

[Report of the Medical Officer of Health for Barking].

Contributors

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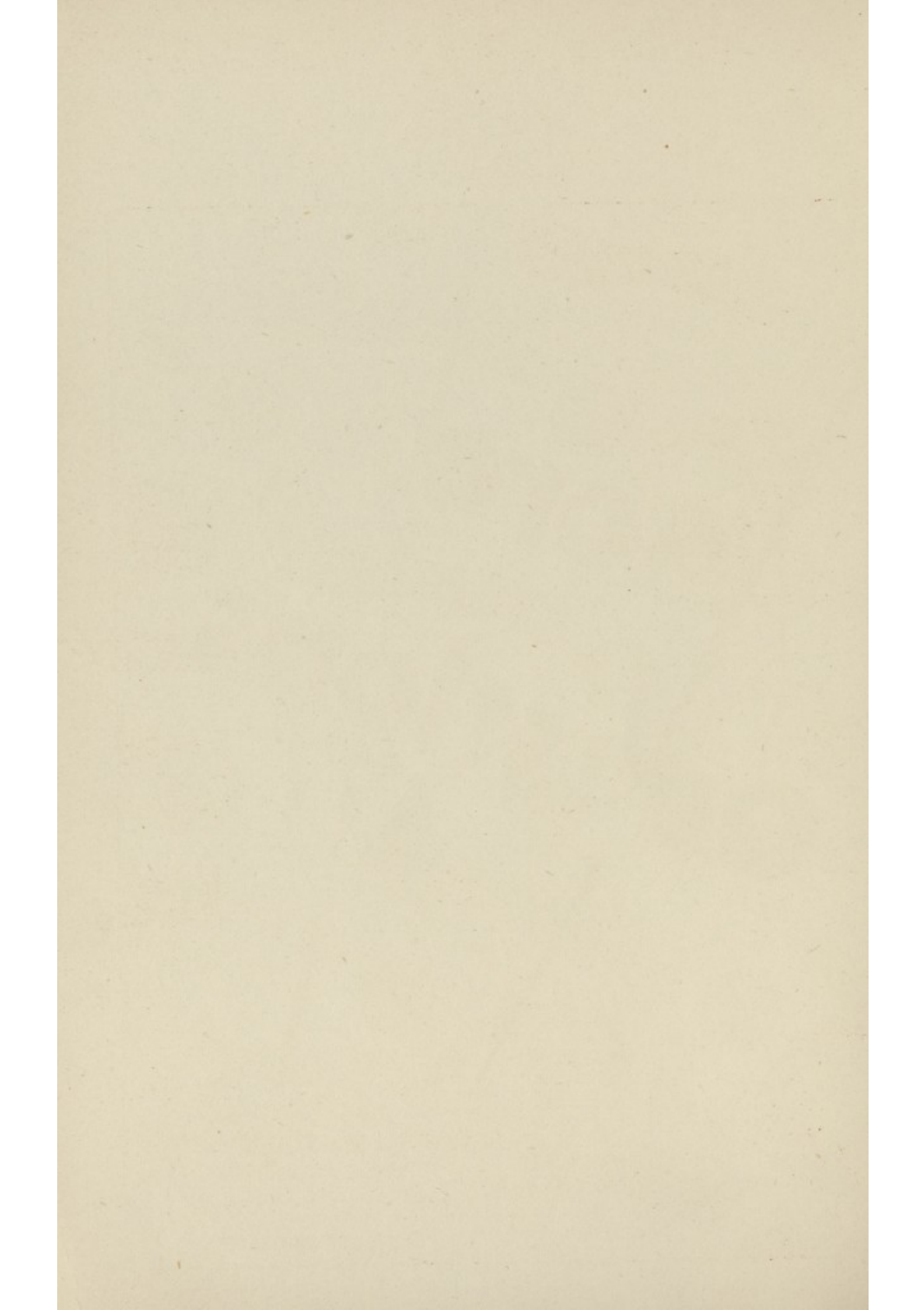
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More Questions

"Message to Parents—and Others"
C. LEONARD WILLIAMS
Medical Officer of Health
BARKING, ESSEX **December, 1948**



Question:

Why should I read this book ?

Answer:

In the first place, perhaps you are interested in the health of the children of Barking, which I think is a very good reason for reading the book. In the second place, if you are not interested in the health of the children of Barking you ought to be, and this I also think is a very good reason for reading the book. In the third place, and this is personal to me, I have tried to make the book readable and I should be very disappointed if you did not read it.

Public Health Department,
Barking, Essex.

November, 1949.

*To the Chairman and Members of the
Barking Committee for Education.*

This book deals with matters on which it is my proper duty to report. I have, however, once again tried to set it forth informally.

It is my earnest wish that whilst, on the one hand, the book may appeal to a wide reading public, the student shall find all the information which would be found in a more formal report.

Indeed, I go so far as to hope that many people who would not ordinarily read the statistics at the end (and these, after all, are the most important part) will be encouraged to do so after having read the rest of the book.

I am,
Your obedient servant,
C. LEONARD WILLIAMS,
Medical Officer of Health.

SCHOOL HEALTH SERVICE

Question :—Why has the title been changed from “ School Medical Service ” to “ School Health Service ” ?

*Answer :—*The simple answer to this question is because the Education Act of 1944 has brought it about. We are very glad of the change in name and certainly “ School Health Service ” is much more up-to-date than “ School Medical Service.”

The School Medical Service was started in 1907 and it certainly was a Medical Service—when the health of the nation was bad and, as for the children, it looked as though it was going to be worse—but a lot of water has flowed along the river since 1907 and what was then a Medical Service has for many years been a Health Service in every positive sense of the word.

In 1907 we were fighting a rear-guard action against the advancing forces of disease ; to-day we are waging an offensive war on behalf of positive health.

Our job to-day is to promote health and to maintain it—not, of course, forgetting to look after the casualties which are still to be found at School Medical Inspections.

MEDICAL INSPECTION

Question :—How often should my child be examined while at school ?

*Answer :—*In Barking we aim at examining school children once every year—it has not been possible quite to achieve this (to my mind) necessary survey, but last year we were not very far short from it because we examined 9,897 children out of a possible 12,800.

Question :—Are our School Doctors in Barking actually reducing their work ?

*Answer :—*There is no doubt that much of the work formerly done by school doctors has decreased in extent and importance. Dirty heads, itching bodies and running ears are no longer such pressing problems as they were in the pioneer days of the School Medical Service.

We, as doctors, are apt to sing the praises of many new treatments—penicillin, and so forth—which are available to-day and which were not available in days of old and, of course, there is something to be said for this, but by far the greatest advance which is being made is largely due to the increased care and attention which is given to children in the home, and certainly the mothers of Barking should have most of the praise.

