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

Contributors

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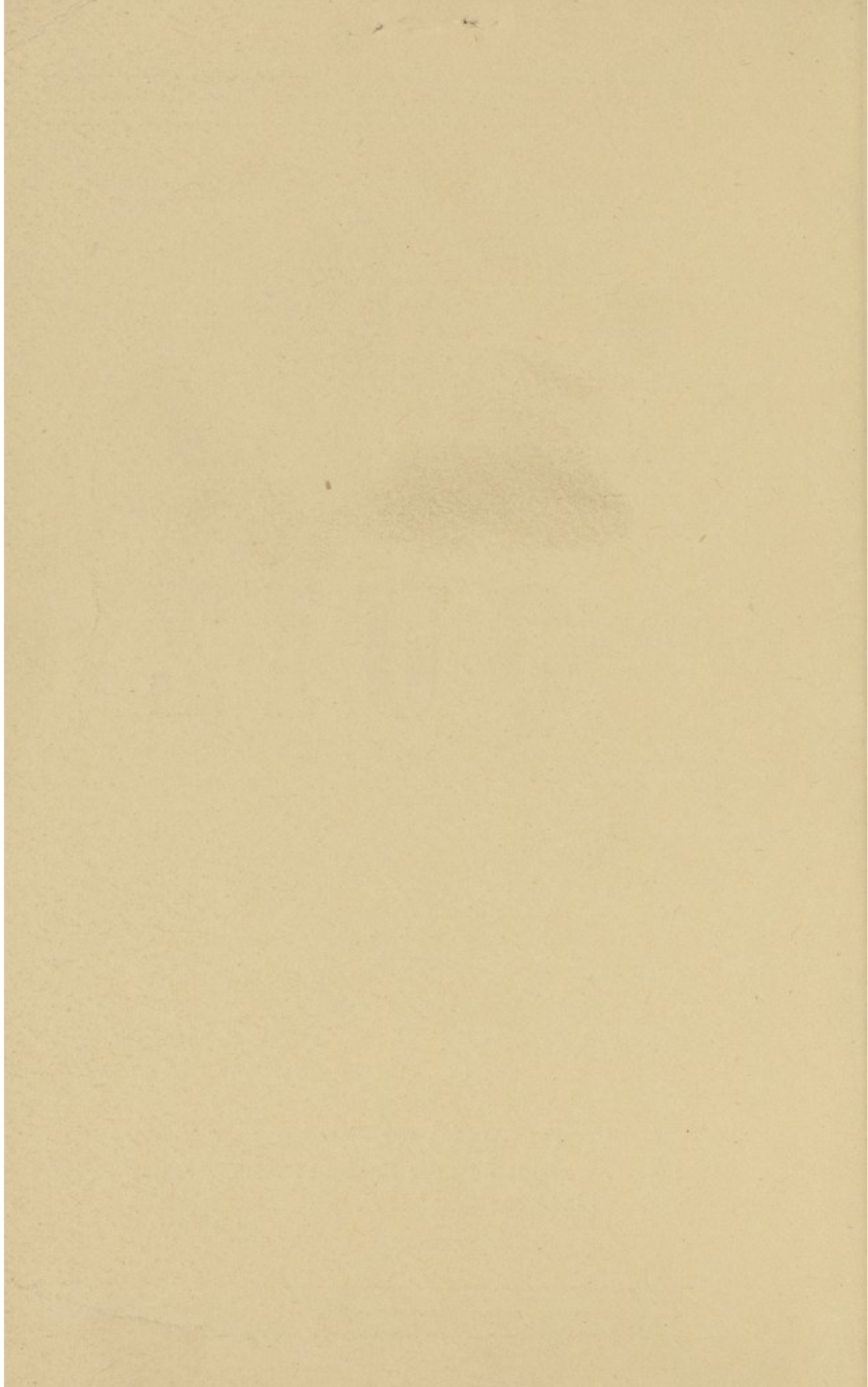
BARK 81

QUIZ

In which the Medical Officer reports on the Health of the Children of Barking for the year 1950.



BARK 81

Health Department,
Barking, Essex.
November, 1951

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

Although this Report is very late I do hope it will be welcome.

On the last occasion I had the pleasure of presenting such a Report to you, the Chairman said : " Here is one of the Doctor's usual Quizzes."

I have, therefore, continued my previous practice of submitting my Report by means of Question and Answer, and have gladly accepted the Chairman's own name for it—" QUIZ."

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

Question :—**As a newcomer to the town ought I to make the acquaintance of the personnel of the nearest Clinic ?**

Answer :—The answer to this question is undoubtedly " Yes," but the odds are that you will not have to put your hat and coat on and go to the Clinic because there is a Health Visitor for your district, and it is almost assured that either your neighbour—on the one side of you or across the road—knows this Health Visitor personally, and will ask her to drop in and see you in order to make your acquaintance.

You see, we do not want to wait until you have got to call in a doctor ; by the time your child is ill the possibility of preventing illness has gone—what we want to find out are those very minor maladies which, if unchecked, develop into something far more serious.

Moreover, there are lots of services for conditions which could not be looked upon as diseases ; for instance, if your child's teeth are not so straight as they ought to be this is not a disease but is something in which we can help you very much.

Alternatively, your child may have what is commonly known as " flat-footedness" and which, ninety-nine times out of a hundred, is not, but is only a matter of stance. Here again, arrangements can be made for your child to attend our Orthopaedic Clinic to receive, under the direction of the senior physiotherapist, special exercises by a remedial gymnast.

It will, however, only be by talking matters over with the Health Visitor that you will find out how numerous the Services are and, of course, in particular, in what way those Services are of benefit to you.

Do not wait until the doctor goes to the school ; have a chat with the Health Visitor now. All the Health Visitors are very human ; they are stockfull of local knowledge, and if after talking to her your child does not personally require any help which we can give, at least you will know how fortunate you are and you will, perhaps, be able to help somebody else towards getting whatever treatment may be necessary.

During the year one thousand four hundred and forty-two home visits were made.

Question :—**Is it necessary for me to be present when my child is medically examined at school unless there is something to which I specially want to draw the doctor's attention ?**

Answer :—The answer is Yes, and I mean Yes, even for the older girls and the older boys who, when they get so old, think their mothers

Number of children seen at School Medical Inspections during 1950	
Entrants :— (First examination after admission to school)	1,086
Second Age Group :— (Pupils in their last year at a Primary School) ..	788
Third Age Group :— (Pupils in their last year at a Secondary School) ..	1,156
Others :— (Pupils examined at other periods in their school life)	5,258
Totals :	8,288

and their fathers are no longer necessary at such an inspection.

Constantly I am saying that such medical inspections are a general review of the child as a whole. At these examinations we have a doctor present; we have a Health Visitor who very possibly has known the child from infancy, and whenever it is at all possible either the Head Teacher or the class teacher is present, and it is this joint conference, as it were, which is of the highest importance. What is more, it saves such a lot of time.

There may be something—I will not say wrong but I will say "not quite so good as it ought to be"—and it is at these conferences that this can be mentioned and we can talk it over and find out jointly what is the best way of dealing with it.

Question :—**What factors are taken into account when assessing a child's nutritional standard ?**

Answer :—This is the most difficult question I have been called upon to answer.

I can only say in a forthright way that it depends entirely upon the personal opinion of the examining medical officer.

