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

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Borough of Walthamstow

EDUCATION COMMITTEE.

REPORT

of the

School Medical Officer

for the Year

1932.

CONTENTS.

EDUCATION COMMITTEE.

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Deputy Chairman:

Alderman A. S. Le Mare, B.A.

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Ross Wyld, Esq.

Director of Education and Chief Executive Officer:

S. W. Burnell, Esq., LL.B., B.Sc.

To the Chairman and Members

of the

Walthamstow Education Committee.

Ladies and Gentlemen,

I beg to present herewith a report on the work of your Authority's School Medical Service during the year 1932.

The report shows that the amount of work done was again increased and the success of the Specialist clinics was well maintained.

Mr. L. W. Elmer, L.D.S., was appointed to succeed the late Mr. G. Picton Evans, and Miss Brophy resigned on marriage. An important innovation followed her resignation, inasmuch as your Authority's and your Council's previously declared policy of a Combined School Nursing and Health Visiting Service was put into operation.

Dr. Clarke contributes an interesting account of her special enquiries into the amount of sleep obtained by 4,000 children.

I would again record my appreciation of your Authority's ready acceptance of my recommendations, the friendly co-operation of your Director of Education, and the assistance of the staff of the Department.

Acknowledgment is made in the report to those who have contributed.

I have the honour to be,

Your obedient servant,

A. T. W. POWELL,

School Medical Officer.

SCHOOL CLINICS.

Aural	Monday, 2—4.30 p.m.	Lloyd Park.
Minor Ailments ..	Monday, 9—12 a.m.	Lloyd Park and Low Hall Lane.
	Wednesday, 9—12 a.m.	Lloyd Park and Low Hall Lane.
	Friday, 9—12 a.m. ..	Lloyd Park and Low Hall Lane.
	Saturday, 9—12 a.m.	Lloyd Park.
Ophthalmic—		
(*a*) Consultant ..	First Thursday in each month, 9—12 a.m.	Myope School.
(*b*) Retinoscopy ..	Tuesday, 9—12 a.m.	Lloyd Park.
	Thursday, 9—12 a.m.	Lloyd Park.
	Saturday, 9—12 a.m.	Lloyd Park.
Orthopaedic—		
(*a*) Consultant ..	Third Thursday in each month, 9.30—12.30 a.m.	Physically Defective School.
(*b*) Massage ..	Monday, Tuesday, Wednesday, Friday, 1.30—4.30 p.m.	Ditto.
	Thursday, 9.30—12.30 a.m.	Ditto.
Rheumatism ..	Thursday, 2—4.30 p.m.	Lloyd Park.
Infectious Disease ..	Tuesday, 2—3,30 p.m.	Lloyd Park.

1. STAFF OF SCHOOL MEDICAL DEPARTMENT.

School Medical Officer and Medical Officer of Health.

A. T. W. Powell, *M.C.*, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

Assistant School Medical Officers.

D. Broderick, M.B., B.Ch., B.A.O., D.P.H., Barrister-at-Law.
Miss Mary C. Sheppard, B.A., M.B., B.Ch., B.A.O., D.P.H.
Miss Mary C. Clarke, M.B., B.Ch., B.A.O.

Specialist Part-time Medical Officers.

Aural Surgeon ..	A. R. Friel, M.A., M.D , F.R.C.S.I.
Orthopaedic Surgeon ..	B. Whitchurch Howell, M.B., B.S., F.R.C.S.
Ophthalmic Surgeon ..	H. J. Taggart, B.A., M.B., B.Ch., B.A.O., F.R.C.S., D.O.M.S.
Physician-in-Charge—Rheumatism Clinic	Wilfrid P. H. Sheldon, M.D., M.R.C.P.

Dental Surgeons.

Mrs. W. Rosa Thorne, L.D.S., R.F.P.S., D.D.S.
Mr. L. W. Elmer, L.D.S., R.C.S. (Eng.). (From 18/4/32).

School Nurses.

Miss M. McCabe, S.R.N., H.V. Cert. (1919). (Supt.)
Miss F. M. Brophy, S.R.N., C. M.B. (resigned 30/6/32).
Miss D. A. Dolling, S.R.N. Miss M. Dunne, S.R.N., C.M.B.
Mrs. J. Morris, S.R.N., C.M.B.

School Nurses and Health Visitors. (Half-time to School Medical Service.)

Miss D. Legg, S.R.N., C.M.B., H.V. Cert. (From 24/8/32.)
Miss M. A. Young, S.R.N., C.M.B., H.V. Cert. (From 26/8/32.)

Dental Nurses.

Miss Bacon, Cert. S.I.E.B. and H.V. (R.S.I.).
Mrs. F. McWilliam.

Masseuses.

Miss A. M. Theobald, C.S.M.M.G. (half-time).
Miss H. E. Garratt, C.S.M.M.G. (half-time).

Clerical Staff.

H. J. Smith (Chief). G. W. West. F. J. Aylward. R. A. C. Green. L. Rushton. A. T Wade, (From 29/2/32.)

2. CO-ORDINATION.

Close co-operation has been maintained along the lines detailed in the report for 1931.

Your Authority and the Council in 1930 approved the general principle of co-ordinating the activities of the School Medical Service and the Maternity and Child Welfare Scheme by combining the offices of School Nurse and Health Visitor as opportunity should arise in future.

Following the resignation of one of the school nurses in June, a School Nurse with Health Visitor's qualifications was appointed and one of the existing staff of Health Visitors was allocated for half-time School Medical duties. These two "combined-duty" Nurses supervise the area which was formerly supervised by one whole-time School Nurse and one whole-time Health Visitor. The scheme leads to economy of time in Home visiting and obviates the frequent ridiculous anomaly of a Health Visitor visiting the baby of the family and a School Nurse visiting a school child of the same family in one day.

At the same time the schools allocated to the Medical, Dental and Nursing Staffs were re-arranged so that the appropriate School Nurse should attend medical inspection carried out in any school for which she was responsible.

3. THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.

School Hygiene.—The following table shows the number of schools in the Borough and the accommodation, etc. :—

NUMBER OF SCHOOLS AND ACCOMMODATION.

					Seating Accommodation.			
	Boys.	Girls.	Infts.	Mxd.	Boys.	Girls.	Infts.	Mxd.
Provided	17	17	15	6	6460	6102	6015	2478
Non-provided ..	1	2	2	3	244	472	437	929
Special Schools—								
Mentally Defective	—	—	—	1	—	—	—	130
Deaf Centre ..	—	—	—	1	—	—	—	20
Myope Centre ..	—	—	—	1	—	—	—	85
Physically Defective Centre	—	—	—	1	—	—	—	80
Nursery School ..	—	—	—	1	—	—	—	150
Totals	18	19	17	14	6704	6574	6452	3872

	1932.	1931.	1930.	1929.	1928.
Number of Children on Register, Dec. 31st ..	19,727	19,467	19,432	19,592	19,749
Average Attendance ..	17,290.7	17,994.9	16,972.1	16,734.1	17,671.8
Percentage Attendance ..	88.5	88.3	87.5	85.7	87.8
Population	134,420	132,956	124,800	124,800	122,400
Percentage of School children to population	14.6	14.6	15.57	15.7	16.13

One provided school, the Roger Ascham Infants' Department, was opened on 15th October, 1932. The accommodation is for 400 infants. Marsh Street Boys' Department was closed in December, 1932, following a re-arrangement of schools due to re-distribution of the child population in the Borough.

A detailed Sanitary Survey is made by the Medical Inspector at the conclusion of the medical inspection of individual Departments. Any recommendations made are then forwarded to your Director of Education.

The Engineer and Surveyor has kindly furnished a list of the more important works, which is given below:—

Renovations to the following schools:—Gamuel Road (exterior); Forest Road (exterior); Selwyn Avenue (exterior); Higham Hill (interior); St. Saviours Girls and Infants (interior).

Limewhiting school out-offices generally.

Extensive roof repairs at:—Maynard Road Schools, Pretoria Avenue Schools, Gamuel Road Schools and Chapel End Schools.

Extensive pointing, making good defective brickwork, sills, etc., at:—Gamuel Road Schools, Pretoria Avenue Schools and Marsh Street Boys' School.

Re-conditioning defective stonework at Selwyn Avenue Infants' Schools.

Extensive work in re-setting loose copings and terra-cotta dressings. Lead covering to same; also removing bell and strengthening turret, Chapel End Schools.

Extensive repairs to tar-paving in playgrounds generally.

Forming two additional W.C.'s at Shernhall Special School (Boys).

Providing new seats to W.C.'s at Blackhorse Road Junior Boys' School.

Renovating and limewhiting convenience at North Walthamstow Sports Ground.

Demolition of old Playshed, Marsh Street Boys' School.

Forming "Emergency Exit" at Myope Centre, Wood Street.

Removal of glazed screens to form larger rooms at Wood Street Girls' School and Higham Hill Infants' School.

Providing new glazed screen in lieu of curtains at St. Mary's Infants' School.

Forming Teachers' Room at St. Saviour's Infants' School.

Forming spray-bath cubicles at South Walthamstow Central School (for use of gymnasium classes). One completed and one partially completed.

General repairs to boundary fencing, various schools.

Soil drainage improvement at St. George's Mixed School.

Water supply improvement to out-offices at Chapel End Schools.

General overhauling repairs and improvements to heating installations, at various schools.

New boiler at Winn's Avenue Junior School.

Adapting class-rooms to form Science Rooms, etc., in re-organisation scheme at William Morris Schools.

Extensive repairs to ceilings at:—Selwyn Avenue Schools, Winn's Avenue Schools.

Christmas term renovations at:—Winn's Avenue School (Girls' Science Room), South Walthamstow Central School (Domestic Subjects Section), Deaf Centre (William Morris School).

Erection and completion of new school at Billet Road:—Roger Ascham No. 2 (Infants) Block.

Teaching of Hygiene.—During the year a questionnaire was sent to all Head Teachers requesting information as to whether or not they possessed copies of the Board's "Handbook of Suggestions on Health Education," and the Board's "Syllabus of Food and Drink." The replies showed that 41 Departments had no copy of either. Only 27 Departments had systematic teaching in Health

Education, and only three had paid any special visits in connection with this subject.

4. MEDICAL INSPECTION.

No change has been made in the method of selection of children for inspection from that adopted in previous years. The age groups of the children inspected have been those defined under the three code groups of the Board of Education.

There has been no departure from the Board's Schedule of Medical Inspection.

The following table gives a summary of the returns of Medical Inspection for the last two years:—

	1932.	1931.
Entrants	1,477	2,663
Intermediates	1,453	1,456
Leavers	2,379	1,460
Total Routine Inspections ..	5,309	5,579
Other Routine Inspections ..	569	686
Special Inspections	4,637	4,092
Re-inspections	23,007	21,240
Total	27,644	25,332

5. REVIEW OF THE FACTS DISCLOSED BY MEDICAL INSPECTION.

CLOTHING, FOOTGEAR AND NUTRITION.

The Table below gives the figures in regard to Clothing, Footgear and Nutrition:—

Entrants.

	Clothing Unsatisfactory.	Footgear Unsatisfactory.	Nutrition Excellent.
	%	%	%
Boys	4.9	4.5	82.5
Girls	5.5	5.2	83.6

Intermediate.			
Boys	4.3	3.9	84.7
Girls	2.5	2.6	80.7
Leavers.			
Boys	2.4	2.4	83.7
Girls	3.1	3.6	80.8

Uncleanliness.—The previous year's average of 10 visits per Department was maintained during 1932 by the School Nurses, who made a total of 105,390 examinations and who found 1,395 individual children to be unclean. No children were cleansed under arrangements by your Committee, nor were any legal proceedings taken.

The following table gives comparative figures for the past two years:—

	1932.	1931.
Average number of visits per school ..	10	10
Total number of examinations ..	105,390	117,253
Number of individual children found unclean	1,395	1,051
Percentage uncleanliness	1.32	0.89

New arrangements are now in operation under which each Department will be examined at the beginning of each school term and cases of chronic uncleanliness will be followed up in the home and not by repeated inspections at school as previously carried out.

Skin Defects.—The following is the number of cases of Skin Diseases found during the year:—

Ringworm—Head	23
Scalp	23
Scabies	27
Impetigo	321
Other Skin Disease	267

Eye Defects.—616 defects of Vision required treatment, and 25 required observation. The 1931 figures were 454 and 25 respectively.

In addition, there were 51 cases of squint found to require treatment and 1 requiring observation.

Ear Defects.—The number of cases requiring treatment were as follows:—

	1932.	1931.
Defective Hearing	38	24
Otitis Media	213	175
Other Ear Disease	70	45

Defects of Nose and Throat.—The following comparison is given of the findings in 1932 and 1931:—

	1932.		1931.	
	Treatment.	Observation.	Treatment.	Observation.
Enlarged Tonsils	80	131	318	216
Adenoids	9	27	14	3
Enlarged Tonsils and Adenoids ..	15	16	62	12
Totals	104	174	394	231

The marked decrease in the number of cases requiring treatment will be noted.

Defects of Heart and Circulation Defects.—The figures were:—

	Requiring Treatment.	Observation.
Heart Disease—Organic	64	34
Functional	44	35
Anaemia	65	1
Totals	173	70

Tuberculosis.—No definite case of Pulmonary Tuberculosis was found and only 2 suspected cases. These numbers do not represent the total Tuberculosis incidence amongst school children, in view of the fact that children are usually referred to the Tuberculosis Officer for his final diagnosis.

6. INFECTIOUS DISEASE.

The control of Infectious Disease in the Borough is effected on the lines detailed in the Board of Education's "Memorandum on

Closure of and Exclusion from School," 1927. Notifiable Infectious Disease is chiefly brought to notice by notifications received from local doctors under the Infectious Disease Notification Act. The following table details the monthly notifications received under this Act in respect of children of the age group 5-15 years, *i.e.*, roughly, children of school age.

