, there was only one child who, on the preliminary investigation, conformed to the diagnostic criteria for "word blindness". This is not to challenge the evidence from elsewhere of the existence of word-blind children, but it does put the incidence of this type of child among a general school population of nearly 78,000 into perspective.

Lack of progress in school work can sometimes lead a pupil to develop anti-social traits or symptoms of an emotional disturbance. Psychological treatment was made available in case of need to any of the children who had been referred for educational handicaps. During the year, however, 257 children were referred to the Child Guidance Service primarily on account of behaviour which was so deviant that it was seriously impairing the children's relationships with their parents, their teachers and with other children. Examples of some of the difficulties which children were evidencing at the time of their referral were:—

(*a*) a little girl, aged six and a half, who, though inclined to chatter at home, had attended a day school for eighteen months and had not spoken either to the teachers or to the other children during this time. She would only occasionally participate in group activities, and tended to "shrivel up" when spoken to. From the girl's conversation at home she appeared to have retained some part of the class lessons, but in class she would not reply to any questions.

(*b*) a fourteen year old grammar school boy who suddenly became unable to join in classroom lessons. He would take himself to school and would settle down to hard work in the deputy head teacher's room, but when it was suggested that he rejoin his class, he would visibly blanch and tremble, and if taken as far as the classroom door, he would be on the point of vomiting and nervous collapse.

(*c*) a sixteen year old grammar school girl who exhibited several signs of marked personality disturbance, such as cutting herself with a razor blade, withdrawing from all social contact with the staff and with her fellow-pupils, and a severe deterioration of interest in her school work.

For the children with educational difficulties, treatment usually took the form of special teaching by trained remedial teachers.

Wherever possible this remedial work was given in the pupil's own school.

For the children with difficulties of a social or emotional nature, a range of therapeutic techniques was employed, including regular psychological therapy for children, regular supportive therapy for parents or residential placements in special units for maladjusted children. The special day unit for maladjusted pupils which is attached to the Child Guidance Centre, provided a combined education and therapeutic environment for 66 children during the course of the year. Of the 24 boys and girls who attended the infant section of this unit, seven had been temporarily excluded from their own school because of their uncontrolled and violent behaviour, four were severely inhibited in their normal classroom, three had made no verbalization at all whilst at school, and a further three exhibited bizarre behaviour indicative of more severe personality disorder. The remainder were children who, though yet of infant age, were clearly making an inadequate response to schooling and required a period of observation in a special setting before a decision was reached on the advisability of full-time special education.

This year, the major factor which had led to the attendance of boys of the senior section of the Day Unit was that of a refusal to attend school. Of the 42 boys who attended the senior unit for some part of the year, twenty had exhibited this "school refusal". In almost every case observation and investigation at the Child Guidance Centre confirmed that the fears of these boys were genuine, though irrational. Most of the boys were alert and intelligent and were reported by their schools to be conscientious scholars. They came from all types of schools and were of all ages. An open expression of their anxieties was encouraged through many media, not least through free discussions amongst the boys themselves.

The absence of a section of the unit which could accept older girls has been a hindrance to the treatment of this age group. With the help of one of the remedial teachers, a small part-time group for these girls was established during the year. Girls who had been unable to attend school for an average of ten months were given individual remedial lessons, coupled with a weekly programme for listening to school broadcasts and watching school television. In this way their educational interest and self-confidence was maintained. On other occasions the girls were brought together for group lessons and discussions. These discussions, which frequently turned to their main difficulty of facing up to school, led them to realise some of the common factors in their troubles, and through open expression of these, to feel less tense. The regaining of lost confidence was a slow process, but at an appropriate stage the girls were reintroduced to their schools; at first for short visits, then for whole

lessons leading to whole afternoons and eventually whole days. The head teachers of the schools concerned spared no effort to smooth the girls' return.

Examples of the many other activities of the Child Guidance Service during the year included the provision of vocational guidance of 51 juveniles who presented special problems of employment, the provision of lecture programmes at the Child Guidance Centre to student health visitors, and other professional groups.

CLEANLINESS OF PUPILS

It has been found in recent years that the practice of visiting each school three times a year to carry out cleanliness examinations was unsatisfactory. A more efficient service could be given if the visits were more selective, so that schools now receive a varying number of visits according to their needs. This means that while some schools receive one visit a year, others, where children are known to be persistently verminous, are visited in some instances, each week, in an effort to improve their condition.

It has always been considered an unsatisfactory situation that while the authority is empowered to cleanse a child it is not empowered to cleanse the family, so that it is possible for a child to be re-infested on his return home.

The staff of the Disinfestation Centre are co-operating in an effort to reduce the uncleanliness incidence in the city in the following way. When a parent takes a child for compulsory cleansing, other members of the family often accompany her, a tactful suggestion is then made that the infection may have spread and it would be advisable to treat the rest of the family. In many cases this is permitted and frequently the mother also is treated. When exclusion occurs repeatedly, a member of the Disinfestation Centre staff visits the home.

The number of children seen at cleanliness inspections during the year was 193,971; 3,413 were found to be in an unsatisfactory condition, 2,313 exclusions were issued involving 1,484 children, and 1,478 compulsory cleansing orders were issued to 989 children.

By reducing the number of cleanliness visits to secondary schools, where the children, being older, are more capable of keeping themselves clean, more time can be spent on the persistently neglected child, on vision testing, on audiometry and on foot inspection.