There is no doubt to-day that problems of family behaviour and discipline are more evident than ever. Tantrums, bed-wetting, refusals to eat, loom more important to-day than heretofore—not that I think there has been a lot of difference in the behaviour of children but because we have done away with much of the more physical difficulties which were our main problem the day before yesterday.

School medical inspection is not, of course, the proper occasion on which to go into these problems, and in designing the Clinic of the future we shall want certain rooms set aside, with a much more homely atmosphere than the present surgery, where father and mother, and sister and brother, can meet together and talk matters over—not with a doctor, as such, but with a friend of the family who “ happens ” to be a doctor.

SCHOOL HYGIENE

Question :—What practical steps would you advise could be taken to improve school hygiene ?

*Answer :—*Last year I answered the question as to what was meant by School Hygiene, in which circumstance I do not intend to attempt again to define school hygiene save only to say it is the study of the principles of promoting the health of children whilst at school.

Most people who read my report last year will remember I pointed out that the idea of putting school lavatories in some obscure corner of the playground is to my mind quite out of date. Perhaps it is not practicable at this stage to deal with this matter in our older schools but on the other hand perhaps it is, and, quite frankly, I think the idea of children having to cross windswept playgrounds to frozen lavatories is so out of date that something should be done, and that right early.

As a matter of fact I think that even where it is impracticable to alter the site of the lavatories something should be done forthwith to bring them more into line with modern practice.

No small part of children's school life is devoted to teaching them how to live in their own homes. Lavatory accommodation, providing washbasins as well as closets should be designed to this end.

Another practicable step I want taken is for the conditions under which school meals are prepared and the way in which they are served to be improved. It appears to me that in the most impressionable years of their lives children should not have to see foodstuffs prepared or served except under conditions comparable with those which obtain in a well-managed household.

NUTRITION

Question :—How does the general condition of children compare as between schools in different parts of the Borough ?

*Answer :—*This is a question which has been asked and although comparisons are odious I will do what I can to answer it, but I must point out that the question is not so simple as it appears to be. What I mean is this, that we have certain selective schools in the town to which children are admitted after competitive examination. Now on the whole we find it is the healthier children, the more virile children, that do the best at these examinations, and there is therefore a tendency at these selective schools to get selected groups of children, whose health on the whole is better than at other schools. For the rest of the schools it is

General Condition of School Children		
Good	...	38.90%
Fair	...	60.67%
Poor	...	0.43%

surprising that the results of investigations are remarkably consistent and the thing which strikes me is that these results are remarkably consistent even though we have had a wide diversity of people undertaking the work. Some of my older friends will remember during the war I pointed out that this work was undertaken by what would always be looked upon as the "league of nations."

From the little table which I have inset it will be seen that the number of children said to be of poor general condition is only about forty per thousand, and that this figure is so low is a remarkable achievement.

There can be no doubt that old men like myself, and men not so old, who were brought up to rely on the high proportion of meat in our diet do feel it a great disadvantage in these days when we cannot get the proportion of meat to which we have been accustomed, but that does not mean to say meat is necessary in the proportions we used to take it, and the health and well-being and the happiness of the children of Barking is a direct challenge to the moaners and groaners who talk as though we were on the very verge of starvation.

SCHOOL MEALS AND MILK

Question :—Do milk and meals at school benefit the health of the children ?

Answer :—So much is being done at this time to benefit the health of children that it can only be a matter of opinion as to whether this or that item is of particular benefit ; but we have no intention of leaving this or that out in order to find out, perhaps bitterly, whether we are right or wrong. My own opinion, and I express it without any shadow of doubt whatsoever, is that school meals, and milk in schools, have been one of our most praiseworthy efforts and have contributed very largely indeed to improving and maintaining the improvement, of the health of our children.

Number of School meals supplied during 1948
--

... 1,319,372 ...

What is more, these school meals are an excellent safeguard, so that if at any time the national diet is likely to be lowered in any particular commodity this item of diet can be boosted up at these meals.

I remember a friend of mine who is interested in dietary, and he chose fowls for the subject of his experiments ; he found that a very simple enquiry required no less than thirteen different sets of experiments and I remember hearing about this task when he was about half way through, and what struck me was that he would never get the fowls to live long enough to make the whole experiment much worth while. This illustrates how difficult it is to approach such a question with meticulous scientific technique, but I still believe, as I have believed for many years, that the sensible opinion of an informed person of experience has its place in the world quite so important as that of the opinions of those who make a fetish of figures and statistics from foundations which we find only too often are themselves speculative.

Whilst, therefore, as a scientist I cannot prove that milk and meals are so wonderful as I believe them to be, I have no doubt that my opinion is right.

DENTAL SERVICE

Question :—At what age should I first take my child to the Dentist ?

Answer :—No toddler is too young to be taken to the dentist. If his teeth require treatment, then the sooner the better ; if on the other hand the teeth are all right, then nothing is lost by a visit, for it will have been a good chance of making friends with the dentist and starting off a habit of regular attendance.

We are well off in Barking in that our dentists are undoubtedly fond of children, and have, in consequence, a knack of winning their confidence and trust. A visit to "the man in a white coat" can often be a jolly, rollicking affair.

In schools where we are fortunate enough to have a Dental Clinic on the premises the youngsters often come along and knock at the door for an appointment themselves ; although, of course, nothing is actually done without the parents' consent.

Question :—How often should my child's teeth be examined ?

*Answer :—*Ideally this should be done every six months, or at the least, once a year.

So long as we are ignorant of all the causes of dental decay it remains necessary to be eternally vigilant. The first small hole—little more than a speck—may be tucked away in some cranny and unless the dentist with his mirror and probe and experienced eye has a chance of finding it in good time, the damage may be beyond repair.

DENTAL EXAMINATIONS	
Number of children examined at school	4,778
Number of children examined at Clinics	1,109
Number of children found to require treatment ...	3,332

Again, as the teeth grow and erupt some may be irregular or overcrowded. The dentist by judicious attention is able, if given the chance, to guide the growth, so that a handsome and useful set of teeth develop.

Question :—Is it not a waste of time to worry about filling temporary teeth ?

DENTAL TREATMENTS	
<i>Fillings :</i>	
Permanent teeth	5,331
Temporary teeth	1,632
<i>Extractions :</i>	
Permanent teeth	1,748
Temporary teeth	4,218
<i>Other Operations :</i>	
Permanent teeth	6,241
Temporary teeth	30

*Answer :—*Definitely "NO"! Temporary teeth have a permanent value and they must be preserved until the time when the bigger permanent teeth replace them.

If the temporary teeth are allowed to decay then not only will your child possibly suffer from toothache and ill-health, but the new teeth will develop irregularly and may even affect the shape of the jaw.

