

[Report of the Medical Officer of Health for East Ham].

Contributors

East Ham (England). County Borough Council.

Publication/Creation

[1959?]

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COUNTY BOROUGH OF EAST HAM
EDUCATION COMMITTEE

ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

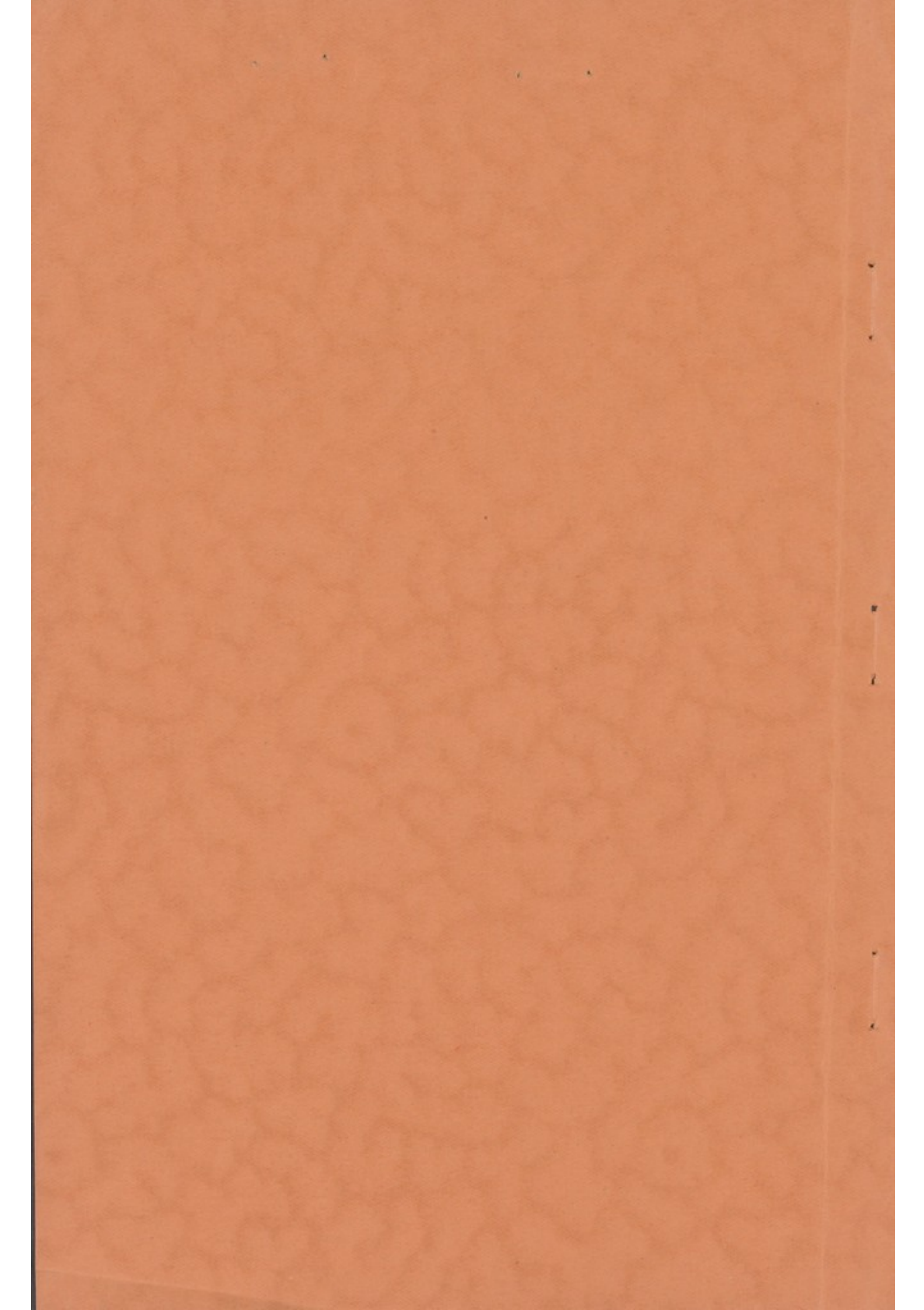
FOR THE YEAR 1958

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L.R.C.P. (LOND.), D.P.H. (ENG.)

Medical Officer of Health & Principal School Medical Officer.





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ADVANCE

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COUNTY BOARD OF HEALTH

EDUCATION COMMITTEE

ANNUAL REPORT

PRINCIPAL SCHOOL MEDICAL OFFICER

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- (1) Chairman of Care and Welfare Sub-Committee
 (2) Member of Care and Welfare Sub-Committee

COUNTY BOROUGH OF EAST HAM - EDUCATION COMMITTEE

To: The Chairman and Members of the Education Committee.

Madam Chairman, Ladies and Gentlemen,

I have the honour to present my annual report on the work of the School Health Service for the year 1958.

During the course of the year an intensified campaign was launched to encourage good habits of dental hygiene.

