

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

Contributors

Walthamstow (England). Borough Council.

Publication/Creation

[1934?]

Persistent URL

<https://wellcomecollection.org/works/rzk5rm7s>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution, Non-commercial license.

Non-commercial use includes private study, academic research, teaching, and other activities that are not primarily intended for, or directed towards, commercial advantage or private monetary compensation. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>



Borough of Walthamstow

EDUCATION COMMITTEE

REPORT

of the

School Medical Officer

for the Year

1933





Borough of Walthamstow

EDUCATION COMMITTEE

REPORT

of the

School Medical Officer

for the Year

1933



Commonwealth of Massachusetts

EDUCATION COMMITTEE

REPORT

of the

School Medical Officer

for the year

1933

CONTENTS.

Accommodation	6	Measles	29
After Care	47	Medical Inspection	7
Attendance Officers	43	Medical Examinations	70
Audiometer	18	Medical Treatment	12
Aural Clinic	16	Mental Deficiency	59
Blind School	49	Milk Meals	8, 42
Boot Fund	47	Minor Ailments	10, 13
Brookfield Hospital	34, 58	Mumps	29
Chicken Pox	28	N.S.P.C.C.	46
Clinics, Table of	4	Nursery School	65
Clothing	10	Open Air Education	36
Committee	2	Orthodontic Scheme	3
Convalescent Home Treatment	63	Orthopaedic treatment	11, 23
Co-ordination	6	Parents, Co-operation of	42
Crippling	11, 23	Physically Defective School	54
Deaf School	53	Physical training	39
Defective Children	49	Playground Classes	36
Dental Defects	11, 19	Population	6
Dental Propaganda	23, 66	Re-inspection	7
Diphtheria	28	Rheumatism Clinic	11, 23
Diphtheria Immunisation	33	Ringworm	10, 13
Diastolisation	17	Sanitary Accommodation	6
Ear Disease	11, 16	Scarlet Fever	34
Employment of Children	68	School Journeys	36
Exclusion	33	School Camps	36
Eye Clinic	14	Secondary Schools	66
Following up	12	Skin Diseases	10, 13
Footgear	10	Special Enquiries	67
Health Education	66	Spectacles	14
Hearing	11	Staff	5
Heart Disease	11	Stammering	63
Hospital treatment	15	Statistics	70
Hygiene	6	Teachers, Co-operation of	43
Invalid Children's Aid Assc.	43	Tonsils and Adenoids	15
Infectious Diseases	28	Tuberculosis	12, 27
Introduction	3	Uncleanliness	9
Ionisation	18	Vaccination	35
Malnutrition	7	Visual Defects	10, 14
Massage	55	Voluntary Bodies	43
Meals, Provision of	40	Whooping Cough	29

EDUCATION COMMITTEE

Chairman :

Alderman Mrs. C. McEntee, J.P.

Deputy Chairman :

Alderman H. Frost, J.P.

The Mayor, Alderman B. Cole, J.P., the Deputy Mayor,
Councillor G. R. Lowton, and the Chairman, Finance Committee,
Councillor E. C. Redhead.

Ald. A. Eve, J.P.

Ald. Ross Wyld.

Ald. G. Gibbons, J.P.

Coun. Mrs. L. P. Bailey.

Ald. W. H. Morris.

Coun. A. G. Bottomley.

Ald. Mrs. M. Norrish.

Coun. J. Camp.

Ald. W. H. Shaw.

Coun. W. B. Fitt.

Co-opted Members :

P. Astins, Esq.

W. Lawrence, Esq.

G. A. Bubbers, Esq.

Rev. A. W. Leyland (to April,
1933).

Rev. T. B. Caukwell.

A. C. Lea, Esq. (to May, 1933).

W. J. Green, Esq.

Rt. Rev. Mgr. O'Grady, V.G.

S. G. Haskins, Esq.

Rev. F. Hedger (from April,
1933).

Mrs. E. A. Smith (from January,
1933).

Director of Education and Chief Executive Officer :

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

TO THE CHAIRMAN AND MEMBERS
OF THE
Walthamstow Education Authority.

LADIES AND GENTLEMEN,

I beg to present herewith a report on the work done during 1933 under your Authority's School Medical Service. The report is drawn up on the lines suggested in the Board of Education's Circular dated January, 1934.

Perusal of the report will show that the volume of work has again increased in spite of considerable sickness amongst the Staff. It is my earnest hope that the quality has in no way diminished.

No new extension of service occurred except for the inception of an Orthodontic Scheme under which your Authority agreed that appliances should be supplied to all parents requiring treatment for the regulation of their children's teeth provided that the full cost was paid.

Early in the year an inspection of the School Medical Department was carried out by Dr. Ralph Williams, one of the Inspectors of the Board of Education. A report from the Board later pointed out that a complete scheme would require the appointment of additional Dental and Nursing Staff. The Board also considered that the present arrangements for the Treatment of Tonsils and Adenoids should be revised so that all cases should be done in Hospital. The provision of a new dental recovery room was also suggested and was, in fact, carried out later in the year.

I wish to acknowledge once again the kindness and consideration I have invariably experienced at your hands, the kindly co-operation of your Director of Education and your Superintendent Attendance Officer and the good work of the staff generally.

Acknowledgement is made in the report to those who have contributed as in former years.

I am,

Your obedient servant,

A. T. W. POWELL,
School Medical Officer.

SCHOOL CLINICS

Aural	...	Monday, 2—4.30 p.m.	Lloyd Park.
Audiometer	...	First and Third Wednesday in each month, 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 Centre.
(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	1.30—
		Wednesday	4.30 p.m. Ditto.
		Friday	
		Thursday, 9.30—12.30 a.m.	Ditto.
Rheumatism	...	Thursday, 2—4.30 p.m.	Lloyd Park.
Infectious Disease and Diphtheria Immunisation	...	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— WILFRID P. H. SHELDON, M.D.,
Rheumatism Clinic 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.).

School Nurses.

Miss M. McCABE, S.R.N., H.V. Cert. (1919). (Supt.).

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 H. GURNETT, S.R.N., C.M.B., H.V. Cert. (From
12/6/33).

Miss D. LEGG, S.R.N., C.M.B., H.V. Cert. (To 11/6/33).

Miss M. A. YOUNG, S.R.N., C.M.B., H.V. Cert.

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). (To 3/2/33).

Miss H. E. GARRATT, C.S.M.M.G. (half time).

Miss M. HAYDEN, C.S.M.M.G. (half time). (From 6/2/33).

Clerical Staff.

H. J. SMITH (Chief); G. W. WEST, F. J. AYLWARD, R.A.C.
GREEN, L. RUSHTON, A. T. WADE.

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.

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.

		Boys.	Girls.	Infts.	Mxd.	Seating Accommodation.			
						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

		1933.	1932.	1931.	1930.	1929.
Number of Children on						
Register, Dec. 31st	....	19,633	19,727	19,467	19,432	19,592
Average Attendance....	....	17,402.2	17,290.7	17,994.9	16,972.1	16,734.1
Percentage Attendance	....	88.8	88.5	88.3	87.5	85.7
Population	....	135,010	134,420	132,956	124,800	124,800
Percentage of School Chil-						
dren to population	....	14.5	14.6	14.6	15.57	15.7

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 furnished a full list of the more important work carried out at the schools during 1933 and the following are some of the items :—

Repairs and renovations to Open-Air Classroom at Coppermill Road Schools.

Limewhiting school out-offices generally.

Repairs to tar-paving in playgrounds generally.

Provision of staff W.C. and lavatory at Forest Road Girls' School.

Modernising cloakroom fittings at Forest Road Boys' School.

Providing new lavatory basin ranges at George Gascoigne Girls' School and Forest Road Boys' School.

General overhauling repairs and improvements to heating installation at various schools.

Reviewing the hygienic conditions of the schools generally the standard is well above that usually found in urban areas. As yet there is no school built on the lines of the "Derbyshire" open-air System, but the new Thorpe Hall School will closely approach this. Ventilation, lighting, heating, equipment and sanitation are generally satisfactory.

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:—

	1933.	1932.
Entrants	2,184	1,477
Second age group	1,755	1,453
Third age group	2,072	2,379
Total routine inspections	6,011	5,309
Other ,, ,,	506	569
Special Inspections	3,983	4,637
Re-inspections	28,909	23,007
Total	32,892	27,644

5. REVIEW OF THE FACTS DISCLOSED BY MEDICAL INSPECTION.

(a) **Malnutrition.**—The following is a comparative summary of the findings at medical inspection with regard to those children noted as being of "excellent nutrition." It will be appreciated that this is a very rough and ready classification and will vary with different medical inspections.

		Entrants		2nd Age Group		3rd Age Group	
		1933	1932	1933	1932	1933	1932
Boys	...	86.2	82.5	82.6	84.7	83.5	83.7
Girls	...	88.2	83.6	81.0	80.7	74.0	80.8

The suggestion is that there is better nutrition amongst Entrant boys and girls, and 2nd age group (*i.e.*, 8-year-old) girls. In 12-year-old boys there is practically no change but there was a markedly smaller number of 12-year-old girls noted under this classification.

Turning to the classified findings at medical inspection and at re-inspections, the following are the figures as to malnutrition and associated conditions:—

At medical inspection	...	...	...	...	134
At special re-inspections (<i>i.e.</i> , School Clinics)	...				526
Total					660

The 526 cases consisted of 9 definite cases of malnutrition, 483 cases granted milk meals at school on medical grounds (but not necessarily below weight), and 34 cases of debility.

The total number of school children granted milk during the year was 645 as compared with 592 in 1932 and 526 in 1931, and the number of milk "meals" involved was 93,724, 60,227 and 42,225 respectively.

Your Committee, in September, agreed to a suggestion that the children attending the School Canteen should be weighed and this was done on September 22nd with the following result:—

Number of children over average weight for height and age	96
" " of " " " "	22
" " below " " " "	103
Total ...	221

Percentage below average weight for height and age ... 46.6

It was then decided to supplement the Canteen meals by providing milk meals at school, *i.e.*, one pint of milk per day and to re-weigh all children attending the Canteen at the end of the year.

The second weighing was done on December 18th, and showed the following results:—

Number of children over average weight for height and age	100
" " of " " " "	18
" " below " " " "	116

Percentage below average weight for height and age ... 49.6

Of these 234 children, 135 had been previously weighed on September 22nd and 125 had gained weight (but not necessarily more than the expected average), 4 remained the same and 6 had lost weight ($\frac{1}{2}$, $1\frac{1}{2}$, 3, $6\frac{1}{2}$, 10 and $11\frac{1}{2}$ lbs.) A special examination was offered to the parents in respect of these 6 children.

It was suggested to your Committee that the state of a child's nutrition could not be adequately assessed by comparison with any age/height/weight table, and that it would probably be better to deal with the problem by requesting Head Teachers to refer all cases of suspected malnutrition for special examination at the Clinics. This procedure would afford opportunity to examine each patient in detail.

It is a matter of regret that there is no general agreement as to an easily applied standard for the assessment of nutrition and that there is considerable variation between the various age/height/weight scales in use.

A batch of 40 medical inspection cards of 3rd age group boys (*i.e.*, aged 12 years) selected at random, showed that 26 boys were below the appropriate weight on the age/height/weight scale. A special visit was then paid to the school and seven of these children who were from 5 to 9 lbs. below the average weight for their height and age were stripped and examined. Only one case was suggestive of malnutrition and this boy had a rickety chest. All were children tall for their age, two of the fathers were unemployed.

Further reference to the question of malnutrition and debility is made under the section dealing with Convalescent Home Treatment (*i.e.*, the Priors Croft report).