ORTHODONTICS

Question :—What is "Orthodontia" ?

*Answer :—*Orthodontia is the art and practice of helping your child's teeth to grow straight.

The amount of attention a children's dentist devotes to orthodontia is to some extent a measure of his keenness and competence.

In Barking we are fortunate in the interest our dentists show in this aspect of their work. Just as a good gardener or nurseryman prunes, supports and tends his young shrubs and plants, so a good dentist watches over the growth of the child's teeth and jaws. Direct action is not always necessary, for in all he treats the dentist considers the growth of the whole mouth. Every extraction he makes, every tooth he fills, has a bearing on the total growth of the teeth and jaws and his every decision will take this into account.

ORTHODONTICS	
Appliances supplied	62
Attendances for adjustments...	880
Attendances for extractions ...	321

Sometimes, however, direct action is necessary. For instance, if the breathing is obstructed by enlarged adenoids the doctor will be called in. If the teeth are too crowded, or misplaced, then judicious extractions may be made. If teeth are growing askew then appliances may be fitted to re-direct their growth.

All asymmetry in the teeth is bad. Minor degrees prevent proper biting and chewing and may lead to dirty and carious teeth and even poor digestion. Major degrees, such as protruding front teeth, are often the cause of much unnecessary misery as a child grows into self-consciousness. The whole personality of a child can be stunted and warped by unsightly teeth. Nothing is more gratifying than to see the change often made possible in such cases after the doctor and dentist have been to work.

TREATMENT OF DEFECTIVE VISION AND SQUINT

Question :—Why are there so many more sessions for the Eye Specialist than any other of the Consultants ?

*Answer :—*It is true that your Eye Specialist (who in 1948 was Mr. Ayoub, F.R.C.S.) does come four times a week to Barking ; 229 new cases were seen and the total attendances were 3,302.

DEFECTIVE VISION	
<i>Total Treatments for :</i>	
Errors of Refraction ...	825
Other Eye conditions ...	595

Other sessions are also undertaken by Dr. V. Spiller, one of your Assistant Medical Officers, who has had special experience in eyes.

Most of the patients need their eyes tested for glasses and this, if carefully done, is a time consuming procedure. You are fortunate in Barking in that your children do obtain good care and skill.

PROVISION OF SPECTACLES	
Total prescribed ...	493
Total obtained ...	453

The waiting time for obtaining spectacles has, we are sorry to say, been very long. The matter is under consideration, however, and we do hope in future that any long wait will be avoided.

ORTHOPTIC CLINIC

Question :—Is it too late to start treating a squint once a child has reached school age ?

*Answer :—*In some cases the answer is Yes. There are, of course, several causes for squint and different treatment will be needed in each case.

In the majority of cases, however, the cause is some slight error in the vision of one eye which, being thus at a relative disadvantage, gives up the struggle to see and, as it were, "looks the other way." In course of time this "lazy eye" (as it is called) in order to avoid seeing double, not only "looks the other way" but gives up looking altogether and gradually loses or suppresses all power of vision.

ORTHOPTIC CLINIC	
New Cases ...	131
Total attendances ...	1,309
Number of Sessions ...	145

It is to prevent this loss of vision that it is so important to begin treatment as early as possible, and I am happy to be able to say that in Barking mothers do, through our Infant Welfare Clinics, bring their children to the Ophthalmic Specialist from the very beginning of the trouble.

As we have described in previous reports, treatment for squint usually involves first, the correction of any visual defect, and then the encouragement of the squinting eye, either by covering the good one or by further exercises and training, particularly between the ages of three and seven, so that the images of the two eyes can be fused to give proper appreciation of perspective.

For this training much patience and regular treatment is necessary and we are lucky in Barking to have an Orthoptic Clinic under the direction of your visiting Consultant, which follows-up and gives prolonged individual attention to all cases of squint.

In some cases where it is not possible to control the squint by exercises alone, it may be necessary when the child is older to correct any deformity by delicate operation on the eye muscles.

TREATMENT OF DEFECTS OF EAR, NOSE AND THROAT

Question :—What are Tonsils and Adenoids ? Can we do without them ?

Answer :—The Tonsils and Adenoids are, of course, as most people know, a ring of lymphoid glands and tissue completely surrounding the back of the mouth and nose, whose function is to hold up and filter off harmful organisms which may be trying to enter the body.

TREATMENT OF EAR, NOSE AND THROAT DEFECTS	
Number of Sessions	56
Number of new cases seen...	498
Total Number of attendances	952

There is no doubt, seeing how often they are removed with impunity, that we can manage without them. Yet it is equally certain that so long as they themselves are not causing trouble they are best left alone. Indeed, unless there are very clear indications for their removal, surgeons never advise it.

The table inset shows the number of sessions and the number of new cases seen by Mr. F. Courtenay Mason, F.R.C.S., Consultant Ear, Nose and Throat Surgeon, throughout the year.

Question :—What are the indications for removing tonsils and adenoids ?

Answer :—The two main reasons are :—

1. Chronic obstruction.
2. Chronic infection.

1. As regards obstruction there may be difficulty in swallowing, but more usually the difficulty is proper breathing. When a child cannot breathe through his nose he naturally breathes through his mouth, which is bad. Such mouth-breathing may occur in two ways, either by enlarged adenoids hanging down and

TREATMENT OF EAR, NOSE AND THROAT DEFECTS	
Received operative treatment	356
Received other forms of treatment	345
Total	701

blocking the back of the nose, or else by large tonsils blocking the back of the mouth, so that to breathe the child has to raise them with the soft palate, thus again blocking the back of the nose.

Mouth breathing is, of course, bad in many ways. Not only is it unsightly to see a child with a gaping mouth, but the whole shape of the face may be altered. A high arched palate, protruding front teeth and a drooping lower jaw are not a pleasant sight for fond parents and may, indeed, cause much self-conscious misery to the child itself. Moreover, air is meant to enter the lungs via the nose, which filters and warms it, like an air-conditioning machine.

2. As regards chronic infection this is, of course, more difficult to assess, and many enquiries may have to be made into what has been happening over a prolonged period. Frequent attacks of tonsillitis which have never properly cleared up; persistent earache or discharge; persistent running nose, or sinus infection and frequent chest trouble, may all point to the need in certain cases for the tonsils and adenoids to be removed.

Question :—Do surgeons always remove both tonsils and adenoids together ?

Answer :—Tonsils and adenoids are usually associated together in people's speech and thought, and when they are thought of it is generally with the view of getting rid of them.

Generally speaking, whenever the tonsils are removed the adenoids, if enlarged, are also included, but it occasionally happens in very young children that the adenoids alone may be causing trouble, in which case they only need be taken away.