	Scarlet Fever.	Diphtheria.	Small-pox.	Chicken-pox.
January	11	15	1	34
February	14	22	—	52
March	17	21	—	39
April	26	18	—	50
May	10	9	—	57
June	15	12	—	146
July	12	6	—	58
August	11	13	—	8
September	23	29	—	13
October ..	32	22	—	20
November	48	24	—	36
December	31	26	—	11
Totals ..	250	217	1	524

In addition, the following notifications were received in respect of children in this age group:—Pneumonia, 27; Enteric Fever, 3; Erysipelas, 5; Anterior Polio Myelitis, 4; Bacillary Dysentery, 4.

The cases discovered by the medical staff and included in the above table were as follows:—

	Scarlet Fever.	Diphtheria.	Small-Pox.	Chicken Pox.	Dysentery.
1932	17	114	—	221	4
1931	16	62	28	342	—

Non-notifiable infectious disease is chiefly brought to light by the weekly returns made by Head Teachers under the local "Regulations as to Infectious Diseases in Schools."

The monthly figures were as follows:—

	Sore Throat.	Measles.	Whooping Cough.	Mumps.	Chicken Pox.	Ring-worm and Scabies.	Impetigo, Sores, etc.
January ..	—	29	1	78	28	—	11
February ..	—	211	4	54	16	2	5
March ..	6	399	6	63	21	1	4
April ..	5	363	49	40	59	1	4
May ..	5	452	47	39	41	3	16
June ..	5	61	50	10	141	—	12
July ..	7	2	38	2	40	1	1
August ..	2	2	24	1	1	—	4
September	8	2	9	6	4	1	8
October ..	—	3	13	45	6	—	4
November	18	1	40	49	28	—	33
December	3	—	1	32	2	—	3
Totals 1932	59	1525	282	419	387	9	105
,, 1931	70	37	520	279	676	13	110

Comparing the above incidence with that of 1931, the most noticeable features are the large increases in the number of cases of Measles, and the decreases in the number of cases of Whooping Cough and Chicken Pox.

The summary of Head Teachers' weekly returns in Schools is given in a separate Table, from which the following features will be noticed:—

(*a*) The biennial Measles epidemic affecting every Infants' Department.

(*b*) The high incidence of Chicken Pox at Chapel End Infants.

(*c*) The high incidence of Scarlet Fever at Coppermill Lane Infants' Department and Maynard Road Infants' Department.

(*d*) The high incidence of Diphtheria at Chapel End Junior School and Gamuel Road Infants' School.

The minor epidemics at the four schools specified under (*c*) and (*d*) necessitated a considerable amount of detailed daily supervision by your School Medical Officer.

School.	Dept.	No. on Books.	S.T.	M.	W.C.	Mumps	C.P.	R.W. Scab.	Sores, etc.	Sore Eyes.	S.F.	Diph.	Bact. Diph.
	Boys' ..	217	—	—	—	—	—	1	—	—	4	2	—
Blackhorse Road ..	Girls' ..	306	—	1	—	—	—	—	1	—	2	3	1
	Infts.' ..	374	—	43	17	5	—	—	—	—	1	1	—
William Elliot Whitt.	Boys' ..	372	—	—	—	—	—	—	—	—	5	—	—
	Girls' ..	312	9	4	—	1	11	—	3	—	6	7	—
Higham Hill	Boys' ..	353	—	—	—	1	—	—	—	—	5	3	1
	Infts.' ..	317	1	50	8	11	2	—	6	—	9	4	1
	Tem. Infts.'	104	—	3	7	—	3	—	1	—	—	3	—
	Boys' ..	268	—	—	—	—	—	—	—	—	2	2	—
Pretoria Avenue ..	Girls' ..	228	—	1	—	—	4	—	—	—	1	4	—
	Infts.' ..	242	1	95	18	13	6	1	—	—	5	—	—
North Central	Boys' ..	304	—	—	—	—	—	—	—	—	3	—	—
	Girls' ..	338	—	—	—	—	—	—	—	—	—	—	—
	Boys' ..	249	—	—	—	—	1	—	—	—	2	2	—
Coppermill Lane ..	Girls' ..	247	—	—	—	—	—	—	—	—	—	3	—
	Infts.' ..	242	10	78	—	7	3	—	22	—	21	2	—
	Mixed ..	330	2	5	—	6	5	—	3	—	7	1	1
	Boys' ..	389	—	—	—	—	—	—	—	—	3	1	—
Wood Street	Girls' ..	293	—	—	—	—	—	—	—	—	3	3	—
	Infts.' ..	315	1	127	8	33	26	—	8	1	5	3	1
	Boys' ..	313	—	—	—	2	—	—	—	—	1	1	—
Joseph Barrett	Girls' ..	284	—	—	—	—	2	—	—	—	3	2	—
P.D. Centre	Mixed ..	76	—	—	—	—	—	—	—	—	—	1	—
	Boys' ..	364	—	8	2	16	1	1	2	—	7	5	—
Maynard Road	Girls' ..	290	—	—	—	12	8	—	—	—	5	1	—
	Infts.' ..	321	26	125	38	24	25	2	25	—	18	7	—
St. Mary's	Girls' ..	274	—	15	6	4	5	1	—	—	6	1	—
	Infts.' ..	169	2	65	22	48	48	—	—	—	4	2	—
St. George's	Mixed ..	246	—	11	—	1	—	—	—	—	—	2	—
Shernhall Street ..	Mixed ..	76	—	—	—	—	—	—	—	—	2	—	—
	Boys' ..	272	—	—	—	—	—	—	—	—	2	—	—
William Morris	Girls' ..	297	—	—	—	—	—	—	—	—	—	4	—
	Mixed ..	349	—	—	—	—	—	—	—	—	1	—	—
Marsh Street	Boys' ..	243	—	—	—	—	—	—	—	—	3	2	—
Mission Grove	Girls' ..	239	—	—	—	—	—	—	—	—	3	1	1

Mission Grove	Infts.' ..	216	—	24	6	—	—	—	—	—	1	5	—
Deaf Centre	Mixed ..	21	—	—	—	—	—	—	—	—	—	—	—
Edinburgh Road ..	Girls' ..	275	—	—	—	—	1	—	—	—	3	5	—
	Boys' ..	265	—	—	—	—	—	—	—	—	1	1	—
Markhouse Road ..	Infts.' ..	263	1	14	1	9	7	—	6	—	2	4	—
	Mixed ..	378	—	15	—	19	1	—	—	—	2	7	—
St. Patrick's	Mixed ..	281	—	17	—	—	2	—	—	—	3	2	1
	Boys' ..	244	—	1	—	1	—	—	—	—	1	—	—
St. Saviour's	Girls' ..	169	—	—	—	—	—	—	2	—	—	2	1
	Infts.' ..	189	6	64	39	63	16	—	10	—	3	2	—
	Boys' ..	270	—	—	—	—	—	—	—	—	4	1	—
Forest Road	Girls' ..	244	—	2	1	—	—	—	—	—	1	2	—
	Infts.' ..	291	—	118	7	31	5	—	—	—	5	7	—
	Boys' ..	302	—	4	—	—	1	—	—	—	1	—	—
Winn's Avenue	Girls' ..	390	—	1	—	—	—	—	—	—	6	1	—
	Infts.' ..	273	—	155	16	52	8	—	—	—	5	5	—
	Mixed ..	379	—	12	—	9	6	—	5	—	5	2	—
	Boys' ..	315	—	—	—	—	—	—	—	—	2	3	1
Chapel End	Girls' ..	302	—	—	—	—	1	—	—	—	3	3	1
	Infts.' ..	430	—	121	3	2	149	—	—	—	8	8	1
	Mixed ..	410	—	3	17	—	—	—	—	—	4	13	2
	Boys' ..	508	—	—	—	—	—	—	—	—	1	5	1
Selwyn Avenue	Girls' ..	483	—	—	—	—	—	—	—	—	5	—	—
	Infts.' ..	550	—	170	35	23	2	1	2	—	5	3	—
	Boys' ..	298	—	—	—	8	1	—	—	—	3	4	—
Gamuel Road	Girls' ..	302	—	—	—	1	1	2	1	—	12	4	—
	Infts.' ..	230	—	30	—	2	4	—	2	—	4	11	—
South Central	Boys' ..	294	—	—	—	—	1	—	1	—	1	3	—
	Girls' ..	300	—	—	—	—	—	—	4	—	1	1	1
Queen's Road	Infts.' ..	246	—	87	20	12	1	—	—	—	8	6	—
Roger Ascham	Infts.'	269	—	—	—	—	—	—	1	—	2	—	—
	Mixed ..	388	—	2	—	—	5	—	—	—	3	6	1
St. Mary's R.C. ..	Mixed ..	255	—	11	1	2	12	—	—	—	1	2	—
Myope Centre	Mixed ..	75	—	—	—	—	—	—	—	—	—	—	—
Nursery School	Mixed ..	138	—	43	10	1	13	—	—	—	2	3	3
Totals ..			59	1525	282	419	387	9	105	1	247	194	18

The following were the weekly average numbers of children away from school owing to Exclusions and the Non-notifiable Infectious and other diseases named:—

	Exclusions.	Chicken-pox.	Measles.	Whooping Cough.	Sore Throat.	Influenza.
1932 ..	111	56	151	66	26	80
1931 ..	125	97	3	109	29	78

	Diarrhoea.	Mumps.	Ringworm.	Scabies.	Various.	Totals.
1932 ..	2	41	5	2	619	1159
1931 ..	2	21	6	3	684	1177

A weekly Infectious Disease Clinic is held on Tuesdays at 2 p.m. at Lloyd Park, at which all home contacts of cases of Diphtheria and Scarlet Fever are seen, as well as all school children after discharge from the Isolation Hospital or after Home Isolation.

Exclusion from school is rigidly enforced until all fear from infection has disappeared.

1,026 swabs were taken at the School Clinics.

Immunisation against Diphtheria.—During the course of the year your Authority decided to give publicity in the schools as to the facilities for immunisation against Diphtheria provided by the Borough Council. The steps taken included the exhibition of notices at the Clinics and the distribution of leaflets at medical inspection. Unfortunately, the response has been very poor.

The following table summarises the work done (including some children under 5 years of age but excluding children over school age):—

Number of children Schick tested (*a*) Positive	53
(*b*) Negative	17
Number of children immunised without a Schick test ..	51
Number of children given 3 immunisation doses ..	70
,, ,, 2 ,, ,, ..	5
,, ,, ,, 1 ,, ,, ..	4
Total number of children immunised wholly or partly..	79

Number of children Schick tested after immunisation:—

(*a*) Positive	Nil
(*b*) Negative	36
Number of children not yet Schick tested after immunisation at end of year	25
Number of children left area before final Schick test ..	18
Total	79

In addition a private practitioner successfully immunised 8 children.

Vaccination.—The Vaccinal condition of each child examined at Routine Medical Inspection was noted and a summary shows the following:—

		Number Examined.	Number found to be Vaccinated.	Percentage Vaccinated.
Entrants	Boys ..	741	224	30.2
	Girls ..	736	222	30.1
Intermediate	Boys ..	736	221	30
	Girls ..	717	217	30
Leavers	Boys ..	1,201	385	32
	Girls ..	1,178	348	29.5

Action under Article 45 (*b*) (*i.e.*, attendance below 60 per cent. of number on register)—

Five certificates were granted as follows:—

School.	Month.	Disease
St. Saviour's Infants'	February	Measles.
Wood Street Infants'	March ..	Measles.
St. Mary's Infants' (2)	March ..	Measles
	November	Whooping Cough.
Chapel End Infants'	July ..	Chicken Pox.

Action under Article 53 (*b*) (exclusion of individual children)—

At Medical Inspection	10
At School Clinics	1,344

Action under Article 57 (School closure by the Sanitary Authority)—

Nil.

7. FOLLOWING UP.

The School Nurses made 4,198 visits to the homes of children as set out below:—

Measles	1,380	Mumps	343
Whooping Cough ..	421	Rheumatism	120
Tonsils and Adenoids ..	252	Uncleanliness ..	80
Chicken Pox	11	Impetigo	36

Vision	301	Nursery School Absentees	41
Dental Failures ..	904	Ringworm	7
Otorrhoea	173	Various	76
Sore Throat	53		

The total for the year compares with 3,598 during 1931, and an average of 1,108 for the five years 1926-30. The large increase is due to several factors, *e.g.*, the incidence of Non-notifiable Infectious Diseases such as Whooping Cough and Mumps, the systematic visiting of failures to attend for Dental Treatment and increased visiting for purely "following up" purposes.

The school nurses attend at all medical inspections and staff the various Clinics, *e.g.*, Aural, Minor Ailment, Ophthalmic, Rheumatism, Ringworm and Tonsillectomy Clinics, and also carry out extensive cleanliness surveys as already detailed. Close co-operation was maintained with the Almoners of various Metropolitan General Hospitals and written reports were given when necessary.

8. MEDICAL TREATMENT.

The numbers of each code group requiring treatment is given in Table II (*b*) at the end of the Report.

Minor Ailments.—The treatment of minor ailments is carried out at the seven sessions of the School Clinics which are detailed earlier in the Report, all of which are in charge of a Medical Officer.

Table IV, Group 1 (Board of Education), at the end of the Report, shows the number of defects treated during the year.

The actual work done at the School Clinics is shown on the Table given below:—

	First Inspection.				Re-inspections.	
	Number Excluded under Art. 53b.		Not Excluded.			
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Ringworm	17	20	4	2	172	109
Scabies	24	15	—	—	69	57
Rheumatism	21	15	101	159	212	286
Impetigo, Sores, etc. ..	186	111	162	89	1985	999
Skin	32	30	72	61	352	349
Verminous Head, etc. ..	—	2	1	6	—	31
Sore Throat	157	172	18	20	219	236
Discharging Ears and Deafness	10	6	154	169	527	467
Defective Vision	—	—	271	277	1	—
External Eye Diseases ..	59	51	79	69	546	374
Tonsils and Adenoids ..	—	—	31	30	32	31
Mumps	28	18	2	2	20	16
Various	180	190	569	645	1505	2154
Totals	714	630	1464	1529	5640	5109

First attendances numbered 4,337 against 4,107 in 1931, and re-attendances 10,749 against 10,573, the total attendances being 15,086 against 14,680.