(b) **Uncleanliness.**—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:—

	1933	1932
Average number of visits per school	4	10
Total number of examinations ...	43,611	105,390
Number of individual children found unclean	1,440	1,395
Percentage uncleanliness	2.2	1.32

The reduction in the total number of examinations is due to the arrangements now in operation at the suggestion of the

Board's Medical Inspector and under which each Department is examined at the beginning of each school term. The fewer number of examinations explains the apparent increase in percentage found unclean. Cases of chronic uncleanliness are followed up in the home and not by repeated inspections at school as previously carried out.

Clothing and Footgear.—The table below gives the figures in regard to Clothing and Footgear:—

Entrants.					
			Clothing Unsatisfactory	Footgear Unsatisfactory	
Boys	...	...	4.6	...	5.8
Girls	...	...	3.7	...	3.8

Second Age Group.

Boys	...	...	1.7	...	1.9
Girls	...	...	4.4	...	3.8

Third Age Group.

Boys	...	...	2.0	...	2.5
Girls	...	...	1.6	...	3.6

(c) **Minor Ailments and Skin Defects.**—The following is the number of skin diseases found during the year:—

Ringworm—Head	...	...	...	11
Body	...	...	...	43
Scabies	...	...	...	47
Impetigo	...	...	...	282
Other Skin Disease	...	...	...	289

The increased number of cases of Scabies is very regrettable and some proved impossible to cure, in spite of in-patient treatment.

(d) **Visual Defects and External Eye Diseases.**—465 defects of Vision required treatment, and 23 required observation. The 1932 figures were 616 and 25 respectively.

In addition, there were 39 cases of Squint found to require treatment and 3 requiring observation.

433 cases of external eye diseases required treatment, including 255 cases of conjunctivitis as compared with only 123 in 1932.

(e) **Nose and Throat Defects.**—The number of cases requiring treatment and observation was as follows:—

	1933		1932	
	TREATMENT	OBSERVATION	TREATMENT	OBSERVATION
Enlarged Tonsils	78	293	80	131
Adenoids	1	5	9	27
Enlarged Tonsils and Adenoids	8	3	15	16
Totals	87	301	104	174

The tendency to refer cases for observation rather than for operation has continued during 1933.

(f) **Ear Disease and Defective Hearing.**—

	1933	1932
Defective hearing ...	30	38
Otitis Media ...	238	213
Other Ear Disease ...	35	70
Totals ...	303	321

(g) **Dental Defects.**

Inspection	Requiring Treatment	Percentage	Actually Treated	Fillings	Extractions	Gas Anæsthetic	Other operations	
933	18912	12630	66·7	7718	6178	10138	4825	1142
932	20593	14026	68·1	7681	5111	10631	4843	933

(h) **Orthopædic and Postural Defects.**—A total of 30 deformities was found to require treatment. The smallness of this number is explained by the fact that nearly every cripple is now being discovered under the Maternity and Child Welfare Scheme, and is receiving treatment either under your Authority's Orthopædic Scheme, at one of the Metropolitan Hospitals or from the family doctor.

(i) **Heart Disease and Rheumatism.**—The findings were as follows:—

	Requiring treatment	Observation
Heart Disease—Organic ...	31	7
Functional ...	32	31
Anæmia ...	58	8
Totals ...	121	46

(j) **Tuberculosis.**—Two cases of glandular tuberculosis were found. As in former years all children suspected either of pulmonary or glandular tuberculosis are referred to the Tuberculosis Officer for final diagnosis and therefore are not included in the findings of medical inspection.

(k) **Other Defects and Diseases.**—The following table shows the numbers of various other defects which were found:—

Defect or Disease.	Requiring treatment	Requiring observation
Enlarged Glands	135	1
Defective Speech	7	6
Bronchitis	121	21
Epilepsy	5	4
Chorea	10	2
Other defects (not classified) ...	1,325	24

6. FOLLOWING UP.

The School Nurses paid a total of 4,563 home visits during 1933. The visits are classified below:—

Measles	120	Mumps	573
Whooping Cough ...	263	Rheumatism ...	108
Tonsils and Adenoids	226	Uncleanliness ...	243
Chicken Pox	54	Impetigo	70
Vision	359	Nursery School	
Dental Failures ...	1,792	absentees	164
Otorrhoea	181	Ringworm	27
Sore Throat	251	Scabies	19
Various	101	German Measles ...	12

The number of visits paid in 1932 was 4,198 which included 1,380 visits to cases of Measles.

As in previous years, 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.

7. ARRANGEMENTS FOR TREATMENT.

(a) **Malnutrition.**—Treatment consists either by the grant of milk meals at school as already referred to, and supervision by routine weighings or by resorting to Convalescent Home Treatment as detailed in a later section of the Report.

(b) **Uncleanliness.**—Treatment is given at the School Clinic in cases of chronic uncleanliness. A school bath is provided at the Low Hall Lane Clinic.

(c) **Minor Ailments and Diseases of the Skin.**—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. The number of cases of skin disease treated is shown in the table detailing the work done at the School Clinics. In addition, 4 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.

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	15	8	10	2	159	65
Scabies	12	16	2	—	143	145
Rheumatism	15	18	91	93	262	321
Impetigo, Sores, etc.	118	66	151	73	1451	684
Skin	33	42	70	54	269	405
Verminous Head, etc.	2	35	1	11	2	90
Sore Throat	142	133	7	4	219	228
Discharging Ears and Deafness	16	17	239	238	886	675
Defective Vision	1	—	204	207	1	1
External Eye Diseases	78	84	71	80	885	703
Tonsils and Adenoids	—	2	20	29	22	20
Mumps	25	32	—	1	18	27
Various	232	210	543	573	2316	2942
Totals	689	663	1409	1365	6633	6306

First attendances numbered 4126 against 4337 in 1932, and re-attendances 12939 against 10,749, the total attendances being 17,065 against 15,086.

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

	First inspections.				Re-inspec-tions.		Total.		Total.
	Excluded.		Not Excluded.						
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
Lloyd Park	438	346	1,176	1,096	4,872	4,128	6,486	5,570	12,056
Markhouse Road	241	317	233	269	1,761	2,178	2,235	2,764	4,999
Total	679	663	1,409	1,365	6,633	6,306	8,721	8,334	17,055

(d) **Visual Defects and External Eye Disease.**—Treatment for the latter is given at the School Clinics (see Table IV, Group I at end of Report).

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 consultant Ophthalmic Surgeon, Mr. H. J. Taggart, F.R.C.S., and Dr. Sheppard; 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 1933:—

“ The work of the Eye Clinic has shown no variation during the past year. The number of new cases of defective vision found at Routine Medical Inspection is slightly below that of last year.

“ There were 2,858 children seen at the Clinic for routine examinations. We try to see each child wearing glasses at six monthly intervals as we find that fairly frequent inspection sustains the parents' interest. There is a certain type of parent which allows itself to be persuaded by a child reluctant to wear glasses, that he or she can see better without, and these frequent inspections enable us to keep a watch on these children.

“ The new cases seen do not represent all the children examined under Atropine, as in addition 197 were thus examined, making in all 554 retinoscopies.

“ The following tables give the details of the new cases seen:—

Defects :	Under 7 yrs.		7-11 yrs.		11 plus.		Totals.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Hypermetropic	11	17	8	12	16	13	35	42
Myopia	1	—	9	23	29	32	39	55
Hypermetropic Astigmatism	8	7	11	20	7	17	26	44
Myopic Astigmat- ism	2	3	4	8	15	11	21	22
Mixed Astigmatism	1	2	9	9	7	6	17	17
Glasses not required	3	6	7	10	4	9	14	25
Totals	26	35	48	82	78	88	152	205

“ The following defects were found among those in the above table who did not require glasses :—

Defects	Boys	Girls
Alternating Squint re operation ...	3	2
Headaches and debility	5	17
Blepharitis	1	—
Ptosis	1	—
Injury	1	1
Corneal smear	1	2
Macular Choroiditis	1	—
Rotatory nystagmus	1	—
Blocked duct	—	1
Cataract	—	1
Diplopia	—	1

“ Below is a table showing the types of squint found during 1933 :—

Squint	Boys	Girls
Convergent R	1	4
L	14	20
Divergent R	1	—
L	—	—
Occasional R	1	—
L	1	7
Alternating	6	6

(e) **Nose and Throat Defects.**—Your Authority's Scheme for the treatment of these defects were detailed in last year's Report and remain unaltered. Following a survey of the School Medical Service, Dr. Ralph Williams, of the Board of Education, commented on the arrangements made for tonsil operations at the Dispensary and subsequently the Board intimated that the agreement should be cancelled and that all patients should be treated at the Connaught Hospital under in-patient conditions.

Negotiations are now proceeding with regard to the matter generally.

Your Authority sanctioned the provision of an ambulance to take children to their homes after all operations at the Dispensary.

The following table shows the number of cases treated :—

Year	At Dispensary	At Connaught Hospital	At Isolation Hospital	Privately	Total
1933	60	45	6	4	115
1932	78	49	4	7	136

The cases done at the Isolation Hospital were virulent Diphtheria carriers, the result being successful in each case.

In addition, 108 other children received diastolisation treatment at the Clinic.

(f) **Ear Disease and Defective Hearing.**—(1) Ear Disease—Minor defects under this 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.	H'ptl. treatment.
Acute Suppurative Otitis Media	71	59	1	8	3
Chronic Suppurative Otitis Media, due to—					
(a) Tympanic Sepsis	36	29	—	6	1
(b) Tympanic Sepsis and Granulations	19	15	1	3	—
(c) Tympanic Sepsis and Polypi	4	2	—	2	—
(d) Tympanic Sepsis and Cholesteatoma	1	1	—	—	—
Tympanic Sepsis and Rhinitis	1	—	—	—	1
Attic Disease	8	4	—	2	2
Mastoid Disease	12	3	—	6	3
External Otitis Media	31	30	—	—	1
Not diagnosed	4	2	—	1	1
Totals	187	145	2	28	12

The aim of the clinic is to treat those diseases, such as inflammation, which affect the ear like any other part of the body, and to prevent the power of hearing being lessened or destroyed by them. The ear is well protected by nature, and serious disease does not often begin there, but usually extends to it from some other place.

Experience teaches us that inflammation in the ear frequently follows inflammation in the nose. Less frequently it follows tonsillitis. Inflammation in the nose may be part of a generalised disease such as scarlatina or measles or may be a disease in itself which we call a "cold in the head." In both cases the inflammation causes the tissues inside the nose to swell, so that it becomes blocked and the child cannot breathe through it. The secretion cannot be blown out but stagnates in it and becomes a breeding ground for germs. This increases the irritation, and the swelling extends to the glandular tissue (or adenoids) behind the nose and leads to further obstruction. The tube which leads

from the space behind the nose to the ear (the Eustachian tube) also becomes inflamed, and the inflammation extends to the ear.

If the inflammation is severe, suppuration and perforation of the drum membrane takes place, and discharge appears in the external ear. If the inflammation is less severe, no perforation in the drum membrane occurs, but the fluid poured out as a result of the inflammation acts as a "blanket," which prevents the patient hearing properly.

From this short resumé, it will be seen how important it is to prevent and to treat colds in the head in children.

Dr. Gautier of Paris, has devised a treatment for inflammation in the nose which can be applied easily in the clinic, or in the nursery school or in some cases by the mothers at home, which he calls Diastolisation.

It consists in inserting into the nose along its floor, soft hollow tapering rubber tubes closed at the end which enters the nose. The gentle stimulation of the mucous membrane covering the inflamed tissues causes a contraction of the blood vessels and the swelling shrinks. There is now a space in the nose, and when the tube is withdrawn, the patient can blow his nose and expel the retained secretion. He obtains much relief. Not only does the swelling of the tissues in the nose diminish, but the inflamed adenoid mass behind the nose shrinks and the tube leading to the ear opens.

The exudation of fluid blanketing the ear, in those cases which have not gone on to suppuration, is got rid of, and the child's hearing is restored. The treatment is easily carried out, and is nearly always painless. The writer considers it of great economic importance.