It has been said we are a mongrel nation and although we do not like the word used in such a statement, we are bound to admit that the statement is true; it is just so difficult to say what should be the normal height and weight of an Englishman as it is to say what is the normal height and weight of a dog; both dogs and men have a mixed ancestry.

I would, however, make it quite clear that height and weight are by no means the only factors and, indeed, are not the chief factors; muscle tone is very important in assessing nutrition. Some people test this one way and some people test it another. For myself I have regard to the degree in which the shoulder blades are fixed, and the degree to which it is possible to lift them off the chest wall. I also place some reliance on how far it is possible, at very gentle pressure, to bend the forearm backward on the arm itself.

General condition of school children in 1950		
Good	.. ..	48.3 per cent.
Fair	.. ..	51.1 " "
Poor	.. ..	.6 " "

Question :—**What is the difference between Vitamins A, B, C, and D, and are they all necessary to the growth of a child ?**

Answer :—In answering this question I want to speak very briefly on the subject—as such.

It means that certain special foods are not so " universal " as some other foods.

Imagine that you are building a Gothic Cathedral and that it is being built of Cornish granite. Then, of course, the quarries of Cornwall will provide the stable requirements of the building, but here and there in the building, for certain architectural reasons, you will want special size stones of special quality which do not come into the common requirements of the whole building. These might be looked upon as vitamins. Fortunately for us in this country our ordinary food does contain by far the greater amount of all the vitamins we require ; particularly, of course, where the thoughtful mother does see that her child has the proper amount of milk every day, an orange now and then, and does see that the cabbage, when it is cooked, is not parboiled.

In so far as Nature has provided vitamins without any form of concoction, it is far better that we should take them in our ordinary diet without thinking about them, than that we should get all sorts of health fads to make quite sure we are getting not only A, B, C, and D, but E and F, and all the others which have been discovered.

Question :—**Why do some children require dental treatment at an earlier age than others ?**

Answer :—This question I am asking Mr. Tran, my Senior Dental Officer, to answer in detail, but I have a few general observations to offer and they are that most children require dental treatment at a far earlier age than is commonly supposed.

If you look at a most beautiful moorland scene with glorious heather you think it perfect, but if you only stoop down and look at some of the heather you will find that here and there it is diseased.

The same is true of almost everything, and growth and decay go on together, and I do wish we could develop a public opinion which would bring children to the dental chair earlier than they do come because if only the little odds and ends were dealt with at the time it would save so much trouble to the child later and, incidentally, so much worry to the mother and—if I may be permitted to say so—also so much work for us.

Another general observation I have to make is—please do have regard to what the dentist tells you as to whether a tooth can, or cannot, be saved. It is so necessary to save the milk teeth because otherwise the jaw will not develop so well as it otherwise would.

What Mr. Tran says on this subject is as follows :—

" Why do some children's teeth decay sooner than others ?

Why do some children walk sooner than others?

One might dismiss both these questions with the answer that it is just one of these things.

There is no doubt, however, that quite a number of predisposing factors govern the answer to the dental question.

Heredity certainly plays a considerable part in determining the aptitude under which some children's teeth decay sooner than others. The care, or otherwise, of the expectant mother has a great influence on the structural make-up of the teeth of the unborn infant, the main factor being in the amount of calcium intake of the expectant mother. The process of hardening or calcification of the teeth takes place after the teeth have been primarily formed, such process being a spasmodic process rather than a continuous process, and should the calcium intake not be sufficient during a period of calcification then the teeth will suffer accordingly. Numerous childhood ailments are also liable to leave their mark on the teeth, especially such ailments as rickets, the fevers or measles should they occur during a calcification period. It should be added that a diseased temporary tooth if left untreated may seriously affect an unerupted permanent tooth in the same manner.

In spite of all these tendencies to affect the teeth of the child it is right to say that the majority of children's teeth are perfectly normal when they erupt and are ready for work. Once the normal teeth are exposed in the oral cavity then can the slogan "Clean teeth do not decay" apply and the onus of maintaining a healthy dentition falls on the child itself and the parents.

The teeth should be cleaned at an early age and the sooner the child is taught the use of the toothbrush the better it will be for the child's health. A child may have bad teeth and apparently be quite healthy but illness is likely to strike at any moment and at such time it is essential that the patient should have the purest of nourishment and air uncontaminated by the germs of decay which exist in a mouth of diseased teeth. The teeth should be cleaned after every meal; this does not necessarily mean with the toothbrush as quite a number of everyday items of food have an excellent cleansing property. To mention but a few, they are most of the raw fruits and such raw vegetables as carrots and turnips; most children relish such eatables.

The most important time for cleaning the teeth with the toothbrush is the LAST THING AT NIGHT. It is little more than useless for the child to clean the teeth before going to bed and then for the child to be given some snack such as bread and butter or biscuits which foodstuffs remain on the surfaces of the teeth throughout the night when the mouth is dry and not even the saliva is available to wash them clean. It is at such times that the most damage is done, as the foodstuff remains unchecked in the pits and crevices of the teeth and thus starts decay.

DENTAL EXAMINATIONS	
Number of children examined at school	5,364
Number of children examined at clinics	4,899
Number of children found to require treatment	7,982
DENTAL TREATMENTS	
Number of Fillings :	
Permanent teeth	4,296
Temporary teeth	2,178
Number of Extractions :	
Permanent teeth	1,350
Temporary teeth	3,980
Number of Other Operations :	
Permanent teeth	5,777
Temporary teeth	2,365
Number of Dentures Supplied	37
Number of Orthodontic Appliances Supplied	265
Total number of Attendances for Treatment	14,463

The child should have an early introduction to the dentist, no matter whether the mother thinks there is something wrong or not; the child thus becomes familiar with dental inspection routine at an early age and commences to gain confidence which is essential to successful child dentistry.

In conclusion, I would add one word " DON'T " for the benefit of parents, teachers and all who have anything to do with child welfare. DON'T frighten the child with fantastic stories of the horrors of dentistry. I once heard a Head Teacher tell his boys at a routine dental inspection : " You wait until you get to the clinic, the dentist will pull your head off." I hasten to add that this incident was not in Barking. Such a " joke " might be well taken by 99 per cent. of the scholars, but there is always the chance of the presence of the nervous child who might thus receive his or her first horror of the dentist."

Question :—**What are the chances that my little daughter, now aged five, will have to wear glasses before she leaves school ?**

Answer :—The chances are about one in fifteen.

Will you notice that the question is about a little girl. It is a curious thing that mothers are not quite so worried about their boys having to wear glasses, but I have found—particularly with girls who are growing up and are about fifteen years of age—that there are a number of them who do not want to wear glasses and show considerable ingenuity in trying to get an opinion from someone or another that they need not wear glasses, and if anybody is so soft-hearted as to say they need not wear them *all* the time it practically means they wear their glasses *none* of the time.

Curiously enough short-sighted children take to their glasses better than those suffering from other eye defects. Proper glasses do put them into an altogether different world, and they find they cannot do without them, but with regard to some other defects it is sometimes difficult to get children to wear the glasses they ought to wear.

The history of the Eye Service in Barking is, in its way, romantic.