Films were shown depicting the baneful effects of indiscriminate sweet eating between meals, the value and techniques of cleaning the teeth daily, and the tooth saving effect of rinsing the mouth with water after meals.

The excellent films were followed by a short talk and question time. This soon developed into a free for all and it is apparent from the questions that most children up to twelve years of age get little reliable information or instruction in dental hygiene.

The dental report from our Principal School Dental Officer stresses the essential similarity of work in the Local Authority Service and the National Health Service. Any thinking person must acknowledge that a tooth cavity filled in the head of a schoolchild is just as elaborate and time-consuming a technical procedure as when carried out by a dentist in his own surgery. To conjure up fancied differences between the two in order to denigrate the School Dental Officer so as to justify lesser financial rewards is to raise up a barrier of entry to this branch of dental work which few new entrants will care to surmount.

Needless to say we have little expectation of recruiting more full-time dental surgeons to our depleted service, and in consequence can do only a minimum of preventive and orthodontic work.

As a part of our health education programme in schools, a beginning was made in an anti-smoking campaign. It would appear that the habit of smoking emerges from the domestic pattern in an easy and natural fashion at a very early age. Many boys of ten really enjoy smoking, and girls acquire the taste possibly a little later without much heartsearching as to the need, the value, the immediate cost or the end results of this glamorized banality.

We cry out for clean air, and even legislate to achieve it, yet we foul up our living rooms, cinemas, trains and buses with pungent tobacco smoke which sears the eyes and excoriates the tongue and throat of smoker and non-smoker alike.

Here, undoubtedly, is an instance where charity begins at home for it is becoming a rare kindness to allow one's neighbours to enjoy the sweet air, and practice at home will earn quicker reward than precept at school.

Slowly but surely modern toilets with adjacent facilities for hand washing are being installed in an increasing number of our schools. This must be considered the greatest single advance in the battle for better personal hygiene in our borough. But must drinking fountains be installed in the same room where water closets, urinal stands and wash hand basins are fixed? Any thinking person would agree, the potential danger of contamination of the drinking water jets could be greatly enhanced by this unwholesome contiguity, and in any case should scholars be encouraged to slake their thirst in the sanitary annexe?

I am aware that similar drinking fountains are so sited in certain public buildings, nevertheless I would urge the total abolition of this practice in

all our schools as militating against the best interests of hygiene and the health of our school-children.

Once again I would refer to the helpful co-operation of the Chief Education Officer and his department and the Head Teachers of all the schools, in maintaining an efficient school health service. Without their help much of the efforts of the Deputy Principal School Medical Officer, Dr. Drummond, would have availed but little to further new ideas for the advancement of hygiene and health education among the scholars. The Health Visitors and School Nurses have made a fine contribution and in every section the administrative staff have been indefatigable in their work.

Throughout the year the Chairman and Members of the Care and Welfare Sub-Committee have been most generous and understanding in the various problems placed before them, and with such sure support the Principal School Medical Officer can look forward to the years ahead with eagerness and confidence.

I have the honour to be, Madam Chairman, Ladies and Gentlemen,

Your most obedient servant,

J.S. COLEMAN.

PRINCIPAL SCHOOL MEDICAL OFFICER.

GENERAL INFORMATION

The average number on the school rolls during the year was 15,851 made up as follows:-

<u>Type of School</u>	<u>Number of Schools</u>	<u>Average Number on roll</u>
County Primary:		
Infant	17)	8,714
Junior	18)	
County Secondary	10	6,111
Voluntary (Infant and Junior)...	4	954
Day Special (E. S. N.)	1	72
Totals	<u>* 45</u>	<u>15,851</u>

* 3 County schools are combined Infant and Junior

COMPARATIVE STATISTICS

The following table indicates briefly the work of the School Health Service during the year 1958, and shows the comparative statistics for previous years:-

TABLE 1

	<u>1954</u>	<u>1955</u>	<u>1956</u>	<u>1957</u>	<u>1958</u>
Routine and Special Inspection at School ...	7,589	6,167	7,022	6,137	7,918
Re-inspections at School ...	3,394	2,589	769	-	-
Inspections and Re-Inspections at clinics ...	6,920	5,705	4,762	4,615	3,946
Examinations for cleanliness	42,114	38,901	38,993	29,184	30,546
Nurses' visits to homes ...	2,695	3,019	2,793	2,788	2,437

ROUTINE INSPECTIONS IN SCHOOLSA. Routine Medical Inspections

The value of pre-school comprehensive medical inspection in the school health clinic is now firmly established. No longer is it necessary to convince a parent that special provision needs to be made for her child by reason of some handicap - physical or mental - hitherto unsuspected or unrecognised.

And no longer is it needful for teachers to have their already inflated classes burdened by the presence of a new entrant who falls within the category of 'handicapped pupil'.

And for such a young pupil correct placement in an environment to match his potential and compensate for his handicap must be a great comfort and least disturbing at a time of great emotional stress.