During 1932 the respective clinics allocated to the various schools and departments were more clearly defined, and, at the request of some Head Teachers, in order to minimise waiting at the clinics, a defined "time band" was also specified for each school. The revised arrangements have worked well in practice by reducing the disparity in the numbers attending each clinic on the same session, and by eliminating friction.

The attendances at Lloyd Park and Markhouse Road Clinics are summarised below:—

	First Inspections.				Re-inspections.		Total.		Total.
	Excluded.		Not Excluded.						
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
Lloyd Park	447	390	1219	1280	3962	3415	5628	5085	10713
Markhouse Road ..	267	240	245	249	1678	1694	2190	2183	4373
Total ..	714	630	1464	1529	5640	5109	7818	7268	15086

Tonsils and Adenoids.—Your Authority's scheme of treatment of these defects consists of:—

(*a*) An agreement with the Walthamstow Dispensary under which cases are operated upon there as out-patients at a fee of £1 per case for Tonsils and Adenoids, 15s. for Adenoids only and 10s. for Tonsils.

(*b*) An arrangement with the Connaught Hospital by which cases are admitted the day previous to the operation and are discharged when fit. The fees are £1 1s. for the operation and 8s. per day maintenance.

Children are treated under this scheme when the home conditions are considered unsatisfactory. The average period in Hospital was 5 days during 1932. Representations have been made to the Hospital Authorities with a view to reducing the length of stay.

The following Table shows the number of cases treated during the last seven years:—

Year.	At Dispensary.	At Connaught Hospital.	At Isolation Hospital.	Privately.	Total.
1932 ..	78	49	4	7	136
1931 ..	272	64	4	14	354
1930 ..	310	53	—	5	368
1929 ..	260	36	—	8	304
1928 ..	230	38	31	11	310
1927 ..	262	—	69	15	346
1926 ..	174	—	31	7	212

The marked reduction in the total number of tonsils and adenoids done during 1932 will be noted. This reduction is mainly due to the changed views which are becoming prevalent with regard to question of tonsils and adenoids generally, and there is no doubt that the more conservative view is the correct one. At the moment of writing your Authority are considering representations from the Board of Education as to the advisability of discontinuing the present arrangements with the Walthamstow Dispensary where the operations are done under out-patient conditions. The suggestion of the Board is that these cases should be done at the Connaught Hospital under In-patient conditions. The cases done at the Isolation Hospital were virulent Diphtheria carriers, the result being successful in each case. In addition, 80 other children received diastolisation treatment at the clinic.

Tuberculosis.—Children suffering from actual and suspected Tuberculosis are referred to Dr. Sorley, Tuberculosis Officer to the Essex County Council, which Authority administers the Tuberculosis Scheme in the Borough. The numbers of schoolchildren examined during the year were 70 boys and 79 girls, of which 18 boys and 17 girls were referred by the School Medical Officer. Of these, one boy was found to be suffering from glandular tuberculosis. 64 of the cases were sent by Private Practitioners and 50 were examined as contacts.

Of the total of 149 school children examined, five were notified as suffering from glandular tuberculosis, 3 as suffering from tuberculosis of the bones and joints, and one child was found to be an infectious pulmonary case. Dr. Sorley very kindly sent reports in respect of each child seen. Recommendations for treatment were carried out as far as possible and included the following:—Dental, Tonsils and Adenoids, and Convalescent Home Treatment. Thirty-one grants of free milk were also made.

At the end of the year, the live register of notified cases of school age was as follows:—

Pulmonary.			
At School.		At Sanatorium.	
Boys.	Girls.	Boys.	Girls.
4	7	—	2

Non-Pulmonary.							
At School.		At P.D. School.		At Sanatorium.		Not at School.	
Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
30	27	4	1	3	2	—	—

Skin Diseases.—The number of cases of skin disease treated is shown in the Table detailing the work done at the School Clinics. In addition, 9 cases of Ringworm of the scalp were referred to the London Hospital for X-ray treatment at a cost of £2 12s. 6d. per case.

External Eye Diseases.—Treatment for these cases is given at the School Clinics. (See Table IV, Group 1, at the end of the Report.)

Vision.—The medical treatment facilities provided by your Authority for defects of vision, etc., consist of (1) a Myope School staffed on the medical side by your part-time consulting Ophthalmic Surgeon, Mr. H. J. Taggart, F.R.C.S.; and (2) three weekly Refraction Clinics under the care of Dr. Sheppard, who refers special or difficult cases to Mr. Taggart's Consultant Clinics, and which she attends, so maintaining a close liaison. Mr. Taggart's report will be found under Section 17 of the Report.

All defects of vision are referred to the Eye Clinics by other Medical Officers and are, if necessary, followed up for the remainder of the child's school life. Dr. Sheppard has kindly contributed the following account of the work done during 1932.

"I beg to present my 10th Annual Eye Report. When I took over this work in 1922 there was only one session per week and consequently there was a large number of children suffering from a minor degree of visual defects who had to give preference to those suffering from major defects. During 1922 the number of sessions was increased to two, and a few years later to three as at present. In order to overtake arrears during the first few years the number

of new cases was large, but for the past 5 or 6 years the numbers have found their level around the 400 mark. The following table shows the number of new cases seen in 1932:—

Disease.	Under 7 years.		7—11 years.		11 plus.		Totals.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Hypermetropia ..	14	15	12	8	16	13	42	36
Hypermetropic Astigmatism ..	9	6	27	25	21	17	57	48
Myopia	3	4	12	12	37	45	52	61
Myopic Astigmatism	1	1	4	6	4	6	9	13
Mixed Astigmatism	2	—	8	8	8	7	18	15
Odd Eyes ..	—	—	—	—	1	1	1	1
Glasses not required	6	1	8	4	6	5	20	10
Totals ..	35	27	71	63	93	94	199	184

"The following defects were found among those who did not require glasses:—

	Boys.	Girls.		Boys.	Girls.
Trachoma	1	—	Angio-neurotic oedema of eye-lids	1	—
Headaches, debility, etc.	7	4	Nebulae	1	1
Styes	2	—	Ptosis	1	—
Cataracts	1	2	Diplopia	1	—
Conjunctivitis and Blepharitis ..	1	—	Habit spasm	1	—
Conjunctivitis ..	1	—	Albino	—	1
Old ophthalmia Neonatorum ..	—	2			

"Below is a table showing the types of squint found during 1932:—

Squint.			Boys.	Girls.
Convergent	R	.. ..	11	7
	L	.. ..	9	1
Divergent	R	.. ..	—	1
	L	.. ..	—	—
Occasional	R	.. ..	2	—
	L	.. ..	4	—
Alternating		.. ..	8	4

"In addition to the 383 new children seen, retinoscopy was done for 163 others who require a change of glasses. In all, 2,665 examinations were made at the Eye Clinic during 1932."

Ear Disease and Hearing.—Minor defects under the above heading are treated at the Minor Ailment Clinics, the numbers treated being given in the table relating to the work of these Clinics.

Refractory or special cases are referred to the weekly Consultant Aural Clinic, held on Mondays from 2—4.30 p.m., by Dr. A. R. Friel, who has again been good enough to report on the valuable work done at this Clinic, as follows:—

Nature of Disease.	Total.	Cured	Lost Sight Of.	Still under Treatment.	Hospital Treatment.
Acute Suppurative Otitis Media ..	67	55	6	6	—
Chronic Suppurative Otitis Media due to—					
(*a*) Tympanic Sepsis	42	32	3	6	1
(*b*) Tympanic Sepsis and Granulations	13	11	—	2	—
(*c*) Tympanic Sepsis and Polypi..	6	5	—	—	1
Tympanic Sepsis and Rhinitis ..	4	1	—	3	—
Attic Disease	8	4	—	2	2
Mastoid Disease	18	3	2	4	9
External Otitis Media	15	13	1	1	—
Not diagnosed	1	—	1	—	—
Totals	174	124	13	24	13

"The number "lost sight of" is made up as follows:—Left district, 3; attending own doctor, 2; attending hospital, 2; refused treatment, 3; no trace, 3.

"The year 1932, as far as the Aural Clinic goes, is noteworthy for the purchase by the Education Committee of an up-to-date instrument (an Audiometer), for testing hearing. This is a gramophone with 24 single headphones instead of a horn. One of the 'phones is placed over one ear of a child and 24 children can be tested at once. It is a great time saver. The record which is played is a series of numbers gradually decreasing in strength until they can scarcely be heard. The numbers which are not heard give the measure of the defect in hearing. The record is standard, so the testing is on a uniform system and can be repeated, giving the same sounds at any time. The audiometer is not only useful in detecting defects in hearing but also in judging whether treatment has restored, or improved, the hearing power. In short, the Audiometer converts what may be only guesswork, or an 'impression' into accurate measurement.

"In addition, the Clinic has been provided with a vibrator for use with the diastolisation tubes for treating obstruction in the Eustachian tubes—one of the chief causes of progressive deafness.

"Nurse Brophy left in June and her place at the Aural Clinic has been taken by Nurse Morris. Mr. Rushton continues to arrange the clerical work of the session."

During the year arrangements were negotiated with the Prince of Wales General Hospital at Tottenham for the admission of chronic cases of ear discharge for mastoid operation, at a fee of £5 5s. each plus 8s. per day maintenance. Four cases were referred for operation.

Dental Defects.—The following table shows a summary of Table IV (iii) (Board of Education) for the past two years:—

Year.	Inspections.	Requiring Treatment.	Per cent.	Actually Treated.	Fillings.	Extractions.	Gas Anaesthetics.	Other Operations.
1932 ..	20593	14026	68.1	7681	5111	10631	4843	933
1931 ..	24547	13874	56.5	7349	5653	11169	4863	699

Mrs. Thorne, L.D.S., reports as follows:—

"For the purpose of giving a concise report, the year 1932 has not been the most favourable one. There has been a re-distribution of schools into two geographical areas and this has, to some extent, interfered with the giving of any very accurate summary for the year. Comparisons with figures of previous years must be limited to a few schools. Excepting these difficulties, the year has been a fairly successful one and the number of new families added to the permanent clientéle of the Clinic has been very gratifying.

"The number of scholarship patients is small, but is increasing slowly. These scholars are unfortunate in that they are not under regular dental inspection. The number of children holding free places in the Secondary and Technical schools must be considerable and would surely justify a yearly visit.

"The Nursery School 'toddlers' have been duly inspected. Out of 83 only 31 had sound dentitions, and of the 52 requiring treatment, only 22 accepted. This is a very low figure of acceptance, since the Head Mistress interviewed the mothers and explained the necessity of early treatment.

"The teachers are most courteous and helpful at inspections and do all in their power to popularise the service.

"At routine inspection, 267 children were found presenting irregularities of teeth or jaws. These vary from slight to marked malplacement of individual teeth and deformity of jaws. Some few would require appliances. Of these latter, only an occasional parent asks for advice and treatment; of the former, all who attend the Clinic receive treatment. The results have been most successful.

"A series of addresses was given by a demonstrator of the Dental Board, so completing all the Senior Schools. These addresses, with the interesting exhibits are very valuable; but the single lecture per school per year is not enough amongst all the other many interests of school life.

"The number of acceptances for treatment remains still at far too low a level when considering the treatment offered. The Clinics are well equipped, attractive, and compare favourably with any in the country.

"The whole community may be said to care very little about its dental condition until that condition gives rise to pain, when relief is sought at once and also demanded urgently, though in these cases complete treatment is very reluctantly accepted. Every casual case presented for treatment is given the opportunity of having complete treatment. This is too often either openly refused or the patient fails to attend on the day of the re-appointment.

"These unfinished cases will return at any odd time when they are in pain, to be again added to the list of children treated.

"Thus it is only the number of cases receiving complete treatment which is worth considering. The casual case should be in a category by itself until the patient voluntarily becomes one of the regular clientele.

"It is the oral condition of the regular patient on which can be estimated the real value of the Clinic to the public.

"Under the present scheme every elementary school child is inspected not less than once a year, in fact, the visit is about every nine months. Thus every child has the opportunity of complete treatment.

"At routine inspections the acceptances of treatment were as follows:—Infant Schools 35 per cent., Junior Schools 30 per cent., Senior Schools (including Central Schools) 18 per cent. This shows a decline as the child advances in age.

"In the Senior and Junior Schools the girls' departments showed by far the highest number of acceptances. One Senior Boys'

school only 6 per cent. accepted. The highest percentage acceptances of all individual schools comes from one block, Infants' Department 54 per cent, Junior 58 per cent., and Senior Girls' 36 per cent. Boys show a greater reluctance to receiving treatment than girls or else parental control is exercised more in the one sex than the other.

"The importance of early treatment cannot be stressed too greatly. The great loss of permanent teeth, chiefly first permanent molars, the best masticator in the dentition, is due solely to early neglect in receiving treatment."

Mr. L. W. Elmer, L.D.S., reports as follows:—

"It would be unfair for me, after the comparatively short period during which I have devoted myself to work among the children of Walthamstow, to have arrived at many very definite conclusions, but even after such a short lapse of time there are, naturally, some points to which I should like to refer.

"In the first place I should certainly like to say how much I appreciate the organisation for the giving of appointments to those requiring treatment.

"It is, perhaps, not always easy for those who have not had experience of working in a Dental Clinic, or indeed in any dental surgery, fully to realise what an important effect this proper organisation of the work has upon both its quality and quantity, but that it is of great importance, I am convinced, and it is for this reason that I feel that I must refer to my pleasurable experience of this admirable organisation which precludes much wastage of time for parent, child, and Dental Surgeon alike.