Elsewhere I have told of how the Service commenced in the old Moot Hall ; the stairway to the upstairs hall was very dark, and what they did was for the child to sit on one stair ; the doctor to stand on some stairs

below, and for a nurse to sit behind the child with a light so that the doctor could shine the light back into the child's eyes.

From these lowly beginnings an Eye Service developed which is now on a firm footing, and to-day our Clinics are specially fitted up for this work.

In the year 1935 the Council appointed Mr. Adamson Gray, F.R.C.S., a Consultant Specialist in eyes. He remained with us for twelve years and under his care we developed a service in all respects comparable with any Out-Patient Service which could be obtained at a Special Eye Hospital or at a Specialist Department of any General Hospital. What was more, whereas at these hospitals a person may have seen a relatively junior doctor, in Barking the whole of the work was undertaken by Mr. Gray himself.

As the volume of the work has increased it has been found necessary —at least for a time—for some of the less exacting work to be undertaken by a medical practitioner with special experience in eyes but, nevertheless, not of full consultant rank, and having regard to the manpower available, particularly now that throughout the whole country people are making more demands upon this service we shall, I think, have to continue this practice.

These services were developed at a time when I was firmly convinced that only the best was good enough for our children. I hear to-day of alternative arrangements, but I still hold the view that the examination of children's eyes deserves the very best that we can give; that it is a part of medical examination, and that this work can only properly be carried out where you have a Consultant Specialist to direct it, and medical practitioners with special experience in eye work to help.

I want to strike a note of definite warning with regard to children who squint. The treatment of these is likely to be long; it is time-consuming, and because so many of the children are quite small it means that the time of the mother is taken up as well as the time of the child, but it is well worth while particularly if we get the children young enough, and I am happy to be able to record that children are coming to the Orthoptic (or Squint Training) Clinic in increasing numbers before they are five years of age.

OPHTHALMIC CLINIC	
Consulting Ophthalmic Specialist : Mr. R. Jamieson	
Number of sessions held: ..	262
Number of new cases treated for errors of refraction (including squint)	487
Total number of attendances..	2,536
ORTHOPTIC CLINIC	
Number of sessions held ..	505
Total number of attendances..	2,521

Now, although it may hurt some parents to read these words, I must put it on record that many children who squint have a lazy eye, which is often associated with a lazy mind, and that the treatment of squint is not only a question of eye training, but also a question of mind training.

Question :—**Are the long waiting lists for the removal of tonsils and adenoids having a harmful effect on children's health ?**

Answer :—The answer to this question is, I believe to be, " Yes," but it is not Yes in every case.

TREATMENT OF EAR, NOSE AND THROAT DEFECTS AT SPECIALIST'S CLINIC	
Consulting Ear, Nose and Throat Specialist : Mr. Courtenay Mason, F.R.C.S.	
Number of sessions	48
Total number of attendances..	856

OPERATIVE TREATMENT OF EAR, NOSE AND THROAT DEFECTS	
Number of children who received operative treatment..	320

Where the tonsils are themselves diseased, or where they are obstructive and prevent the proper development of the chest, every month that they are left in when they should be out is hindering the growth and development of the child, and although the child will improve considerably after the operation is performed, we have no reason to believe this improvement will ever quite make up the normal development which would have taken place if these diseased or obstructive tonsils had been dealt with.

In 1949 over a thousand schoolchildren received treatment at the Orthopædic Clinic. Is this not rather high for a school population of only twelve to thirteen thousand ?

The answer is definitely No.

There can be no doubt that everybody tends to cut a garment according to the cloth, and where there are no proper arrangements for the treatment of orthopædic cases the doctors and nurses, whilst striving might and main to get the major cases dealt with, find it utterly futile and a waste of paper, pen and ink, to try to get the minor cases treated.

ORTHOPÆDIC CLINIC	
Consultations	
Number of new cases seen by Orthopædic Surgeon ..	92
Number of re-examinations by Orthopædic Surgeon ..	57
Treatments	
Total number of attendances for U.V.L. treatment ..	1,598
Total number of attendances for other treatment ..	3,871

It is only when a service is set up and going that you can find out what is the real demand.

What I want to stress is that from the standpoint of the welfare of the child, whilst it is very important to look after the major defects it is even more important to look after the many minor defects.

There is the possibility that owing to the war and to the constantly changing school population of

Barking, there may be a few more cases requiring orthopædic treatment than if we were a stable population and if there had been no war, but I think this only accounts for a very small proportion of the total treatments.

Mr. A. M. A. Moore, F.R.C.S., who for over ten years had been Consulting Orthopædic Surgeon, resigned in April, and was succeeded by Mr. Leon Gillis, F.R.C.S.

Question :—**Why can some foot conditions be treated at the Chiropody Clinic whilst others have to be treated at an Orthopædic Clinic ?**

Answer :—I find this sometimes causes some confusion but the answer is quite simple.

The scope of the work of a Chiropodist is the " treatment of malformed nails and superficial excrescences occurring on the feet, such as corns, warts, callosities and bunions," whilst the Orthopædic Clinic deals not only with feet but all other parts of the body, and not only for minor troubles, but also for major troubles involving the bones, the sinews and the muscles.

CHIROPODY CLINIC	
Number of new cases treated..	263
Total number of attendances..	1,190

As a matter of fact, the time should come—and I hope it will come soon—when there will be no Chiropody Clinics for children, or adults either, so far as that goes.

I want to say yet once again that if people would only wear proper fitting stockings and proper fitting shoes we could well-nigh close our Chiropody Clinics.

Question :—**Is it advisable to have a child immunised during a prevalence of Infantile Paralysis ?**

Answer :—So much has been written on this subject that it is difficult to condense it into a few lines.

I am persuaded it is of paramount importance that a child should be immunised against Diphtheria, and that we must be willing to pay a price for this, even if it does mean there may be a risk.

So far as Infantile Paralysis is concerned what we want to do is to view the problem in its right perspective. As you know, a large number of cases of persons infected with the virus of Infantile Paralysis never show the paralysis. There are several factors determining whether paralysis shall, or shall not, develop ; the severity of the infection is no doubt a dominant issue, but there are other factors also. Thus, if a child is infected with the virus of Infantile Paralysis and goes swimming, running, or jumping, paralysis is more likely to come on than it otherwise would. In the same way if, during this period, a child is slapped, I have no doubt there is more risk of paralysis.

DIPHTHERIA IMMUNISATION
Percentage of school population immunised : 87.2

It is the same with immunisation or any other interference which is likely to damage the tissues.

What I advise people is to remember the deadly cost of Diphtheria and to think of this before they exaggerate any risk of Immunisation being a factor in the causation of paralysis in cases of Infantile Paralysis.

Question :—**Do children get Measles and other Infectious Diseases at school, or somewhere outside school ?**

Answer :—If you are thinking of a family living on a remote farm in the depth of the country, then I think it only right to say that these specially protected children are more likely to get Measles and other infectious diseases when they go to school than before they go to school, but even this is modified by the fact that the children in any one family will not be all the same age, so that some will be going to school and some will not, and the infection may take place at home and not at school.

When you go to urban areas it is quite safe to assume that by far the greater amount of Measles and similar infectious diseases are caught, not at school, but outside school and outside school hours.

This, if you begin to think it over, must of necessity be so.

A child is, after all, only about twenty-five hours a week in school, and for only about forty weeks in the year. This leaves a very great amount of time when children are meeting one another out of school.