HEARING

Question :—What is "Mass Audiometry" and is it necessary in schools ?

Answer :—Audiometry is the measurement of hearing, and Mass Audiometry is the application of hearing tests to a whole class at one time.

What happens is that the children in the class are each given a one-sided earphone; this is connected to a gramophone record; the gramophone record recites a series of numbers decreasing in loudness, and the children copy down these numbers on a piece of paper so long as they can hear them and so long as their interest is maintained. First the hearing in one ear is tested, and then the hearing in the other.

There is a strong movement these days to try and introduce this group testing into schools generally. The idea is that deaf children who might otherwise be missed will thus be picked out.

I know this is an age of Gallup polls, investigations and surveys, but I do still feel that with regard to Group Hearing Tests a case has not yet been made out.

As at present advised, however, I believe that a more practical approach is being made to this investigation, and perhaps in a year or two we may be able to speak more authoritatively on the matter.

Meanwhile I am happy to say that by means of School Medical Inspections, where every child's hearing is tested, and having regard to the fact it is my experience that teachers in Barking are very wide-awake to every possibility of defects interfering with a child's progress at school, the parents of school children in Barking need have little hesitation in deciding there are few, if any, children at school with defects of hearing sufficiently bad to influence their education, that have not been detected.

Hearing defects found at school medical and other special inspections

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Question :—What is the commonest cause of deafness in children ?

*Answer :—*Probably the commonest cause is neglected infection of the middle ear. No child should be allowed to develop a persistent running ear. Indeed, nowadays very few children in Barking are so allowed, and for that we must, to a large measure, thank the mothers of Barking who do take a pride and care in the health of their children.

Every now and then, however, one does come upon a boy or girl where the mother has perhaps not realised the seriousness of letting a discharging ear go on without treatment. To these mothers I would say we are most anxious that they should bring or send their child to one of our Minor Ailment Clinics in the morning, where they will be treated by the doctor or, if necessary, referred to the Consultant Ear, Nose and Throat Specialist.

ORTHOPÆDIC CLINIC

Question :—What does our Orthopaedic Consultant Surgeon do ?

*Answer :—*As we said in our last Report an Orthopaedic Surgeon means literally a surgeon who helps children to grow straight.

In practice, however, he does not confine himself to children only, but deals also with adults, although an Orthopaedic Surgeon will naturally confine himself mostly to those parts of the body concerned with movement and posture—namely, the muscles, the bones and the joints.

Orthopaedic Clinic	
Number of Consultant Surgeon's Clinics	20
Primary examinations by Surgeon	80
Re-examinations by Surgeon	179
Total number of cases seen by Surgeon	259

The Orthopaedic Surgeon has a great deal to do with feet, which are very much abused by us when we walk on hard surfaces ; and when we wear shoes which are not the right shape, which are not the right size and which are not (very often) made of the right material.

The Orthopaedic Surgeon deals with every such similar disability right up to and including wry neck and, of course, has a lot to do (and very successfully) with the after treatment of cases of Infantile Paralysis.

Question :—Do “ flat feet ” matter ?

*Answer :—*The answer to this simple question must of necessity be—“ It all depends.”

If you look at your feet, or anybody else's for that purpose, it is perfectly simple to see that the heel rests on the ground and that the ball of the foot (just behind the toes) also rests on the ground and that between, and from behind (forwards) there is an arch. For easy reference I want to give this arch a name and will call it the longitudinal arch. Incidentally, if you look very carefully—particularly on the ball of the foot—you will find that at right-angles to this longitudinal arch there is another arch from side to side, and if we call the first one the longitudinal arch it is perfectly simple to find a name for the second arch, which naturally we will call the transverse arch.

Fortunately flat feet, if we mean the breaking down of the longitudinal arch, is by no means so common as it is considered to be and indeed may be said to be uncommon among children.

What children do is to turn their ankle over so that the arch, instead of being upright, is tilted to one side. This can, and does, give the appearance of a flat foot and this trouble is very real and quite common.

The main cause of this defect is lack of muscle tone and is particularly likely to occur when children are growing fast or when they are run down after an illness.

It does not matter what the defect is—whether it is true flat foot or not—we should try to do something about it.

At the very outset I want to say there is not very much that can be done for “true” flat foot but for the other defect, which is so often called “flat foot” a great deal can be done, and having regard to the fact that these are more numerous we are very happy that we are able to do something for them.

Question :—**What causes Bunions ?**

Answer :—This is a question which has been put to me with regard to school children. When first I began to think out an answer I could not help wondering what on earth bunions had to do with school children because, whilst we cannot say no child has ever had a bunion, I certainly cannot remember one that did.

A bunion is an inflamed, swollen joint, between the great toe and the ball of the foot ; in some cases it is largely due to the fact that children have never worn proper fitting shoes and by the time they reach adult life there is not much that can be done about it.

The plain blunt fact is that in a significant proportion of people the great toe should stick out, just in the same way as our thumbs stick out when we lay our hands on the table in front of us.

Until shoe manufacturers recognise this simple fact and until children are redeemed from the curse of wearing unnatural shoes so long will these children (when they grow up) suffer from bunions, due to the fact that the great toe has been forcibly moved to an unnatural position.

I have been told that Henry VIII wore shoes with bulging toes because he had deformed toes and that his courtiers followed suit.

In these days I wish some child prodigy of the screen was, for this reason, or that, constrained to wear shoes with plenty of room for the toes. These would, of course, look strange to us at first, but if this could only happen we should find a large number of mothers refusing to be anything but in the fashion, and this would be of great benefit to our children.

PHYSIOTHERAPY

Question :—What treatment is available at the Physiotherapy Clinic for school children ?

*Answer :—*The Physiotherapy Clinic is conducted under the general medical direction of Mr. A. M. A. Moore, F.R.C.S., Orthopaedic Surgeon.

Your Senior Physiotherapist has been severely handicapped throughout the year by shortage of staff, often indeed, carrying on single-handed as best he could, but the position is now, fortunately, greatly improved.

Much new equipment has been purchased and the department now compares not unfavourably with that of the best hospitals.

Children, of course, only form a fraction, though an important fraction, of the patients treated. Many attend for courses of artificial sunlight treatment.

PHYSIOTHERAPY CLINIC	
Total Number of U.V.L. treatments given	3,478
Total Number of other treatments given (i.e. Electrical, Massage, Plaster, Remedial Exercises).	4,941

There is no doubt, especially during the winter months, that this is of great value to those who may be run down after such debilitating diseases as Measles and Whooping Cough. It is found, too, that the treatment, where necessary, of so-called "flat feet" by exercises and wedges is greatly helped by artificial sunlight.