"The proportion of those who consent to treatment is undoubtedly low compared with those requiring it, but it is just as undoubtedly increasing, and it will increase in proportion with the amount of influence exerted by those who come into contact with the children and also their parents. Consequently, I appreciate greatly the interest and co-operation fo the teachers.

"It is they who can be of first assistance in combating the fear of dental operations which is present in the minds, not of those who have experienced them, as much as those to whom they are an unknown, closed, and rather dreadful book. The nervous child in a dental surgery is not the one who has attended regularly but the one whose treatment is postponed until pain or ill-health compels it. This latter is obviously less fitted to receive treatment without being upset by it and, at the same time, is obviously the one requiring more of it.

"There will always, I suppose, be a small proportion of parents who, for various reasons, will prefer to have their children treated elsewhere, but there are still many who, refusing treatment under the Authority's Scheme, do not and often cannot get it elsewhere, and it is to this class that one hopes to extend the benefits of dental treatment, which, open to those in better financial circumstances, are only available to them through the Public Dental Service.

"The need for appliances for correcting irregulation of the teeth and jaws is a great necessity in a complete dental scheme.

"Among the 7 to 8 thousand children examined during the past year, the most noticeable defect, apart from the ever-present dental caries, has been the large numbers of narrow, contracted arches with their attendant evils of non-articulating molars with protruding and ugly incisors. The fact must be faced that many children of the present day have such small jaws, too small to contain the requisite number of teeth in their correct portions.

"The cause of this condition, such as thumb-sucking, the use of the dummy, food that needs little or no mastication, adenoids, etc., lies outside the control of the Dental Surgeon, but much needs to be done to counteract the effect of these conditions.

"Many of the cases can be remedied by judicious extractions, but undoubtedly, quite a large number require, in addition, some kind of appliance. This has not up to the present been supplied, suitable cases having been referred to a dental hospital, and I have no hesitation in stating that this system appears to have been of little avail, and that it is desirable for the Authority to supply necessary appliances. My reasons are, briefly, as follows:—

"(1) Although the majority of parents express their willingness and ability to pay the cost of the appliance, they cannot afford the time or money to attend the hospitals (which are at a distance), weekly or fortnightly, over a long period.

"(2) The hospitals all have long waiting lists, and a wait of nearly a year before commencing treatment is not unusual.

"(3) The undertaking of this work need involve no additional expense to the Authority in view of the readiness of those parents desiring treatment for their children to pay the few shillings that represent the cost of the appliance.

"(4) It would not involve the neglect of any part of the work done hitherto, as the necessary adjustments would require but a few minutes weekly.

"In conclusion, this is certainly a service which would be greatly appreciated by a large number of parents, and if the school children of Walthamstow are to receive a complete dental service it is an undoubted necessity.

"It has been my policy to see as many parents as possible and to explain briefly the reasons for the treatment given, and I have every reason to believe that the effect of this is not confined to those actually seen but leads, undoubtedly, to a greater general willingness to accept treatment.

"I find that the special times given for appointments have, in the main, been quite well kept, quite as well as they are in private practice, and that very few of those signifying their consent fail to keep their appointments. This is, of course, a great assistance, enabling treatment to be given in a manner more nearly approaching that provided by the Dental Surgeon at a private surgery."

Crippling Defects and Orthopaedics.—Medical treatment of these defects is given under an orthopaedic scheme in charge of the Consultant Orthopaedic Surgeon, Mr. Whitchurch Howell, F.R.C.S., who holds a monthly Clinic at the Physically Defective School. Mr. Howell also acts as Honorary Surgeon to the Brookfield Orthopaedic Hospital, a voluntary Institution of 30 beds, recognised as a Hospital School by both the Ministry of Health and the Board of Education.

Two Masseuses divide their whole time between the Hospital and the Orthopaedic and Massage Clinic at the Physically Defective School. Your Authority's cases have priority of admission to the Hospital.

Details of the work done under the scheme are given in the Section dealing with Defective Children (Section 17).

Report of the Rheumatism Clinic.—From Dr. Wilfrid Sheldon:—

"In my report at the end of 1931, made after the Clinic had been working for six months, the details of the Personnel and Administration were set out, and these have not been altered during this last year.

"One of the most outstanding and satisfactory features of this year's working has been the way in which the high percentage of attendances has been maintained throughout the twelve months.

The attendances have never fallen below 85 per cent. of the number of children written for to attend each session. Because of this good attendance, it has been very difficult to shorten the waiting list of children referred from the School Medical Service, and therefore Clinics have sometimes been held during the school holidays. Even at such times, the attendance of the children has been as good as during the school terms (*e.g.*, Christmas holidays, 1932, two Clinics 90.9 per cent. and 86.3 per cent. attendances of appointments made). At the end of 1932, there was a waiting list of 98 children waiting for appointments to be seen at the Clinic.

"During the past year, there have been 45 sessions, with 795 attendances. Of these attendances, 298 were made by children attending for the first time, while 497 were made by children who were being kept under observation. A certain number of children, after attending the Clinic for a few months, are adjudged to be free from rheumatism, and are discharged; others are considered to be not rheumatic at their first attendance. During the last year, 249 children were discharged from further attendance.

"Of the children who remain under observation at the Clinic, the majority have rheumatic disease of the heart; the number of these cases is at present 130. Children with heart disease fall into 4 groups according to the way in which the Clinic can deal with them.

"In the first place, there are the children with acute heart disease who need either In-patient treatment at a hospital or treatment in bed at home by the Private Practitioner, and these children are referred accordingly. Then occasionally, there are children with old-standing damage to their heart who need very prolonged rest in bed with skilful nursing; 7 children in this category have been admitted to my ward at the Cheyne Hospital for Children, Chelsea, and I should like to thank the Authorities of that Hospital for their kind co-operation in this matter.

"A third group of cardiac children are those whose hearts are only mildly damaged, and who with careful and specialised convalescence are thought capable of partial or even complete recovery. The unflagging zeal of Miss Lewis of the I.C.A.A. has enabled 19 such children to be received at the various heart homes in the country—West Wickham, Edgar Lee and Lancing. In addition, 21 other rheumatic children have also been sent away for periods of convalescence, while 28 children who were found to be suffering from debility for various reasons have also received convalescence. I should like to express my gratitude to Miss Lewis for her splendid efforts in getting so many children away. The fourth class of cardiac cases comprises those children who are fit enough to live at home and attend either an ordinary school or a Physically Defective School. These children are supervised at the Clinic, being referred to their doctor or hospital when any ailment arises.

"Needless to say, during the course of routine examination at the Clinic other defects of health besides rheumatism are noted. 44 children have been referred for treatment for dental disease; in 25 children the condition of the tonsils and adenoids has been so bad as to necessitate their removal. 1 child was referred for artificial sunlight, and 15 children were sent for treatment at hospital.

"I should like to take this opportunity of thanking the school Authorities for their cordial co-operation in carrying into effect recommendations made from the Clinic. During the year it was necessary to recommend exclusion from school of 55 children. In other cases half-time schooling was advised; while 13 children were recommended for transfer to the Physically Defective School. In all cases these recommendations were quickly carried into effect by the Authorities concerned.

"In the early part of the year, the co-operation of Dr. Hamilton of the Walthamstow Sanatorium enabled some research work to be conducted into the development of hypersensitivity to Haemolytic Streptococcal Antigen by Scarlet Fever patients (the development of such sensitivity in rheumatic children had already been shown by myself and others). I am grateful to Dr. Powell for allowing this work to be undertaken, and to Dr. Hamilton who carried out the major part of the work.

"In order to attempt the prevention of acute Rheumatism on a wider scale the School Medical Service has kindly co-operated in sending to the Rheumatism Clinic such cases of acute sore throats as come to its notice. Throat swabs from these children have been examined in the Research Laboratories of the Hospital for Sick Children, Great Ormond Street, and those children who were found to be suffering from Haemolytic Streptococcal throat infection were kept under observation at the Rheumatism Clinic for a month or six weeks. So far, 45 such children have been under observation. It is hoped to expand this aspect of the work during this coming year.

"The follow-up of all children discharged after Scarlet Fever or Diphtheria, and the reference to the Rheumatism Clinic of any who are found to show any suggestion of early rheumatism has continued. 38 children reached the Clinic in this way, and of these, 24 were kept under observation on account of irregularities in their cardiac action. Some of these proved to be temporary, others have needed prolonged care. It seems likely that this close follow-up of children who have suffered from these infectious fevers will lead to the prevention or amelioration of a certain amount of subsequent rheumatism. This aspect of the work of the Clinic will therefore be continued during the following year.

"In conclusion, I should like to express my thanks to all those who have worked in the Clinic with me, and have contributed so largely to its continued success.

Rheumatism Clinic, 1932.

Number of Sessions	45
,, ,, Attendances	795
,, ,, New cases	298
,, ,, Old cases	497
,, discharged	249
,, still under treatment	183
,, of New Cases with Rheumatic or Cardiac defects	130
,, referred for Hospital as In-patients	5
,, ,, ,, ,, ,, Out-patients	15
,, ,, ,, Tonsils and Adenoids Operation ..	25
,, ,, ,, Dental treatment	44
,, ,, ,, Physically Defective Centre ..	13
,, ,, ,, Sunlight treatment	1
,, excluded from school	55
,, ,, half-time school	1
,, seen after Scarlet Fever	19
,, ,, Diphtheria	16
,, with cardiac defect after Scarlet Fever	10
,, ,, ,, ,, Diphtheria	11
,, seen after Scarlet Fever and Diphtheria ..	3
,, with cardiac defect after Scarlet Fever and Diphtheria	3

Convalescent Home Treatment of Rheumatism Clinic Cases.

Number referred for Convalescent Home treatment ..	85
,, sent away	70
,, refused	5
,, withdrawn	2
,, waiting	8

Prevention of Rheumatism.

Number of children swabbed	48
,, ,, ,, second time	7
,, ,, attended	45
,, ,, re-attended	27
Total attendances	72

9. OPEN-AIR EDUCATION.

(*a*) **Playground Classes.**—Favourable weather conditions for playground classes, physical exercises and organised games are utilised to the utmost.

(*b*) **School Journeys.**—The following school journeys were made during the year:—

School.	Number.	Place.	Date.
Blind and Myope ..	37	Penmaenmawr	1st-15th June.
Shernhall Special ..	36	Boscombe ..	10th-24th June.

(*c*) **School Camps.**—The following particulars are taken from the report to your Authority by your Director of Education:—

"As in previous years, school camps were held at St. Helens (Boys) and Sandown (Girls) during May, June and July. The selection of children was made on grounds of poverty and ill-nourishment and, in accordance with the recommendation of the Committee last year, a questionnaire was addressed to parents as to means, opportunity for holiday, health and habits of the children. Very few criticisms of the method of selection were made, although some children and parents must always be disappointed.

"The following summary gives particulars as to times, numbers, etc.:—

BOYS' CAMP.

Date, 1932.	School.	No.
3rd to 17th June ..	Markhouse Road	24
	Coppermill Road	24
	St. Saviour's	4
	St. Patrick's	3
	North Central	6
17th June to 1st July ..	Marsh Street	20
	William Morris	18
	Winn's Avenue	18
	Selwyn Avenue	4
1st to 15th July	Joseph Barrett	18
	Chapel End	18
	W. E. Whittingham	18
	St. George's	3
	South Central	5
	St. Saviour's	7

"*Girls' Camp.*—The girls attended in groups of 48 under 4 teachers at The Firs, Sandown. This hostel is well adapted to give the girls a good home life and the food and attendance were highly praised by all the teachers in charge.

"The table below gives particulars as to numbers, etc. :—

GIRLS' CAMP.

Period.	School.	No.
13th May to 27th May ..	Mission Grove	22
	Joseph Barrett	21
	St. Mary's C. E.	5
27th May to 10th June ..	Winn's Avenue	17
	Blackhorse Road	16
	St. Saviour's C. E.	5
	South Central	10
24th June to 8th July ..	Chapel End	16
	North Central	10
	Edinburgh Road	22
8th July to 22nd July ..	Coppermill Road	22
	William Morris	15
	Selwyn Avenue	5
	St. George's R. C.	3
	St. Patrick's R. C.	3

"*Educational Arrangements.*—Considerable thought had been given by the teachers to prepare children for their experiences on the way to camp and in the Island. Booklets and Maps were made and issued and information circulated as to the journeys to Osborne House, Carisbrooke Castle, Alum Bay, etc. Definite lessons were given on subjects of topical interest, *e.g.*, seaweeds, shells, light-houses, tides, coast erosion, and so on. Definite times were also assigned to physical training and sea-bathing. Usually about 25 per cent. of the girls learnt to swim during the fortnight. The boxes of books from the School Library were again appreciated and the Games Apparatus proved sufficient. Arrangements, as in past years, were made for (*a*) Bank, (*b*) Library, (*c*) Post Office, (*d*) First-aid and Medical attention. The Ordnance and large scale Maps provided were well used and the visits to the Royal Dock-yards made by all groups on the return journey, thanks to the courtesy and kindness of Lieut. Bates, were events which will be remembered by the Children, particularly the inspection of H.M.S. 'Victory' and the 'Iron Duke.'

"The time-table, modified to suit the circumstances, was as detailed in the 1931 Report.

"*General.*—The accommodation and food were excellent. A separate marquee was provided for the boys' Officers, and improvements in drainage as recommended last year had been carried out. There was no serious case of illness except that one boy had to

return soon after the camp started on account of illness contracted before he went. The general health and cleanliness were even better than last year, but trouble was experienced in three cases of micturition amongst the girls. The railway and transport arrangements worked admirably and no case of accident was reported.

"Each child was examined by a Medical Officer two days before leaving for Camp, and any unfit cases were replaced.

"Unfortunately, in spite of previous warnings by the School Nurses, considerable trouble was again experienced amongst the girls with regard to verminous heads. Several cases were rejected when failure to remedy this condition was found on a second examination on the day before the camp.