This reminds me of an interesting research undertaken in a large Infectious Diseases Hospital where it was found that children rarely caught another infectious disease when they were in hospital for a particular disease and that, indeed, the chance of their doing so was less in hospital than it was among a similar group of children not in hospital, and I feel it is much the same with regard to schools.

INFECTIOUS DISEASES	
Number of cases notified during 1950	
Scarlet Fever	99
Whooping Cough	140
Measles	140
Diphtheria	Nil
Pneumonia	20
Infantile Paralysis	5

Having regard to the fact that the children are under the close scrutiny of teachers of experience ; having regard to the fact that these teachers have Health Visitors and school doctors all but immediately available to answer any questions, and having regard to the fact that the ventilation in the majority of our schools is so good, I personally believe that whilst no doubt some degree of infection does occur at school, the great majority of infection is not caught at school.

Question :—**How can I tell that my child has *not* Whooping Cough ?**

Answer :—The answer is that you cannot, and the answer is that a doctor cannot, apart from what may be a very prolonged examination. This examination may include waiting with a plate of specially prepared jelly and often-times waiting and waiting until the child coughs in a particular way. The plate is then held in front of the child's mouth, and if you get a certain growth on the plate then you can say this child has Whooping Cough.

Now although I believe in being painfully frank in these my remarks, I do not wish it to be thought that we cannot come to a very shrewd opinion without the necessity of going through what can only be a very long study of an individual case—a study which takes up so much time that it is impracticable to use it in a large number of cases.

What we want to remember is that it is not every child who whoops who has Whooping Cough, and it is not every child who does not whoop who has not got Whooping Cough. In coming to a shrewd opinion it is the nature of the cough which indicates whether the child has, or has not, Whooping Cough.

Once heard, the type of cough is never forgotten, and you can stand in one ward and make the shrewd diagnosis of a child in another ward if you happen to hear the child cough. If you are musically inclined I can explain this in two or three words—the cough is a crescendo. If you are not musically inclined, let me explain this in a little further detail. The cough starts with a little cough at the back of the throat as though the child has a tickling at the back of the throat ; it then increases and increases and increases in violence so that the child is breathing out more than he is breathing in, with the result that he has lost more air from the lungs than is normal, and just when the child is trying to breathe in he coughs again—making it impossible to do so. The child goes red in the face ; purple in the face, and fortunately in—of course—the vast majority of instances, the cough does stop and the child takes in one deep breath. It is this (which may be spoken of as " forced inspiration," although it is not a good term) which can—and in so many cases does—lead to the whoop for which Whooping Cough is so named.

Question :—**What is the risk of my child suffering from Infantile Paralysis ?**

Answer :—The risk in Barking last year, as well as the average for the last five years, was less than one in two thousand.

One thing is quite clear, however, and that is we are going to get an apparent increase in the cases of Infantile Paralysis or, as I prefer to call it, Anterior Poliomyelitis.

It is now commonly known that Infantile Paralysis is a very bad name for the disease ; firstly because it is by no means confined to infants and, secondly, because not all the cases—by any manner of means—show paralysis.

Modern methods of diagnosis make it possible to diagnose the disease often in the absence of paralysis, and it is because this is so that there will be an apparent increase in the number of cases compared with the days when a diagnosis was never made until paralysis had set in.

There is at the present time a very extensive research being conducted into Infantile Paralysis ; whether anything will come of it I do not know, but I am not very hopeful. The prevention of Infantile Paralysis is not one of those things of which I can say we have reason to believe that the answer is " just round the corner."

Although I am not at all optimistic about the prevention of Infantile Paralysis at the present time, I am delighted to be able to say that during my lifetime there has been an enormous improvement in treatment and certainly, distressing as it must be to any parent to learn his or her child has Infantile Paralysis, it is not nearly such a distressing thing as it was when I was a young boy.

Question :—**Would you advise me to allow my child to undergo a T.B. prevention course ?**

Answer :—The answer to this question is undoubtedly Yes, but I want to make it quite clear this is an experiment. It is an experiment which cannot be tried out in a test-tube or on animals ; it can only be tried out by actually testing the children themselves.

What happens is this—all the children whose parents volunteer are X-rayed, and in other ways tested for tubercle. This is a special examination, much more detailed than can be done by routine, and in itself is worth while. What is more, these examinations will be repeated from time to time for some years, and this is still more worth while. These children will then be divided into two groups, some of whom will be artificially protected and watched, and some of whom will be watched without being artificially protected, and in this way it will be possible to find out how worth while is the artificial protection when it is employed in mass, which is the question before those who are undertaking the research.

Now there are certain other children whom we want to be protected. These children are selected by your doctors, principally by the Tuberculosis Officer, and the Tuberculosis Officer is the expert in this matter. These children (who, for one reason or another, should be treated) in my opinion must be treated. Not that I mean compulsion should be used—indeed, we hope there will never be need to ask for such compulsory powers—but I do mean that at this stage of our knowledge it is utterly obligatory that these children should be treated in this way because although there is a question as to whether mass immunisation is a principle to be advocated or not advocated, there is, in my opinion, no question as to the efficacy of this immunisation against tuberculosis in individual cases.

Having regard to the fact that the first of these trials did not take place in Barking until the end of 1950, only eighty-three children were tested during that year, but it is anticipated that many more will undergo this prevention course in 1951.

Question :—**My daughter is fourteen years old and gets spots on her face. One neighbour tells me I ought to take her to the Skin Clinic; another neighbour tells me she will grow out of it. What ought I to do?**

Answer :—The answer to this question is that the two submissions are correct. I think that the girl should undoubtedly be taken to the Skin Clinic, but it is equally true that a girl of fourteen is likely to grow out of her spots.

I think the two points to make are—firstly, that there is no earthly reason why a girl of fourteen should go on having spots if there is no need, and, secondly, that there is no such thing as a skin disease; that is, as a separate entity.

SKIN CLINIC	
Consulting Skin Specialist: Dr. Deville.	
Number of sessions held by Consulting Skin Specialist..	51
Number of examinations by Consulting Skin Specialist..	354

If the skin is diseased there is always some underlying constitutional trouble. It may—*may*, I say—be nothing more and nothing less than nerves, or it may be due to other causes, but it is always wise to get at this fundamental constitutional trouble if it is at all possible to do so.

Spottiness should never be looked upon as natural and something which will naturally clear up; it should always be the subject of enquiry.

Question :—**My children all seem to get dry scurf on their faces. No one pays much attention to it except myself. Should they pay more attention?**

Answer :—The answer is unquestionably Yes. As I have pointed out elsewhere any trouble to do with the skin is so very often merely the expression of some constitutional disturbance or other peculiarities.

Children who get dry scurf on their faces almost invariably belong to a group of children who have fine, thin, sensitive skins, and where there is not so much natural fat in the skin as there is in that of ordinary people.

The first thing to remember is that most of us wash too much and use far too much soap. This takes away these natural greases from the skin and renders the skin more liable not only to major ailments, but to minor ailments such as dry scurf.

If little Tommy has his face washed thoroughly once a day to take off the grime and the dirt, it is all that is necessary. As a matter of fact, more washing—if it needs too much soap—is bad for him; a damp face-flannel (if it must be used) is all to the good, but you can only expect his face will get a bit scurfy if all the natural greases have been washed off several times a day.