Remedial exercises to tone up the muscles are given not only for "flat feet" but for defects of posture, generally such as round or drooping shoulders.

An important, perhaps the most important, part of the treatment of asthma consists in graduated breathing exercises and training in relaxation, and these have been given with benefit to selected cases.

Apart from these routine types of treatment many other individual children have been treated in one way or another for such conditions as old fractures, stiff necks, bow legs, knock-knees and infantile paralysis.

In June special sessions were started for those children who suffer from various degrees of spastic paralysis. Most of these children attend the Physically Handicapped Section of Faircross Special School and therefore two sessions a week were arranged at the school and special apparatus installed. Those of you who know how bright and brave such crippled children usually are will be especially pleased to know that a great deal can and is being done to help them both physically and psychologically. Not only do the exercises in relaxation and movement, and the ingenious apparatus and games improve their physical condition but the special encouragement and attention which they get give them renewed courage and interest in supporting their disablement.

Nine such cases have received treatment during the year.

FOOT CLINICS

Question :—What facilities are there for looking after the feet of school children in Barking ?

*Answer :—*At all school medical inspections special attention is given to the feet. Every child is examined bare-foot and any deformity or disease is noted and arrangements made for treatment if necessary.

Special foot inspections are made from time to time at schools, usually in order to detect plantar warts which may occur in epidemics ; especially in schools where bare-foot dancing is practised.

Minor Ailment Clinics are held every morning and a fair proportion of cases so examined are suffering from some foot trouble or other.

FOOT CLINICS	
Number of cases treated	629
Total Number of treatments given	1,757

More especially for feet there is, of course, a Foot Clinic, in charge of a qualified Chiropodist, at the following Clinics :—

Woodward Road.

Porters Avenue.

East Street.

Question :—What are you doing about warts ?

*Answer :—*Warts may be divided into two classes ; there are the unsightly warts which we find usually on people's hands, and there are the plantar warts which occur on the soles of the feet.

It is, however, of the plantar wart which I now particularly write.

This is sometimes mistaken for a corn ; it is very painful and to all practical purposes it is a corn, but studied scientifically it is quite different.

It is not a thickening of the horny layer of the skin : it is an overgrowth of the deeper layer of the skin—layers of the skin which are well supplied with blood vessels and nerves. A little table included in this report shows the amount of work we have done in this matter.

PLANTAR WARTS	
Treated at Foot Clinics ...	223
Treated at Wart Clinic ...	321
Average Number of attendances per case	3

While I am talking about this question I may as well say that last year “ I got into hot water.” To my mind plantar warts are definitely infectious, but I know one of my colleagues, a most eminent, distinguished man, differs from this opinion and you will not be at all surprised to hear “ that doctors disagree.” So convinced am I that plantar warts are infectious that I think children's feet should be inspected before they are allowed to enter Baths or engage in bare-foot dancing, and, of course, I am strongly opposed to any question of socks and shoes being interchangeable.



THE CULPRITS

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DIFFICULT CHILDREN

Question :—What have you to say this year about so-called “ difficult children ” ?

Answer :—The cartoon on the opposite page is reproduced with the kind permission of the proprietors of “ Punch ”.

This cartoon teaches, on one small page, more than I have been able to say or write in many years.

The look on the face of the boy is absolutely typical, and I think it wonderful how the artist has portrayed a resemblance between the child and his father—particularly the drooping mouth—which is proper to the father’s age and the circumstances in which he finds himself, but which is altogether unnatural in a boy of this age.

For years I have striven to say it is wrong to blacken the character of these little children and, indeed, of children who are not quite so little, and that to call them delinquent children, difficult children, and maladjusted children, is wicked.

Only when we are able to face the tragic truth that we grown-ups are at fault are we likely to get to grips with the problem of children who, by reason of our mistakes and our sins, find themselves in unhappy circumstances.

SPEECH THERAPY

Question :—**Is stammering hereditary ?**

Answer :—NO ! Stammering is not directly hereditary though how much a predisposition to it may come from the parents it is often difficult to decide.

Traits of temperament and personality do pass from parents to children and yet very often this is more obvious than real because, for instance, a nervous mother may by her very nervousness affect her child who, given a fair chance, would be otherwise normal.

Babies never stammer ; children never stammer in their thoughts or in their dreams or in their songs. It is only when the age of self-consciousness is reached that stammering begins.

SPEECH THERAPY		
New Patients ... ..	...	34
Total attendances ... ..	...	859
Number of sessions ... ..	...	175

Stammering is a symptom of an underlying lack of self-confidence which may become a habit and which, curiously enough, affects boys more commonly than girls. Treatment, therefore, consists broadly in re-establishing general self-confidence and breaking the habit.

Speech Therapists are difficult to come by, and for some months we had to do without one. From September, however, daily sessions were held at Paget Ward, Upney Hospital, and weekly visits were made to Faircross Special School.

CHILDREN'S CLINIC

Question :—**What is the purpose of this Clinic ?**

Answer :—This is a Clinic presided over by a Children's Specialist.

I like the name "Children's Specialist," but many people prefer the word "Paediatrician." They think there is something novel in the name—actually, of course, it is a word, the roots of which are thousands of years old.

Because I use the words "Children's Specialist" no-one should think we have not a Paediatrician in Barking.

Children's Clinic	
Number of new cases seen	60
Total number of attendances	153

When I was a young man Children's Specialists were very schooled in the diseases of children, and much of the literature that Children's Specialists have to study still has to do with disease—indeed, I am afraid there is not much that some of them learn about the health of children.

Now, however, that Children's Specialists are coming out of the cloistered seclusion of our General Hospitals (where they see only a highly selected number of cases) into the work-a-day world, we can confidently expect that they will get a much deeper appreciation than they have had heretofore of the realities of positive health.

I like to think that in the new order of things, some of the Iron Curtain which divided one aspect of medicine from another, will be broken down, and I believe that this must inevitably come to pass, in spite of the efforts of some people who are trying to rebuild this Iron Curtain.

INFECTIOUS FEVERS

Question :—What is being done to protect my child against infectious fevers at school ?

Answer :—Briefly, a good deal has been done ; a good deal is being done ; and a good deal remains to be done.

The control of Smallpox, Cholera and Typhoid were triumphs of the nineteenth century ; the control of Diphtheria is a triumph—among many—of the twentieth century.

Diphtheria.—In Barking, about fifteen years ago, it was by no means uncommon to have two hundred cases of Diphtheria a year and in 1934 we had no less than 398 cases, of which 247 were school children. In this same year there were no less than 22 deaths.

Now deaths from Diphtheria are so infrequent that we cannot comment upon them because somebody would know the actual cases of which we should be writing.