A word or two may be said about the treatment of those cases in which suppuration has occurred with a perforation in the drum membrane and discharge externally. During the acute stage following the onset of inflammation, glycerine ear drops are poured into the ear till the ear passage is full. Owing to its sticky nature, the liquid remains in the ear for a considerable time, and prevents the growth and multiplication in the ear of the germs present on his skin or hair in contact with the discharge.

The recovery of the patient is due to his natural resistance, and it is advisable to take care not to add to his difficulties. He should be kept warm, and in most cases at home. In a week or ten days the germs which developed in his nose and caused the cold to spread to his ear will be banished and the discharge will cease.

If the patient is not seen until the acute stage is over, and the discharge has become contaminated with germs from the skin, the fingers or towels, a different treatment is adopted. In severe cases an effort is made actively to disinfect the surface of the tissues irritated by this contaminated discharge. The method used is that known as Zinc Ionisation. The electric current is used to introduce the active agent Zinc at the surface of the tissues.

The economical treatment of chronic discharge from the ears in school clinics, is as far as the writer's experience is concerned, based on the use of Zinc Ionisation. It is reserved for the severe and moderate cases. In slight cases careful cleaning of the ear and blowing powder into it suffices to get rid of the irritation caused by the contaminated discharge and the ear recovers.

The above is an outline of the treatment followed at the clinic. Written appointments are made for the children, and the nurses visit the homes when necessary. This part of the work ensures the willing co-operation of the mothers of the children by minimising the time they have to spend at the clinic, and it means comfort and absence of friction to the nursing and medical staff who work there.

The writer wishes to record his indebtedness to Mrs. Morris, Miss Jennings, and Mr. Rushton.

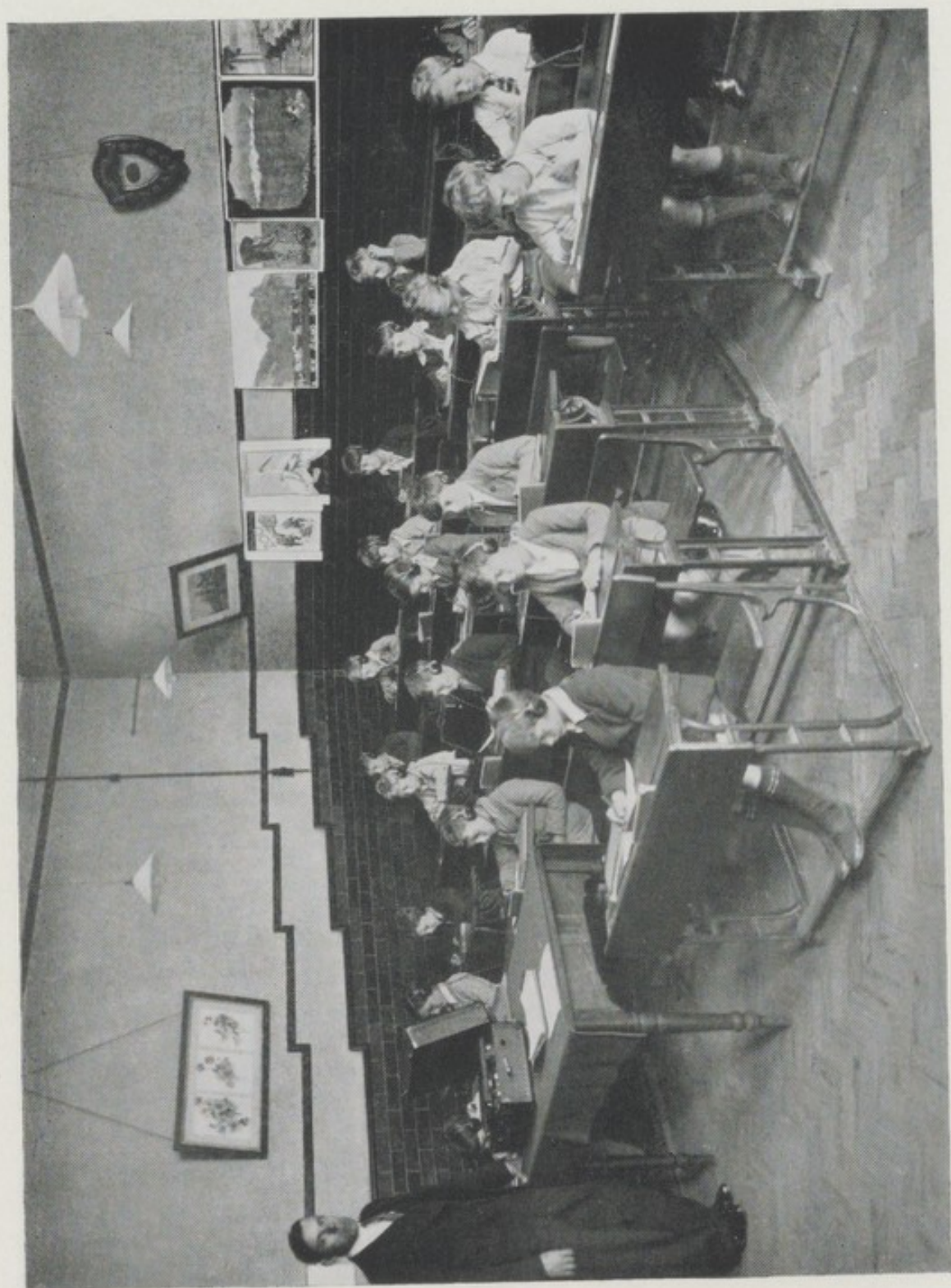
Audiometer Clinic.—Dr. Friel, in his 1931 report, described the Audiometer, an instrument designed to test the acuity of hearing, and his 1932 report stated that your Committee had actually provided an audiometer.

Owing to the delay in obtaining the sanction of the Board of Education for the additional Specialist Sessions necessary to deal with those children discovered to have defective hearing, the full scheme was not put into operation until the early part of 1933.

Hearing tests are now being carried out on one session per week in Junior Schools and so far the 8 year-old age group has been covered. The tests are carried out by Messrs. Smith and Rushton, who have met with difficulty in obtaining the co-operation of the children in some schools. Broadly, the degree of co-operation of the child varies with the natural intelligence and, indeed, it is reasonably easy to pick out border line mental defectives if the children's reactions are closely watched while the testing is in progress.

All children discovered to have a certain defined hearing loss, are referred for Dr. Friel's examination at the next following fortnightly clinic.

A photograph is shown of an Audiometer test in progress.



The following figures show the work done during 1933:—

Number of audiometer sessions	...	...	...	...	31
Number of aural clinics	...	...	...	...	18
Number of children tested	...	...	...	...	1,939
Number of children with defective hearing and referred for Specialist examination	...	...	...	...	282
Number of children treated by Specialist	...	...	...	...	167

(g) **Dental Defects.**—Mrs. Thorne, L.D.S., reports as follows:—

“ A year's work in review should show some definite progress. The year 1933 has been a very satisfactory one, much headway has been made and in conservative treatment there has been a consolidation of the whole Clinic work. There is a noticeable appreciation of this work by the patients themselves.

“ In ten months the entire elementary school population, including ‘toddlers,’ has been duly examined, and all not dentally perfect have been notified of their oral condition and given the opportunity of prompt and complete treatment. No age group or class is singled out for preferential treatment.

“ This inspection and treatment has now, for the second time, included several schools which, owing to the re-distribution of schools, had previously not been inspected. These schools have responded well with the exception of one school, and at the second examination there was a marked improvement due to treatment. By far the best results are obtained by routine inspection followed by immediate treatment.

“ In a measure, the good oral condition of the children at Wiseman House and at St. Mary's Convent is due to constant dental attention.

“ The number of acceptances for treatment remains still about stationary. The toddler and infant scholar are brought readily when in pain, but the parents are apt to fight shy of conservative treatment, although it is carefully explained how important the deciduous dentition is to the growing child, and what evil results follow the premature removal of these teeth.

“ The largest number of acceptances are made in the junior age group. There is a falling off in the senior scholars, though in the latter the amount of treatment, in many cases, may be small. The elder child dictates its own life to a greater extent than is believed.

“ The number of acceptances is not an accurate estimate of the number of attendances. These attendances are highest in the Senior Schools where the child doubtless intends to have treat-

ment and keeps his own appointment, and again, it is lowest in the infant and toddler group where acceptance rate is high.

" The lecturers from the Dental Board have again delivered their dental talks to the senior scholars. These schools have been duly inspected, and the apparent results in acceptances are not very encouraging. Of these schools, only one has increased its acceptances, the others are stationary or there is a marked decline. The school with the increase is a Boys' Senior School and the acceptances for three inspections were 11.5 per cent. for the first, 11 per cent. for the second to 20 per cent. for the last. The corresponding Girls' School has 36 per cent., 35 per cent., then a drop to 21 per cent. Another Boys' Senior School fell from 25 per cent. to 11 per cent. One Central School remains high at 40 per cent., second inspection 36 per cent.; while the other shows only 16 per cent. and 20 per cent. for the two last inspections. Both are Boys' Schools.

" During treatment at the Clinic many of these senior scholars have been questioned relative to finding out what they had learned from the lectures. Most had gained a slight knowledge from the instruction given but had little idea of putting it to practical use. Much more can be done by instruction while the patient is in the dental chair.

" Taking acceptances over the whole district the highest percentage, 68 per cent., was from a mixed Church School, followed closely by other Church Schools. In the same block of schools the number of acceptances varies greatly. Boys' Schools are generally lower than girls. The lowest of all the schools, a Boys' Senior School, showed only 9 per cent. acceptances.

" Propaganda should start from the first infant visit and should aim at prevention of dental disease, and not merely at securing a patient for the Clinic. The latter is good, but it is only in the former that any definite advance on health lines will be reached.

" As yet the teachers are our best propagandists and richly deserve thanks for their efforts to keep their scholars alive to their necessities.

" While dental treatment remains voluntary, the extension of dental benefit lies in propaganda, and it maybe, that, adding the cost of this propaganda to that of the treatment, the expenditure appears very high and somewhat out of proportion to the benefit conferred.

" The number of failures to attend is still very high. Many are the very young, and very many of these are the casual cases who have been relieved of pain and who do not intend to keep appointments for conservative treatment. The casual does not

regard the clinic in any other light than that of an emergency centre for extractions, and to this largely, is due the low percentage of acceptances following routine inspections, in fact both parent and child freely state it.

“ The casual case is the bane of the Clinics and is still as evident as of old; the more facilities there are for their immediate treatment, the less the acceptance of treatment at routine inspection.

“ A tribute is due to the nurses on the medical staff. They have consistently visited cases failing to attend and have done much good work in difficult cases where an explanatory visit was necessary. Their able handling of these cases has assisted the Clinic and been good propaganda as well.

“ Though the conservative work of the Clinic stands high, still too, unhappily, does the number of extractions. Thousands of permanent teeth are sacrificed because the parent or child would not accept early treatment.”

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

“ It is with great pleasure that I am able to report a slow but nevertheless a decided progress in the various branches of work undertaken. By this is meant an increased willingness on the part of both parents and children to attend for all kinds of dental treatment, in distinction to a mere desire for the relief of pain.

“ In other words, it is being increasingly realised that the true function of the Dental Surgeon is not so much the *relief* of pain, ill-health and disfigurement, but its prevention.

“ The most noticeable demonstrations of this new and better attitude are (1) the larger proportion of acceptances after routine inspections and (2) the large number of independent requests for treatment made by parents.

“ The significance of these two facts is that an increasing number of parents are becoming aware of the necessity for early treatment of dental defects.

“ The proportion of acceptances of treatment by parents has, as mentioned above, materially increased, and a particularly pleasing sign is that the proportions no longer decrease so alarmingly with the increase in the age of the children. The actual percentages are as follows: Infants 50, Juniors 58, Seniors 45.