The inspections carried out during the year in the various schools are tabulated below. A detailed analysis of the findings appears in the Appendix. (Tables 6 to 9).

Medical Inspection at Schools

TABLE 2

School	Infant		Junior		Secondary	
	I	S	I	S	I	S
(a) County Primary and Secondary Schools						
Altmore	115	1	:	:	:	:
Avenue	75	-	312	-	:	:
Brampton	77	-	160	-	296	-
Burges Manor	:	:	:	:	312	1
Central Park	49	1	:	:	215	-
Cornwell	:	:	:	:	248	5
Dersingham	61	-	:	:	:	:
Essex	81	1	131	-	:	:
Hartley	83	-	548	8	:	:
Kensington	:	:	178	3	:	:
Lathom	32	-	169	1	:	:
Monega	67	-	320	1	:	:
Napier	49	-	320	2	:	:
Plashet	:	:	:	:	333	3
Rectory Manor	:	:	:	:	209	4
Roman Road	35	-	82	8	:	:
St. Stephens	107	-	:	:	:	:
Salisbury	72	2	207	3	:	:
Sandringham	48	-	:	:	201	-
Shaftesbury	:	:	356	-	:	:
Storey Street	25	-	47	-	:	:
Thomas Lethaby	:	:	:	:	379	1
Vicarage	82	-	329	-	:	:
Winsor	94	-	216	-	:	:
Boys' Grammar	:	:	:	:	342	2
Girls' Grammar	:	:	:	:	273	8
(b) Voluntary Schools (R.C.)						
St. Edward's	58	-	73	-	:	:
St. Michael's	41	-	70	-	:	:
St. Winefride's	31	-	87	-	:	:
Silvertown	38	-	36	1	:	:
(c) Day Special School (E.S.N.)						
Lansbury	3	-	28	-	40	-
(d) Independent Schools						
The Maude Wells Schools	5	-	12	-	5	-
	1,328	5	3,681	27	2,653	24

I. - Periodic Inspections.

S. - Special Inspections

B. Audiometric Surveys

Group testing of the hearing of children in their last year at primary School has continued during the year. 942 were tested and of these 57 were referred for further investigation. Of 159 who failed the first test, 102 passed on an immediate re-test, indicating that the failure was due to some cause other than a defect of hearing.

Details of cases referred for examination by the specialist are included in the report of the Ear, Nose and Throat Clinic.

C. Cleanliness Inspections

It is most pleasing to report a further reduction in the number of children found to be verminous. In fact, the total has been reduced almost by half during the year.

Routine cleanliness inspections in the boys' secondary modern schools have been discontinued and attention focussed on the girls in the secondary modern schools among whom the highest rate of infestation still is to be found.

Number of cleanliness examinations			
in the schools ...	...	30,546	
Number of verminous children noted	...	112	
Infestation rate	...	0.71 per cent	

SCHOOL HEALTH CLINICS

Total attendances during 1958:-

Central (Town Hall Annexe) ...	...	2,162
Manor Park (Church Road) ...	...	1,113
North Woolwich (Fernhill St. Baths) ...	...	82
Roman Manor (Community Centre) ...	...	157
		3,514

Total attendances during 1957:-

4,274

The value of the school health clinic remains as an example of a first class service to a 'priority group' within the community. Here, investigation of physical, mental or emotional aberration in a scholar can proceed under ideal conditions, with minimal loss of the scholar's schooling time and his parents' working time, without resort to the use of expensive and complicated hospital services.

Dental Clinics

Dr. Allan Ross, Principal School Dental Officer, submits the following report on the work of the School Dental Service in 1958:-

"The year under review will almost certainly prove to be the one which is recalled with considerable pride in the future. For nearly the whole year there was a full establishment of dentists and more routine and orthodontic treatment and inspections at school were carried out than ever before.

Unhappily, the outlook for the future is not particularly hopeful. In 1957 the drift of Local Authority dentists back into private practice began, and following the report of the Royal Commission on Remuneration of Doctors and Dentists in the National Health Service, there is every prospect of this becoming an avalanche in 1959 and 1960. Thus, one of the dental officers resigned at the end of the year, with no prospect of replacement,

and there is every possibility of further resignations in 1959.

It is unfortunate that at this critical time the work of Local Authority dental officers is so misunderstood. There is a body of opinion which considers that hospital, private and local authority dentists all carry out quite different forms of dentistry. This has arisen from the assumption that dentistry is divisible in the same way as medicine. It is accepted, for example, that Neurological Surgeons, Medical Officers of Health and General Medical Practitioners all carry out vital but very different branches of medicine. In dentistry there are no such watertight compartments, with the possible exception of a handful of full-time dentists in 'Facio Maxillary Hospitals', and the senior full-time teaching staff at dental schools, it is safe to say that all dentists spend much of their time doing what has been called "simple" routine treatment. That the most eminent dentists in the profession actually do ordinary fillings and straightforward extractions is obscured by the fact that they often do them outside the National Health Service and therefore this work does not always appear in any official returns. Thus, it can be said that for practical purposes all dentists spend nearly all their time doing exactly the same work as the dentists carry out in the Dental Clinics of this Borough.