DIPHTHERIA AND TETANUS IMMUNISATION

The scheme was resumed whereby immunisation against diphtheria and tetanus on entry to school is carried out by the staff of the Health Department. The majority of primary schools were visited during the year.

POLIOMYELITIS VACCINATION

Sabin vaccine is now in general use. This is an oral vaccine and is administered on sugar lumps by the school nurse.

A booster dose or a full course of protection is offered to every child on admission to school.

B.C.G. VACCINATION

The scheme whereby B.C.G. vaccination is offered to all children between thirteen and fourteen years of age and to full-time college students has continued throughout the year.

Two visits to each school are made by the doctor. At the first visit a Heaf test is given, at the second the results are read and an injection of B.C.G. given to all children showing a negative reaction.

It will be noticed from the following table that the proportion of positive reactions has risen during the last two years. It is thought that this is due to variations in the test rather than an increase in the number of children who have been exposed to tuberculosis. The material used has been submitted to the Ministry of Health for testing, and a modification of the test will probably be necessary in future campaigns.

The following table summarises the tests carried out in 1963:—

Colleges and Schools	No. given Mantoux Test	Positive	Negative	Absentees	No. given B.C.G.
Colleges (Full-time Students)	186	129 (72·8%)	48	9	48 (25·8%)
Secondary, Grammar and Technical ..	1,629	480 (31·2%)	1,059	90	1,059 (65%)
County Secondary and Comprehensive	2,877	648 (24·5%)	1,991	233	1,991 (69·2%)
Primary ..	390	80 (24·2%)	250	62	250 (64·3%)
TOTALS—1963	5,082	1,337 (25·4%)	3,348	394	3,348 (65·8%)
1962	5,837	1,330 (24·5%)	4,132	360	4,132 (70·7%)
1961	5,800	872 (15·9%)	4,590	338	4,590 (79·1%)

TYPHOID INOCULATIONS

As a result of the outbreak of typhoid at Zermatt in Switzerland the School Medical Officer advised that children visiting the continent, particularly Southern Europe, should be inoculated against this disease, and protection was offered to every school making arrangements for foreign travel.

Of the nineteen schools arranging such holidays, eight accepted the School Medical Officer's offer, and a total of 452 children and 58 adults were inoculated. The children in the remaining eleven schools were advised either to visit their own doctor or to attend the immunisation centre in Park Square.

Two inoculations were necessary, the second taking place ten days after the first and at least a month before departure. The Senior School Medical Officer visited those schools which were not within walking distance of a branch clinic.

HANDICAPPED PUPILS

(Position on the 23rd January, 1964)

Blind

Placed in residential schools	13

Partially Sighted

Placed in special class	16
Placed in residential schools	6

Deaf

Placed in day school for deaf	15
Placed in residential schools for deaf	16

Partially Hearing

Placed in day school for partially hearing	40
Placed in residential schools for partially hearing	9

Delicate

Placed in residential schools	12

Diabetic

Placed in ordinary schools	23

Physically Handicapped

Placed in day school for physically handicapped	131
Placed in residential schools for physically handicapped	29

Educationally Sub-normal

Placed in day schools for E.S.N.	673
Placed in residential schools for E.S.N.	39
Having home tuition	1

Epileptic

Placed in residential schools	1
Placed in ordinary schools	165

Maladjusted

Placed in residential schools	25

Speech

Placed in residential school	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

Fifteen children attend the class for partially-sighted children at Beckett Park C.P. School. Of the five children who left in July at the age of eleven, two were successful in gaining places in grammar schools, one was transferred to a comprehensive school, one to a county secondary school and the remaining boy who was not thought suitable to be placed in ordinary school was admitted to the Preston School for Partially-Sighted.

These children attend the swimming baths regularly with the rest of the school. The visits are proving invaluable in giving confidence which is apparent in other activities. Three of the partially-sighted children are in the school swimming team.

The special large type typewriter continues to be of great help, and the children are receiving instruction in typing from the school secretary.

(2) Deaf and Partially Hearing

Seventeen children attend residential schools:—

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

Sixteen deaf and 45 partially hearing Leeds children and eight deaf and 54 partially hearing children from other authorities attend Elmete Hall.

Mr. Boyle, the E.N.T. consultant, continues to visit the school at regular intervals.

Hearing aids are supplied and serviced by the audiology unit of St. James's Hospital, and Mr. Blick, the technician in charge, arranges for two members of his staff to visit the school frequently to service and fit hearing aids. A number of children have now been supplied with aids for both ears.

One boy obtained a place at the Mary Hare Grammar School and two former pupils at present at this school were successful in gaining passes in the General Certificate of Education; one girl obtained two 'O' levels at the age of fifteen, and the other girl nine 'O' levels and two 'A' levels.

Three pupils obtained places in the Training School, Royal School for the Deaf, Manchester; the boy is taking a course in bakery and confectionery and the two girls are taking courses in confectionery and cake-icing.

(3) **Delicate**

Ten children attend residential schools:—

Children's Convalescent Home and School, West Kirby, Cheshire	6
Langley Residential Special School, Baildon, Yorks.	1
Netherside Hall, Skipton-in-Craven, Yorks.	1
Park Place, Henley-on-Thames, Oxon.	1
St. John's Open-Air School, Woodford Bridge, Essex	1

Seventy-nine children were recommended for convalescence by school medical officers, nineteen spent varying periods in the Convalescent Section of the Children's Home and School, West Kirby, and arrangements for the remaining 60 were made by the Health Department.