Deaths from Diphtheria (all ages)			
Year	Number	Year	Number
1929	4	1939	2
1930	—	1940	1
1931	7	1941	—
1932	5	1942	—
1933	3	1943	1
1934	22	1944	—
1935	14	1945	1
1936	3	1946	1
1937	5	1947	—
1938	14	1948	1

As we have said, protection here lies in immunisation. It is our aim that every child shall be immunised at least three times—once in infancy ; just before starting school ; and again when about ten years of age. There is every indication, however, that, in the near future, with advances in technique, immunisation may be begun earlier and discontinued earlier than formerly.

DIPHTHERIA IMMUNISATION	
Number of immunised school children	9,307
Percentage of school population immunised	72.71

Whooping Cough.—For many years now we have been immunising against Whooping Cough where we have been requested to do so.

There is no one-hundred per cent. certain protection against Whooping Cough, but I am delighted to be able to add that research is still taking place.

Previously I have said that immunisation against Whooping Cough gives a fifty-fifty chance of being effective. I believe that in the very near future we shall be able to say that it gives far more than a fifty-fifty chance.

Meningitis.—The control over Meningitis is not so much a victory for Public Health as it is a victory for curative medicine.

With regard to Meningitis among children we have so few cases that it is not practical to make any deductions but we do not include Meningitis yet as one of the victories of Public Health, although on the other hand there has been a very considerable victory so far as curative medicine is concerned. This dread disease is not nearly so death-dealing as it used to be prior to the introduction of penicillin and other drugs.

As I have said elsewhere, if I could have but one wish so far as childish ailments are concerned it would be to abolish rheumatism. I do not mean that children suffer from those crippling diseases commonly associated with old age but they do suffer from "growing pains" which are of rheumatic origin, and they do suffer from inflammation of the heart due to rheumatism, and it is damage caused to the heart by this inflammation which takes an enormous toll both on health and life in later years.

Incidentally, of course, it does interfere considerably with school life and if we are to tackle it properly it is going to interfere still more with school life.

There is no denying that the common childhood infections are still a serious problem in the amount of school time wasted and the protracted ill-health they cause. It is also true that, while apart from time wasted, Chickenpox and German Measles are not normally serious in themselves, and we can be proud and pleased that the most deadly (Diphtheria, Smallpox and Meningococcal Meningitis) are now practically under control; yet so long as Measles and Whooping Cough (and—to a lesser extent—Tuberculosis) remain virtually uncontrolled, we cannot rest content.

NOTIFICATIONS OF INFECTIOUS DISEASE						
	1943	1944	1945	1946	1947	1948
Measles	335	88	441	217	264	523
Whooping Cough ...	94	173	17	54	85	116
Scarlet Fever	253	85	58	101	71	84
Diphtheria	9	4	10	3	4	7

Question :—Vaccination against Smallpox is no longer compulsory. Why don't you bother about Smallpox now ?

*Answer :—*Oftentimes I have been tempted to think it takes far more information to put a question properly than it does to answer it, and this question which has been put to me illustrates my difficulty, because the plain blunt fact is I am very worried about Smallpox.

If anything, the risk of Smallpox is likely to increase. What I have felt for a long time and what I am very happy to find is now recognised, is that voluntary vaccination with the co-operation of enlightened public opinion is the real answer to our problem, and not mass vaccination during infancy.

Several deadly outbreaks of imported Asiatic Smallpox have occurred in recent years with repercussions in Barking. With faster travel, particularly by air, there is a growing risk that, despite every precaution, Smallpox may at any moment be introduced into this country, and our position, close as we are to the great docks of the London river, makes it very necessary that we should be always on the alert, and herein I would want to say with thankfulness I have received co-operation from the public. Incidentally a case which refuses this co-operation is so uncommon that it only helps to emphasize the ready co-operation with which I have been met on all sides.

This does not mean I am suggesting to parents that they should not have their children vaccinated, because whilst the protection for such vaccination only lasts a matter of some years it almost invariably means that when these people come to be vaccinated in later life they have much less disability than if they are vaccinated for the first time when adults.

People are always asking me how long does vaccination last and, quite frankly, this is not an easy question to answer, because we get Smallpox of very different strains. If you get the full-blooded worst-of-all Asiatic types it is necessary to have been vaccinated pretty recently if it is to be any good, but for the milder strains vaccination can prevent an attack anything from three to seven years afterwards.

I know doctors who vaccinate themselves whenever there is an outbreak. Indeed, I was myself vaccinated during a recent outbreak. For those who are vaccinated very frequently it is a very mild affair and all I say is that what is good enough for me is good enough for other people.

SKIN DISEASES

Question :—Why are skin troubles so common in children ?

Answer :—Quite frankly I cannot help people asking this question and I know they ask it in all good faith, but the fact is that skin trouble is not common in children ; that is, certainly not to an old man like myself who can remember the conditions which prevailed nearly sixty years ago.

I am tempted to believe that ringworm has disappeared, largely because so many boys do not wear caps. Indeed I hope that it will never again be “de rigueur” for school boys to wear school hats.

I can remember a time when a day in the country meant all children dressing up and not undressing as they do to-day. I am quite sure that shedding our clothes has meant a great improvement to the health and well-being of the skin of children and, no less, the skin of adults. In the same way girls, at even an early age, are very conscious of what I believe is properly termed the “latest hair-do,” and I do believe that this fashion of the hair has meant a great improvement in the physical condition of the scalp. So also

the fact that girls are going about with bare legs, and sometimes bare feet, has done a lot more than doctors’ medicines, because there can be no doubt that in olden days the feet were very much neglected, and whilst many mothers saw that their children went to school with clean necks, the same could not be said for their poor little feet.

To be kept healthy the skin requires that it should be in the most natural conditions possible and in England we do not get sufficient fine weather to do a lot towards this end. I see no reason why on suitable occasions children should not attend school with very little clothing.

SKIN DISEASES			
	Number of cases treated		
	1946	1947	1948
Ringworm :			
Scalp ...	7	9	3
Body ...	19	13	9
Scabies ...	231	110	32
Impetigo ...	257	138	93
Others ...	1,011	752	776
Totals ...	1,525	1,022	913

INFESTATION

Question :—We keep both a dog and a cat at home, and I am rather worried as to whether any of the vermin commonly found on these animals could get on to my children.

Answer :—Practically speaking, “No.” Fleas from dogs and cats fortunately do not trouble human beings, though this is no excuse for not keeping these pets clean.

In certain foreign parts, particularly where cattle and sheep are reared (such as Australia) worms, or at least certain larval stages in their development, may be picked up from too intimate contact with dogs. This, however, is not at all likely to occur in England and certainly not in Barking. Even so, it is never wise to let your child kiss her dog's nose.