With regard to the statistics, it should be pointed out that every child was examined at least once during the year, thus a total of 21,848 routine inspections were carried out on 18,698 pupils. The reduction in the number of special inspections in 1956 was maintained, thus emergency cases seen in 1953 have been nearly halved. Perhaps the most encouraging sign is the large increase in fillings in permanent teeth, combined with a reduction in the number of teeth extracted.

In addition to the treatment and inspection sessions the Principal School Dental Officer devoted 20 sessions during the year to administration. It was surprising to learn that all other Principal School Dental Officers devoted no less than a minimum of 4/11ths of their time to administration. In this Borough that proportion is found to be unnecessary as clerical staff is made available by the Principal School Medical Officer to carry out the routine administrative work. The Principal School Dental Officer can then devote his time to clinical work, and those aspects of administration which require his personal attention.

The amount of orthodontic treatment carried out during the year was greater than the previous year, but fortunately only resulted in a small increase in the number of attendances. Considerable care will have to be taken in the future not to embark upon too many cases. As the salaried dentists leave the service their patients have to be added to those the remaining dentists are already treating. As, following the report of the Royal Commission, there is a possibility of a disintegration of the School Dental Service, it is hoped that machinery on a national scale will be set up so that current orthodontic cases can, where necessary, be handed over to dentists in the Hospital and General Dental Services, otherwise numerous cases will have to be abandoned in the middle of complicated treatment, with catastrophic results both dentally and legally."

Immunisation

The need for a high level of immunisation among our children has at no time been more imperative than now.

Outbreaks of diphtheria, with fatalities, have been erupting here and there throughout the country and on the continent with hydra-headed malevolence.

Doctors, health visitors and leaders of the community must continue to clarify forth the cry. Only 100% immunity against diphtheria in the first year of life is the safe line of defence. 'Boosters' at 5 years and 10-12 years of age repair the weakened battlements and ensure complete repulsion of later onslaughts of this dread disease.

Immunisation clinics for children of all ages are held weekly both at the Town Hall Annexe and at Church Road Clinic, and immunisation is also carried out during Minor Ailment Clinics at North Woolwich and Roman Manor.

The work of the clinics is shown in the following summary:-

Number of clinic sessions	85.
Number of children completely immunised	464.
Number of children re-inoculated	635.
Percentage of children of school age completely immunised ...	94.5

36.8% of all children of school age have had a primary immunisation or a boosting dose since 1st January, 1954 i.e. within the last 5 years.

Orthopaedic Clinic

This specialist clinic held by the Senior Consultant Orthopaedic Surgeon in our region, Mr. L. Gillis, M.B.E., F.R.C.S., has proved one of the most valuable in the whole school health service.

It will readily be conceded that with physical deformities, whether congenital or acquired, an ounce of prevention is worth many pounds of cure. But the diagnosis and therapeutic advices must stem from the best informed opinion and we are fortunate to have available to us the services of so able a surgeon as Mr. Gillis.

By arrangement, our physiotherapists attend the clinic and are thus enabled in individual cases to obtain verbal instruction from the orthopaedic surgeon, on the details of physiotherapy, etc. desired for the patient.

In other cases, report of progress and response to treatment is at the same time rendered to the surgeon so that the best possible line of therapy can be pursued.

18 sessions were held and 149 children made 162 attendances. Of the 286 defects listed below by far the majority were defects of the lower limbs and were of a nature to be helped by remedial exercises.

Analysis of Defects

Feet and Legs	249
including	
Pes Planus	70
Hallux Valgus	64
Genu Valgum	25
Enlarged M.P. Joints	54
Hands and Arms	3
Posture	24
Other Defects	10

Physiotherapy and Sunlight

Ultra violet light is given in our clinics mainly for specific skin and glandular dyscrasias, 'sub par' nutritional states, and rarely for sub-clinical rickets.

On the other hand there has been a vast increase in the demand for remedial exercises and drills for postural and other muscular and ligamentous defects, as well as remedial and therapeutic breathing exercises for a number of thoracic disorders.

In this sphere the hospital clinics are still heavily overworked and our own physiotherapy and sunlight clinics are essential to the care of the priority groups in our community.

Attendances - Town Hall Annexe	...	...	...	...	...	1,904
Manor Park	...	...	...	...	...	1,652

Treatment given -		<u>Patients</u>	<u>Treatments</u>
Sunlight - local and general	...	89	721
Remedial exercises	... ..	472	3,173
Electrical and massage	... ..	86	556

Child Guidance Clinic

Miss R. Dettmer B.A., Acting Educational Psychologist in charge of the Clinic, submits the following observations:-

"The Clinic staff now consists of two full-time Educational Psychologists, two full-time Psychiatric Social Workers, two Consultant Psychiatrists who each attend two sessions weekly, a part-time Child Psycho-therapist who attends six sessions weekly, a full-time Shorthand-typist and a full-time Clerk-receptionist.