“ These figures show a drop when the children reach ‘ years of discretion,’ but the small extent in comparison with earlier years is encouraging. If the acceptance by children from the

Boys' and Girls' Departments of one school, where acceptances were almost negligible, are omitted, the percentage for Seniors rises from 45 to 52.5.

" It is well known that ' statistics ' may be made to prove almost any hypothesis, but I believe that these definite facts may be accepted as, at least, encouraging.

" They are particularly encouraging to me, believing as I do that the aim of the Dental Surgeon should be, not only to do the necessary work that lies ready to his hand, but so to encourage his small patients that, not only now but in the future they may be willing to accept that treatment which, in the present state of our knowledge, is usually required at intervals throughout their lives.

" During the year talks on the care of the teeth have been given by a lecturer from the Dental Board to the following Departments:—

School	Effect on Acceptances.	
Blackhorse Road Girls	...	The percentage of acceptances increased slightly to the figure of 28 per cent.
Chapel End Boys		A considerable <i>decrease</i> to 7 per cent.
Chapel End Girls		About the same at 21 per cent.
George Gascoigne Girls	...	About the same at 88 per cent.
William Morris Girls	...	Slight increase to 75 per cent.

" Another feature that gives encouragement is the appreciation of the treatment that has been undertaken since June of irregularities of the teeth and jaws by means of appliances. Nineteen of these have been inserted and although the time is too short for many cures, all the cases present improvement, in several instances very rapid, and in one the malformation is completely remedied.

" An advantage of this type of treatment, apart from its direct uses, is that it assists to dispel a fallacy that is present in the minds of so many people that the sole function of a Dental Clinic is the removal of aching and septic teeth, with perhaps their restoration by means of artificial substitutes.

" In two cases of a boy and girl nearing leaving age, they have been supplied with partial artificial dentures in place of several teeth which could not be saved but whose non-replacement would have left them under the disability of an unsightly appearance.

" But in spite of various encouraging features the fact remains that they apply only to the *remedy* of a state of affairs that is appalling. I estimate that of about 8,000 children examined,

5,000, or $62\frac{1}{2}$ per cent, require treatment. But that does not denote that the balance of $37\frac{1}{2}$ per cent. have really sound sets of teeth. Of the total number, only about 7 per cent. have perfect mouths and teeth, the remaining 30 per cent. having been made sound artificially. In short, among every 100 children in Walthamstow, 7 have perfect teeth and jaws, the remaining 93 being in some way defective. The problem of the cause and prevention of this condition still remains unanswered.

" Much research work has been undertaken in this connection, but with, at present, rather confusing results. It appears to me that a study of the conditions of the feeding, habits and general environment of as many as possible of the few children who appear to be immune to dental disease may be the most useful way to throw some light on to what is still a very dark subject and when time permits, I am hoping to do a little of this work. It will, of course, involve the co-operation of parents, teachers and doctors but this, I am sure, will be gladly given."

Dental Board Demonstrations.—Several Head Teachers have expressed their appreciation of the demonstrations and their feeling that valuable propaganda is being done.

It would be unwise to pay too much attention to the apparent failure in some of the schools to show an increased acceptance rate following the demonstrations. In particular they are known to have stimulated those parents who do not wish their children to attend the Dental Clinics to have them seen to by their private Dental Surgeons.

(h) **Orthopædic and Postural Defects.**—Medical treatment of these defects is given under an orthopædic scheme in charge of the Consultant Orthopædic Surgeon, Mr. Whitechurch 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 Orthopædic 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 Orthopædic 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 13).

(i) **Heart Disease and Rheumatism.**—Dr. Wilfrid Sheldon, Physician-in-Charge of the Rheumatism Clinic, reports as follows:—

“ Attendances.—In my report at the end of last year, I drew attention to the high percentage (85) of attendances throughout the year, for this seemed to me to offer some indication of the need of the Clinic, and also of its popularity among its clientèle. Almost always a child is brought for attendance by one or other of the parents, who might well be expected to fail to register an attendance at the Clinic unless they could be made to feel that an attendance was worth while. It is a pleasure to be able to report that during the last year the regular attendance of the children has been surprisingly good. At each session the number of attendances has averaged 95 per cent. of the number of children appointed to attend. This figure could hardly be surpassed since a certain number are bound to be absent on account of intercurrent illness.

“ Holiday attendances.—In order to shorten as far as possible the waiting list of children referred to the Clinic by the School Medical Staff, and to ensure that children are seen as soon as possible after they have been so referred, Clinics have sometimes been held during the school holidays. Attendance at these times has been as good as during term times, in fact at some of the holiday Clinics the attendance has reached 100 per cent. of the children notified to attend.

“ Waiting List.—During the last year it has been possible to reduce the waiting list from 98 children to 45. This is largely on account of the good weather which prevailed through much of the year, and which reduced considerably the number of children complaining of pains in their limbs. It is to be hoped that it will be possible to keep the waiting list down to at least its present level, for one of the purposes of the Clinic is to prevent as far as possible the spread of rheumatic symptoms in the individual child and this is only possible if the child is seen at a short interval after being referred to the Clinic. A long waiting list is not to be commended.

“ Sessions.—During the past year there have been 46 sessions with 800 attendances. Of these attendances, 217 were made by children attending for the first time, while 583 were made by children who were being kept under observation. A certain number of children after attending the Clinic for a few months, were considered to be free of Rheumatism, and were discharged. Others were considered not to be rheumatic at their first attendance. A certain number of children have also been discharged on account of reaching school leaving age, and in these cases advice has been offered to the parents with regard to suitable employment when there has been a sufficient degree of cardiac disease to make the choice of employment a matter of judgment on medical grounds. In all, 203 children were discharged from further attendance.

“ Other Defects.—During the course of routine examination other defects of health besides rheumatism are noted, but it is my impression that such defects as carious teeth or septic tonsils are less frequently seen among the new children attending the Clinic for the first time than was the case when the Clinic began its work three years ago. Our knowledge of rheumatism goes to show that any debilitating conditions make a child more prone to develop rheumatic manifestations, and therefore the care of the teeth, the throat, and the general health may well be regarded as a step in the prevention of rheumatism. During the year it has been necessary to refer 39 children to the Dentist (compared with 44 the previous year) and 14 children have been referred for removal of their tonsils and adenoids (compared with 25 in the previous year).

“ School Attendance.—It is a pleasure to refer again to the splendid co-operation of the School Authorities in carrying into effect recommendations made at the Clinic with regard to the attendance of the children at school. During the year it was found necessary to recommend exclusion from school of 46 children, while in two cases half-time attendance was advised for a period while the child was under observation. Five children were recommended to attend at the Physically Defective School. In several cases a recommendation was made for milk to be given to the children while at school, and on several occasions the improvement which followed in the condition of the children was striking.

“ In a few cases the School Authorities were asked to furnish special reports on the condition of certain children while at school, and these reports were of much assistance in deciding how best to deal with those particular children.

“ Prevention.—The follow-up of children referred to the Clinic by the School Medical Service on account of sore throats has been continued. Thirty-seven children were referred in this way, and were kept under observation for a period of a month. The number of cases followed up in this way has not yet reached a sufficiently high figure to enable a valuation to be made of this line of prevention of rheumatism, and therefore it is hoped to continue this during the coming year.

“ In my report last year I mentioned the follow-up of children who had been discharged from the Sanatorium after Scarlet Fever and Diphtheria, and the reference to the Rheumatism Clinic of any of these children who were suspected of early rheumatism or other cardiac abnormalities. This has been continued, and I have no hesitation in saying that by this means much early rheumatism has been detected and offered immediate treatment—either by being referred from the Clinic to the private practitioner or by admission to hospital—while previously many

of these cases must almost certainly have drifted on untreated until irreparable damage to the heart had been done. The value of such following-up after these infectious fevers seems to me undoubted.

" During the year, 16 children were referred to the Clinic in this way after Scarlet Fever; of these 11 were found to show some evidence of cardiac defect. Thirteen children were referred after Diphtheria, and 10 of these showed some cardiac abnormality. Thus as a result of the " Post-Infectious Disease Clinic," 21 children with early cardiac mischief came under treatment at the earliest opportunity.

" *Convalescence*.—Once again it is a pleasure to speak of the help of Miss Lewis, of the I.C.A.A., in arranging for the convalescence of such children as were judged to be in need of it. During the year 74 children were recommended for convalescence, and convalescence has been arranged for 72 of these. That this latter figure should be so high is the best indication of the industry of Miss Lewis, and of her great value in being attached to the Clinic. I should also like to thank the Authorities of the various heart homes—in particular the Cheyne Hospital, West Wickham Heart Home, and Lancing Heart Home—for their prolonged care of children from this Clinic, resulting in some cases in complete disappearance of all signs of cardiac damage.

" In conclusion, I should like to thank all those who have worked in the Clinic with me, and have contributed so largely to its success in 1933."

Rheumatism Clinic, 1933.

Number of Sessions	...	...	...	...	...	46
,, ,, Attendances	.....	...	...	...	...	800
,, ,, New Cases	...	...	...	...	...	217
,, ,, Old Cases	...	...	...	...	...	583
,, discharged	...	...	...	...	...	203
,, still under treatment	...	...	...	...	...	197
,, of New Cases with Rheumatic or Cardiac defect	...	...	...	...	...	105
,, referred to Hospital as In-patients	...	...	...	...	...	2
,, ,, ,, ,, Out-patients	...	...	...	...	...	11
,, ,, for Tonsils and Adenoids Operation	...	...	...	...	...	14
,, ,, ,, Dental Treatment	...	...	...	...	...	39
,, ,, to the Physically Defective Centre	...	...	...	...	...	5
,, excluded from school	...	...	...	...	...	46
,, attending half-time school	...	...	...	...	...	2
,, seen after Scarlet Fever	...	...	...	...	...	16
,, seen after Diphtheria	...	...	...	...	...	13
,, seen after contact with Scarlet Fever	...	...	...	...	...	2
,, with cardiac defect after Scarlet Fever	...	...	...	...	...	11
,, ,, ,, ,, Diphtheria	...	...	...	...	...	10

Number referred for Convalescent Home Treatment	74
„ sent away	66
„ referred in 1932 and sent away in 1933 in addition to the above	6
„ refused	1
„ withdrawn	1
„ waiting	6

Number of children swabbed	37
„ „ „ second time	3
„ „ attending clinic	32
„ „ re-attending clinic	6
Total attendances	38

(j) **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 number of school children examined during the year was 52 boys and 54 girls, of which 15 boys and 14 girls were referred by the School Medical Officer. 31 of the cases were sent by Private Practitioners and 46 were examined as contacts.

Five children were notified as suffering from Glandular Tuberculosis and 2 as suffering from Pulmonary Tuberculosis. 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. Twenty-two 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:—

	At Certified Special Schools	At Public Elementary Schools	At other Institu- tions	At No School or Institution	Total
Pulmonary	2	10	—	2	14
Non-Pulmonary	10	55	1	—	66

8. INFECTIOUS DISEASES.

Control is on the lines detailed in the Board of Education's "Memorandum of Closure of and Exclusion from School," 1930.

Notifications in 5/15 years age-group:—

		<i>Scarlet Fever.</i>	<i>Diphtheria.</i>	<i>Chicken Pox.</i>
January	... ..	20	16	15
February	... ..	21	15	5
March	... ..	23	28	21
April	... ..	19	13	18
May	... ..	45	15	27
June	... ..	30	19	17
July	... ..	44	14	40
August	... ..	15	10	11
September	... ..	31	32	16
October	... ..	34	13	11
November	... ..	56	11	52
December...	... ..	52	8	48
		—	—	—
Totals 1933	... ..	390	194	281
Totals 1932	... ..	250	217	524
		—	—	—

In addition the following notifications were received in respect of children in this age group:—Pneumonia 25, Enteric 1, Erysipelas 4, Anterior Poliomyelitis 3.