Incidentally, the same is true of little Tommy's hands.

I am afraid the popularity I may have with little Tommy on account of the views I hold will be off-set by the unpopularity of my views by the mothers and teachers.

Then again there is the question of wind. It is not every person whose skin will stand up to going out into a howling wind and, what is more, it is not every child's skin (nor everybody else's) that will stand up to sitting in front of the fire for more than short periods.

What is still more important is the question of the soap you are going to use. I know I am on very dangerous ground, but I would go so far as to say that if your child does suffer from dry scurf on his face I should certainly consult your doctor on the question of what soap to use and what soap to avoid.

Question :—**What, having regard to recent changes in the build-up of the Medical Services, is the present position with regard to the School Medical Service ?**

Answer :—It seems to me that this question can best be answered by referring enquiries to the Ministry of Education Circular 179 dated the 4th August, 1948. In so far, however, as this is not available for everybody, I would wish to make two quotations and I would like to give my personal assurance that I have not lifted them out of their context :—

> " The treatment of minor ailments at a school clinic (or in the school itself) is well established as the most expeditious and comprehensive means of dealing with many troublesome conditions and of preventing further impairment of health. The School Health Service has the advantage of using the services of the school nurse, working under the school doctor, for dealing with such conditions, and continuity of treatment is ensured through the close association of this work with the schools. No change in this system is contemplated and its extension where necessary on existing lines should continue."

> " The Minister is confident that Authorities will continue to recognise to the full the special responsibility which has been placed on them with regard to the health of their pupils, will maintain and develop those services which it falls to them to provide, and do their utmost to ensure that the effectiveness of the School Health Service is in no way impaired. For many decades the building up of the School Health Service has been a work of the highest national importance and it is vital that there should be no relaxation."

Question :—**In an effort to keep my child's head free from infestation I wash it every week. Is this sufficient, or ought I to do anything else ?**

Answer :—It is necessary to wash the hair every week, but washing alone is not sufficient, because the nits, which are the eggs of the livestock, are actually stuck on to the hairs, and Nature has done her work so marvellously well that it is very difficult to get them away.

In addition to washing the hair once a week, therefore, it should be well brushed twice a day, and combed with a fine tooth comb at least every night.

Children should be taught that they must not try on each other's hats.

Everybody is agreed that girls at school, particularly young girls, are not so likely to get into trouble with infestation if their hair is kept short, and some people say that we should go a stage further and keep the hair tied back or plaited.

INFESTATION	
Total number of examinations in the schools by the school nurses or other authorised persons	22,652
Total number of individual pupils found to be infested..	684

I hope to achieve such a high standard of cleanliness that this will not be necessary, because whilst I can say that if the hair is plaited there is less likely to be cross-infestation, such infestation if it does occur is very likely to be a serious than in hair which from time to trouble in hair which is plaited time is blown about and otherwise disturbed.

The older girls or, indeed, girls of any age, must be taught to adopt simple hair styles; to avoid tight curls and, indeed, to avoid anything which is likely to mean that they will not brush or comb their hair at least twice a day.

Question :—**Should all handicapped children attend** *Special* **Schools ?**

Answer :—The answer to this is definitely No. School life, particularly life in the school playground, is the very best background for developing character, and however necessary it may be in certain cases it is a bad thing to bring children up with the idea they are different from other children and must go to a different sort of school.

Where a child is so handicapped that he or she cannot derive proper benefit from going to an ordinary school, or where it would be too dangerous for him or her to do so, or where their presence in the school is likely to upset the efficiency of that school, then it is a question that "needs must when the devil drives," and such children must go to Special Schools, but it is a far, far better thing for a child with a handicap, if it is at all possible, to learn its niche

Number of Children Attending Special Schools.	
Faircross Day Special School, Barking.	
Open-air Section	37
Physically-handicapped Section ..	21
Educationally Sub-normal Section	33
Tunmarsh Lane Day Special School for the Deaf and Partially Deaf, West Ham.	
Totally deaf	4
Partially deaf	4
Residential Special Schools.	
Open-air	4
Educationally sub-normal	1
Partially deaf	1
Epileptic	1
Blind..	1
Partially sighted	1

in life whilst yet very young, rather than that at the age of sixteen he should be faced with the enormous problem of going forth from the sheltered seclusion of a Special School to find out—the hard way—what is his niche in life.

Question :—**I have read about a Special Unit for the Treatment of Juvenile Rheumatism. Does this mean that children are suffering more from rheumatism, or that more is being done for those who do so suffer ?**

Answer :—Personally I do not believe there is any more juvenile rheumatism to-day than there has been in the past; contrariwise, I believe it is on the decline.

What I can say is that I do not trust any figures which are published.

You see the plain, blunt fact is that if a child is a little feverish, and if a child has growing pains, then you can " bet your bottom dollar " that child is suffering from rheumatism. The attack may be of very short duration—indeed—it may even be that the child is so little off colour that he, or she, is not put to bed at all, nor even kept off school.

It will be seen that where we have a disease which can, on occasion, give such slight manifestation it is impossible to believe that we can collect accurate statistics, and we must, I think, rely on the experience of men like myself who have been looking out for rheumatism for considerably over a quarter of a century.

Question :—**What is Athlete's Foot ?**

Answer :—You have been out in the country and you have seen mushrooms and toadstools and other fungi, some of which are the most curious shapes and most gorgeous colours, but—believe it or not—Athlete's Foot is the same sort of thing, save only that they do not grow up like mushrooms.

So far as mushrooms are concerned the fungus is in the soil, and here and there it grows into the toadstools (on which the fairies sit). In the same way the skin on the feet—particularly between the toes—becomes infested with fungus. This means it belongs to the same group of troubles as ringworm of the head and ringworm of the body. It is, of course, catching in the same way as ringworm of the head is catching, and if you get a lot of people in their bare feet walking about, or if you find people using one another's socks or shoes, then you have got circumstances which are very favourable to the spreading of Athlete's Foot.

The best way of dealing with it is to prevent it; if only people who had Athlete's Foot would keep it to themselves we soon should have no trouble at all.

Meanwhile I am happy to say that the treatment of it is not too difficult. There is an ointment which has been in use for this purpose for many years, and it is still good, although other ointments are on the

market and there are also dusting powders which can be shaken into the socks and used together with the ointments, and the whole thing if vigorously attacked should not take very long to clear up. My point, however, is why do some skins seem to invite this fungoid growth and some do not, and here I believe it is a lot to do with the health of the skin.

People do, particularly in summer time, need to take their shoes and socks off. What would happen to your hands if you went about with leather gloves on all the time, and particularly in summer time? People should wear at least two pairs of socks every day and not wear any one pair of shoes throughout the whole of the day.

If these things were done the health of the skin of the feet would be much better than it is to-day and we should have less Athlete's Foot.

Question:—**Should a child be forced to drink milk and eat "things that are good for him" if he really dislikes them?**

Answer:—The answer is definitely "No," even if it be cabbage which is so good for children and which, alas, so many of them detest.

I was once told that I was going to be asked officially as to whether children who would not eat their cabbage (or whatever the vegetable was) should be allowed to have the apple tart or such other sweet as followed. I am very happy that although I had been warned of this question it was never actually put to me, and the reason why I did not want to answer this question officially is because the situation should not arise.