There is still considerable difficulty in obtaining facilities for boys over twelve years of age.

(4) **Educationally Subnormal**

Forty-two children attend residential schools:—

Aldwark Manor Boarding Special School, Alne, York	1
Allerton Priory R.C. Special School, Liverpool	2
Besford Court R.C. Special School, Worcester	3
John Duncan School, Buxton	1
Eden Grove School, Bolton, Nr. Appleby, Westmorland	6
Etton Pasture School, Beverley, Yorks.	4
High Close, Wokingham, Berks.	1
Hilton Grange School, Old Bramhope, Yorks.	5
Hindley Hall Special School, Stocksfield, Northumberland	2
Jesmond Dene House Special School, Newcastle	1
Rossington Hall, Doncaster	11
Spring Hill School, Ripon, Yorks.	2
Thorn Garth Hostel, Bradford	1
Whinburn School, Keighley, Yorks.	1
Rudolf Steiner School, Bieldside, Aberdeen	1

Five hundred and forty-eight children attend day schools in Leeds:—

Armley Lodge (junior mixed)	78
Cardinal Square (junior mixed)	79
East End Park (junior mixed and senior girls)	81
Grafton (junior mixed)	59
Hunslet Lane (senior mixed)	203
Wykebeck (three junior classes)	48

In addition 127 children attend St. Bernadette's R.C. E.S.N. School.

During the year, nine children were considered to have made sufficient progress for their transfer to ordinary school and one boy was transferred from St. Bernadette's to the partially-sighted class at Beckett Park C.P. School.

Arrangements have been made for the majority of senior girls to be transferred from East End Park to Roundhay Lodge School when it opens in January, 1964. A few of the older children who were due to leave in a term or two were allowed to remain.

Ascertainment of Backward Children

Three hundred and eighty-three children were examined by school medical officers during the year. Children continue to be referred by head teachers for ascertainment at a much earlier age. The provision of additional special school places on the opening in recent years of Cardinal Square and St. Bernadette's, and of Roundhay Lodge in January, 1964, ensures that these children receive specialised training with much less delay than previously.

Of the 383 children examined the following recommendations for educational treatment were made:—

Transfer to E.S.N. School (Day)	172
Transfer to E.S.N. School (Residential)	5
Transfer to Training Centre	16
Recommended for remedial teaching	46

(5) Epileptic

Two children attend residential schools:

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

In addition, 165 children are listed as suffering from epilepsy. Most children, under supervision of a hospital attend ordinary school successfully.

One girl who has attended Lingfield Hospital School since January, 1960 and who has had no fits for a considerable period, is to be transferred to ordinary school in January.

(6) Maladjusted

Thirty-one children attend residential schools:—

Breckenbrough School, Thirsk, Yorks.	2
Broadview House, Hayling Island, Hants.	2
Clwyd Hall, Ruthin, Wales	3
Drayton Manor School, Sherfield-on-Loddon, Hants.	2
Eden Grove, Bolton, Nr. Appleby, Westmorland	6
Garvald School, Dolphinton, Peebleshire	1
Hilbre School, Sheringham, Norfolk	2
The Larches Hostel, Preston, Lancs.	2
Peredur Home School, East Grinstead, Sussex	4
The Poplars, Broadoak, Newnham, Glos.	1
Ripon Grammar School, Ripon, Yorks.	1
St. Joseph's R.C. School, East Finchley, London, N.2	2
St. Mary's School, Bexhill-on-Sea, Sussex	1
National Children's Home, Stelling Hall, Stocksfield, Northumberland	1
Toddington Grange Boarding School, Toddington, Glos.	1

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

(7) Physically Handicapped

Ten children attend residential schools:—

Exhall Grange Special School, Warwickshire	1
Ian Tetley Memorial Hospital, Killinghall, Harrogate	1
Bethesda Residential School, Cheadle, Cheshire	1
Chantrey School, Sheffield	1
Holly Bank Special School, Huddersfield	2
Lord Mayor Treloar College, Alton, Hants.	2
Irton Hall, Holmrook, Cumberland	2

These children are in residential care because their handicaps are too severe to enable them to be transported daily to Potternewton Mansion or because of adverse home conditions. In addition, there are children receiving education in orthopædic hospitals. These children are examined on discharge with full hospital notes to determine the type of school most suitable to their condition.

Dr. S. M. C. Thompson reports on Potternewton Mansion Day School for Physically Handicapped children as follows:—

The number of children on roll on 31st December, 1963, was 120, with five children awaiting admission in January.

Children are admitted to Potternewton Mansion from several sources, including long stay hospital, usually Thorp Arch Orthopædic Hospital, and from the pædiatric departments of Leeds hospitals. Others are recommended by school medical officers as the result of routine school medical inspections or occasionally from the pre-school physiotherapy clinic.

The school caters for all children who would find great difficulty in attending ordinary school, from those quite severely handicapped, suffering from cerebral palsy to those requiring some degree of sheltering as in mild congenital cardiac conditions.