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

		<i>Scarlet Fever.</i>	<i>Diphtheria.</i>	<i>Chicken Pox.</i>
1933	... ..	23	89	96
1932	... ..	17	114	221

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	Ringworm & Scabies	Impetigo Sores, etc.
January	10	—	36	30	—	2
February	26	3	24	41	—	23
March	24	20	21	125	4	9
April	7	7	11	82	—	6
May	22	40	15	110	—	8
June	15	35	4	63	2	7
July	19	8	4	15	1	3
August	—	—	—	—	—	—
September	14	—	26	3	2	9
October	20	—	4	4	—	4
November....	14	4	3	1	—	18
December....	10	4	—	10	—	5
TOTALS, 1933	181	121	148	484	9	94
1932	59	1525	282	419	9	105

Comments on above Table :—

Sore Throats.—The increase is partly due to attention drawn to the question by the new arrangements made by your Committee in January, 1933, under which children with Sore Throats were not allowed to be sent to the School Clinics. Head Teachers were asked to exclude such children, and to advise parents to obtain medical advice in the home.

Such exclusions were reported to the School Medical Department and were " followed up " by the School Nurses.

Unfortunately many parents have neglected to have their children seen by their own Doctor, frequently owing to inability to pay the fees and either disinclination or ineligibility to call in the Public Assistance Committee's Medical Officer.

In other cases children have been taken to the family Doctor's surgery primarily owing to the smaller fee required as compared with that for a home visit.

In view of these difficulties the former arrangements were revived at the end of the year.

Measles.—The lowered incidence is due to the fact that 1932 was an inter-epidemic year.

Whooping Cough.—The incidence was about half that of the previous year.

As in former years, a summary of Head Teacher's weekly returns is given :—

School.	Dept.	S.T.	M.	W.C.	Mps.	C.P.	R.W. Scab	Sores	S.F.	Dip.	Bact: Diph:
Blackhorse Rd.	Boys	—	—	—	5	3	—	—	—	—	—
	Girls and....	11	1	—	—	—	—	—	7	2	—
	J. Gls.&Infts.	2	—	5	53	3	1	—	6	1	—
Wm. Elliot Whit.	Boys	—	—	—	—	—	—	—	1	2	—
Higham Hill	Boys	—	—	—	—	—	—	—	5	3	—
	Girls	2	—	—	1	2	—	4	13	3	—
	Infants	3	1	—	71	9	—	4	8	3	—
Pretoria Ave.	Boys	2	—	—	—	1	—	—	1	1	—
	Girls	—	—	—	7	—	—	—	6	—	—
	Infants	12	1	2	87	1	—	5	9	1	—
William Morris Central	Boys	—	—	—	—	—	—	—	1	—	—
	Girls	—	—	—	—	—	—	—	12	1	1
Coppermill Lane	Boys	—	—	—	—	2	—	—	1	3	—
	Girls	1	2	—	—	—	—	—	2	6	—
	Infants	—	—	30	33	2	—	7	11	5	—
	J.M.	—	—	1	4	—	—	—	8	6	—
Wood Street	Boys	—	—	4	—	—	—	—	4	4	—
	Girls	3	—	—	—	—	—	3	2	—	—
	Infants	1	1	35	29	3	2	5	16	12	—
Joseph Barret	Boys	2	—	—	—	—	—	—	1	—	—
	Girls	2	—	—	—	—	—	—	7	1	—
P.D. Centre	Mixed	—	—	—	—	—	—	—	2	—	—

Maynard Road	Boys	1	—	—	—	—	—	—	7	2	—
	Girls	1	—	—	—	1	—	—	4	—	—
	Infants	4	—	—	—	19	—	3	18	4	—
St. Mary's	Girls	2	1	—	—	1	—	—	5	1	—
	Infants	4	1	—	1	6	—	—	13	2	—
St. George's	Mixed	—	—	—	20	—	—	—	3	1	—
Shernhall Spec.	Mixed	—	—	—	—	—	—	—	1	3	—
Wm. McGuffie	Boys	—	—	—	1	—	—	—	2	1	—
	Girls	1	1	—	—	—	—	—	2	2	1
Mission Grove	J.M.	2	—	—	2	2	—	—	2	5	—
	Infants	—	—	—	5	4	—	1	3	—	1
Deaf Centre	Mixed	—	—	—	—	—	—	—	—	1	—
Edinburgh Rd.	Girls	5	—	—	—	—	—	—	3	1	—
Markhouse Rd.	Boys	45	—	—	—	3	—	—	3	4	—
	Infants	4	1	—	10	8	—	—	3	1	—
	J.M.	—	—	—	—	2	—	1	3	1	—
St. Patrick's	Mixed	6	—	2	2	6	—	—	2	18	—
St. Saviour's	Boys	1	2	—	—	—	—	—	—	1	—
	Girls	—	—	—	—	—	—	1	—	3	—
	Infants	5	3	5	4	—	—	2	7	2	—
Forest Road	Boys	—	—	—	—	—	—	—	1	7	—
	Girls	2	—	—	—	9	—	—	1	2	—
	Infants	—	—	—	7	1	—	—	10	7	—

Winn's Avenue	...	Boys	....	7	—	—	2	—	—	—	1	—	—
		Girls	....	—	—	—	—	1	—	—	20	3	—
		Infants	....	5	2	16	—	2	—	3	20	7	1
		J.M.	....	3	3	4	2	12	—	4	6	5	—
Chapel End	....	Boys	....	—	—	—	—	—	—	—	5	3	—
		Girls	....	—	—	—	—	1	—	—	3	4	—
		Infants	....	11	14	13	28	3	5	2	7	6	—
		J.M.	....	—	—	—	—	—	—	—	11	3	—
Selwyn Avenue	....	Boys	....	—	—	—	—	—	—	—	5	3	1
		Girls	....	—	—	—	—	—	—	—	6	1	—
		Infants	....	1	62	3	1	35	—	—	17	7	—
Gamuel Road	....	Boys	....	2	—	—	8	15	—	3	3	—	—
		Girls	....	1	—	—	3	5	—	2	4	3	—
		Infants	....	—	1	—	13	—	—	—	4	1	—
Geo. Gascoigne Central		Boys	....	—	—	—	—	—	—	—	2	1	—
		Girls	....	6	—	—	—	—	—	—	5	2	—
Queen's Rd.	....	Infants	....	12	—	7	42	2	1	2	19	1	—
Roger Ascham	....	Mixed	....	1	—	—	—	—	—	—	11	5	—
		Infants	....	3	4	18	29	2	—	1	15	8	1
St. Mary's R.C.	....	Mixed	....	—	19	—	2	7	—	—	8	7	—
Myope Centre	....	Mixed	....	—	—	—	—	—	—	—	1	—	—
Nursery School	....	Mixed	....	5	1	3	12	—	—	41	1	1	—
TOTALS	....			181	121	148	484	173	9	94	390	194	6

The following are 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
1933	125	37	18	52	35
1932	111	56	151	66	26

	Influenza	Diarrhoea	Mumps	Ringworm	Scabies	Various	Total
1933	149	3	62	3	2	619	1105
1932	80	2	41	5	2	619	1159

Infectious Diseases and Diphtheria Immunisation Clinic.—

The weekly clinic on Tuesdays at 2 p.m. was continued, and all children of school and pre-school ages who had been close contacts with cases of infectious diseases were seen prior to their return to school.

In addition, all children discharged from the Sanatorium or after home isolation were seen, and particular care was taken to refer all cases with any suspicion of either rheumatism or of cardiac involvement to the next following Rheumatism Clinic. Dr. Sheldon's comment on this procedure is given in his report on the work of the Rheumatism Clinic.

Thus, 32 cases were referred, and of these no fewer than 21 had cardiac defects and were brought under early treatment. The majority of these defects had developed after the patient's discharge from Hospital, i.e., they were late sequelae of the infectious disease.

The following table shows the work done at the Infectious Disease Clinic and is given because the large majority of the patients are of school age:—

Number of Clinics held in connection with Infectious Diseases							52
Number of patients attended							2,047
Number of attendances made							3,222
Average attendance per session							39.3
Number of Scarlet Fever cases discovered							7
Number of Diphtheria cases discovered							49
Number of virulence tests taken in Diphtheria carriers							25
Number of children recommended for Rheumatism Clinic							32
Number of children recommended for Ear Clinic							12
Number of children recommended for Orthopædic Clinic							3

The following table summarises the work done in respect of Diphtheria Immunisation:—

Schick tested for first time	267
Negative (including two pseudo neg.)	157

Positive	...	...	...	...	...	...	110
Immunised without being Schick tested (under 5 years of age)	...	...	...	...	...	...	40
							— 150
Number having one immunising injection	...						6
„ „ two	„	„	„	„	„	...	5
„ „ three	„	„	„	„	„	...	130
„ „ four	„	„	„	„	„	...	6
„ „ five	„	„	„	„	„	...	3
							— 150
Number of partly immunised cases brought forward from 1932	...	...	...	...	...	...	17
Total number given one or more immunising doses during 1933	...	...	...	...	...	...	167

Results of Schick Tests following Immunisation.—

Negative after 3 doses...	...	...	...	...	...	...	112
„ „ 4 doses...	...	...	...	...	...	...	6
„ „ 5 doses...	...	...	...	...	...	...	3
Number of immunisations not completed at end of year							21
Number left area or not yet finally Schick tested	...	...	...	...	...	...	19
Number not completing immunisation course	...	...	...	...	...	...	6
							—
Total	...	...	...	...	...	...	167
							—

127 children of school age immunised.

40 „ „ pre-school age immunised.

DICK TESTS FOR SCARLET FEVER.

Dick tests	...	...	...	...	...	...	79
Positive	...	...	...	...	...	...	12
Doubtful	...	...	...	...	...	...	5
Negative	...	...	...	...	...	...	62

These tests were done at an Industrial School and of the 12 positives 7 contracted Scarlet Fever, while 5 were protected by passive immunisation.

Scarlet Fever at Brookfield Hospital.—The outbreak of Scarlet Fever which began in the Autumn of 1931 continued throughout 1932, and up to March, 1933. Five cases occurred in 1933.

Dr. Griffith of the Ministry of Health Laboratory again continued to examine the swabs which were taken in connection with the outbreak. During the latter half of 1932 the types of haemolytic streptococci isolated from swabs had been:—Carter Type 1, Franklin Type 63T, Type 1, and Heterogenous (one of each).

On January 4th, 1933, one of the Nursing Staff complained of a quinsy due to a haemolytic streptococcus (Type 1) and was put off duty till the 17th. On January 27th a suspected case of Scarlet

Fever was removed to Hospital and both he and the nurse, who was again swabbed, showed Type 1. The nurse had been instructed to wear a face mask while on duty and subsequently consented to tonsillectomy.

On the 28th another case occurred (Type 3) and a child who had contracted Scarlet Fever in November, 1932, also complained of sore throat due to Type 3 streptococci.

On February 4th another case occurred and 11 swabs were taken for examination from the nursing, massage and domestic staff. The patient yielded Type 3, all the staff being negative except one, a domestic, who yielded Type 63T. This typing agreed with one found in a patient in December, 1932.

The two remaining cases occurred on March 6th and 8th, and both showed haemolytic streptococci of Scarlatinal Type 3.

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

		<i>Number Examined.</i>	<i>Number found to be Vaccinated.</i>	<i>Percentage Vaccinated.</i>
Entrants—	Boys	1102	267	24.2
	Girls	1082	282	26.0
2nd Age Group—	Boys	857	225	26.2
	Girls	898	217	24.1
3rd Age Group—	Boys	995	286	28.7
	Girls	1077	327	30.3

Action under Article 45 (b), (*i.e.*, attendance below 60 per cent. of number on register).—No certificates were granted.