I had lots of fads when I was a boy at home, and I was told when I went away to say I did not like this and did not like that, but I had not been away from home very long before I was glad enough to eat everything.

Most of the fads which children show have really been implanted in them by those who are looking after them, and however unpopular it makes me, I must say it is generally their mothers.

I suppose Cod Liver Oil is one of the most difficult things to persuade a child to take, but after many years of experience I am convinced it is the pained look on the face of the mother who has to give it to her child, rather than to the inherent qualities of the Cod Liver Oil itself which makes the child detest it.

It is amazing at our Day Nurseries how these fads disappear, and I do wish we had more places so that only children who chiefly suffer from these fads might feed together with other children, because I know from long experience of children in hospital that they copy one another like sheep following one another, and that when once you can get a leader to start the meeting children will eat almost anything.

Children are very accommodating and they will eat well nigh anything if it is put before them in the right way, but if they do detest it, it does make them feel sick, and if they feel sick when they are eating it, it does not do them half the good it otherwise would.

From a health standpoint does part-time employment put an undue strain on children ?

If the part-time employment does not take any more out of the child than the child would spend in normal recreation during the same period of time, then the answer to this question is " No," but if the part-time employment means undue exposure to inclement weather; in other words, if the child will have to be out in all weathers when normally he or she would be at home, then the conditions do not comply with my statement above, and such employment is detrimental to the health of the child.

Due regard must be had to the nature of the education the child has to face up to; if at school a child is already doing so much as he or she can possibly stand then, of course, whether it be normal recreation or part-time employment one has to be very careful how the child spends its spare time, and it is difficult to believe that a child can find organised employment which will not take more out of that child than normal recreation.

Number of children medically examined for part-time employment	88
Number found medically unfit..	1

Question:—**Showers after gym : are they beneficial ?**

Answer:—The plain answer to this blunt question is that baths are always beneficial.

It is difficult to think of anybody in the course of twenty-four hours taking too many, and certainly I recommend them heartily after gym.

In the first place, after gym many, if not all, the pores of the body are open; there is usually a little bit of dirt in them, and if they are open the person is sweating; this dirt has just come out and although dry towelling will do a lot to remove this dirt (and incidentally get it on the towel), a shower is ever so much more efficient.

If you do not believe that the pores of the skin contain a lot of dirt just go to a Turkish Bath; you can have an ordinary bath half an hour before you go, but when you get to the Turkish Bath and begin to sweat, scrape yourself, and you will be surprised to find that the sweat is not so clean as you might think it would be. This is a simple little experiment which anybody can try. As a matter of fact, this can be tried in a Steam Bath so well as in a Turkish Bath, and the devotees of the Steam Bath will say you can see it much better at a Steam Bath than at a Turkish Bath.

In the second place, although it is not very poisonous, the sweat which comes out of the body is one of the means of getting rid of substances which are poisonous, and you do not want to leave them on the surface of the skin.

Now, although I have answered the question which has been put to me I want to say a little more, and that is, it is my opinion these showers do not lead to colds. To every medical opinion which is expressed so positively as this there is always an exception, but the exceptions to the above statement are so few that you need not think your child is the exception. Such cases are rare indeed.

Question :—**Should later arrival at school for infant children in the winter be instituted ?**

Answer :—It will, of course, be clearly understood that I have no authority whatever to speak on this matter from an education standpoint, and all I can say from a medical standpoint is that I know of no medical reason why schools should start later than 9.30 even on a winter's morning.

There may, of course, be individual homes where, because father has got to go to work at one time and an older brother go off at another time, and an older sister at yet another time, it may be a matter of difficulty in fitting in a time when the child can have his meal quietly and at peace, and be at school by 9.30 in the morning, but these are matters for the sociologist rather than for a medical man, as such.

It is sufficient if we should say that every child before arriving at school should have time to have his, or her, breakfast, and should have time to have it quietly, and, of course, incidentally, that there should be time for attention to personal hygiene and the demands of nature before the child goes to school.

It is a very healthy custom to see that the bowels are open before going to school, and it is far more important that the child should attend to this necessary function rather than that he or she should arrive at school on the tick of the clock.

Question :—**Should sleeping after dinner be extended to Infants' Schools from Nursery Classes, and if so, how far ?**

Answer :—So far as I know all healthy animals, when they have had a good meal, go to sleep and—of course—we know that a snake after he has had a heavy meal goes to sleep for quite a long time.

Everybody should go to sleep after he or she has had a good meal. This is perfectly normal. After you have had a good meal the stomach has a job of work to do ; in doing this job of work it requires that the blood supply shall be increased. Incidentally, too, the liver—which may be deemed as the " National chemical industry " of the body—has a job of work to do as well, and requires a hefty blood supply. All this in turn means that something has got to go without so far as the blood supply is concerned, and incidentally amongst other things the blood supply to the brain is not so good after a meal as it is some time before.

For these reasons everybody, if possible, should sleep after a meal, and if it could be arranged it would be wise for the mid-day break for all

school children to be increased so as to allow them to rest a while after they have had their food, but for the young children, right through the Infants' School, it is very necessary indeed—particularly in these days when children do not get enough sleep anyhow.

One of the things which never ceased to amaze me when I had to do with a large number of children at the hospitals was how, if they were put to bed for four, five or six weeks, they had grown out of their clothes by the time they got up again which shows, of course, that they were not getting enough rest before they had the misfortune to have an enforced rest.

People in the sunny south say that only Englishmen and mad dogs take exercise in the middle of the day, and there is a lot to be said for this. In the sunny south the siesta becomes a matter of obligation on account of the heat. I can only say it is a pity we do not get more sunshine which would make it obligatory for us to have a mid-day siesta.

Question :—**What are the most common causes of speech defects ?**

Answer :—This question is not nearly so easy to answer as might appear because although the answer in a number of cases is straightforward, in other cases it is not unusual for a combination of circumstances to lead up to the defect.

It is quite obvious that where a child is deaf, where there is malformation of the teeth, where there is a cleft palate, or where there is nasal obstruction or paralysis of some kind then, of course, we can go right away to the root of the trouble. Sometimes this can be treated—which is a great help—but even if treated it is not at all uncommon to find that the child is learning to talk at a different age than usual and requires help, which means that the Speech Therapist can be of considerable help.

There are, of course, other cases.

If you watch a baby breathing it is spasmodic and there is no rhythm in it ; indeed, the same is more or less true of all children up to the age of about seven, by which age the rhythm is gradually established. Some children do not develop this breathing sufficiently at the time they begin to speak, and amongst these children are to be found a large number of speech defects, particularly stammering.

SPEECH CLINIC	
Number of new cases treated	36
Total attendances	1,097

This leads me to another point ; it is the intelligent child who develops this real rhythm in breathing at an early age, and I am inclined to think that a part of every speech defect is not only due to the fact the child is a late developer so far as breathing is concerned but—to put it very modestly—the child is a late developer so far as the mind is concerned.

Some people go so far as to say that speech defect is associated with low intelligence, and whilst submitting there is something in this I do think it has more to do with late development than inherent low intelligence.

Associated with this is the question of emotional disturbance. This is what is known as a vicious circle. A child who is emotionally upset tends to stammer or to have some other speech defect, and as a result of the speech defect the child is more upset emotionally. Breaking this vicious circle is one of the hardest tasks presented to a Speech Therapist and it is here that relaxation is the main factor in her method of treatment.