The following is an analysis of the physical disabilities :

Cerebral Palsy		34
Sequelae of Poliomyelitis		34
Congenital Deformities (other than congenital heart lesions):—		
Meningocele or Spina Bifida	9	23
Kypho-scoliosis	5	
Dislocation of Hip	1	
Congenital Absence of Radii	1	
Extroversions of Bladder	1	
Multiple Congenital Anomalies	1	
Congenital Anomaly of Bladder	1	
Pseudo-arthrosis of Tibia	1	
Cystic Kidney	1	
Hirschsprung's Disease	1	
Arthogryposis Multiple	1	
Muscular Dystrophy		9
Cardiac Condition:—		
Rheumatic	1	8
Congenital	7	

Pseudocoxalgia	6
Haemophilia	5
Neoplasm of Brain	3
Progressive Spinal Muscular Atrophy	2
Osteomyelitis	2
Epilepsy	2
Tuberculosis of Bone	1
Tubercular Meningitis	1
Osteochondrosis Dissecans	1
Rheumatoid Arthritis	1
Subluxation Odontoid	1
Sequelae of Fractured Skull	1
Fibrosarcoma	1
Fractured Pelvis	1
Duodenal Ulcer	1
Traumatic Quadriplegia	1
Retardation of prenatal origin	1

Mr. J. M. P. Clark, orthopædic consultant to the Authority, attends regularly to review those children suffering from cerebral palsy and other orthopædic conditions, while two pædiatricians, Dr. Buchanan and Dr. G. Lewis, supervise the treatment of children suffering from medical conditions. Parents are invited to attend all these consultative sessions and the head teacher, Mr. Pagdin, the education welfare officer and the school medical officer are available for any advice concerning the children's welfare.

Treatment is carried out by a full-time state registered nurse with orthopædic experience assisted by two general attendants and two full-time and three part-time physiotherapists.

Unfortunately, owing to a national shortage, the school is without a speech therapist at the present time and this considerably hampers the progress of several children with marked speech defects for whom no treatment is available.

During the year 44 children left school as follows:—

Left—unable to be placed in employment	1
For work	6
To primary school	10
Left Leeds	1
To secondary modern school	6
To Branch College of Commerce	2
To long stay hospital schools	13
To private day school	1
Died	2
To residential school	2

Where necessary school leavers are registered as disabled persons, with their parents consent.

Most of the children keep in touch with the school by attending functions of the Old Scholars Association. They all derive great benefit from the help of various voluntary societies, e.g. Spastics Society, Infantile Paralysis Fellowship or from the Welfare Services Department.

Of the above children, one child, a heavily handicapped cerebral palsied child with severe athetosis, requires feeding and one is totally

incontinent and wearing napkins. Fifteen children are chairbound and three of these require transport in specially adapted buses of the Welfare Services Department. Six children have ileostomy and two colostomy appliances which require supervision.

The children are regularly examined by the school medical officer and both physical and educational progress are assessed.

Larchfield School for Cerebral Palsied Children

Larchfield School, Harrogate, opened in April, 1953 with weekly boarding accommodation for twenty children within an age range of four and a half to ten and a half years. The more severely handicapped educable children are selected for Larchfield, Potternewton Mansion Day School for the Physically Handicapped being available for less severely handicapped young spastics, as well as for the older ones.

In the ten years under review 44 children have left the school, most of them on reaching the age limit. Of these, six have left Leeds, two have been reported to the Mental Health Services as being unsuitable for education in school and two have died. The following table shows where they went on leaving Larchfield.

Potternewton Mansion Day School for the Physically Handicapped	19
Residential schools for spastic children	7
Ordinary schools (county primary and county secondary)	5
Schools for the educationally subnormal	2
School for the deaf	1
	34

Thirteen of these 34 children are now old enough to work and are occupied as follows:—

Clerical work after one year at the College of Commerce	1
Employed by a furrier	1
Employed in a clothing factory	1
Employed in a shoe factory	1
Employed turning industrial gloves but applying for training for more suitable work	1
Left Leeds from secondary modern school—likely to work	1
Accepted for St. George's Residential and Work Centre for the Disabled, Harrogate (where some ability to work in their workshops is expected)	3
Not working owing to personality difficulties rather than severe physical disability	2
Residential Home (Spastic Society)—a severe athetoid	1
Referred at 16 to Mental Health Services as in need of supervision owing to dual defect. He is physically unable to work and educationally subnormal	1
	13

Thus five or probably six of the thirteen are working in open industry, though registered as handicapped persons, and three are capable of some work in sheltered conditions.

The following table shows the probable future of the remaining 21 who left Larchfield and are still attending school and living in Leeds:—

Able to work in open industry, registered as handicapped persons	13
Suitable for some work at St. George's Residential and Work Centre for the Disabled, Harrogate	3
Unfit for work on physical grounds	3
Requiring to be referred to the Mental Health Services at sixteen and unfit for work because of dual defects	2
	21

It seems likely therefore that nineteen out of 34 will work while a further six may do suitable work under supervision at a slower rate.

MISCELLANEOUS EXAMINATIONS

The School Health Service is required to make arrangements for special medical examinations in addition to those for the investigation and treatment of defects.

The following is a summary of such examinations:—

On leaving Training College	360
Candidates for Carnegie College of Physical Education (special examination)	123
For admission to Training College	331
New appointments (including superannuation cases)	288
Boarded-out Children	382
At the request of the Juvenile Court	227
On taking up part-time employment	1,795
Prior to going to holiday camp	676
For theatrical licences	67
Prior to attending pre-nursing courses	19
Prior to adoption	4
Others	13
Total	4,285

Boarded-Out Children

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

Examinations at the request of the Juvenile Court

One medical officer visits the Remand Home each week in order to examine the boys and to carry out intelligence testing.