"*Finance.*—

	£	s.	d.		£	s.	d.
1931 Balance ..	53	10	11	Maintenance ..	749	2	2
Parents' Contributions	60	12	11	Railway Fares ..	139	7	7
St. Saviour's ..	12	14	7	Insurance ..	12	18	4
Rates	1,000	0	0	Carriage	8	15	0
				Visits, etc. ..	100	17	4
				Kit Bags	1	8	0
				Coats	5	2	0
				Cases for books ..	7	0	0
				Sundry	10	10	5
				Mattresses ..	1	17	6
					1,036	18	4
				Balance, 1932 ..	90	0	1
	£1,126	18	5		£1,126	18	5

"The Committee's thanks are due to all those teachers who discharged their duty to the children in difficult circumstances with the utmost credit to themselves and benefit to the children.

"Visits were paid by the Chairman, Alderman Gibbons, the Town Clerk, Director and School Medical Officer. The visits were extended to Ventnor, where 22 beds are occupied by Walthamstow children in beautiful and healthy surroundings.

"All children were medically examined and weighed before and after camp, and the results were as summarised in the following Table:—

RESULTS OF WEIGHING CHILDREN BEFORE AND AFTER SCHOOL CAMPS.

	Boys.			Girls.			
	1st Group.	2nd Group.	3rd Group.	1st Group.	2nd Group.	3rd Group.	4th Group.
Weight Increased ..	30	51	54	21	31	31	31
Average Increase ..	1 lb. 10 ozs.	2 lbs. 5 ozs.	2 lbs. 9 ozs.	1 lb. 9 ozs.	1 lb. 13 ozs.	2 lbs. 1 oz.	1 lb. 10 ozs.
No Change	9	6	2	5	7	8	8
Weight Lost	19	3	6	22	10	9	9
Average loss	1 lb. 3 ozs.	1 lb. 5 ozs.	2 lbs. 6 ozs.	1 lb. 8 ozs.	1 lb. 5 ozs.	1 lb. 9 ozs.	1 lbs. 11 ozs.

Open-Air Classrooms in Public Elementary Schools.—Six open-air classes were available during 1932. The reports of the Head Teachers of the schools concerned were again uniformly favourable as to the good results.

There are no day or resident open-air schools in the Borough.

10. PHYSICAL TRAINING.

Physical training is carried out in all the schools according to the Board's Syllabus, and in addition, three Specialist Instructors are employed.

Well-equipped gymnasia are provided at each of the Central Schools and at the Marsh Street Senior Boys' School. The latter gymnasium is also used by boys attending the Markhouse Road Senior Boys' School.

When remedial exercises are considered necessary by the Medical Staff, cases are usually referred to the Orthopaedic Clinic.

11. PROVISION OF MEALS.

(i) Your Authority provides a mid-day dinner for the children of necessitous parents at the Canteen Centre in High Street. Adequate cooking, service and dining arrangements exist. The menus consist of a joint, vegetables and puddings.

Year.	Number of Children.	Number of Meals.	Average Meals per Child.
1932	758	77,838	102.7
1931	385	42,762	111

The average cost of each meal during 1932 was 4.68d. The increase both in the number of children fed and the number of meals supplied during 1932 will be noted.

Supervision of Dietetics at School Canteen and at Special Schools.—Towards the end of 1931, Miss E. M. Langley, your Authority's Domestic Subjects Instructress at the South Central Girls' Department was, following a six months' course in dietetics, detailed to visit and report on the dietaries at the various schools, etc., where meals were being provided by your Authority.

The first report stated that the various cooks had no special training and no systematic supervision, but, considering these drawbacks, the work done was satisfactory.

Following the report, your Authority decided to allocate 30 days annually of Miss Langley's time to regular and detailed supervision of the Feeding Centres.

The average cost per meal for the period September 27th to 26th February, 1932, varied from 3.71d. at Shernhall Street School to 5.31d. at Joseph Barrett School.

The reports for November, 1931, for the School Canteen showed that the excellent hand-washing facilities provided were not being fully utilised, that there was an insufficient supply of hot water, and that the existing menus were badly balanced. The oven space was over-taxed. Many children were found suffering from spots which were thought to be possibly due to deficiency of anti-scorbutic vitamin which had been entirely omitted throughout one week. There was lack of variety, too little steaming, too much stewing, and too much food which required no mastication.

A report on the feeding at the Myope Centre showed similar deficiences, and in particular, the paucity of the anti-ophthalmic vitamin which should be excessive at such a Centre.

The report on the feeding at the Physically Defective Centre showed a similar state of affairs with a marked deficiency of the anti-rachitic vitamin D, which should be well supplied in such a school.

The report on the conditions at the Shernhall Street Special School also showed that too much starchy food was in use, deficiency in greens and vegetables, and the necessity for increasing the supply of vitamins by menus with a better variety of vegetables.

Following her inspections, Miss Langley then drew up Summer and Winter Menus covering two weeks, and although basically similar, there were the necessary variations in the case of the Myope and Physically Defective Schools. Subsequent demonstrations and inspections showed the new menus to work well in practice, meals were being served in better tune, and children were enjoying their food better and asking for more.

Following the re-organisation of the menus Miss Langley has interviewed and obtained the co-operation of parents of children attending Special Schools on account of special diseases. Thus; special diets have been drawn up for children suffering from the following conditions:—Epilepsy, Kidney disease, Heart disease and malnutrition. It is hoped to develop this particular phase of skilled dietetic supervision but, unfortunately, in one case of Epilepsy, the parents have already failed to continue the necessary co-operation in the home.

(ii) Milk was supplied to 592 children on medical grounds on the recommendation of the Medical Staff after the examination of children either at School or at Clinics, the total number of meals being 60,227. The number of children supplied during the preceding year was 526.

In addition, 31 children were supplied with milk on the recommendations of the Tuberculosis Officer.

(iii) *National Milk Publicity Council's Scheme.*—The provision of milk under this Scheme appears to be well maintained, and is in every way to be commended. All milk supplied under the Scheme is required to be pasteurised. The adoption of the Scheme in those schools which have not yet made arrangements is strongly urged.

12. SCHOOL BATHS.

There is no School Swimming Bath in your Authority's schools, but good use continues to be made of the Municipal Baths under the supervision of the Committee's Swimming Instructor.

13. CO-OPERATION OF PARENTS.

The importance of securing the attendance of parents at medical inspection cannot be over-estimated. Written notifications are sent by the Head Teachers inviting them to be present. The Medical Inspector is then able to explain the importance of remedying any defect found.

The following Table shows the attendance of parents during 1932:—

Boys.

	Number of Inspections.	Number of Parents.	Per cent. 1932.	Per cent. 1931.
Entrants	741	596	80.4	85.3
Intermediate ..	736	527	71.6	67.8
Leavers	1201	424	35.3	37.4

Girls.

	Number of Inspections.	Number of Parents.	Per cent. 1932.	Per cent. 1931.
Entrants	736	655	88.9	87.0
Intermediate ..	717	572	79.7	77.3
Leavers	1178	667	56.6	57.6

14. CO-OPERATION OF TEACHERS.

Renewed and grateful acknowledgment must be given for the co-operation of Head Teachers, upon whom a great deal of the success of the School Medical Service depends. They have again helped generously in the preparation for medical inspection and re-inspections, in assisting in the following-up necessary for the remedy of defects, in allowing the use of their private rooms for inspection, and in the reference of all known cases of minor ailments for treatment at the School Clinics.

Many minor ailments occur between the visits of the Medical Inspectors to the schools, and the continued co-operation of the Teaching Staff in sending such cases for treatment, either to the family doctor or to the Clinics, is earnestly requested. The importance of immediate treatment for such serious conditions as discharging ears, and squints, cannot be over-estimated. These defects can obviously be detected quite easily.

During the year your School Medical Officer attended a meeting of the Walthamstow Head Teachers' Association and a discussion was held on the "School Medical Services." It is hoped that the frank exchange of views will lead, if possible, to even smoother co-operation than in the past.

15. CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

The Attendance Department, under Mr. S. J. Longman, Superintendent Attendance Officer, has again co-operated most generously along the lines detailed in the 1931 report.

16. CO-OPERATION OF VOLUNTARY BODIES.

(*a*) The Invalid Children's Aid Association, through its Secretary, Miss D. A. Lewis, has given invaluable help, notably in respect of the Rheumatism Clinic, of arranging for Convalescent Home Treatment at St. Catherine's Home, Ventnor, and of after-care visiting in connection with children attending the Physically Defective School and Brookfield Hospital. Miss Lewis has kindly contributed the following statistics relating to the work of the Walthamstow Branch during 1932:—

TABLE OF CASES, 1932.

Referred by:—

School Medical Department	238
Medical Men, Hospitals, Dispensaries ..	131
Tuberculosis Dispensaries	28
School Officials	29
I.C.A.A.	5
C.O.S. and other Voluntary Bodies ..	7
Parents	6
Others	2
Total	446

Defects:—

Tuberculosis	2
Anaemia and Debility	62
After-effects of Illness	36
Marasmus and Malnutrition	4
Disease of Glands, non-tubercular	9
Pneumonia Bronchitis and Asthma, etc.	65
Bones, non-tubercular	99
Congenital Deformities	33
Paralysis	25
Injuries	7
Rheumatism, Chorea, Heart	60
Diseases of nervous system	12
Mentally Deficient	1
Hernia	3
Diseases of the Eyes	5
,, Nose and Throat	8
,, Ears	3
,, Digestive Organs	4
Various	8
Total	446

HELP GIVEN TO OLD AND NEW CASES.

	Old.	New.	Total.
Sent to Special Hospitals and Convalescent Homes	57	241	298
Extensions from previous years	87	—	87
Provided with Surgical Boots and Appliances	100	37	137
Provided with Massage and Exercises	—	4	4
Referred for visiting and advice	64	79	143
Referred by I.C.A.A. to other Agencies	5	7	12
Visits *re* clothes	2	4	6
Total	315	372	687

Total number of Home Visits .. 1,065

One child was sent away for training. Clothes are now supplied at several Convalescent Homes. Eighty-one children were away at the end of 1932, as compared with 87 at the end of 1931.

(*b*) Inspector Francis, of the South West Essex Branch of the N.S.P.C.C. contributes the following statistics and notes relating to the work done during 1932:—

No. of Cases.	Nature of Offence, etc.		How dealt with.	
198	Neglect	106	Warned and Advised ..	195
	Advice sought ..	42		
	Ill-treatment ..	26	Prosecuted and Convicted	3
	Various	24		

"Supervision visits totalled 626, involving 283 boys and 295 girls, including 75 pre-school children. Six cases were referred to Brookfield Hospital."

(*c*) **Central Boot Fund Committee.**—The Honorary Secretary, Mr. A. J. Blackhall, has very kindly sent the following account of the work of the Boot Fund during 1932:—

"During the year 1932, the number of pairs of boots distributed was 825 at a cost of nearly £300. This is an increase of 225 pairs on the preceding year.

"The distribution of footwear was withheld again this year after the Whitsun holidays owing to adverse financial position caused by the extraordinarily heavy demands on the Fund through increased distress in the Town. The distribution was recommenced on the 1st October, 1932.

"The Committee accepted contracts at reduced prices from local firms; and from the particulars obtained with regard to distribution, it would appear that the Committee's policy in allowing parents the choice of shoes was amply justified."

(*d*) The Secretary of the Essex Voluntary Association for Mental Welfare, Miss Turner, sends the following report which covers the work of the Walthamstow Committee:—

"The Association, which exists to help and befriend all mental defectives has undertaken certain duties at the request of the Essex County Council, notably the supervision of defectives placed by them under statutory supervision in their own homes.

"This work, which is carried out with the help of local voluntary visitors, is in Walthamstow done in large measure by the Walthamstow Local Mental Welfare and After-Care Committee under the Chairmanship of Mrs. Fellowes. The Honorary Secretary is Mr. L. F. Bristow.

"In Walthamstow there are:—

61 patients under Statutory Supervision;
2 on licence from Certified Institutions;
2 under Orders of Guardianship; and
176 children and young adults under friendly supervision.

"The two occupation Centres for defectives held at The Settlement, Greenleaf Road, Walthamstow, have continued to meet the need of a considerable number of defectives. Particulars are as follows:—

"*Children and Elder Girls.*—Mornings: Supervisor, Mrs. Louis. Twenty-six children of various grades and ages have attended. The parents of children who have been excluded from the Special School because of unsuitable grade to be with the other children are encouraged to send them to the Centre—the defective is then no longer solitary at home and resentful, perhaps, that he is different from his brothers and sisters, but is once again a member of a community in which he has his place; his mother is relieved for a few hours from caring for him and is then able to get on with her work, and the defective is taught physical control and such handwork as he can accomplish, working in stages from very simple beginnings. All the children enjoy the physical work and music which is a large part of their daily programme. Although allowance must be made for imperfect work, we aim at producing saleable articles whenever possible.

"*Summer Outing.*—On Thursday, 30th June, a party of 17 children were taken to Epping Forest. The picnic began by lunch at the Centre when the morning session was over. The 'cream' of the outing was boating on the lake.

"*Christmas Party.*—In December a most enjoyable party was arranged by the Walthamstow Committee, when each child received a gift. Thanks are due to those who made the party a success.

"*Boys' Handicrafts Class.*—Afternoons: Supervisor, Miss Carter. Twenty-two boys have attended during the year. About 12 boys form the nucleus of the class, and attend regularly; others get into work temporarily but return with manly 'airs' whenever unemployed; sometimes they rely on the Supervisor to find them fresh jobs.

"The chief occupations are woodwork, brushmaking and matmaking. Orders are eagerly sought and gladly received, but as articles are completed rather slowly indulgence has to be asked. The boys receive half the profit as pocket money (in calculating

profit only the cost of materials in the finished article is taken into account; the rest of the profit is put towards the cost of spoiled materials). An excellent rabbit hutch, a commodious cupboard, and window-boxes, etc., have been made recently.