Mr. F.A. Spooncer, B.Sc., Assistant Educational Psychologist, joined the staff on 14.7.58. Miss R. Dettmer, B.A. was appointed temporarily as Acting Senior Educational Psychologist on 24.11.58 in the absence of Mrs. J.F. Stevens who is on special leave. Miss D.J. Livingston, B.A., M.S., Psychiatric Social Worker, was appointed a temporary member of staff on 27.10.58. Mr. E. Winter, Child Psycho-therapist who was attending for two sessions weekly resigned on 18.12.58, and he was replaced on 30.12.58 by Miss L.H. Shroeder, Ph.D., who attends for six sessions weekly. Although there have been a number of staff changes, having a full complement of staff has meant that the waiting list has been effectively reduced, and parents and children are seen for initial interviews almost as soon as they are referred.

All members of the clinic team participate in the initial diagnostic assessment of each clinic case. A complete history is taken by the Psychiatric Social Worker, individual intelligence, educational, and personality tests are administered by the Educational Psychologist, and both parents and child are usually seen by the Consultant Psychiatrist. Some children and their parents may then be referred for intensive psychotherapy; the child may be seen several times weekly by the Child Psycho-therapist, with parents coming along for interviews with the Psychiatric Social Worker at the same time. In other cases less frequent visits to the clinic may be recommended. In all cases under treatment clinic staff maintain liaison with school and community health and welfare agencies who are also concerned with the individual family.

A small number of children are seen individually at weekly intervals by the educational psychologists for remedial work in the basic school subjects, chiefly reading. A few very severely retarded readers have been discovered among secondary school pupils, and since these are pupils who may soon be leaving school, the problem is urgent. We hope to undertake a survey some time in the future to determine the actual numbers of older children requiring this kind of help.

The work of a community Child Guidance Clinic should ideally be mainly preventive in nature. Since the number of actual cases which it can help directly is necessarily small, its larger function as a mental health agency participating actively in community education and liaison with other community services should be as important as the clinical services it offers. We hope that the growing acceptance of and interest in child guidance facilities in East Ham will continue, and that we may be able to contribute effectively to the lessening of the anxiety, mystery and ignorance which still surrounds problems associated with mental health."

STATISTICS:

No. of new cases referred	118
" " " " seen by Psychiatrists	97
" " " " " " Psychologists	80
" " " " " " Psychiatric Social Workers	86
No. of cases waiting to be seen on 31.12.58	14
No. of cases discharged	136
Total number of attendances (parents and children)	2,181

Speech Therapy Clinic

Miss R. Sacks, Speech Therapist, presents the following report on the work of this clinic.

"During 1958 a total of 1,225 attendances was made at the Clinic. As usual attendance during the school holidays was apt to be poor and there was a very big drop in attendance during the bus strike in the early part of the year.

Ninety new cases were referred for speech therapy and appointments were made for 88 new children to attend but only 57 of that number actually began treatment here. (Some never attended and others were placed on the supervision list pending further investigations or to allow for spontaneous development.)

Twenty-four children were referred for discharge. Four children left the district and one was transferred to a Speech Therapist nearer his school (the RYDER Partially-sighted School, Stepney). Twenty-nine children ceased to attend - no reason being given and four children ceased to attend at their parents' request.

A number of children referred during the year, or in previous years, continued to receive speech therapy at Lansbury E.S.N. School. The number of children seen there is not included in the total attendance figure for the year but about ten children were seen each week during the school term.

Of the new children admitted, there were 3 with cleft palate speech, one with retardation of speech and language due to partial deafness; 10 stammerers and 43 children with articulatory defects (ranging from simple "lisps" to grossly distorted speech). A few of these children had retarded language development and some children classed as stammerers, also had articulatory defects.

As in former years, Speech Therapy students from the West End Hospital Speech Therapy Training School, continued to assist, both at Lansbury and at Manor Park.

Contacts with schools and with parents were kept up and some school visits were made.

In April, a weekly Speech Therapy Session was started at the Town Hall Annexe and another was begun in July at the Child Guidance Clinic, Shrewsbury Road. Arrangements were also completed for a fortnightly session to take place at Storey Street School, North Woolwich.

This means that facilities for Speech Therapy will be available over a far greater area of the Borough than in previous years.

Ophthalmic Clinic

Mr. R.A. Morris, Ophthalmic Surgeon, attends at the Town Hall Annexe on four sessions weekly.

We are grateful to him for the consistently high level of service bestowed on our children and for the punctuality and kindness with which the whole of this difficult work is carried out.

Mr. Morris has won for himself the lively admiration of colleagues and staff and the gratitude of hundreds of scholars (and parents and teachers) in sustaining such a fine service to our school-children as well as certain other 'favoured' sections of our community.