The girls attend the central clinic for a similar examination and arrangements are made for them to be examined by the consultant venereologist at the Leeds General Infirmary when necessary; 29 girls were so referred but in each case the result was negative.

ENURESIS

Enuresis Alarms or 'Bed-Buzzers' are now loaned to parents of children who suffer from nocturnal enuresis.

These children are carefully selected by school medical officers as the co-operation of parents is essential to the successful use of the alarm.

A nurse first visits the home to explain in detail how the apparatus should be used and then makes frequent follow-up visits. Years of constant bed-wetting make both parent and child despondent, and the fact that someone is taking an interest in their problem is often a considerable factor in their recovery.

This scheme has been in operation for only a short time and it is yet too early to draw any conclusions.

In several cases improvement has been noticed within a few weeks, while in others parents complain that although the alarm disturbs the rest of the family the bed-wetter fails to hear it.

One parent stated that it made her boy nervous and consequently he wet more frequently.

ANTI-SMOKING CAMPAIGN

The Central Council for Health Education, in association with the Health and Education Committees, conducted an anti-smoking campaign in selected Leeds schools during the week 24th-28th June. The Mobile Unit with two demonstrators spent one half day in each of three colleges, four county secondary and three county primary schools.

Their programme varied according to the age of the audience. Films, film strips, flannelgraphs and other materials were used, and at the end of the demonstrations follow-up discussions were held.

Each demonstrator met a group of about 40 children or students for a period of 45 minutes, thus enabling approximately 160 persons to attend the demonstrations each half day.

The campaign appeared to be successful and according to the discussions held at the end of each session, the children seemed to be highly impressed with the facts and figures relating to the dangers of smoking, but to be effective the campaign would have to be continuous and every school and college would have to be included.

SCHOOL TRANSPORT

Special arrangements have to be made for those children attending special schools who are unable, for various reasons, to travel on public transport. All the children at Potternewton Mansion School have to be provided with transport—special bus, taxi or Welfare Services' ambulance—according to their handicap or the area in which they live.

The Committee are indebted to the Variety Club of Great Britain for their generous gift of an ambulance to Potternewton Mansion School. The provision of this vehicle ensures that transport is always available at the shortest notice for conveying children to hospitals and clinics. The vehicle has also proved useful for taking children to Elmete Hall School where they have woodwork and housecraft and to the swimming baths at Meanwood Road.

The situation of Elmete Hall necessitates the provision of transport for all children, as there are no adequate public facilities within easy reach of the school.

The policy in regard to the schools for educationally subnormal is to encourage senior children to use public transport whenever possible, in order that their sense of responsibility and their confidence may be developed.

In addition, transport has to be provided for many children attending the day unit at the Child Guidance Centre. In all, 21 taxis and ten buses are in daily use.

Arrangements have also to be made for children to be escorted to and from residential schools at the beginning and end of holidays. In some instances parents are willing and able to escort their own children, but where there are several children attending one school it is more economical to send an official escort. In many cases, parents are unable or unwilling to make the journey.

It will be noticed from the report on handicapped children that the residential schools are situated in distant parts of the country, and in one instance, Scotland; this increases the difficulties of arranging escorts at holiday times.

The Committee continues to provide transport for Larchfield children each Monday and Saturday morning.

DENTAL SERVICE

Reported by Mr. J. Miller.

Whilst there has been no further recruitment to the full-time dental staff, there is an increase in the number of local private dental practitioners who attend the school dental clinics in order to carry out treatment for school children. Furthermore, many children now visit the "family dentist" at regular intervals.

In these circumstances it is possible to carry out dental inspections more frequently. Owing to the alarmingly high incidence of dental decay frequent inspections are more than every necessary.

This state of affairs is likely to continue unless there is a great improvement in the standard of personal dental hygiene and, if possible, the introduction of a dental caries inhibitor such as the fluoridation of the public water supplied. Present-day dietary habits are not helpful in the fight against dental disease. Many parents are still oblivious to the unfortunate effects of arranging menus in such a way that the last course is usually of a sweet sticky nature, remnants of which remain on the teeth for a considerable time. Such food debris must surely be one of the prime factors in the causation of dental decay. The eating of sweets and biscuits between meals causes further deterioration.

Every effort is made by the members of the dental staff to inform both parents and patients of these facts. Our dental hygienists are engaged full-time in an effort to bring about a higher standard of oral hygiene. Expectant and nursing mothers, in addition to school children receive advice on this important aspect of dental health. In many of the schools the health education officers are forever stressing the merits of a balanced diet, and the necessity of ending meals with teeth-cleaning foods. Films aimed at promoting dental health are shown in the schools from time to time.

It is felt that more use should be made of the television and radio services, as well as the national press, to emphasise the need for a higher national standard of dental hygiene.

The attendances at the Orthodontic Clinic are very high, and are an indication of the interest which both parents and patients take in this branch of dental treatmnet.

The physically-handicapped children attending the Larchfield Residential, and the Potternewton Mansion Schools are inspected at frequent intervals, in order to maintain a high standard of dental fitness.

The treatment carried out by Professor T. Talmadge Read, the visiting oral surgeon, and the services of those medical officers and dental practitioners who act as anæsthetists, are much appreciated.