Mr. Longman has drawn attention to the marked decrease in the number of these certificates during the last three years, and has kindly prepared the following very interesting summary:—

	Chicken Pox.	Measles.	Whooping Cough.	Influ- enza.	Mumps.	Scarlet Fever.	Certificates Issued
1933	—	—	—	—	—	—	—
1932	1	4	1	—	—	—	6
1931	—	—	1	—	—	—	1
1930	1	26	—	—	1	—	26
1929	7	6	15	15	1	3	29
1928	—	27	—	—	—	—	27
1927	5	—	12	14	1	1	19
1926	1	12	2	—	1	—	14
1925	1	1	6	1	1	—	7
1924	2	—	3	—	—	—	3

Action under Article 53 (b), (exclusion of individual children):

at Medical Inspection	...	...	...	15
at School Clinics	...	...	...	1352

Action under Article 57 (School Closure by the Sanitary Authority)—Nil.

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:—

<i>School.</i>	<i>Number.</i>	<i>Place.</i>	<i>Date</i>
Blind and Myope.	40	Hunstanton.	June, 1933.
Shernhall Special.	40	Boscombe.	May, 1933.

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

“ School Camps were held at St. Helens (Boys) and Sandown (Girls), Isle of Wight, during May, June and July this year. The selection of children was made, as on former occasions, on grounds of poverty and ill-nourishment. The forms sent out to parents have proved most helpful in making the selection of children to attend camp, and very few complaints have been received. Appreciative letters have been sent by scholars and parents, who realise the great opportunity given by the Education Committee and the devotion to duty of the teachers in attendance.

“ The following summary gives particulars as to times, numbers, etc.

BOYS' CAMP.

<i>Period.</i>	<i>School.</i>	<i>No.</i>	<i>Staff.</i>
26th May— 9th June	Coppermill Rd.	24	Mr. R. W. Ryder, (C'mill Rd.) I/C.
	Selwyn Ave.	6	„ G. Grantham (Sel. Ave.)
	William McGuffie	24	„ R. J. Labberton (Winns Ave.)
	St. George's	6	„ A. A. Maxwell (M'hse. Rd.)
		60	
9th June— 23rd June	Markhouse Rd.	23	Mr. L. A. Twyman (C'mill Rd.) I/C.
	Chapel End	23	„ J. H. Tomkins (Winns Av.)
	Geo. Gascoigne C.	5	„ F. H. Hall (Chapel End).
	Wm. Morris C.	5	„ S. A. Hinde (M'hse. Rd. Bs.)
	St. Patrick's	4	
23rd June— 7th July		60	
	Jos. Barrett	20	Mr. A. W. Burborough (St. Sav.)
	Winns Avenue	20	I/C.
	W. E. Whittingham	20	„ J. J. Long (Winns Ave.)
	St. Saviour's	4	„ W. G. Acres (Jos. Barrett).
		64	„ K. M. Berry (C'mill Rd.).

GIRLS' CAMP.

Period.	School.	No.	Staff.
5th May— 19th May	Chapel End	20	Miss G. M. Stanshall (Chap. End)
			I/C.
	Winns Ave.	20	„ W. M. Barnes (Edin. Rd.).
	Wm. Morris Cent.	8	„ R. D. Vile (Winns Ave.).
		—	„ E. M. Waterman (Forest Rd.).
		48	
19th May— 2nd June	Blackhorse Rd.	24	Miss K. M. Hopley (B'hse. Rd.) I/C.
	Wm. McGuffie	24	„ M. A. Dempsey (Wm. McGuffie)
			„ D. Lydon (M'house Rd. J.M.).
			„ M. I. H. Fitt (Edin. Rd.)
		—	
		48	
2nd June— 16th June	Joseph Barrett	20	Miss L. Thrippleton (Jos. Barr.) I/C.
	Geo. Gascoigne C.	8	„ M. G. Knight (Geo. Gasc. C.).
	Coppermill Rd.	20	„ J. Grantham (Miss Gr. J.M.).
			„ L. A. Winskell (Winns Ave.).
		—	
		48	
16th June— 30th June	Edinburgh Rd.	24	Miss C. C. Joyce (Edin. Rd.) I/C.
	Selwyn Avenue	8	„ F. M. Butcher (Edin. Rd.).
	St. George's R.C.	3	„ E. M. Owen (Winns Ave.).
	St. Patrick's R.C.	3	„ A. M. Landry (M'house Rd
			J.M.).
	St. Saviour's C.E.	5	
	St. Mary's C.E.	5	
		—	
		48	

“ *Educational Arrangements.*—The teachers give much thought to preparation long before the time they are to attend. Booklets and maps prepared by the staff are issued, and information circulated as to the natural features of the Island, and the historical associations of places visited, such as Carisbrooke Castle, Osborne House, etc. Lessons are given on matters of topical interest—seaweeds, shells, lighthouses, tides, ships, erosion, and so on. A noteworthy feature is the large number of children who learnt to swim, amounting in one case recorded to 33 per cent. of the girls who attended. There are excellent beaches at St. Helens and Sandown. At the latter a hut was hired for bathing convenience and storage of sports equipment.

“ Boxes of books were provided from the Schools' Library and ample provision was made for sports equipment. These were very much appreciated by the children.

ing and the storing of sports equipment. Both physical and mental benefit was derived from these hours spent on the sands.

“ Walks and educational visits were planned for the afternoons. ‘ Resting time ’ by the wayside provided opportunities for talks and sketching. All the girls were interested in making collections of wild flowers, seaweeds and shells, gathered on these outings. The specimens were named, pressed and mounted during the following evening.

“ Evening occupations were varied and the hour before bedtime was a profitable one. Diaries and notes were written then, competitions were held, specimens of wild flowers and seaweeds were pressed, mounted and named, and last, but not least, community singing was enjoyed.”

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

Boys:—

	1st Group.	2nd Group.	3rd Group.
Weight Increased ...	33	45	49
Average Increase ...	1lb. 11ozs.	1lb. 14ozs.	2lb. 2ozs.
No Change ...	11	7	10
Weight Lost ...	16	8	5
Average Loss ...	1lb. 2ozs.	1lb. 13ozs.	13 ozs.

Girls:—

	1st Group.	2nd Group.	3rd Group.	4th Group.
Weight Increased	20	10	23	40
Average Increase	1lb. 4ozs.	1lb. 6ozs.	1lb. 14ozs.	2lb. 4ozs.
No Change ...	9	5	7	3
Weight Lost ...	19	33	18	5
Average Loss ...	1lb. 11ozs.	2lb. 4ozs.	1lb. 8ozs.	1lb. 6ozs.

Open Air Classrooms in Public Elementary Schools.—Six open air class rooms were available during 1933.

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 William McGuffie School.

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

11. PROVISION OF MEALS.

(1) 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 meals consist of a joint, vegetables and puddings.

Year.	Number of Children.	Number of Meals.	Average Meals per Child.
1933	801	94,051	104.9
1932	758	77,838	102.7

The average cost of each meal during 1933 was 4.8d.

Supervision of Dietetics at School Canteen and at Special Schools:—

Miss E. M. Langley, your Authority's Domestic Subjects Instructress at the George Gascoigne Central Girls' Department, continued to visit and report on the dietaries at the various schools, etc., where meals were being provided by your Authority, and has reported as follows:—

MENUS.

During the year 1933 menus for both winter and summer have been drawn up for all Canteens, each menu covering a period of two weeks.

The aim of the diets calculated being to include in one meal all the necessary food factors, together with a generous supply of calories required by the school child.

Food included:—

1. First class proteins.
2. Mineral Salts.
3. Vitamins.

In order to economise in the cost of protein, cheese and liver have been served occasionally. Unfortunately, a small number of diners cannot eat the latter. The necessary amount of mineral matter is assured by the generous and varied supply of vegetables and fruit. To increase the amount of mineral matter, raw fruit has been served two or three times a week instead of starchy puddings. The home food of the necessitous children is chiefly of a starchy nature, hence the reason for reducing the amount of starch served at the Canteens.

Vitamins.—During the summer the necessary supply of vitamins, particularly vitamin C, was assured by servings of fruit salad. In winter, however, cold foods are not so palatable, and in order to include vitamin C in the diet, watercress, celery or raw carrots have been served as an extra to make sure of the inclusion of vitamin C which is so essential in winter as a protective food. Raw carrots are a very popular food.

CANTEENS.

High Street.—Since the publication of the last report many improvements have been made at this Canteen.

In the Kitchen extra cooking equipment has been provided, including a large oven, a steam jacketed boiler and an excellent plate rack. A supply of running hot water and another sink fitted near the plate rack would be great assets if provided.

The Canteen is still marred by its institutional appearance, two long rows of tables still seem necessary. The tables have been separated on two occasions as an experiment, but the result has not been satisfactory.

Owing to the deplorable state of the tablecloths after one day's use, the tables have been covered with American cloth. American cloth is not a perfect material for table coverings, but a better material has not yet been found after investigation. Table runners, also plants, improve the appearance of the tables.

In 1934 Food Posters prepared by the Joseph Barrett Physically Defective Scholars will be hung on the walls.

During 1933 the food supplied at this Canteen has been enjoyed by the children and recently the amount of waste, *i.e.*, food left on plates by children, has been almost abolished.

Higham Hill.—In the early part of 1933 it was decided to open another Canteen for the feeding of necessitous children at Higham Hill, so making it unnecessary for children from that area to travel so far for their mid-day meal.

The Kitchen is well equipped with gas cookers, boiler and sink. Unfortunately, a supply of running hot water is lacking.

The Canteen being a converted classroom is not very suitable for a dining room. Many of the tables are placed on a platform, making the serving of food slow.

The food is satisfactorily cooked at this Canteen, but many children leave food on their plates, which is very disappointing. Children attending this Centre are very young and many unable to cut up their food, the help of older children would be beneficial.

Joseph Barrett P.D. Centre.—During 1933 the cooking and service at this Canteen has been very satisfactory, the cleanliness of the table cloths being excellent.

The children being extremely interested in food values know exactly why they should eat certain foods. Owing to this intelligent interest the dinners served were much appreciated.

The elder scholars, directed by Miss Thompson and the Art Mistress, designed posters illustrating food values of certain foods. These posters will be hung in the High Street and Higham Hill Canteens in order to interest the diners at these Canteens in the value of certain foods.

Many thanks to all who helped in producing these excellent posters.

The Kitchen attached to the Joseph Barrett P.D. Canteen urgently requires redecorating.

Shernhall Street Special School.—Dinners supplied during the year at this Centre have been well cooked. Owing to the large amount of vegetables to be prepared by one person on two or three occasions the official menu could not be followed.

Children have enjoyed the dinners excepting for liver, which has not been appreciated.

Several children attending this school are undersized, delicate and suffer continually from colds. These children not only suffer from colds themselves but spread germs. Children mentioned have good appetites, yet do not increase in weight. A daily dose of Cod Liver Oil would raise their power of resistance to germs and also help to increase their weights.

(2) Milk was supplied to 645 children on medical grounds on the recommendation of the Medical Staff after the examination of children either at school or clinics, the total number of meals being 93,724. The number of children supplied during the preceding year was 592 and the number of meals 60,227.

In addition, 22 children were supplied with milk on the recommendation of the Tuberculosis Officer.

(3) 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. (a) 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 1933:—

Boys:—

	Number of Inspections.	Number of Parents.	Per Cent. 1933.	Per Cent. 1932.
Entrants ...	1,102	985	89.3	80.4
2nd Age Group	857	646	75.3	71.6
3rd Age Group	995	310	32.	35.3

Girls:—

	Number of Inspections.	Number of Parents.	Per Cent. 1933.	Per Cent. 1932.
Entrants ...	1,082	996	92.	88.9
2nd Age Group	898	704	78.2	79.7
3rd Age Group	1,077	602	55.9	56.6

(b) 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.