INFESTATION	
Total Number of examinations in the schools by the school nurses or other authorised persons	14,325
Total number of individual pupils found to be infested	463
Number of individual pupils in respect of whom cleansing notices were issued ...	69

Very occasionally children do catch certain types of ringworm from domestic animals but this is not very common and, of course, ringworm is caused by a fungus and not by vermin.

Very often when a little girl's hair is found to be lousy, the family pet is blamed for harbouring the lice. This may be a convenient excuse but I am afraid it is doing an injustice to the animal. Lousy

heads, generally speaking, come from other lousy heads. Nor is this necessarily a disadvantage for every head cleansed means the prevention of further infestation, though, of course—contrariwise—every dirty head in a family, not cleansed, perpetuates the trouble.

In my last report I did point out how I have great sympathy with the overburdened mother who, in a crowded house with too many babies and too little money, does eventually give up the fight or is driven to lower her standards.

Though it may be that "to understand is to forgive" this does not mean that we need to rest satisfied with the present position.

Indeed your school nurses last year did examine carefully every school child and they did continue to give advice and help wherever needed.

SPECIAL SCHOOLS AND SPECIAL CHILDREN

Question :—What provision is made for children who cannot be educated in ordinary schools ?

Answer :—There are officially eleven categories of children handicapped in one way or another who require special educational facilities, in some cases at special schools.

In Barking we have one special school (namely Faircross). The Physically-Handicapped and Open-Air Sections include physically handicapped children

FAIRCROSS DAY SPECIAL SCHOOL	
Section	Number of Barking children on roll at 31.12.48
Physically Handicapped	23
Open-Air	43
Educationally Sub-Normal	40

(such as cripples), and delicate children needing modified schooling, fresh air and an after-dinner sleep.

The other section of Faircross School is for those children who are educationally below normal but who are yet good enough to benefit from special schooling.

All the children at Faircross School have their lunch there and most are brought and taken away by special bus. Many, of course, come from Boroughs beyond Barking, such as Ilford and East Ham.

During the year 24 other delicate and debilitated school children were sent for varying periods to Boarding Open-Air Schools, and 19 were recommended for convalescent treatment.

During 1948 there were only two blind children in Barking who needed special schooling and they were both away at special Residential Schools.

Altogether there are in Barking 7 deaf children needing special education ; one of these is at a Residential School while the other six attend the Tunmarsh Lane Special Day School for partially deaf children, and anyone who has seen the painstaking and devoted work bestowed on children in special deaf schools will know what a boon these schools are and what a debt of gratitude is due to those who teach in them.

HEART DISEASE

Question :—What are “growing pains” ?

Answer :—In the first instance let me say that growing pains have nothing to do with growing at all.

When I was a boy and children complained of aches and pains in the arms and legs, their parents put them off by saying that they were only “growing pains.” Not only can we say that growing pains are not due to growing and oftentimes are not very painful, but sometimes it is these little pains that are by no means painful which are the most important of all. These pains are often so trivial that no-one feels inclined to take much notice of them, but your doctor is worried about them, not because they are painful but because they are rheumatic and—indeed—may be said to be one of the signs of rheumatic fever and can oftentimes be associated with rheumatic heart disease.

The trouble is that however slight the damage to the heart, the heart never returns quite to normal again and with each successive bout of “a little feverish” the heart is still further damaged and never gets back to what it was before the attack.

Now this I have written to show how important even trivialities can be, but I want to say something on the opposite side. Many people, when they hear that their child has anything wrong to do with the heart, immediately think that the child should be wrapped in cotton wool. Now this is not the case. The heart has a tremendous reserve and even if it be imperfect it is all the better for reasonable exercise and work so long as the heart is not actually in a phase of active inflammation.

HEART DISEASE	
Number of children at Hospital Schools	1 only
Number of children at Faircross Day Special School ...	7

Some authorities have appointed a specialist in heart diseases, who comes and visits their clinics ; what we do is to refer our cases to the Consultant at the Oldchurch Hospital, where cases of heart disease in children needing the advice of a specialist are dealt with.

ASTHMA

Question :—**What is being done to help asthmatic children ?**

Answer :—Most of the children with asthma are under their private doctor or attending a hospital for advice and treatment. While no cure can be guaranteed in this distressing complaint a good deal to afford relief can be done in the way of treatment and, of course, some patients get better by themselves.

Our Physiotherapy Department at the Manor Clinic conducts special classes for breathing exercises and also, where appropriate, gives much relief by massage, electrical treatment, and otherwise.

ASTHMA	
Number of cases attending Faircross Special School	11

Apart from measures to improve the general health, breathing exercises are undoubtedly the best single measure of affording relief. Not only do they improve the breathing as such and aid in preventing an attack, but by reducing the expanded shape of the chest they allow the lung within to relax and recover.

Those children whose attacks or condition prevent them from benefiting fully from an ordinary school are taken into Faircross Open Air School for varying periods, or sent away for Convalescence when necessary.

OPEN-AIR EDUCATION

Question :—**If Open Air Schools are good for delicate children, would they also be good for normal children ?**

Answer :—I am told by people who grudgingly admit that there ought to be maximum fresh air, that this fresh air should be so limited that the children, and the teachers too, should never feel cold.

Now our experience of real open air is that this fear of being cold is unwarranted. Children, after all, are young animals and if they get sufficient exercise and movement, then when they sit down they do not feel cold—at least not for a time—and after this time they should be allowed to get up for still more exercise and movement.

As a matter of fact children are more likely to feel cold being cooped up in a room moderately warm than when they lead more natural lives in a room the actual temperature of which is relatively low.

What we have to find is a proper balance between exercise on the one hand and formal classwork on the other. I want to see a curriculum so devised that the children will have an opportunity of moving about when they want to and sitting down when they want to, and if this were achieved we should find that much had been done towards the “bogey” that, of necessity, proper ventilation means that the child will be too cold.

The answer to the question, therefore, is “Yes.”

NURSERY CLASSES

Question :—**What is the present position with regard to Nursery Classes ?**

Answer :—The present position is that whilst there is a lot to be said in favour of Nursery classes and something to be said against them, the plain blunt fact is that Nursery classes have arrived and it certainly looks as if they have come to stay.

In Barking there are 20 Nursery classes at which 631 children attend.

When Nursery classes were first introduced one important reason was said to be that something must be done for the children whose only playground was the gutter.

So far as Barking is concerned this state of affairs has passed and we can say it is passing elsewhere, but there still remains the fact that young children do require association with other young children, both a little older and a little younger than themselves, and so long as the Nursery class is a good means of providing this association so will there then be a real need for Nursery classes.

Oftentimes it is said that children learn more from one another than from their teachers, and whilst I do not believe this so far as formal education is concerned, I do believe it to be true so far as the very important things of life are concerned, things which have to do with human behaviour and our relationship to one another, and our fellowship with one another.