"*Summer Outing.*—On 16th July a party of ten boys was taken to Leigh-on-Sea, this being a very 'independent' outing, as some of the boys paid their own fares out of their earnings. They behaved splendidly and enjoyed the day.

"*Christmas Outing.*—On 5th January the boys were taken by Mr. Bristow to the Circus, where seats had been booked by him. This is still a topic of unfailing interest and we are very grateful to Mr. Bristow and the local Committee for making and carrying out the arrangements."

(*e*) The following information has been extracted from the Annual Report of the Walthamstow Association of Tuberculosis Care Helpers for the year ending 31st March, 1932. The Association made the following grants in respect of children:—

Nourishment, 43; Christmas grants, 34; cases sent to Convalescent Homes, 25. In co-operation with the Education Committee, 23 cases were recommended for Convalescent Home Treatment and 35 for milk at school.

(*f*) Co-operation with Brookfield Orthopaedic Hospital and with the Walthamstow Dispensary in respect of treatment for Tonsils and Adenoids is acknowledged elsewhere.

17. BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

Table 3 at the end of the Report gives a full analysis of all exceptional children in the Borough.

(*a*) The ascertainment of such children continued along the lines detailed in last year's Report.

(*b*) Mentally Defective Children not in Special Schools are supervised by the Essex County Council, the local Mental Deficiency Authority, in the case of idiots and imbeciles, and ineducable mental defectives. An Occupation Centre is provided by the Essex Voluntary Association for Mental Welfare. The work of this Association is reported under Section 16 (*d*).

(*c*) General review of the work of the Authority's Special Schools:—

(i) *Blind School.*—Your Committee provide a Blind School at Wood Street with accommodation for 85 children of both sexes. The following table shows the classification of children attending the school at the end of 1932, and has been supplied by the Head Teacher, Miss Balls:—

	"Blind within the Act."		"Partially Blind."	
	Walthamstow.	Other Authorities.	Walthamstow.	Other Authorities.
Boys ..	3	2	24	3
Girls ..	6	5	22	10
Total ..	9	7	46	13

The work done at the school is detailed in previous Annual Reports and in the following interesting report of the Consultant Ophthalmic Surgeon, Mr. H. J. Taggart, F.R.C.S.:—

"On December 31st, 1932, 32 boys and 43 girls were on the roll of the Myope School. The following is a classification of their visual defects:—

	Boys.	Girls.
High Myopia (Simple)	13	20
High Myopia and Nystagmus	2	2
High Myopia and partial dislocation of lenses	1	1
High Myopia and Corneal Nebulae ..	—	1
High Myopia and Albino	—	1
High Hypermetropia and poor visual acuity	3	1
Corneal Opacities and Synechiae resulting from phlyctenular disease, ophthalmia neonatorum and interstitial keratitis	2	5
Congenital Cataracts	1	4
Nystagmus	5	1
Nystagmus and Albino	1	1
Nystagmus and old retinal haemorrhages	—	1
Nystagmus and congenital cataract ..	—	1
Buphthalmos	1	—
Congenital Coloboma of iris and choroid	1	1
Optic Atrophy	1	1
Double Macular disease	—	1
Anophthalmus (following operation for double glioma	1	—
Mirror writing	—	1

"The progress of the children has been satisfactory. Miss Balls and her staff have, as usual, been ever ready to co-operate

in carrying out suggestions and treatment. It is noteworthy that a high standard of education has been achieved in every case with little or no increase in the impairment of vision. A considerable number of cases have been admitted during the year to the Western Ophthalmic Hospital for operation."

Miss M. L. Balls, the Head Teacher, has kindly sent the following notes:—

"It will be readily understood that great care is required in arranging suitable instruction for children of all ages handicapped by various forms of Eye Disease. The aim of the school is, that the children receive the maximum amount of instruction with the minimum use of sight.

"The children are divided into two groups:—

1. Partially sighted.
2. Those 'Blind within the meaning of the Act.'

"The Partially sighted children use their eyes in doing their work; reading and writing very large type, seated before blackboards, or large type books, which are in an upright position, and so require no head bending on the part of the child.

"Selected passages for reading are written on black paper by the teacher, and then the boys copy these lessons, printing them with large rubber type. The bookbinding class then binds the printed sheets. In this way the school is accumulating a variety of suitably printed books. Arithmetic exercises are dealt with in a similar manner.

"After a course of typewriting lessons, the senior classes are able to typewrite their essays; the junior children write on blackboards or on large sheets of black paper.

"Those children who are 'Blind within the meaning of the Act' number 16 at present. They are taught the Braille System of reading and writing, and use the Taylor Frame for working their Arithmetic Exercises. As the children are not permitted to read books printed in ordinary type, the teacher reads some standard work of literature to them for about half an hour daily. The important news is read aloud each week. Oral lessons in history, geography, hygiene, nature study and citizenship are given, scripture history of course being taught in the time set apart for it. The instruction given follows the same lines as that given in an Elementary School.

"In addition to the ordinary School Curriculum, various forms of Manual work are undertaken.

"Printing, bookbinding, brushmaking, staining and polishing are taken by the boys, whilst the girls learn hand knitting, machine knitting, cardboard modelling and raffia work. In addition all the children do gardening, clay modelling and free-arm drawing. The 'Braille' children also learn chair-caning, rush seating and cane weaving.

"In order that the younger children may come into closer contact with normal children of their own age and attainment, the juniors attend the adjacent Elementary Schools for lessons in history, geography and nature study. The seniors take all their lessons at the Myope Centre.

"Since many of the children are suffering from Progressive and High Myopia, the avoidance of detached retina is guarded against in the Physical Training by a special adaptation of the Board of Education Drill Syllabus whereby all exercises including violent movements, jerking, jumping and bending, are rigidly excluded, and the gentler forms of exercise indulged in. Dances of a suitable nature are also learned, and outdoor and indoor games taught.

"During the past year, two members of the Staff left the service of the Walthamstow Education Committee to take up similar posts in the Provinces. Their places are suitably filled.

"During the month of June, a school journey to North Wales of a fortnight's duration was undertaken, forty children in the care of two teachers making up the party. Very comfortable accommodation was found and the children spent a delightful fortnight at Penmaenmawr, visiting Conway, Bangor, Anglesey, Caernarvon, Chester, Llanberis and Snowdon, Llandudno and Great Orme. Preparatory lessons on the history and geography of North Wales had been given beforehand so that the children could obtain the maximum benefit from the journey not only physically, but educationally.

"Upon their return essays were written on the various trips and adventures, and each child made a picture card album of all the views he or she had collected.

"After the Summer vacation the weather was suitable for classes to be held in the open, and lessons on the two lawns were very much appreciated. The garden produce was collected and formed part of the school dinners, and the school gardens were trenched and manured during the Autumn. Bulbs were planted and are now in flower.

"At Christmas the children performed the play 'The Pied Piper' and an Exhibition of school work was much admired.

"Of the children who left the Centre during the year, one is to receive workshop training at the Institution of the London Society for Training the Blind, at Swiss Cottage, and all the others are in suitable employment."

(ii) *Deaf Centre.*—Mrs. Smith, the Head Teacher, kindly reports as follows:—

"Your Authority has provided a school for Deaf and Aphasic children for the last 32 years, although it is very little known by the residents of the Borough. There is accommodation for 20 children. At the end of 1932 there were 21 children on the roll. They are classified as follows:—

	Deaf within the Act.		Partially Deaf.		Aphasic.	
	Walthamstow.	Other Authorities.	Walthamstow.	Other Authorities.	Walthamstow.	Other Authorities.
Boys ..	5	—	1	—	3	1
Girls ..	7	—	2	—	2	—
Total	12	—	3	—	5	1

"The work throughout the school has been successfully carried on. The lip-reading of the senior class has been exceptionally good.

"During the year three boys and one girl have left. Two boys are placed in good employment and are doing well, the girl has been promised work in a week or two. We have not been able to place the one aphasic boy on account of his great physical disabilities."

(iii) *Physically Defective School.*—Your Authority provides a Physically Defective School with accommodation for 80 pupils of both sexes.

The school is under the orthopaedic charge of Mr. B. Whitchurch Howell, F.R.C.S., Consulting Orthopaedic Surgeon, who reports as follows:—

"The statistical report which follows shows the scope of the work and the increase in the numbers attending.

"Further co-operation is needed between the clinic and the Infant Welfare Centres and the local Medical Practitioners, and I have no doubt that this will soon be secured."

Miss Theobald, C.S.M.M.G., presents the following table:—

JOSEPH BARRETT PHYSICALLY DEFECTIVE CENTRE ORTHOPAEDIC SCHEME.

Defects.	Boys.			Girls.		
	5—16 Years.	Under 5 Years.	Over 16 Years.	5—16 Years.	Under 5 Years.	Over 16 Years.
Anterior Poliomyelitis ..	16	1	5	17	—	13
Rickets	3	36	—	—	21	—
Congenital Dislocation of Hip	—	—	—	3	1	—
Tubercular Joints ..	13	—	1	4	—	1
Foot Deformities ..	26	10	—	27	10	—
Erb's Paralysis	—	—	—	1	—	—
Pseudo Hypertrophic Paralysis	1	—	—	—	—	1
Torticollis	3	1	—	2	2	—
Genu Valgum and Varum	6	11	1	4	6	—
Congenital Defects ..	4	1	—	2	1	—
Cerebral Ataxia	3	—	—	1	—	—
Spastic Paralysis ..	7	3	—	11	2	1
Scoliosis, Kyphosis, Lordosis	8	3	—	21	3	1
Arthritis	3	—	—	2	—	—
Fractures	2	1	—	—	—	—
Kohler's Disease ..	1	—	—	—	—	—
Pseudo Coxalgia	1	—	—	—	—	—
Spina Bifida	1	—	—	1	—	—
Osteomyelitis	3	—	—	—	—	—
Epilepsy	1	—	—	2	—	—
Heart Disease	14	—	—	15	—	—
Miscellaneous	8	4	2	7	5	1

Number of Cases seen by the Surgeon:—

From Physically Defective School	94	
From other schools	144	399
Over school age	49	
Under school age	112	

New cases seen:—

School Age	61	128
Under School Age	67	

Total number of examinations made by Surgeon	527
Average number of examinations per session	47.9
Total number of cases discharged from Register	71

Cases discharged from Surgeon and for After-Care only by the Masseuse:—

School Age	25	37
Under School Age	12	

Cases over School Age away training and still on Register ..	4
Number of Attendances for Orthopaedic and Massage treatment (including children of all ages)	3418
Number of Sessions held:—	
For Medical Inspection	11
For Treatment	198
Total number of visits made by the Instrument Maker ..	30

Miss Thompson, Head Teacher of the Physically Defective School, reports as follows:—

"The children in the school are classified as follows:—

	Boys.	Girls.	Total.
Orthopaedic Cases	30	18	48
Cardiac Cases	9	15	24
Other Defects	5	2	7
Totals	44	35	79

"In essentials the school is being carried on as in former years. The art work is showing more progress thanks to the presence of a highly qualified Art Teacher, and this facilitates the placing of children in certain occupations. The children have enjoyed numerous treats, outings and special prizes during the year, and the number of friends outside the school has certainly increased.

"The annual dinner for former scholars was held in February and, in addition to hearing of their progress at work, the Masseuses who kindly attend, are able to note their physical condition. The results are gratifying to those who are in charge of the remedial work.

"Girls, generally speaking, continue to find employment without difficulty. The boys have to be helped by the After-Care Committee more often."

Brookfield Orthopaedic Hospital.—The Orthopaedic Scheme continues to depend for a great deal of its success on Brookfield Hospital, which is provided by voluntary effort. It is a Hospital School recognised by the Board of Education and the Ministry of Health. Thirty beds are provided.

Unfortunately, the work of the Hospital continued to be impeded during the year by a continuation of the Scarlet Fever outbreak which began in the autumn of 1931.

Dr. Griffiths and Dr. Scott of the Ministry of Health Laboratory very kindly continued to examine the many swabs which were sent, and when possible, reported on the type of Haemolytic Streptococci found.

During January a case of Diphtheria was notified and on visiting the Hospital the same day a virulent nasal carrier was found and also removed to Hospital. This series of cases ended in February but another outbreak occurred at the end of April.

The Committee then (at the end of April) decided to close the Hospital (except for 5 patients who could not easily be sent home and who were placed in the Annexe). Complete disinfection and re-decoration was carried out. In July a series of cases of tonsillitis occurred, due to Haemolytic streptococci of the "Franklin" type which rarely produces a rash. In addition, every case showed the presence of Diphtheria bacilli as well, although none of the cases showed any evidence of Clinical Diphtheria. Each patient showed a quick recovery after removal to the Isolation Hospital.

It was then decided to press for parental consent for immunisation against Diphtheria and the work was begun in July with excellent results, inasmuch as every Schick positive patient, after the usual course of injections, gave a negative reaction. One further case of Diphtheria occurred in September, but this patient was the only one in the Hospital whose parents had refused protection.