(c) 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.

(d) 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, in arranging for Convalescent Home Treatment, and of after-care visiting in connection with

children attending the Physically Defective School and Brookfield Hospital. Miss Lewis has kindly contributed the following report and statistics relating to the work of the Walthamstow Branch during 1933:—

“ There was a decrease of 35 in the number of children sent away in 1933 compared with 1932. This number is, however, still in excess of the 1931 figure, which was thought to be high. The decrease in 1933 seems to be entirely represented by the chest cases, which dropped back to normal from the high level they reached in 1932.

“ There were 77 children away at the end of 1933. One child known to be a hopeless case died in Cheyne Hospital, and a similar case was discharged home after 11 months' treatment and died three months later. It is not very satisfactory that re-applications for convalescence remain about the same.

“ Fewer applications for grants have been made to the Maternity and Child Welfare Committee, because an excellent home for children under five has been put on the Board's list as a Nursery School, and it has been to the children's advantage to go there.

“ The reduction in numbers referred by Dr. Sorley seems to be due to the fact that his children at Ventnor have required longer periods and so we have not asked for more names for his waiting list.

“ The increase in the number of instruments supplied is, I think, due to the increase in the number of new babies coming to Mr. Howell's Inspections and more vigorous after-care. The instruments have, however, cost us about £21 less than last year—an indication that those supplied have been smaller, less extensive and less expensive than those necessary for the older children.

“ There has been stronger co-operation with the Orthopædic Clinic since the change of staff at the beginning of the year, and I think this also accounts for the extra number of visits paid.”

Table of cases for 1933.

Referred by—	All Ages.	Under 5 Years.
School Medical Officers	242	95
Medical Men, Hospitals, Dispensaries ...	167	39
Tuberculosis Dispensaries	15	—
School Officials	9	—
I.C.A.A.	3	1
C.O.S. and other Voluntary Bodies ...	4	1
Parents	2	—
Others	—	—
	442	136

Defects—

Tuberculosis—Joints and Glands	6	—
Anæmia and Debility	60	5
After effects of illness	30	1
Marasmus and Malnutrition	7	1
Disease of Glands, non-tubercular	7	—
Pneumonia, Bronchitis and Asthma, etc.	32	2
Bones, non-tubercular	122	88
Congenital Deformities	42	16
Paralysis	25	10
Injuries	7	—
Rheumatism, Chorea, Heart	70	3
Diseases of Nervous System	3	1
Mentally Deficient	2	2
Hernia	4	3
Diseases of the Eyes... ..	2	2
,, ,, Nose and Throat	6	—
,, ,, Ears	7	—
,, ,, Digestive Organs	1	—
Various	9	2
Total	442	136

Help given to Old and New Cases. All ages.

	Old	New	Total
Sent to Special Hospitals and Convalescent Homes	56	207	263
Extensions from previous years	81	—	81
Provided with Surgical Boots and Appliances	104	84	188
Provided with Massage and Exercises	—	6	6
Referred for visiting and advice	58	86	144
Referred by I.C.A.A. to other Agencies	5	—	5
Visits re clothes	—	7	7
Total	304	390	694

26 of the cases sent to special Hospitals, etc., were under 5 years of age.

84 of the cases provided with Surgical Boots, etc., were under 5 years of age.

43 of the cases referred for visiting and advice were under 5 years of age.

Total of Home Visits 1,190

Average length of stay in Convalescent Homes 17 weeks 5 days

Miss Lewis has also kindly prepared the following interesting summary showing the method in which the various services provided by your Authority can be brought to the help of any child:—

- 15/9/32. Parents of S.B. applied to I.C.A.A. for advice re Rheumatism.
- 29/9/32. Seen at Rheumatism Clinic. Nil cardiac.
- 14/9/33. Re-attended Rheumatism Clinic. Complained of pains and wasting of leg. Referred to Orthopædic Clinic.
- 21/9/33. Attended Orthopædic Clinic. ?Arthritis (X-ray of hip negative).
- 19/10/33. Still had pain. X-ray of knee negative. ?Cyst behind knee.
- 29/11/33. Admitted to Brookfield Hospital. Operation revealed growth behind knee and pathological report later showed it to be non-malignant. Immunised against Diphtheria whilst in hospital.
- 11/1/34. Re-attended Rheumatism Clinic. Nil rheumatic. Discharged.
- 18/1/34. Re-attended Orthopædic Clinic. Final X-ray to make sure that all well.

(b) National Society for the Prevention of Cruelty to Children.—The Society undertook a prosecution in a case of continued uncleanness.

The parents of the child concerned had been warned on several occasions by the School Nurse on account of the presence of nits and had been, on two occasions, excluded from school on account of pediculi. Your School Medical Officer gave evidence on subpœna and the Society gained a conviction, the parents receiving imprisonment for one day each, the custody of the child being given to the Managers of Dr. Barnardo's Homes until the age of 16 years.

In view of the fact that the current year is the Jubilee year of the N.S.P.C.C., it is pleasing to review the following summary of the work done in Walthamstow during 1933 as reported by Inspector Francis:—

<i>Nature of Offence.</i>				<i>How dealt with.</i>			
Neglect	...	...	75	Warned and advised	...	...	110
Ill-treatment	...	...	12	Prosecuted and Con-	...	...	
Advice sought	...	...	16	victed	...	...	1
Various	...	...	8				
Total				Total			
	...		111		...		111

Supervisory Visits—Boys	...	...	235
Girls	...	...	195
Total	...		430

Of the 111 cases, 34 were below 5 years of age.

(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 1933:—

“ During the eight months of the year 1933, approximately 800 pairs of footwear were distributed at a cost of about £274.

“ Owing to the financial position of the Fund the Committee were again compelled to withhold the distribution after the Whitsun holidays. Since the re-distribution in October, 335 pairs of boots and shoes were allocated for the three months to December, 1933, at a cost of £115.

“ The Committee have continued the contracts entered into with local firms on the lines previously indicated.”

(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 work of the Essex Voluntary Association for Mental Welfare continues to be carried out largely by the Walthamstow Local Mental and After Care Committee, whose Chairman is Mrs. Fellows, and the Hon. Secretary, Mr. L. F. Bristow.

“ In Walthamstow there are 71 mental defectives under statutory Supervision, 3 on licence from Certified Institutions, 4 under Guardianship (all supervised at the request of the Essex County Council), and 186 under voluntary supervision. These figures show an increase, due to more complete ascertainment.

“ The two Occupational Centres, one for children and elder girls and the other a Handicraft Class for elder boys, continue to be held at the Settlement, Greenleaf Road, as heretofore. Both meet a real need in the case of those defectives who attend, but attendance is low. At the Junior Centre 28 have attended during the year, average 13. At the Boys' Handicraft Class 18 have attended, average 9. These figures compared with the above note of the total number under supervision show that the majority of defectives (other than those in attendance at Shernhall Street Special School) are having no training or really constructive supervision. It is hoped during the coming year to persuade parents to make an increased effort to get their children to the Centres.

“ Junior Centre Summer Outing, July 12th, 1933. An outing was arranged for the children attending Walthamstow and Leyton

Centres at the Jubilee Retreat in the Forest at Chingford. A picnic lunch was eaten under the trees in a small clearing, and games were played and races held in the sunshine. Later in the day the party (of 28 children with 12 parents and friends) adjourned to the Retreat for tea, and afterwards ended hilariously in the Amusement Park.

"Christmas Party. The Christmas party was held at the Settlement on December 19th, and was enjoyed all the more by the 24 children who attended because all the grown-ups entered fully into the spirit of the afternoon, and joined in the games. Mr. Page made an excellent Father Christmas and was hailed with glee when he made his way into the room laden with a sack containing a gift for each child.

"Boys' Class.—On January 4th, 1934, Mr. Bristow, with the Supervisor of the Class, took a party of boys to the Pantomime, their Christmas treat. The afternoon was enjoyed greatly and will be long remembered. Each boy who attended regularly had already received a useful gift on the breaking-up day before Christmas.

"It gives great pleasure to the Essex Voluntary Association not only to acknowledge the great amount of help received in Walthamstow but to offer their sincere thanks to those who give so much of their time to help in this work."

Mr. Bristow, the Secretary to the Walthamstow District Committee for Mental Welfare, has kindly given the following summary of the after history of mental cases:—

Boys.—

- J. M. Plate glass works—wages, 18s. to 25s. weekly.
- G. M. Boot making factory—wages, 15s. to 23s. per week.
- S. J. Nursery labourer and on buildings, learning pointing.
- E. H. Engineering factory.
- M. H. Nickel plating factory.

Girls.—

- M. W. Counter girl.
- M. S. Laundry counter girl.
- P. H. Laundry counter girl.

(e) The following information has been extracted from the Annual Report of the Walthamstow Association of Tuberculosis Care Helpers for the year ending March 31st, 1933. The Association made the following grants in respect of children:—

Nourishment 44, cases sent to Convalescent Homes 16. In co-operation with the Education Committee. Twenty cases were recommended for Convalescent Home Treatment, and 40 for milk at school.

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

13. 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, and has, generally, been adequate.

(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 12 (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 1933, and has been supplied by the Head Teacher, Miss Balls:—

Blind			Partially Blind		
	Walthamstow	Other Authorities		Walthamstow	Other Authorities
Boys	3	3	Boys	25	3
Girls	7	5	Girls	22	11
Totals	10	8	Totals	47	14

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.:—

“ There are 75 children at present attending the Myope School; 35 boys and 40 girls. According to their various visual disabilities they may be classified as follows:—

Defect	Boys.	Girls.
High Myopia—Simple	13	14
High Myopia and Astigmatism	5	11
High Hypermetropic Astigmatism with diminished visual acuity	3	1
Corneal Opacities resulting from:—		
(a) Ophthalmia Neonatorum	—	1
(b) Interstitial Keratitis	1	1
(c) Severe Phlyctenular disease	—	1

Nystagmus—simple congenital	...	...	5	1
Nystagmus and albino	...	...	1	1
Nystagmus, albino and collobomata of choroids	...	...	1	—
Nystagmus, cataract and colloboma of iris	...	...	—	1
Congenital cataract	...	...	1	4
Bilateral optic atrophy	...	...	1	—
Bilateral macula choroido retinitis	...	...	—	1
Anophthalmia — post operative for double Glioma	...	...	1	1
Pseudo glioma	...	...	—	1
Choroidal colloboma	...	...	1	—
Choroidal colloboma, cataract	...	...	1	—
Aphakia—operative	...	...	1	—
Right phthisis bulbi and Left optical iridectomy	...	...	—	1

“ Apart from the education it affords to those children who are blind within the meaning of the Act, the system of teaching continues to justify itself in the striking manner in which the progress of disease in the high myope class is arrested. The parents now co-operate admirably with the teachers for the attainment of this end by careful supervision at home and the limitation of reading outside school hours.

“ As usual during the year a number of cases from the school and the ordinary weekly refraction clinics, have been admitted to the Western Ophthalmic Hospital for operative treatment where such was deemed advisable.”

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

“ It will be readily understood that great care is required in arranging instruction suitable to the capacity of children of varying ages, handicapped by various forms of Eye disease.

“ The children are divided into two groups:—

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

“ The partially blind children use their eyes while doing their work, great care being taken that the eyes are in no way subjected to strain. Special reading books printed in letters measuring one inch are read; writing is performed on blackboards with white chalk; arithmetic is written down in the same manner, and the work is done as far as possible in an upright position (frames are

used to keep books upright) so that the minimum amount of head-bending, with its consequent eye strain is required of the partially blind child.

“ In the Senior classes the children are taught to typewrite on Remington typewriters, so that in time they are able to typewrite their essays, and this without using their eyes at all, the ‘ touch typewriting method ’ being employed. The junior children write their exercises on blackboards, or on large sheets of black paper, affixed to the wall.