Statistics

Number of clinic sessions	...	...	...	...	...	198
Number of children attending	...	...	...	...	...	1,873
Number of attendances	...	...	...	...	...	4,260

Defective Vision and Squint -

New cases	...	...	...	...	...	365
Re-examinations	...	...	...	...	...	1,402
Children for whom glasses prescribed	...	...	...	...	...	1,173
Referred to hospital	...	...	...	...	...	50

Eye Disease -

Treated at clinic	...	...	...	...	...	95
Referred to hospital	...	...	...	...	...	9

The following cases were referred to hospital for treatment:-

Squint (for Investigation)	...	...	...	...	...	18
Squint (for Orthoptic Treatment)	...	...	...	...	...	44
Other conditions for investigation	...	...	...	...	...	9
Total	...	...	...	...	...	71

Four cases of squint were treated in the clinic by occlusion and of 18 sent to hospital for a further opinion, four were recommended for operation.

Orthoptic Clinic

This clinic is held in East Ham Memorial Hospital, where a session is reserved for children referred from our Ophthalmic Clinic.

Statistics:

Number of Sessions	...	...	...	...	...	41
" " New Cases	...	...	...	...	...	41
" " Attendances	...	...	...	...	...	261

Ear, Nose and Throat Clinic

Mr. Savege is to be congratulated on one of the best and most valuable specialist services given to our scholars in East Ham.

His punctuality of attendance, kindness and attentiveness to even the smallest needs of the 'most difficult' young subject, and unfailing courtesy to parents and assistants at the clinics, have won for him golden opinions from colleagues in every section of the community alike.

A glance at Table 3 will suffice to indicate the volume and variety of the work accomplished and one can only hope that we will be fortunate enough in the years ahead to be able to continue this service at such a high level of efficiency and merit.

The following are the statistical details:-

Number of clinic sessions	...	...	...	...	...	89
Number of children attending	...	...	...	...	...	683
Number of attendances	...	...	...	...	...	1,310

Defects and Treatment -

TABLE 3

	CLINICAL REFERRALS		SPEECH AUDIOMETER REFERRALS	
	TREATED IN CLINIC	REFERRED TO HOSPITAL	TREATED IN CLINIC	REFERRED TO HOSPITAL
Attendances	1194		116	
New Cases.	442		49	
No. of Children Attending	615		68	
Not Requiring Treatment	53		6	
Cases Referred to Hospital for Operative Treatment				
Antrum Lavage	10		1	
Eustachian Catheterisation	3		2	
Wax in Ears	1		-	
Tonsils and Adenoids	268		4	
Polypus	2		-	
Deflected septum	3		-	
Examination under Anaesthetic	3		2	
DEFECTS NOTED	TREATED IN CLINIC	REFERRED TO HOSPITAL	TREATED IN CLINIC	REFERRED TO HOSPITAL
Diseases of the Ear				
Otorrhoea	16	-	-	-
Deafness	8	4	14	5
Otitis Media	11	2	-	-
Otitis Externa	3	-	-	-
Polypus	1	2	-	-
Other Ear Conditions	19	6	3	2
Adenoids and Chronic Tonsillitis	42	268	1	4
Other Throat Conditions	3	1	-	-
Nose Conditions				
Deflected Septum	-	3	-	-
Rhinitis	6	-	1	-
Catarrh	35	2	1	-
Epistaxis	7	-	-	-
Other Nose Conditions	37	16	1	1

Home Visiting

Home visits made by health visitors and school nurses during the year numbered 2,437. These visits were for the purpose detailed in my report for 1951.

Handicapped Pupils

94 special examinations were carried out during the year and recommendations for special educational treatment were made in respect of 63 children as follows:-

TABLE 4

Category	Number ascertained	Recommendation			
		Ordinary School with Special treatment	Day Special School	Boarding Special School	Home Tuition
Blind	-	-	-	-	-
Partially sighted	1	-	1	-	-
Deaf	-	-	-	-	-
Partially deaf	-	-	-	-	-
Educationally sub-normal ...	19	4	12	3	-
Epileptic	-	-	-	-	-
Maladjusted	4	-	-	4	-
Physically handicapped ...	7	-	7	-	-
Suffering from speech defect	-	-	-	-	-
Delicate	32	-	10	20	2

Thirteen children were found to be subject to be dealt with under the provisions of Section 57 of the Education Act, and were recommended for report to the Mental Health Committee as follows:-

Section 57 (3) (Ineducable)	6
Section 57(5) (Requiring supervision after leaving school)	7

Lansbury School

At the routine medical examinations carried out during the year, among the 71 children seen, 17 defects were found to require treatment and 22 needed observation.

In addition, a number of visits were made to the school by several officers to deal with the complex mental, physical and emotional problems of the scholars.

This school now takes educationally subnormal pupils in the younger age groups so that the staff have a more extended opportunity to inculcate good social habits and develop what educational potential presents in the children.