Miss Theobald, C.S.M.M.G., has kindly summarised the admissions and the operations done during 1932, as follows:—

Admissions (Walthamstow cases only):—	
Under 5 years of age	13
5 years and over	15
Total	28
Number of patients already in Hospital on January 1st, 1932	5

Classification of Defects.	Under 5 years.	5 Years and Over.
Spastic Diplegia	1	1
Friedreich's Ataxia	—	1
Anterior Poliomyelitis	1	4
Paralysis Deltoid (following injury to shoulder	—	1
Osteomyelitis	—	1
Epiphysitis (both shoulders)	1	—
Torticollis	1	3
Polyarthritis (with Genu Valgum)	—	2
Chronic Synovitis knee	—	1
Talipes:—		
(*a*) Equino-varus (Congenital)	1	—
(*b*) Equinus	1	2
(*c*) Varus (A.P.M.)	—	2
(*d*) Pes Cavus	—	1
(*e*) Pes Plano Valgus	—	1
Congenital Deformities:—		
(*a*) Multiple (arms and legs)	—	1
(*b*) Flexion deformity	1	—
(*c*) Pseudo Coxalgia	1	—
Rachitis:—		
(*a*) Genu Valgum	1	1
(*b*) Genu Varum	6	1

Classification of Operations.	Under 5 Years.	5 Years and Over.
Osteotomy:—		
(*a*) Femoral	4	3
(*b*) Cuneiform	—	1
Tarsectomy	—	1
Subcutaneous Tenotomy:—		
(*a*) Sterno-Mastoid	1	3
(*b*) Tendo-Achilles	—	3
(*c*) Tendo Adductors	1	1
Open Elongation, Tendo-Achilles	—	3
Osteoclasis	10	1
Steindlers Operation	—	2
Manipulation:—		
(*a*) Digit, Hand	1	—
(*b*) Foot	1	—
(*c*) Subastragaloid joint	—	1
(*d*) Shoulder joint	—	1
(*e*) Ankle joint	—	1
Exploration knee (Chronic Synovitis)	—	1
Destruction of Epiphysis Fibula	—	1
Total	18	23

Dental Treatment	16
Plaster of Paris:—	
Plaster bed (in suspension)	1
Plaster Spica (*a*) Hip	2
(*b*) Shoulder	1
Splints, Various:—	
(*a*) Following operation by Surgeon	33
(*b*) By Masseuses	17

(iv) *Mental Deficiency.—Ascertainment.*—A circular letter is sent out each year jointly by your Director of Education and School Medical Officer requesting Head Teachers to report the names of all children suspected of Mental Deficiency. The attention of Head Teachers has been drawn to the fact that on the one hand considerable waste of time was entailed during 1932 by the reference for examination of children who, on testing, showed high intelligence quotients; thus, of 97 children examined during the year, 29 showed intelligence quotients of 90 or over. On the other hand, several children attending senior schools who had not been previously reported were found to be certifiable.

Reference to the sub-section "Mentally Defective" on Table 3 at the end of the report shows that only 80 cases have been certified in the Borough against an expected number of 137.

Certification.—The School Medical Officer and two of the assistant School Medical Officers are recognised by the Board of Education as Certifying Officers. During the year, 97 children were examined and of these 6 were re-examined. The children were dealt with as follows:—

No.	Classification.	Recommendations.
25	Dull and Backward	To remain in School for the present.
1	Dull and Backward	To be re-examined in 2 years.
7	Dull and Backward	To be re-examined in 12 months.
8	Dull and Backward	To be re-examined in 6 months.
1	Dull and Backward	To see Aural Surgeon.
2	Backward in Reading	To attend ordinary School.
16	Mentally Deficient	To attend Special School.
6	Imbeciles	To be notified to the Essex County Council.
1	Idiot	To be notified to the Essex County Council.
1	Feebleminded. Ineducable ..	To be notified to the Essex County Council.
18	Not Mentally Deficient	—
3	Not Mentally Deficient	To go to Deaf Centre for 6 months.
1	Not Mentally Deficient (Epileptic)	To go to Physically Defective Centre.
2	Border-line Cases	To be re-examined.
1	Border-line Case	To go to Special School on trial.
1	Epileptic	To continue at Physically Defective Centre.
1	Retarded	—
1	Retarded	Improved.
1	Retarded	To return to Infants' School for 12 months.

Mentally Defective School.—Your Authority provide a Special School with accommodation for 130 children of both sexes. An After-Care Committee does excellent work in watching the interests of children after leaving school. At the end of the year there were 30 girls and 41 boys on the roll. Unfortunately, of these, 7 girls and 11 boys had intelligence quotients of between 40 and 50. Close watch is being kept on these low grade children and as soon as marked misbehaviour and failure to progress is noticed, they are excluded from the school which, ideally, should only cater for children with intelligence quotients between 75 and 50.

Miss Purcell, the Head Mistress, has kindly sent the following report:—

"There have been no changes in the curriculum during the past year. At one period, the numbers rose to over 80 and an assistant teacher on supply was allowed, making the mental grading and teaching of scholars easier. Unfortunately, our numbers fell so low again that the extra teacher has been withdrawn.

"During the year there have been:—

	Boys.	Girls.	Total.
Admitted	8	11	19
Re-admitted	—	4	4
Left	10	11	21

"In June, a party of 40 children in charge of the Head Teacher and an Assistant, spent a delightful fortnight at Boscombe. Excellent food and accommodation was provided. In order that each child should see Bournemouth's beautiful fountains illuminated with hundreds of coloured lights at night-time, parties were taken by private cars each week by private arrangement. Even the two crippled children saw the illuminations twice. The weather was ideal, warm and sunny the whole time. Bathing and paddling were indulged in every day, a hut being hired for the purpose.

"Poole, with its beautiful potteries, its interesting quays and shipping, and the sandbanks along to Branscombe Chine were the two extra treats enjoyed by all. Two attendants were permitted by the Committee and greatly assisted in the supervision of personal cleanliness and correct bedroom behaviour. The two journeys were made by road and greatly added to the joys of the holiday.

"Of the scholars who left during the year, 5 boys are in employment and doing well considering the pressure of the times. Two

girls have been sent by the Committee for specialised training to the Greenwood School, Halstead.

Classes for Dull and Backward Children.—The classes for dull and backward children at Markhouse Road Junior Mixed School continue under the Head Master, Mr. H. J. Brooke, and good results have been obtained by individual attention. The most backward members of each class have been examined by the Certifying Officers and found to be not certifiable.

(v) *Stammering Classes.*—The stammering classes were continued on Monday and Thursday afternoons at Marsh Street Schools under the charge of Mr. Bradfield. The results are summarised as follows:—

	Left.			Remaining.		
	Cured.	Nearly Cured.	Good Progress.	Nearly Cured.	Good Progress.	Fair Progress.
Boys (21) ..	2	—	2	6	8	3
Girls (2) ..	—	—	1	—	1	—

(vi) *Convalescent Home Treatment.*—284 children were sent away for Convalescent Home Treatment during 1932. Included in this number were 25 sent away in conjunction with the Walthamstow Association of Tuberculosis Care Helpers. There were 79 children remaining in Convalescent Homes and Hospital Schools in December 1932.

The conditions for which children were sent included the following:—Debility, 93; Heart Disease, 30; Rheumatism, 13; Chest Complaints, 43; Anaemia, 11; Malnutrition, 3.

A total of 22 beds are now retained at St. Catherine's Home, Ventnor; ten for observation or pre-tuberculous cases referred by the Tuberculosis Officer and 12 for other cases. The reserved beds at Hawkenbury have been very valuable and of 11 cases sent 7 have been from the Rheumatism Clinic. A total of 73 children were sent to Convalescent Homes or Heart Homes from the Rheumatism Clinic. The average length of stay in all homes has been 17 weeks 1 day.

A summary of the length of stay and the gain in weight per case has been prepared in 201 of the cases by Mr. Longman. Averaging the results gives the following interesting table which very clearly demonstrates the valuable effect of Convalescent Home Treatment.

Home.	Number of Cases.	Average Stay.		Average Gain.	Maximum Gain.
		Months	Days	lbs.	lbs.
Banstead	2	4	17	3¾	4
Clevedon	3	4	23	2½	3½
Dedisham	1	4	—	5	5
Edgar Lee	2	6	—	8	10
Godalming	15	7	16	12	33½
Hawkenbury	9	3	4	8½	15
Sr. Patricks	32	3	22	6	13
Suntrap..	5	4	19	12	21
Kearsney	5	4	—	6	14
Kemp Town	9	2	12	9	18¾
Lancing	13	4	22	10	22
Ramsgate	2	2	—	5¾	7½
Seaford	5	4	—	7	9½
Ventnor	55	4	8	6½	28
Westgate	24	3	12	5½	13
West Wickham ..	9	5	12	6	13
Woodford	5	6	—	6½	9
Worthing	5	3	—	6	12
Total and Averages ..	201	4	6	7	—

No case of failure to gain weight was recorded.

It will be realised what an enormous amount of work has resulted for Mr. Longman and for Miss Lewis of the local branch of the Invalid Children's Aid Association.

18. NURSERY SCHOOL.

The routine medical supervision detailed in last year's Report has again been found to work well in practice, and has been continued during 1932, except that children are now admitted directly to the School each morning and the School Nurse only examines those children who are specially brought to her notice by the class teachers. This enables the supervision to be more thorough and the change has worked well in practice.

The School Nurse who supervises this School has paid 41 special visits to discuss with the parents their reasons for withdrawing children from school after their initial enrolment.

Miss Richards, the Head Teacher, reports as follows:—

"In reviewing the work of the past year, the variability of the attendance is an outstanding feature. During the spring and summer months the attendance was good and the enrolment higher than it has been hitherto, but a very definite falling off of numbers in

attendance and numbers on roll was noticeable towards the end of October. It is thought that this decrease in numbers is partly attributable to the prejudice of many of the mothers to open-air conditions during the winter, but an outbreak of whooping cough early in October with the necessary six weeks absence, and in the case of contacts, even longer periods, has done much to pull down the attendance during the winter months.

"There have been isolated cases of Scarlet Fever, Mumps, Chicken Pox and Diphtheria throughout the year but no epidemic development. The danger of Diphtheria germ carriers was commented upon by the Medical Officer and treatment was attempted by means of nasal spraying.

"In view of many children being infested with fleas in the Autumn a monthly disinfection of all beds and bedding was effected by the Public Health Department. This, together with the regular observation of children's heads by the School Nurse, has done much towards overcoming this danger.

"There was a longer spell of really warm sunny weather this year than during the summer of 1931, and sun suits were worn constantly for some weeks. It is pleasing to be able to record that there was practically no opposition on the part of the mothers to either "sun bathing" or "spray bathing" as in previous years, but it was felt that the children would enjoy "spray bathing" more if it could be arranged for this activity to take place out-of-doors.

"A more palatable brand of Cod Liver Oil Emulsion was used towards the end of the year. All children considered to need this preparation were given it. The teeth of all the children attending were examined by the Dentist in November who reported a big percentage of unsound teeth and faulty dentition. This was attributed to excess of sugar in the diet, but it is felt that cheap sweets given to the children by their mothers is largely accountable. Efforts to prevent them doing so have been made, but it is difficult to control what goes on out of school hours."

19. SECONDARY SCHOOLS.

The Authority for the provision of Secondary Schools in your Borough is the Essex County Council.

20. CONTINUATION SCHOOLS.

There are no Continuation Schools in the Area.

21. EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

(i) and (ii).—The work of the Juvenile Employment and Welfare Committee is referred to in the following report by Mr. R. Dempsey, the Juvenile Employment Officer:—

"The Committee met on 10 occasions during the year, and it is with regret that they report very little improvement in the employment position of the district which comes under their supervision, which is, roughly, Walthamstow and Chingford. In many respects the year under review is the worst year experienced by the Bureau since it was opened, although the number of individuals who received Unemployment Benefit differs very little from the number of the previous year. The most difficult part of the work has centred round the boys and girls who had received some form of Higher Education and thereby remained at school until 16 or 18 years of age. In the past the majority of these pupils obtained employment without the help of the Bureau, but they are now obliged to seek assistance.

"*Unemployment Insurance.*—The number of new entrants to Unemployment Insurance at 16 years of age was 1,686, a drop of 354, which is a reflection of the birth rate during the war year, 1916.

"The total number of Unemployment Books exchanged at the Bureau during the year was 2,710, compared with 2,439 during the previous year.

"The following statement shows the number of individual payments which were made at the Bureau in respect of Unemployment Insurance during the year, and the total amounts paid:—

Period.	Amount Paid.	Individual Payments.		
		Boys.	Girls.	Total.
	£			
January to June	1058	2237	954	3191
July to December	673	1381	737	2118
Totals	£1731	3618	1691	5309

"*Junior Instruction Centres.*—The Centres which were opened in January, 1931, continued during 1932. In January the girls' section was re-opened with Mrs. Harrison in charge, but the numbers dropped again, and it was found necessary to close the afternoon class. The morning class continued until November. The boys' classes, under Mr. O'Sullivan, were held throughout the

year in morning and afternoon sessions. A new feature since March, 1932, was the introduction of a class in gardening, a piece of waste land adjoining the Centre being used for the purpose. During the year 900 individual claimants to Unemployment Benefit attended the Centre and the Committee is very well satisfied with the work which is being done, and have ample evidence that they are serving a very useful purpose.

"*Registrations for Employment.*—The registrations at the Bureau during the year were:—

	Boys.	Girls.	Total.
Insured Persons (over 16 years) ..	474	427	901
Not Insured (under 16 years) ..	524	474	998
And the re-registrations were:—			
Insured Persons	811	392	1,203
Not Insured..	581	526	1,107
Total Registrations ..	2,390	1,819	4,209

"*State of Unemployment.*—The following figures, which were extracted on the first Monday of each month, give an indication of the state of unemployment at various periods of the year:—

	Number Remaining on the Register.		
Week ending—	Boys.	Girls.	Total.
4th January	176	119	295
1st February	195	149	344
7th March	184	100	284
4th April	231	111	342
2nd May	194	90	284
6th June	147	88	235
4th July	124	77	201
1st August	140	104	244
5th September	185	101	286
3rd October	186	71	257
7th November	119	69	188
5th December	126	60	186

"Employment was found for 350 boys and 390 girls during the year. The number of vacancies notified to the Bureau was much lower than any previous year of the Bureau's existence. This, together with the increased number of young people who desired

assistance in obtaining clerical vacancies which scarcely existed, made the year under review a most difficult year for the staff and there is no prospect of any improvement during 1933.

"*Open Evening.*—The Executive Officer continued during the year his practice of attending at the Bureau on one evening a week for the special purpose of seeing parents and others who desired advice and were unable to call during ordinary office hours. A large number of parents have taken the opportunity to talk over the future of their boys and girls with Mr. Dempsey, and the Committee feel that it is in this section that the real choice of employment work of the Bureau can be carried out, and parents are strongly recommended to take advantage of the opportunities offered to them."