Question :—**Is convalescent treatment as beneficial in the winter as in the summer ?**

Answer :—This question is an often recurring one and the answer must, of course, be—" It all depends."

What I want to put on record, at the cost of repeating myself, is that the children at Hydon Heath Camp did exceptionally well during the winter provided they had had a sufficient stay there during the previous summer in order to tone themselves up, as it were, for the coming rigours of the winter-time.

With regard to other cases—that is, those of a short-term stay—there can be no doubt that generally speaking winter is not favourable in a large number of cases. Chesty children with bronchitis do not do very well, so far as convalescence is concerned, unless the weather is favourable.

Number of children admitted to Convalescent Homes during 1950	54

Whilst I am talking on this subject I want to say I am not very much in favour of short-term convalescence for children. A large number of these children are, or have recently been, far from well. This is the time when children become more dependent than ever on their mothers and their home life, and it does take them some time to adjust themselves to the more communal life of a Convalescent Home. During this time they are not making the progress they otherwise would ; so much so that it can reasonably be said it is very fortunate if, at the end of a week, a child is just beginning to pick up and make good. If, then, the child is going home at the end of another week there is the further disturbance of going home.

To my mind, if convalescence is to be economic, it should be at least for a period of one month.

Question :—**What is done for children who are " behaviour problems " ?**

Answer :—Elsewhere, on several occasions, I have written about children who are mis-named " behaviour problems," but I have not written much as to what is done for these children. I have not written very much because there is so little that can be done.

These children are out of joint with their environment but this does not mean, as I have stated so many hundreds of times, that there is of necessity anything wrong with the child ; that is, it does not mean the child is maladjusted within himself.

It is our tragic experience to find it is the environment, rather than the child, that requires adjustment, and it is very difficult to know what to do.

CHILD GUIDANCE CLINICS	
Number treated at Child Guidance Clinics during 1950	7

I am mindful of the story of the psychologist who was examining a child because the child had smacked the mother's face, and when the psychologist tried to submit to the mother that possibly this was, to a certain extent, due to her attitude towards the child, the mother smacked the psychologist's face.

It is only recently that I, myself, without being smacked in the face, was certainly met with disapproval, and I thought I was doing what was best to be done in such a circumstance.

In certain circumstances we do refer these children to Child Guidance Clinics, but it is our hope that the people at the Child Guidance Clinics will give advice to the parents and, quite frankly, if they give advice to the parents and that advice is followed, there may not be the need to give much advice to the children themselves.

In this way and in that, too, we have tried to get the child away from the home environment for a little time. It is our experience this does, oftentimes, lead to some improvement, but I am afraid it tends to be temporary.

Personally I believe it is only when we are prepared to accept a simpler way of living, which does not make so many demands on the mother of the family and which gives the father a fuller share than he has to-day in the bringing up of the family, that we shall find our answer to this problem, which I believe to be one of particular moment in the present age.

Question :—**What can I do with William Smith ? The boys here call him the " Fat Boy of Peckham," and quite frankly we are beginning to find he is a bit of a nuisance.**

Answer :—Quite frankly, with regard to treatment I am not very hopeful. It is true that in a number of these cases fat men later turn to flesh ; in fact very possibly super strong men have been boys of this type but we cannot rely on this. The trouble is that the boy does not get a square deal from us all. Very many of these children are definitely artistic ; when seeing flowers, they see more than we see and it is not uncommon for them to daub with paints in order to try to make a picture of a pansy or a butterfly ; also so very many of this type of child show an appreciation of high-class music such as is quite uncommon at their age.

What is more, these boys are somnolent and so far as I know their somnolence is not merely because they are too heavy but because inherently they are somnolent, and it is no good thinking ill of them because they

snooze during classtime, it is so truly natural for them to snooze; in other words, Dickens's picture of this boy—as so many of his pen-pictures—is very apt although perhaps, as is usual with this great writer, somewhat of a caricature.

These boys are out of adjustment so far as class life is concerned and must be a trial to their teachers; they are out of touch with regard to their class mates and the boys and girls they meet in the playground because from so many standpoints they are years and years older than the children with whom they are mixing, and all we can do from a medical standpoint is to recognise that these facts are inevitable and do whatever we can to help them adjust themselves to their environment, because that, after all, is the chief benefit any child receives from education at school; it is a hard task.

I am very glad that you have brought this matter to my notice because the "Fat Boy of Peckham" is what we call an endocrine defect; that is, his glands of internal secretion are not functioning properly. This is a branch of medicine which is sadly neglected, particularly in our school work.

During the war we had a man in Barking who did a good bit of work on this subject. He is now a Research Associate in the Department of Endocrinology and Assistant Professor of Oncology in the University of Georgia, United States of America, and although I must say that I was not very impressed with results, I did learn that there is a very great need for further study of this problem and that if we have the necessary research a large number of children might be helped who, at the present time, by reason of that defect, are looked upon as abnormal, and who still find their way to psychologists and other people who are not specially trained in the branch of medicine which deals with these endocrine glands.

Question :—**From a medical point of view what importance do you put on Rhythmic Dancing?**

Answer :—Rhythmic Dancing is dancing to a musical instrument, almost invariably a piano, which gives a lead so far as rhythm is concerned; it is sometimes developed into dancing where the children are encouraged to interpret the music, but this interpretation goes rather beyond the fundamentals of Rhythmic Dancing.

Rhythmic Dancing is good because it satisfies one of our innermost urges.

Human beings and, so far as I know, animals also are fond of rhythm. This is a curious mental phenomenon and I believe it requires satisfying so much as many of our other inherent urges. Because Rhythmic Dancing satisfies one of our fundamental urges it is pleasurable to us and the value of exercise depends largely upon the pleasure we take in it.

I believe that Rhythmic Dancing is less fatiguing than Swedish exercises, and of course all exercises should stop before fatigue is well established.

So far as health is concerned I certainly think that pride of place must be reserved exclusively for free exercises, but I do think that Rhythmic Dancing is a very good second.

SCHOOL HEALTH SERVICE.

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1950.

TABLE I

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools.

(Including Special Schools.)

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups:

Entrants	1,086
Second Age Group	788
Third Age Group	1,156
Total	3,030
Number of other Periodic Inspections	5,258
Grand Total	8,288

B.—OTHER INSPECTIONS

Number of Special Inspections	11,917
Number of Re-Inspections	12,321
Total	24,238

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	9	148	156
Second Age Group ..	30	108	126
Third Age Group ..	60	98	152
Total (prescribed groups)	99	354	434
Other Periodic Inspections	214	723	854
Grand Total	313	1,077	1,288

TABLE II

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1950.

Defect Code No.	Defect or Disease	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin	176	25	912	1
5	Eyes—*a.* Vision..	313	13	213	—
	b. Squint	13	17	41	—
	c. Other ..	35	10	560	—
6	Ears—*a.* Hearing	19	5	18	3
	b. Otitis Media	9	6	16	—
	c. Other ..	26	15	229	5
7	Nose or Throat..	223	145	349	38
8	Speech	32	10	15	1
9	Cervical Glands..	4	35	18	7
10	Heart and circulation	12	22	17	10
11	Lungs	37	76	51	25
12	Developmental—				
	a. Hernia	3	19	1	5
	b. Other ..	13	22	15	1
13	Orthopaedic—				
	a. Posture	61	16	14	—
	b. Flat foot	121	19	10	—
	c. Other ..	146	51	35	2
14	Nervous system—				
	a. Epilepsy	—	9	3	—
	b. Other ..	14	32	36	8
15	Psychological—				
	a. Development	4	16	22	9
	b. Stability	12	42	5	3
16	Other	342	106	5,026	103

TABLE II (Contd.)