APPENDIX I

REPORT ON PHYSICAL EDUCATION

by

Mr. G. B. Thompson

The Education Committee have continued their policy of planning new schools with extensive facilities for physical education. At least two will be ready for use in the next few months, and the opening of the Leeds Athletic Institute was one of the most notable events of 1963.

The Institute is adequately equipped to deal with all types of classes of any age, male or female, and it has already had a marked effect. It enables children leaving school to continue to enjoy recreational and instructional classes in many different activities, and also provides a centre for many important physical education events.

Evening classes have been arranged at Matthew Murray School for additional training in Olympic Gymnastics. Selected pupils will then progress to the Institute for further instruction. Interest in this scheme has increased tremendously and it is hoped to arrange for a party of 128 Leeds pupils and teachers to attend the Gymnastic Championship Finals in London in February, 1964.

Interest in swimming has increased a little in recent months and standards are improving. A course of instruction for teachers is being held now, and this is linked with special demonstrations of the new methods of life saving and resuscitation; there are also two special training programmes for advanced swimmers. The two new training pools opened at Parklands County Primary School and Belle Isle County Secondary School have proved to be of great value. The Committee continue to give generous financial support to provide special transport for swimming and games.

The policy of awarding free passes to pupils who gain the Bronze Medallion or Instructor's Certificate award of the Royal Life Saving Society continues and two new safety awards have also been added to the list of certificates for which free passes are awarded. This is done in order to encourage as many pupils as possible to acquire a proficiency which will equip them to save the lives of those not so efficient in the water.

The following table shows attendances and numbers of certificate awards obtained in the school year 1962-63.

Attendances	142,833
Total Certificates	2,341
Preliminary Certificates	1,241
R.L.S.S. Bronze	389
R.L.S.S. Instructors	23

Good use is made of the camping equipment provided by the Committee for issue to school parties during the camping season, but more and more schools are adding to their own stocks; schools continue to make advance booking for the equipment, as parties are organised for expeditions and camping holidays further afield than in previous years.

An innovation this year has been a very successful scheme for groups of school children to attend the skating rink immediately after school for a period of instruction and practice at reduced rates, paid by the children themselves. The Committee have now agreed to a trial scheme whereby selected schools with rather poor facilities for physical education and games will be able to include skating instruction as part of the normal games programme. Groups of children will go to the rink during a morning and afternoon session for instruction, and fees will be paid by the Committee.

The table below illustrates some of the notable individual achievements during the past year, and provides an opportunity to thank sincerely those teachers in Leeds who give their time generously to help the advanced training of their pupils; the teachers and pupils are to be congratulated on their achievements.

Swimming	1 boy represented Great Britain
	1 boy, 1 girl represented Northern Counties
	1 boy, 2 girls won County Championships
Athletics	9 pupils of Leeds Schools were in the Yorkshire County team at the National Championships
Gymnastics	57 girls obtained the 3rd certificate of the Amateur Gymnastic Association
	8 girls obtained the 2nd certificate of the Amateur Gymnastic Association
	1 girl won the Yorkshire Junior Gymnastic Championship

APPENDIX II

SCHOOL MEALS SERVICE

by

Mr. R. P. Gibbs

As a result of development during the year, there are now 80 school kitchens with a total capacity of 49,830 meals. New kitchens were opened at Stainbeck C.S. Boys' School (500 meals) in January, and Hunslet Moor C.P. School (250 meals) in November. One canteen at Belle Vue C.S. School was closed in July as a result of reorganisation, and the following schools had their canteens transferred to improved premises:—

Cross Flatts Park C.P. Infants' School—from school hall to former woodwork centre.

Templenewsam Colton C.P. School—from Village Institute to new school extension.

Cross Gates C.S. School—from school hall to new school extension.

Hillside C.S. School—from school to new school extension.

St. Charles' R.C. Junior Mixed School—from St. Patrick's Hall to new accommodation in school.

St. Joseph's R.C. Junior Mixed School—from secondary school to own assembly hall.

Sacred Heart R.C. Senior Mixed School—from Burley Lawn Kitchen Dining Room to former Loyola Boys' Club.

Woodhouse C.S. School—from former woodwork room to school hall.

Castleton C.P. Junior Boys' and Girls' Schools—two canteens combined into one in new accommodation in school hall.

These transfers have not only allowed for improved dining conditions, but have also permitted the provision of up-to-date scullery facilities.

The total number of meals supplied to children during the year was 7,974,355, of which 823,532 were supplied free. The highest number served on one day, 44,360, was recorded in October; the number of children on roll for that day was 77,508. This shows that 57.23 per cent of the number on roll were taking school dinner at that time, an increase of 2.06 per cent on the previous year. The provision of meals on a limited scale has continued during school holidays. Three dining rooms were opened and the daily total of attendances varied from 428 at Easter to 311 at Midsummer; most of these children were entitled to free meals. The school meals service continued to cater for a number of school functions, and packed meals were provided for pupils going on educational journeys.

During the year, the Minister of Education issued a circular permitting authorities to appoint additional supervisory assistants according to the needs of individual schools. A total of 94 additional assistants in junior and infant schools was considered necessary, and the Education Committee agreed to the appointment of these for September, 1963.

It is still difficult to recruit skilled personnel and the work of training the necessary staff continues to be extremely important. The basic instructional courses have continued and a number of refresher courses have been held for the various grades of staff. A conducted tour of the Craven Dairies, Kirkstall Road, and a demonstration by a well-known firm of their products has also been given to heads of kitchens. The School Meals Officer also holds an instructional meeting at the beginning of each term.