We are grateful to Mr. North, the Head Teacher, for his co-operation and records of observations on the pupils which are always at our disposal, and for his advices in individual cases.

B. C. G. Vaccination

In order that future details of B. C. G. vaccination may refer to the year under review, it has been decided that vaccination will henceforth be carried out during the spring and summer terms. Consequently the appended table relates only to those of the age group born in 1943-4 for which the procedure had not been completed at the end of 1957.

TABLE 5.

School	Con- sents	Refu- sals	1st tuberculin test			No. vaccin- ated	2nd tuberculin test			Referred for X-Ray
			+ve	-ve	Absent		+ve	-ve	Absent	
Brampton Sec. Girls	74	51	15	54	2	58	55	-	3	15
Burges Manor Sec. Gurls	100	54	5	18	2	18	27	-	1	5
Plasbet Sec. Girls	-	-	-	-	-	-	-	-	-	-
Rectory Manor Sec. Girls	71	40	7	57	4	56	45	-	3	7
Girls Grammar	67	47	-	20	-	20	21	-	2	-
Boys Grammar	-	-	-	-	-	-	-	-	-	-
Central Park Sec. Boys	79	30	12	64	4	64	58	-	3	12
Cornwell Sec. Boys	34	13	-	-	-	12	14	-	2	-
Sandringham Sec. Boys	104	43	2	26	5	24	67	-	5	2
Thomas Lethaby Sec. Boys	127	18	6	21	1	21	38	-	8	6
Totals	656	296	47	260	18	273	325	-	27	47

During the year, a case of tuberculosis was discovered at the Burges Manor Secondary School and steps were taken to apply a Heaf test to all pupils whose parents agreed. The test was refused by the parents of 30 children and of those tested 264 were negative and are being offered B.C.G. vaccination during 1959. 194 gave a positive reaction and were referred to the East Ham Chest Clinic for X-ray examination. 58 were absent and will be included again in 1959.

STATISTICAL APPENDIX

Number of pupils on registers of maintained and assisted primary and secondary schools (including nursery and special schools) in January, 1959. 15,583

MEDICAL INSPECTION OF PUPILS ATTENDING
MAINTAINED AND ASSISTED PRIMARY AND
SECONDARY SCHOOLS (INCLUDING NURSERY AND
SPECIAL SCHOOLS)

PERIODIC MEDICAL INSPECTIONS

TABLE 6.

Age Groups Inspected (By years of birth)	No. of pupils Inspected	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		No.	% of Col. 2	No.	% of Col. 2
		(3)	(4)	(5)	(6)
1954 and later	-	-	-	-	-
1953	21	21	-	-	-
1952	774	774	-	-	-
1951	484	484	-	-	-
1950	234	232	99.14	2	0.86
1949	911	911	-	-	-
1948	685	685	-	-	-
1947	1,324	1,323	99.93	1	0.07
1946	654	654	-	-	-
1945	762	762	-	-	-
1944	952	952	-	-	-
1943 and earlier	1,061	1,060	99.91	1	0.09
TOTAL	7,862	7,858	99.95	4	0.05

PUPILS FOUND TO REQUIRE TREATMENT AT
PERIODIC MEDICAL INSPECTIONS

TABLE 7.

Age groups Inspected (by year of birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Part 88	Total individual pupils
1954 and later	-	-	-
1953	-	3	3
1952	54	134	179
1951	30	80	108
1950	37	42	78
1949	115	80	184
1948	100	63	155
1947	181	118	283
1946	105	61	157
1945	136	60	193
1944	173	61	228
1943 and earlier	256	69	307
Total	1,187	771	1,873

OTHER INSPECTIONS

Number of Special Inspections	3069
Number of re-inspections	933
Total	4002

INFESTATION WITH VERMIN

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	30,546
(b)	Total number of individual pupils found to be infested	112
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	1
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	-

DEFECTS FOUND AT PERIODIC INSPECTIONS

TABLE 8

Defect or Disease	PERIODIC INSPECTIONS					
	LEAVERS		OTHERS		TOTAL	
	(T)	(O)	(T)	(O)	(T)	(O)
Skin	10	16	92	38	102	54
Eyes - a. Vision	339	13	848	102	1187	115
b. Squint	2	2	39	9	41	11
c. Other	4	-	24	16	28	16
Ears - a. Hearing	1	1	11	5	12	6
b. Otitis Media	1	1	3	4	4	5
c. Other	5	3	11	5	16	8
Nose and Throat	15	10	191	142	206	152
Speech	-	1	22	22	22	23
Lymphatic Glands	-	1	17	107	17	108
Heart	-	10	9	71	9	81
Lungs	2	6	25	108	27	114
Developmental -						
a. Hernia	-	-	1	4	1	4
b. Other	2	-	17	30	19	30
Orthopaedic -						
a. Posture	2	8	30	55	32	63
b. Feet...	5	6	71	33	76	39
c. Other	14	41	65	63	79	104
Nervous System -						
a. Epilepsy	-	1	7	-	7	1
b. Other	1	1	13	5	14	6
Psychological -						
a. Development	4	-	69	4	73	4
b. Stability	-	-	9	22	9	22
Abdomen	2	4	22	20	24	24
Other	8	9	43	37	51	46

T - requiring treatment

O - requiring observation

DEFECTS FOUND AT
SPECIAL INSPECTIONS

TABLE 9.