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 ..	1,086	714	65.75	370	34.07	2	.18
Second Age Groups ..	788	368	46.7	414	52.54	6	.76
Third Age Groups ..	1,156	496	42.91	656	56.75	4	.34
Other Periodic Inspections ..	5,258	2,425	46.13	2,797	53.2	36	.67
Totals ..	8,288	4,003	48.3	4,237	51.12	48	.58

TABLE III

Infestation with Vermin.

(i) Total number of examinations in the schools by School Nurses or other authorised persons 22,652

(ii) Number of individual pupils found to be infested 684

(iii) Number of individual pupils in respect of whom cleansing notices were issued 344

(iv) Number of individual pupils cleansed 93

TABLE IV

Treatment Tables.

GROUP I.—DISEASES OF THE SKIN (excluding Uncleanliness, for which see Table III).

	Number of cases treated or under treatment during the year.
(a) Skin—	
Ringworm :—	
(i) Scalp	1
(ii) Body	2
Scabies	16
Impetigo	87
Other skin diseases	1,158
Total	1,264

GROUP II.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases dealt with
External and other, excluding errors of refraction and squint	600
Errors of refraction (including squint)	1,054
Total	1,654

Number of pupils for whom spectacles were :—

(a) Prescribed	652
(b) Obtained	724

GROUP III.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

Received operative treatment :—	
(a) For diseases of the ear	1
(b) For adenoids and chronic tonsillitis	319
(c) For other nose and throat conditions	—
Received other forms of treatment	994
Total	1,314

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals	2
(b) Number treated otherwise—e.g. in clinics or out-patient departments	692

GROUP V.—CHILD GUIDANCE TREATMENT.

Number of pupils treated at Child Guidance Clinics ..	6

GROUP VI.—SPEECH THERAPY.

Number of pupils treated by Speech Therapist	85

GROUP VII.—OTHER TREATMENT GIVEN.

Miscellaneous Minor Ailments (e.g. minor injuries, bruises, sores, chilblains, etc.)	5,975

TABLE V

Dental Inspection and Treatment.

(1) Number of pupils inspected by the Authority's Dental Officers :—	
(a) Periodic age groups	5,364
(b) Specials	4,899
(c) Total	10,263
(2) Number found to require treatment	7,982
(3) Number referred for treatment	7,982
(4) Number actually treated	6,155
(5) Attendances made by pupils for treatment	14,463
(6) Half days devoted to : (a) Inspection	30
(b) Treatment	1,344
Total	1,374
(7) Fillings : Permanent Teeth	4,296
Temporary Teeth	2,178
Total	6,474
(8) Number of teeth filled : Permanent Teeth	3,755
Temporary Teeth	2,097
Total	5,852
(9) Extractions : Permanent Teeth	1,350
Temporary Teeth	3,980
Total	5,330
(10) Administration of general anaesthetics for extraction ..	2,817
(11) Other operations : Permanent Teeth	5,777
Temporary Teeth	2,365
Total	8,142

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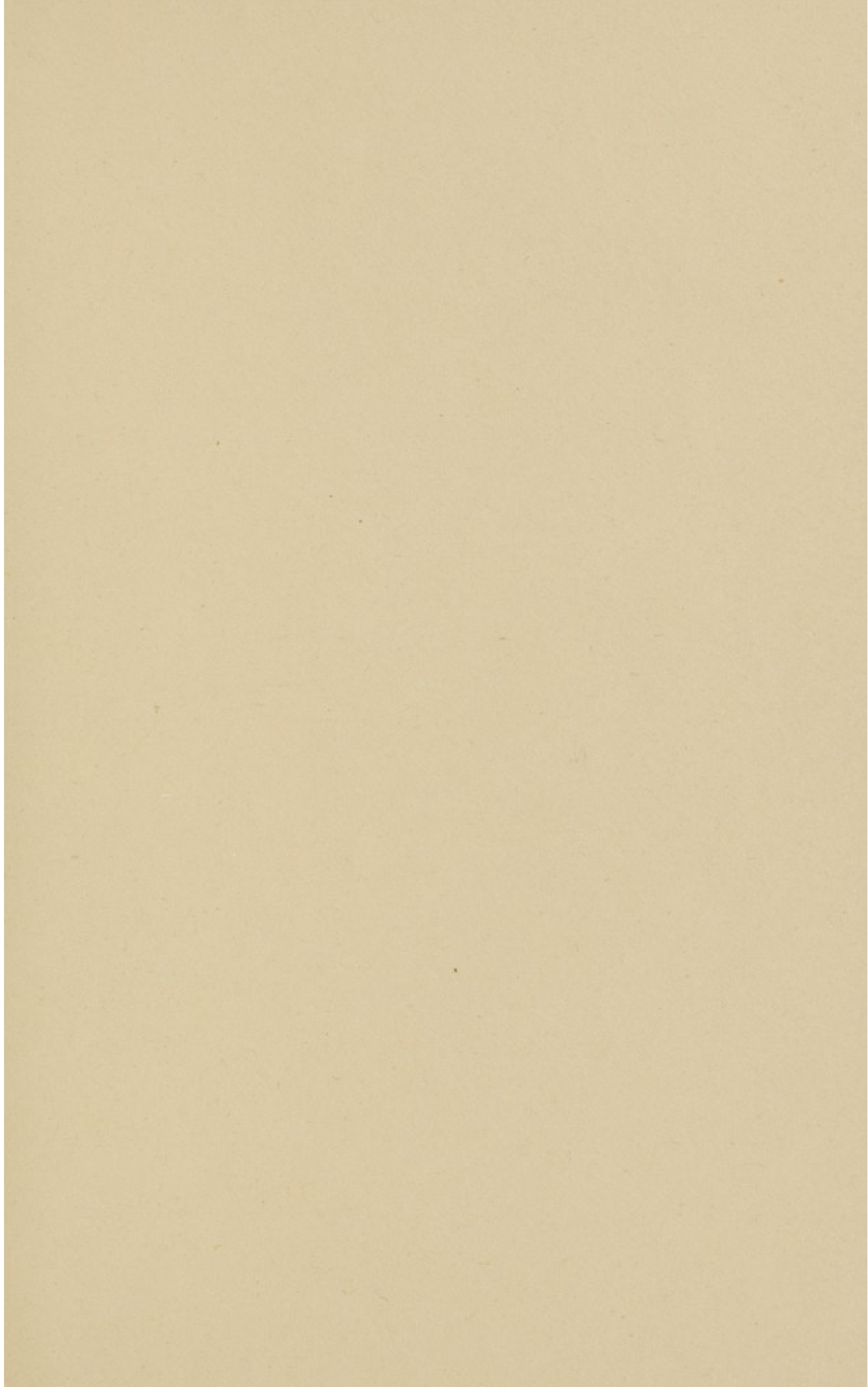

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