Fresh green vegetables were exceedingly scarce during the first half of the Summer term, but on the whole, the supply of foodstuffs during the year has been adequate. The restriction on the import of meat into the country appears to have affected the Service only in respect of pork, of which English cuts had to be used, with the inevitable cost increase. The cost per meal for the financial year ended 31st March, 1963, worked out at 9·39d. per dinner served.

Milk in Schools

During 1963, 12,533,904 one-third pint bottles of milk were supplied. The average daily number of children drinking milk was 65,087, which represents 84·05 per cent of the average daily number on roll, or 92·40 per cent of the average daily attendance.

(In 1962, the total number was 12,887,043 bottles, and the average of children participating daily was approximately 90 per cent).

MEDICAL INSPECTION RETURNS
YEAR ENDED 31st DECEMBER, 1963

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
1959 and later ..	177	177	100	—	—
1958	4,128	4,112	99·62	16	·38
1957	3,779	3,755	99·36	24	·64
1956	449	441	98·22	8	1·78
1955	174	172	98·85	2	1·15
1954	168	167	99·44	1	·56
1953	258	255	98·84	3	1·16
1952	1,837	1,835	99·88	2	·12
1951	2,975	2,958	99·43	17	·57
1950	1,217	1,215	99·84	2	·16
1949	220	214	97·28	6	2·72
1948 and earlier ..	134	131	97·76	3	2·24
Total	15,516	15,432	99·46	84	·54

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
1959 and later	—	3	2
1958	104	112	172
1957	93	246	291
1956	18	31	40
1955	3	19	11
1954	7	18	18
1953	8	19	24
1952	23	35	51
1951	93	137	102
1950	56	55	96
1949	3	14	14
1948 and earlier	4	2	6
Total	412	691	827

C.—Other Inspections

NOTES:—A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.
A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

NUMBER OF SPECIAL INSPECTIONS	6,179
NUMBER OF RE-INSPECTIONS	21,907
TOTAL	28,086

TABLE II

Infestation with Vermin

(1) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	193,971
(2) Total number of individual pupils found to be infested	3,413
(3) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	1,484
(4) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	989

TABLE III

Return of Defects found by Medical Inspection in the Year Ended 31st December, 1963

A—Periodic Inspections

Defect Code No.	Defect or Disease		Periodic Inspections			
			Entrants	Leavers	Others	Total
4	Skin	T	2	1	44	47
		O	188	15	490	693
5	Eyes— *a.* Vision	T	104	4	304	412
		O	233	22	1,452	1,707
	b. Squint	T	21	—	31	52
		O	62	2	138	202
	c. Other	T	2	—	6	8
		O	13	—	91	104
6	Ears— *a.* Hearing	T	23	—	75	98
		O	131	8	381	520
	b. Otitis Media	T	—	—	6	6
		O	39	2	139	180
	c. Other	T	—	—	3	3
		O	20	2	62	84
7	Nose and Throat	T	9	—	52	61
		O	518	6	1,097	1,621
8	Speech	T	5	—	21	26
		O	158	3	249	410
9	Lymphatic Glands	T	2	—	17	19
		O	110	2	271	383
10	Heart	T	2	—	18	20
		O	129	5	293	427
11	Lungs	T	4	—	29	33
		O	140	8	483	631
12	Developmental—					
	a. Hernia	T	6	—	36	42
		O	238	8	739	985
	b. Other	T	—	—	19	19
		O	5	—	32	37
13	Orthopædic—					
	a. Posture	T	5	—	13	18
		O	33	4	302	339
	b. Feet	T	9	—	19	28
		O	149	7	527	683
	c. Other	T	3	—	13	16
		O	96	8	284	388
14	Nervous System—					
	a. Epilepsy	T	1	—	11	12
		O	4	—	31	35
	b. Other	T	3	—	14	17
		O	169	6	425	600
15	Psychological—					
	a. Development	T	4	—	19	23
		O	28	3	182	213
	b. Stability	T	1	—	20	21
		O	101	10	456	567
16	Abdomen	T	—	—	5	5
		O	24	3	188	215
17	Other	T	13	—	108	121
		O	117	5	512	634

B.—Special Inspections

Defect Code No.	Defect or Disease	Special Inspections	
		Pupils requiring treatment	Pupils requiring observation
4	Skin	184	23
5	Eyes—*a.* Vision	1,795	593
	b. Squint	208	—
	c. Other	36	—
6	Ears—*a.* Hearing	123	163
	b. Otitis Media	63	—
	c. Other	88	27
7	Nose and Throat	153	67
8	Speech	91	155
9	Lymphatic Glands	—	1
10	Heart	35	35
11	Lungs	91	26
12	Developmental—		
	a. Hernia	3	—
	b. Other	—	63
13	Orthopædic—		
	a. Posture	18	2
	b. Feet	37	6
	c. Other	71	29
14	Nervous System—		
	a. Epilepsy	1	—
	b. Other	22	179
15	Psychological—		
	a. Development	—	10
	b. Stability	—	25
16	Abdomen	—	12
17	Other	55	7

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	409
Errors of refraction (including squint)	4,925
Total	5,334
Number of pupils for whom spectacles were prescribed	2,626

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	7
(*b*) for adenoids and chronic tonsillitis	31
(*c*) for other nose and throat conditions..	8
Received other forms of treatment ..	508
Total	554
Total number of pupils in schools who are known to have been provided with hearing aids—	
*(*a*) in 1963	24
(*b*) in previous years	154

*A pupil recorded under (*a*) above should not be recorded at (*b*) in respect of the supply of a hearing aid in a previous year.