(iii) *Employment of Children (Street Trading Byelaws).*—189 children were examined by the Medical Staff under the Employment of Children Byelaws, and all were passed as fit for employment except one.

22. SPECIAL ENQUIRIES.

Dr. Clarke has investigated the amount of sleep obtained by 4,000 children of various ages and contributes the following interesting Report:—

"Many cases of debility in school children are largely due to insufficient sleep. The children go to bed at their own time and no proper rest is insisted upon. Parental discipline is slack in these cases and the child is treated as an adult from whom one would expect common sense. Parents need trained guidance in this matter as the child's health, happiness and progress at School are largely dependent upon a due allowance of sleep and the tiresome child is very often only a tired child. Such children cannot receive full advantage from schooling and are generally easily recognised by their lack of mental and physical alertness. The first and best person to take care of the child is the parent and the responsibility for the child's health and happiness is primarily his, but by persistent supervision and advice at school clinics, medical inspections, etc., we are helping to lay the foundations of a healthy and happy life for the child, as so much ill-health in the adult is due to neglect of simple rules of health during school life and is preventable and largely within our control.

"An investigation into the hours at which 4,000 school children habitually went to bed during the winter months revealed the following interesting information which I have set out in tabular form:—

	6.30 to 7 p.m	7-8 p.m.	8-9 p.m.	9.30 p.m.	10 p.m.	10.30 p.m.	11 p.m.	11.30 p.m.
Infants' Schools (Boys and Girls ages 5-6 years)	279	132	27	2	—	—	—	—
Junior Schools .. (Boys and Girls ages 7 to 11)	161	610	592	67	66	21	3	—
Senior and Central Schools .. (Boys and Girls ages 11 to 15 years)	51	89	869	562	408	90	15	2

"Most medical authorities agree that the child in the infant school should have 11 to 12 hours unbroken sleep; in the junior school 10 to 11 hours, and in the senior schools, 9 to 10 hours. As will be seen by the above table, of 440 infant school children investigated, 29 or 6.5 per cent. habitually went to bed later than 8 p.m. In the junior schools, of 1,560 children investigated, 157 or 10 per cent. habitually went to bed later than 9 o'clock. In the senior and central schools, of 2,020 children investigated, 107 or 5.2 per cent. habitually went to bed later than 10 p.m. That 131 children habitually went to bed at 10.30 p.m. and later suggests parental negligence.

"It is generally agreed that the London school child is better nourished, better cared for in personal cleanliness and in better health generally than ever before.

"The average parent, is, as a rule, well informed as to the vital importance of good food, exercise and fresh air for the well-being and development of the growing child, but seems to be less well-informed as to the equal importance of a sufficiency of sleep and its effect upon the general health, and it is only by persistent supervision and advice that we can secure for the growing child an adequate amount of rest. I wish to express appreciation of the help given by the Head Teachers who assisted me in this investigation."

23. MISCELLANEOUS.

Dental Demonstrations.—The Dental Exhibit provided by the Dental Board of the United Kingdom was demonstrated to 27 Departments over a period of 10 school days. Lady demonstrators gave simple talks on Dental Hygiene and explained the exhibit, which consisted of a series of models showing the development and eruption of the teeth, their structure and the diseases to which they are liable.

TABLE II.

A.—Return of defects found in course of Medical Inspection in 1932.

Defect or Disease.		Routine Inspections.		Special Inspections.	
		Number of Defects.		Number 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
Malnutrition		2	—	30	—
Skin.	Ringworm, Scalp	1	—	22	—
	,, Body	2	—	21	—
	Scabies	—	—	27	—
	Impetigo	15	—	306	—
	Other Diseases (Non-Tuberculous)	37	—	230	—
Eye.	Blepharitis	20	—	53	—
	Conjunctivitis	8	—	115	—
	Keratitis	—	—	—	—
	Corneal Opacities	—	—	—	—
	Defective Vision (excluding Squint)	280	25	236	—
	Squint	27	1	24	—
	Other Conditions	8	—	83	—
Ear.	Defective Hearing	23	2	15	—
	Otitis Media	41	2	172	—
	Other Ear Diseases	2	2	68	—
Nose and Throat.	Enlarged Tonsils only	41	127	39	4
	Adenoids only	7	27	2	—
	Enlarged Tonsils and Adenoids	5	13	10	1
	Other Conditions	28	—	371	—
Enlarged Cervical Glands (Non-Tuberculous)		148	17	38	—
Defective Speech		24	5	5	—
Heart and Circulation.	Heart Disease, Organic	34	34	30	—
	,, ,, Functional	26	35	18	—
	Anæmia	41	1	24	—
Lungs.	Bronchitis	94	23	24	—
	Other Non-Tuberculous Diseases	11	3	2	—
Tuberculosis.	Pulmonary, Definite	—	—	—	—
	,, Suspected	2	—	—	—
	Non-Pulmonary Glands	—	—	—	—
	,, Spine	—	—	—	—
	,, Hip	—	—	—	—
	,, Other Bones & Joints	—	—	—	—
	,, Skin	—	—	—	—
	,, Other Forms	—	—	—	—
Nervous System.	Epilepsy	6	5	2	—
	Chorea	2	2	13	—
	Other Conditions	—	1	—	—
Deformities.	Rickets	—	2	—	—
	Spinal Curvature	4	2	1	—
	Other Forms	1	—	21	—
Other Defects and Diseases		97	19	1519	—

B.—Number of Individual Children having Defects which required Treatment (Excluding Uncleanliness and Dental Diseases.)

Group.	Number of Children.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
1	2	3	4
Code Groups:—			
Entrants	1477	105	7.10
2nd Age Group	1453	145	9.97
3rd Age Group	2379	245	10.29
Total (Code Groups)	5309	495	9.32
Other Routine Inspections	565	33	5.84

The demonstrations were well appreciated and your Committee have decided to invite the Board to repeat them annually.

Medical Examinations.—The following examinations were made during 1932 by the medical staff:—

	New Appointments.	Prolonged Absences.	Others.
Teachers	30	8	—
Cleaners	4	4	—

The total of 46 medical examinations compares with 99 during 1931.

24. STATISTICAL TABLES.

The Statistical Tables required by the Board of Education follow:—

TABLE I.

Return of Medical Inspections.

A.—Routine Medical Inspections.

Number of Code Group Inspections.				Number of other Routine Inspections.
Entrants.	2nd Age Group.	3rd Age Group.	Total.	
1477	1453	2379	5309	565

B.—Other Inspections.

Number of Special Inspections.	Number of Re-Inspections.	Total.
4637	23007	27644

TABLE III.

Return of all Exceptional Children in the Area.

			Boys.	Girls.	Totals.
Children suffering from multiple defects			—	—	—
Blind (including partially blind).	(*i*) Suitable for training in a School for the totally blind.	At Certified Schools for the Blind ..	3	6	9
		At Public Elementary Schools ..	—	—	—
		At other Institutions	1	1	2
		At no School or Institution	—	—	—
	(*ii*) Suitable for training in a School for the partially blind.	At Certified Schools for the Blind or Partially Blind	24	22	46
		At Public Elementary Schools ..	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
Deaf (including deaf and dumb and partially deaf).	(*i*) Suitable for training in a School for the totally deaf or deaf and dumb	At Certified Schools for the Deaf ..	8	9	17
		At Public Elementary Schools ..	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	(*ii*) Suitable for training in a School for the partially deaf.	At Certified Schools for the Deaf or Partially Deaf	1	2	3
		At Public Elementary Schools ..	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
Mentally Defective.	Feebleminded	At Certified Schools for Mentally Defective Children	34	42	76
		At Public Elementary Schools ..	—	—	—
		At other Institutions	—	2	2
		At no School or Institution	—	2	2
Epileptics.	Suffering from severe epilepsy.	At Certified Schools for Epileptics ..	—	—	—
		At Certified Residential Open-Air Schools	1	1	2
		At Certified Day Open-Air Schools ..	—	—	—
		At Public Elementary Schools ..	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	1	—	1
		..	—	—	—
	Suffering from epilepsy which is not severe.	At Public Elementary Schools ..	—	—	—
		At no School or Institution	—	—	—
Physically Defective.	Active pulmonary tuberculosis (including pleura and intra-thoracic glands).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	2	2
		At Certified Residential Open-Air Schools	—	—	—
		At Certified Day Open-Air Schools ..	—	—	—
		At Public Elementary Schools ..	—	1	1
		At other Institutions	—	—	—
		At no School or Institution	—	—	—

			Boys.	Girls.	Totals.
Physically Defective (continued)	Quiescent or arrested pulmonary tuberculosis (including pleura and intrathoracic glands).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
		At Certified Residential Open-Air Schools	—	—	—
		At Certified Day Open-Air Schools ..	—	—	—
		At Public Elementary Schools ..	6	8	14
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	Tuberculosis of the peripheral glands.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	1	1
		At Certified Residential Open-Air Schools	—	—	—
		At Certified Day Open-Air Schools ..	—	—	—
		At Public Elementary Schools ..	19	15	34
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	Abdominal tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
		At Certified Residential Open-Air Schools	—	—	—
		At Certified Day Open-Air Schools ..	—	—	—
		At Public Elementary Schools ..	4	3	7
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	Tuberculosis of bones and joints (not including deformities due to old tuberculosis).	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	4	—	4
		At Public Elementary Schools ..	10	5	15
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	Tuberculosis of other organs (skin, etc.).	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	—	—	—
		At Public Elementary Schools ..	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	Delicate Children, *i.e.*, all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open-Air School.	At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple Schools ..	3	1	4
		At Certified Residential Open-Air Schools	38	21	59
		At Certified Day Open-Air Schools ..	—	—	—
		At Public Elementary Schools (Open-Air Classes)	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	3	5	8

			Boys.	Girls.	Total.
Physically Defective (continued).	Crippled Children (other than those with active tuberculous disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life.	At Certified Hospital Schools ..	4	4	8
		At Certified Day Cripple Schools ..	27	14	41
		At Certified Residential Open-Air Schools	—	—	—
		At Certified Day Open-Air Schools ..	—	—	—
		At Public Elementary Schools ..	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	Children with heart disease, *i.e.*, children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school.	At Certified Hospital Schools ..	3	9	12
		At Certified Residential Cripple School	—	—	—
		At Certified Day Cripple Schools ..	12	19	31
		At Certified Residential Open-Air Schools	1	—	1
		At Certified Day Open-Air Schools ..	—	—	—
		At Public Elementary Schools ..	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	1	1

TABLE IV.

Return of defects treated during the year ended 31st December, 1932.

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

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
Skin—			
Ringworm—Scalp	23	—	23
Ringworm—Body	23	—	23
Scabies	27	—	27
Impetigo	327	—	327
Other skin disease	234	4	238
Minor Eye Defects (external and other, but excluding cases falling in Group II.)	260	1	261
Minor Ear Defects	255	3	258
Miscellaneous (*e.g.*, minor injuries, bruises, sores, chilblains, etc.) ..	1519	85	1604
Total	2668	93	2761

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

Defect or Disease.	No. of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including Squint) .. .. (Operations for Squint should be recorded separately in the body of the Report.)	383	17	—	400
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ..	28	—	—	28
Total	411	17	—	428

	Under the Authority's Scheme.	Otherwise.
Total number of Children for whom spectacles were prescribed	600	17
Total number of Children who obtained or received spectacles	585	17

Group III.—Treatment of Defects of Nose and Throat.

Number of Defects.

Received Operative Treatment.			Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.		
129	7	136	80	216

Group IV.—Dental Defects.

(1) Number of Children who were:—

(*a*) Inspected by the Dentist:

Routine Age Groups	Aged: 5 .. 2043; 6 .. 2038; 7 .. 2328; 8 .. 2398; 9 .. 2487; 10 .. 2639; 11 .. 2148; 12 .. 1623; 13 .. 1002; 14 .. 179; 15 .. 23	Total ..	18908
Specials		..	1685
		Grand Total	20593

(*b*) Found to require treatment 14026

(*c*) Actually treated 7681

(2) Half-days devoted to:—

Inspection	75	
Treatment	841	
Total		916

(3) Attendances made by children for treatment 8055

(4) Fillings:—

Permanent teeth ..	2226	
Temporary teeth ..	2885	
Total		5111

(5) Extractions:—

Permanent teeth ..	1687	
Temporary teeth ..	8944	
Total		10631

(6) Administrations of general anaesthetics for extractions 4843

(7) Other operations:—

Permanent teeth ..	206	
Temporary teeth ..	727	
Total		933

Group V.—Uncleanliness and Verminous Conditions.

(i.) Average number of visits per school made during the year by the School Nurses 10

(ii.) Total number of examinations of children in the Schools by School Nurses 105390

(iii.) Number of individual children found unclean 1395

(iv.) Number of children cleansed under arrangements made by the Local Education Authority .. .. —

(v.) Number of cases in which legal proceedings were taken:—

(*a*) Under the Education Act, 1921 .. .. .. —

(*b*) Under School Attendance Byelaws .. .. .. —

STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED DURING THE YEAR ENDED 31st DECEMBER, 1932, BY THE LOCAL EDUCATION AUTHORITY TO THE LOCAL MENTAL DEFICIENCY AUTHORITY.

Total Number of Children Notified 10

Analysis of the above Total.

Diagnosis.	Boys.	Girls.
1. (i) Children incapable of receiving benefit or further benefit from instruction in a Special School:—		
(*a*) Idiots	—	1
(*b*) Imbeciles	1	4
(*c*) Others	—	3
(ii) Children unable to be instructed in a Special School without detriment to the interests of other Children:—		
(*a*) Moral Defectives	—	—
(*b*) Others	1	—
2. Feeble-minded Children notified on leaving a Special School on or before attaining the age of 16	—	—
3. Feeble-minded Children notified under Article 3, *i.e.*, "Special Circumstances" Cases ..	—	—
4. Children who, in addition to being Mentally Defective, were Blind or Deaf	—	—
Grand Total	2	8