Defects or Disease	SPECIAL INSPECTIONS	
	Pupils requiring Treatment	Pupils requiring Observation
Skin	322	59
Eyes - a. Vision	116	31
b. Squint	5	3
c. Other	67	33
Ears - a. Hearing	11	8
b. Otitis Media	3	5
c. Other	30	16
Nose and Throat	171	107
Speech	38	41
Lymphatic Gland	7	20
Heart	6	24
Lungs	19	44
Developmental -		
a. Hernia	2	2
b. Other	8	2
Orthopaedic -		
a. Posture	18	11
b. Feet	54	33
c. Other	38	32
Nervous System -		
a. Epilepsy	1	2
b. Other	15	16
Psychological -		
a. Development	-	2
b. Stability	9	7
Abdomen	11	17
Other	110	65

TREATMENT TABLES

TABLE 10.

EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	142
Errors of refraction (including squint)	1,721
Total	1,863
Number of pupils for whom spectacles were prescribed.	1,173

TABLE 11.

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment	
(a) for diseases of the ear	18
(b) for adenoids and chronic tonsillitis	273
(c) for other nose and throat conditions	5
Received other forms of treatment	266
Total	562
Total number of pupils in schools who are known to have been provided with hearing aids	
(a) in 1958	1
(b) in previous years	4

TABLE 12.

ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	296
(b) Pupils treated at school for postural defects	-
Total	296

TABLE 13.

DISEASES OF THE SKIN (excluding uncleanliness)

	Number of cases known to have been treated
Ringworm - (a) Scalp	-
(b) Body	-
Scabies	-
Impetigo	11
Other skin diseases	367
Total	378

Of the 378 cases of skin disease shown in Table 13 the following were treated in the school health clinics:-

SKIN DISEASES TREATED IN SCHOOL CLINICS, 1958

Impetigo	10.	Chilblains	2.
Warts	176.	Cheirpompholyx ...	3.
Abrasions	35.	Eczema	1.
Insect Bites	1.	Local Sepsis	2.
Heat Rash	7.	Urticaria	1.
Athletes Foot	5.	Dandruff	6.
Boils	12.	Callouses	1.
Acne	5.	Pityriasis	1.
Herpes	9.	Dry Skin	11.
Spots	26.	Blisters	4.
Sores	7.	Sweat-Rash	1.
Burns	4.	Papular Rash	1.
		Pigmentation	1.

TABLE 14.

CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	252

TABLE 15.

	Number of cases known to have been treated
Pupils treated by speech therapists	148

TABLE 16.

OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	151
(b) Pupils who received convalescent treatment under School Health Service arrangements	39
(c) Pupils who received B.C.G. vaccination	318
(d) Other than above.	
Debility	93
Nervous Disorders	26
Respiratory Disorders	69
Other conditions	75
	771

TABLE 17.

DENTAL INSPECTION AND TREATMENT

(1)	Number of pupils inspected by the Authority's Dental Officers:-		
	(a) At Periodic Inspections	...	16,696
	(b) As specials	...	1,404
		Total	18,100
(2)	Number found to require treatment	...	16,105
(3)	Number offered treatment	...	10,411
(4)	Number actually treated	...	5,147
(5)	Number of attendances made by pupils for treatment, including those recorded at 11(h)	...	11,034
(6)	Half days devoted to:		
	(a) Periodic (School) Inspection	...	219
	(b) Treatment	...	1,283
		Total	1,502
(7)	Fillings:		
	(a) Permanent Teeth	...	4,128
	(b) Temporary Teeth	...	1,443
		Total	5,571
(8)	Number of Teeth filled:		
	(a) Permanent Teeth	...	3,742
	(b) Temporary Teeth	...	1,299
		Total	5,041
(9)	Extractions:		
	(a) Permanent Teeth	...	1,385
	(b) Temporary Teeth	...	3,442
		Total	4,827
(10)	Administration of general anaesthetics for extraction.		2,075
(11)	Orthodontics		
	(a) Cases commenced during the year	...	110
	(b) Cases carried forward from previous year	...	72
	(c) Cases completed during the year	...	74
	(d) Cases discontinued during the year	...	7
	(e) Pupils treated with appliances	...	147
	(f) Removable appliances fitted	...	172
	(g) Fixed appliances fitted	...	-
	(h) Total attendances	...	1,191
(12)	Number of pupils supplied with artificial teeth		31
(13)	Other operations:		
	(a) Permanent teeth	...	1,271
	(b) Temporary teeth	...	929
		Total	2,200