C.—Orthopædic and Postural Defects

	Number of cases known to have been treated
(*a*) Pupils treated at clinics or out-patients departments..	260
(*b*) Pupils treated at school for postural defects	—
Total	260

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

	Number of cases known to have been treated
Ringworm—(*a*) Scalp	1
(*b*) Body	2
Scabies	7
Impetigo	127
Other skin diseases	3,179
Total	3,316

E.—Child Guidance Treatment

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics ..	311

F.—Speech Therapy

	Number of cases known to have been treated
Pupils treated by speech therapists ..	369

G.—Other Treatment Given

	Number of cases known to have been dealt with
(*a*) Pupils with minor ailments	4,907
(*b*) Pupils who received convalescent treatment under School Health Service arrangements	60
(*c*) Pupils who received B.C.G. vaccination	3,348
(*d*) Other than (*a*), (*b*) and (*c*) above.	
Pupils who received poliomyelitis (Sabin Vaccine) protection	3,302
Receiving Vitamin tablets..	431
Heart and Circulation	84
Chiropody Treatment	879
Total (*a*)—(*d*) ..	13,011

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

No. of pupils on the registers of maintained primary and secondary schools (including nursery and special schools) in January, 1964, as in Forms 7, 7M and 11 Schools 78,384

(*a*) Dental and Orthodontic work:

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

(i) At Periodic Inspections ..	25,002	Total I ..	28,276
(ii) As Specials	3,274		

II. Number found to require treatment 22,418

III. Number offered treatment 17,324

IV. Number actually treated 8,374

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

I. Number of attendances made by pupils for treatment,
(i) excluding those recorded at (*c*) i below 20,187

II. Half days devoted to:

(i) Periodic (School) Inspection ..	227¾	Total II	3,924¼
(ii) Treatment	3,696½		

III. Fillings:

(i) Permanent Teeth ..	18,621	Total III	18,803
(ii) Temporary Teeth ..	182		

IV. Number of Teeth Filled:

(i) Permanent Teeth ..	14,771	Total IV.	14,953
(ii) Temporary Teeth	182		

V. Extractions:

(i) Permanent Teeth ..	4,797	Total V	15,706
(ii) Temporary Teeth ..	10,909		

TABLE V (Continued)

VI.	(i) Number of general anaesthetics given for extractions		7,451
	(ii) Number of half days devoted to the administration of general anaesthetics by:		
	A. Dentists	253¾	
	B. Medical Practitioners	232	Total VI 485¾
VII.	Number of pupils supplied with artificial teeth		73
VIII.	Other operations:		
	(i) Crowns	29	
	(ii) Inlays	4	
	(iii) Other Treatment	3,573	Total VIII 3,606

(*c*) Orthodontics:

(i) Number of attendances made by pupils for orthodontic treatment	4,709
(ii) Half days devoted to orthodontic treatment	372
(iii) Cases commenced during the year	169
(iv) Cases brought forward from the previous year	786
(v) Cases completed during the year	220
(vi) Cases discontinued during the year	20
(vii) Number of pupils treated by means of appliances ..	273
(viii) Number of removable appliances fitted	365
(ix) Number of fixed appliances fitted	—
(x) Cases referred to and treated by Hospital Orthodontists	—

TABLE VI

Number of Exclusions, 1963

Defect	Referred for Exclusion by		Total
	School Medical Officers	School Nurses	
Uncleanliness of Head ..	—	2,313	2,313
Uncleanliness of Body ..	—	2	2
Ringworm—Scalp and Body ..	1	—	1
External Eye Disease	—	8	8
Scabies	—	25	25
Impetigo	—	62	62
Other Skin Diseases	—	1	1
Other Diseases	—	2	2
Vision	—	—	—
Total 1963 ..	1	2,413	2,414
Total 1962 ..	—	2,139	2,139

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 1963—											
Handicapped pupils newly placed in schools and homes	1	6	—	12	37	3	7	139	—	1	206
Newly assessed requiring education	2	4	—	11	38	4	8	179	—	1	247
On 23rd January, 1964 :—											
No. of handicapped pupils :—											
(i) Attending Special Schools—Day	—	16	15	40	131	—	—	673	—	—	875
Boarding	13	6	16	9	26	12	4	31	1	1	119
(ii) Attending Independent Schools	—	—	—	—	3	—	18	7	—	—	28
(iii) Boarding in Homes	—	—	—	—	—	—	3	1	—	—	4
Total	13	22	31	49	160	12	25	712	1	1	1,026
No. of handicapped pupils being educated under arrangements made under Section 56 of Education Act, 1944 :—											
(i) In Hospitals	—	—	—	—	—	30	—	—	—	—	30
(ii) In other Groups (conv. homes)	—	—	—	—	—	—	—	—	—	—	—
(iii) At home	—	—	—	—	—	—	—	1	—	—	1
No. of handicapped pupils requiring places in special schools—Day	—	—	—	9	3	32	—	64	—	—	108
Boarding	2	1	—	—	1*	1	2	9†	—	—	16

*Includes one boy in a Day E.S.N. school awaiting a place in a Residential School.

†Includes one boy in a Day P.H. school awaiting a place in a Residential School.

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