SCHOOL HEALTH SERVICE.

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1948.

TABLE I.

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools.

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :

Entrants	...	...	...	...	...	...	...	...	1,603
Second Age Group	...	...	...	...	...	...	...	...	1,531
Third Age Group	...	...	...	...	...	...	...	...	1,221
									4,355
Total	...	...	...	...	...	...	...	...	4,355
Number of other Periodic Inspections	...	...	...	...	...	...	...	...	5,542
									9,897
Grand Total	...	...	...	...	...	...	...	...	9,897

B.—OTHER INSPECTIONS

Number of Special Inspections	...	...	...	...	...	...	...	...	12,537
Number of Re-Inspections	...	...	...	...	...	...	...	...	13,862
									26,399
Total	...	...	...	...	...	...	...	...	26,399

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA. (3)	Total individual pupils (4)
Entrants	23	205	206
Second Age Group... ..	45	138	164
Third Age Group	58	155	206
Total (prescribed groups) ...	126	498	576
Other Periodic Inspections	212	376	531
Grand Total	338	874	1,107

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION.

Defect Code No.	Defect or Disease (1)	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment (2)	Requiring to be kept under observation, but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation, but not requiring treatment (5)
4	Skin	95	21	987	5
5	Eyes— <i>a.</i> Vision ...	338	12	194	7
	<i>b.</i> Squint ...	26	5	78	2
	<i>c.</i> Other ...	36	19	597	1
6	Ears— <i>a.</i> Hearing ...	13	3	33	2
	<i>b.</i> Otitis Media ...	4	3	29	—
	<i>c.</i> Other ...	29	7	382	21
7	Nose or Throat... ..	261	113	223	36
8	Speech	33	5	30	4
9	Cervical Glands ...	8	14	43	20
10	Heart and circulation ...	20	30	35	25
11	Lungs	38	55	33	39
12	Developmental—				
	<i>a.</i> Hernia ...	4	5	3	1
	<i>b.</i> Other ...	3	10	4	3
13	Orthopaedic—				
	<i>a.</i> Posture ...	27	32	15	1
	<i>b.</i> Flat foot ...	94	25	21	2
	<i>c.</i> Other ...	123	51	72	8
14	Nervous system—				
	<i>a.</i> Epilepsy ...	2	3	4	—
	<i>b.</i> Other ...	12	15	14	14
15	Psychological—				
	<i>a.</i> Development ...	15	10	34	8
	<i>b.</i> Stability ...	2	4	13	12
16	Other	641	92	5,755	389

TABLE II.

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS.

Age Groups	Number of Pupils Inspected	A. × (Good)		B. + (Fair)		C.— (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	1,603	745	46.48	856	53.40	2	.12
Second Age Group	1,531	618	40.36	907	59.24	6	.40
Third Age Group	1,221	450	36.85	760	62.25	11	.90
Other Periodic Inspections ...	5,542	2,037	36.76	3,482	62.83	23	.41
Total	9,897	3,850	38.90	6,005	60.67	42	.43

× A.—Excellent Nutrition.
 + B.—Normal Nutrition.
 —C.—Slightly sub-normal Nutrition.

TABLE III.

Treatment Tables.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Table V)

(a)	Number of Defects treated, or under treatment during the year.
Skin—	
Ringworm—Scalp—	
(i) X-Ray treatment	2
(ii) Other treatment	1
Ringworm—Body	9
Scabies	32
Impetigo	93
Other skin diseases	776
Eye Disease	595
(External and other, but excluding errors of refraction, squint and cases admitted to hospital).	
Ear Defects	436
Miscellaneous	5,675
(e.g., minor injuries, bruises, sores, chilblains, etc.)	
Total	7,619
(b) Total number of attendances at Authority's minor ailments clinics	32,890

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Eye Disease treated as Minor Ailments—Group I.)

				No. of defects dealt with.
ERRORS OF REFRACTION (including squint)	...	...	...	825
Other defect or disease of the eyes (excluding those recorded in Group I)	...	...	...	—
				—
			Total	825
				—
No. of Pupils for whom spectacles were	(a)	Prescribed	...	493
	(b)	Obtained	...	453

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

				Total number treated.
Received operative treatment :—				
(a) for adenoids and chronic tonsilitis	...	...	...	356
(b) for other nose and throat conditions	...	...	...	—
Received other forms of treatment	...	...	...	345
				—
			Total	701
				—

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) No. treated as in-patients in hospitals or hospital schools	5
(b) No. treated otherwise, <i>e.g.</i> , in clinics or out-patient departments	1,093

GROUP V.—CHILD GUIDANCE TREATMENT AND SPEECH THERAPY.

No. of pupils treated (a) under Child Guidance arrangements	4
(b) under Speech Therapy arrangements	60

TABLE IV.

Dental Inspection and Treatment.

(1) Number of pupils inspected by the Authority's Dental Officers—							
(a) Periodic age groups	...	...	...	...	...	...	4,778
(b) Specials	...	...	...	...	...	...	1,109
							<hr/>
(c) TOTAL (Periodic and Specials)	...	...	...	...	...	...	5,887
							<hr/>
(2) Number found to require treatment	...	...	...	...	...	...	3,332
(3) Number actually treated	...	...	...	...	...	...	6,440
(4) Attendances made by pupils for treatment	...	...	...	...	...	...	12,753
							<hr/>
(5) Half-days devoted to :	(a)	Inspection...	...	...	...	...	34
	(b)	Treatment	...	...	...	...	1,216
							<hr/>
						Total (a) and (b)	∴ 1,250
							<hr/>
(6) Fillings :	Permanent Teeth	...	...	...	...	...	5,331
	Temporary Teeth	...	...	...	...	...	1,632
							<hr/>
						Total	6,963
							<hr/>
(7) Extractions :	Permanent Teeth	...	...	...	...	...	1,748
	Temporary Teeth	...	...	...	...	...	4,218
							<hr/>
						Total	5,966
							<hr/>
(8) Administration of general anaesthetics for extraction	...	...	...	...	...	...	2,715
(9) Other Operations :	(a) Permanent Teeth	...	...	...	...	...	6,241
	(b) Temporary Teeth	...	...	...	...	...	30
							<hr/>
						Total (a) and (b)	6,271
							<hr/>

TABLE V.

Infestation with Vermin.

(i) Total number of examinations in the schools by the school nurses or other authorised persons	...	...	...	...	...	14,325
(ii) Total number of <i>individual</i> pupils found to be infested	...	...	...	...	...	463
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	...	...	...	...	...	69
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	...	...	...	...	...	—

Wilson & Whitworth Ltd.
Barking, Essex