“ Those children who are ‘ Blind within the Meaning of the Act,’ number 17 at present. They are taught the Braille System of reading and writing, and use the Taylor frame for working out their arithmetic exercises.

“ These children are also taught to typewrite, in order to facilitate their chances of communicating with a community which is generally unfamiliar with the Braille System.

“ As the children are not permitted to read books printed in ordinary type, the teacher reads aloud some standard work of literature for at least half an hour every day. The important news is read to the children weekly. Oral lessons in history, geography, hygiene, nature study and citizenship are given. Scripture history of course, is taught in the time set apart for it.

“ The instruction given follows the same lines as that given in an ordinary 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, while the girls learn hand-knitting, machine knitting, cardboard modelling, leather work and raffia work. In addition, all the children work at gardening, clay modelling, and the partially blind do large pastel drawings.

“ 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 capacity, the Juniors attend the adjacent elementary school for lessons in history and geography and nature study.

“ The seniors take all their lessons at the Myope Centre, as the children of their age and capacity in the elementary schools learn their lessons mainly from books, printed in type too small for the myope child to read.

“ Since many of the children are suffering from progressive and high myopia, there is always the danger of the retina becoming detached, and total blindness ensuing, if violent movements such as jerking, jumping, lifting, bending, wrestling or falling are indulged in. The avoidance of detached retina, with the necessary amount of physical training for each child is secured by a special adaptation of the Board of Education drill syllabus, by which only the gentler rhythmic forms of exercise are taken.

“ Country dances are also taught, and suitable outdoor and indoor games indulged in. As children who see imperfectly are inclined to peer, and to lean forward in doing so, there is a tendency to spinal curvature. In order to remedy this, the Education Committee, on the advice of the ophthalmic Surgeon, has supplied the centre with a rowing machine, which is used daily by the senior and junior children.

“ During the month of June, a school journey to East Anglia was undertaken, the party comprising two teachers and 40 boys and girls. Very comfortable accommodation was found at Hunstanton, and the children spent a most enjoyable and beneficial fortnight there, exploring the district from that centre. Visits were made to Lincoln, Norwich, Ely, Walsingham, King's Lynn, Castle Rising, Sandringham and Old Hunstanton.

“ Lessons on the history and geography of East Anglia had been given beforehand, so that the children could obtain the maximum benefit from the journey, educationally as well as physically. Upon their return, essays were written and picture albums made, each child taking home a picture album as a memento of the journey, and a portfolio of essays typed by itself, as a much-prized record of the happy days spent in East Anglia.

“ After the summer vacation, the weather being suitable, lessons were held on the lawns, the myope desks being light enough to carry outside. The garden produce was collected, and formed part of the school dinners; the gardens were trenched and manured, and bulbs were planted indoors and outside.

“ At Christmas, the children performed the plays ‘ Pandora's Box,’ and the ‘ Oxford Nativity Play,’ and gave an exhibition of all the forms of work carried on at the Centre.

“ Of the nine girls and seven boys who have left the Centre during the past year, the following information has been ascertained:—

One girl has left the district and is working as a draper's assistant.

Two girls are receiving further workshop training at the Institution for the Blind at Swiss Cottage.

Two girls are employed at packing in a local factory.
 Two girls are employed in a box-making factory.
 One girl is learning to be a nursemaid in a children's home.
 One girl has removed to another district with her parents and is attending a suitable sight-saving school.

Four boys of school age have removed from the district, but only one of them is attending a suitable sight-saving school.

One boy is employed in a suitcase factory.
 One boy is employed with a jobbing gardener.
 One boy is still without employment."

(ii) *Deaf Centre*.—Miss Coates has kindly contributed the following report on the work done in 1933:—

" This school is situated in Gainsford Road, adjacent to the William Morris Central Schools, and has a capacity for 20 children.

" There were 17 children on the roll on December 31st. They are classified as follows:—

	Deaf—within the Act	Partially Deaf	Aphasic
Boys	3	1	4
Girls	6	1	2
Total	9	2	6

" All the children were from the Borough of Walthamstow.

" Three children left during the year. Good employment was found for one girl in a toy factory, and for one boy as a cabinet maker. The other boy (Aphasic aged 10 years), left to go into a home on account of his progressive physical disabilities.

" The work of the school has been carried on successfully during the period under review. All the children are taught on the oral method, viz.: by speech and language by means of lip reading. The elder children are also taught Scripture, general knowledge, history, geography and arithmetic. Organised games are taken once a week in the large playground of the adjoining school.

" Handwork is taught throughout the school. The elder girls have in addition, a course of laundry and cookery, and the elder boys have a course of woodwork at the William McGuffie housewifery and woodwork centres respectively.

“ Boot repairing and brush making are taught to the elder boys by a visiting teacher.

“ The younger children and those others who live in out-lying districts are brought to school and taken home by the school ambulance. Several elder children travel to school by tram-car.

“ During the latter part of the year, the school suffered a great loss through the retirement of Mrs. L. Smith, who has been Head Teacher for the past 14 years.”

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

Co-operation at Orthopaedic Clinics.—In view of the fact that most of the new orthopaedic cases are now being discovered by the Maternity and Child Welfare Service, and at the suggestion of Mr. Whitchurch Howell, your Council's Maternity and Child Welfare Committee have agreed that the Health Visitors in rotation should attend the monthly inspection clinics together with the part-time masseuse attached to the Infant Welfare Centres. In addition, a request has been made that one of the honorary masseuses from Brookcroft Child Welfare Society should attend the clinic whenever a new case is referred from their welfare centre. This scheme of liaison has fully justified itself.

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

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 reports which follow, ably prepared by the masseuses, Miss Garratt and Miss Haydon, show the types of cases treated and the increase in the work and popularity of the Orthopaedic Clinic.

“ From it will be seen the increase in the number of cases under five years of age; also the desire of those over school age to continue to attend under the Orthopaedic Scheme.

“ Recent reorganisation of the Clinic has resulted in more efficient running, and has been much appreciated by the staff.

“ The co-operation of the Infant Welfare Centre has been most useful, and their personnel attends the consultations at the Orthopaedic Clinic.

“ As a result of the increase in the work, efficiency and popularity of the clinic it may therefore be necessary in the near future to hold extra sessions for consultations.”

JOSEPH BARRETT PHYSICALLY DEFECTIVE CENTRE.
ORTHOPÆDIC SCHEME.

Defects	Boys			Girls		
	5—16 years	Under 5 years	Over 16 years	5—16 years	Under 5 years	Over 16 years
Anterior Poliomyelitis ...	13	1	5	13	1	15
Tubercular Joints ...	15	—	3	5	—	2
Rickets—Genu Varum ...	2	51	—	2	24	—
Genu Valgum ...	10	15	—	3	12	1
Erbs Paralysis ...	—	—	—	—	1	—
Scoliosis, Kyphosis, Lordosis ...	9	4	—	17	2	3
Pes Plano Valgus ...	27	14	—	29	15	1
Spastic Paralysis ...	6	4	1	9	4	2
Kohlers Disease ...	1	—	—	—	—	—
Congenital Defects ...	5	2	—	5	2	1
Ataxia ...	3	—	—	1	—	—
Torticollis ...	3	—	—	2	7	—
Arthritis... ...	3	—	—	2	—	1
Fibroma ...	—	—	—	1	—	—
Hammer Toe ...	1	—	—	1	—	—
Pseudo Coxalgia ...	1	—	—	1	—	—
Foot Deformities ...	2	3	—	3	3	—
Fractures ...	1	—	—	—	—	—
Coxa Vara ...	1	—	—	—	—	—
Pseudo Hypertrophic Paralysis ...	1	1	1	—	—	—
Osteomyelitis ...	2	1	1	—	—	—
Spina Bifida ...	1	—	—	1	—	—
Accidents ...	2	—	—	2	—	—
Epilepsy ...	1	—	—	4	—	—
Heart Disease ...	10	—	—	11	—	—
Miscellaneous ...	5	4	—	9	4	1
Totals ...	125	100	11	121	75	27

Number of cases seen by the Surgeon :

From Physically Defective Centre ...	94	} Total 463
From other Schools ...	182	
Over School age ..	38	
Under School age ...	149	

New cases seen :

School age ...	49	} Total 136
Under School age ...	87	

Total number of examinations made by Surgeon ...	599
Average number of examinations made per session ...	54.5
Total number of cases discharged from register by Surgeon ...	81
Cases discharged from Surgeon and for After-Care only by the Masseuse	
School age ...	34
Under School age ...	10
Cases over school age away training and still on Register ...	4
Number of attendances for Orthopædic and Massage treatments ...	3328
(Including children of all ages)	
Average number of attendances per session ...	16.9
Number of sessions held—Medical inspection ...	11
Treatment ...	196
Total number of visits by the Instrument Maker ...	23

Miss Lewis, of the I.C.A.A., has kindly prepared the following summary with regard to the after history of Orthopaedic cases:—

- R.H. (24) Compression paraplegia due to severe scoliosis. Wears caliper. Treated in London and sent on to Headington for further treatment and training. Became exceptionally proficient in boot making and permanent employment was found for him in connection with the Hospital.
- R.W. (19) A.P.M. Wears raised boot. Treated locally at first, but as she was a war orphan with an unsatisfactory home, she was sent for $2\frac{1}{2}$ years to a surgical home in the country. From there she went direct to a training home, and has been placed on the staff of a convalescent home used extensively for Walthamstow children. The Sister-in-Charge has found her so capable, that she hopes in time to be able to give her the position of under Matron for which she is training the girl.
- G.W. (16) Hemiplegia with S.F. at 13. Little could be done for her, other than to give her lengthy convalescence which made her a strong girl. When she left school, she was placed on the domestic staff of Brookfield Hospital, and has remained there for 18 months, doing very satisfactory work.
- S.P. (25) Fractured tibia at 3 years which did not unite. Attempted grafts unsuccessful. Under local supervision until old enough to go to Headington for training. Set up in a little boot repairing shop here, and does a good many surgical alterations for the Orthopaedic Clinic. In 1931 leg was amputated for a fibro-sarcoma.
- P.T. (18) T.B. spine. Local supervision after special treatment. Entered Technical School after Physically Defective School, and is now employed by an Insurance Company. Able to discard spinal support in 1931.
- R.G. (20) Surgical tuberculosis. On crutches. Local supervision after special treatment. Entered Technical School after Physically Defective School and was there trained as a draughtsman and was top of the College. Now employed by an engineering firm.
- G.K. (20) A.P.M. Treated locally at Brookfield Hospital. Wears caliper. After Physically Defective School, was apprenticed to a tailor and has been able to do this work successfully.
- F.M. (22) A.P.M. Treated locally and in Brookfield Hospital. Sent away for training and now earns a certain amount at home with a knitting machine which was supplied for her.

C.E. (22) A.P.M. Treated locally and in Brookfield Hospital. Wears double calipers, but has worked in the same wireless shop from 1929 until present day.

D.S. (17) A.P.M. onset at 12. The most helpless cripple we have had. Treated locally and in Brookfield Hospital. Has now been placed, probably permanently, in a home for crippled girls. Here she is being trained, to a certain extent, in needle work.

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

“ The defects suffered by the children in the school are classified as follows:—

			<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Orthopædic	...	...	24	18	42
Cardiac	...	...	10	11	21
Other	...	...	7	5	12
			—	—	—
Totals	...	...	41	34	75
			—	—	—

“ The work in the school does not differ greatly from that of a school for normal children. The standard of attainment in ordinary school subjects is substantially the same, though the age at which it is reached is a year or more later, due, of course, to the frequent periods of absence from school.

“ It is the aim of the school to send the children out to the world's work as well equipped in the mental sphere as possible, to enable them to compete with their more fortunate brothers and sisters. Further, as these children will not find their recreation in the usual sports, their minds are directed to the field of Art in which it is hoped they will be able to spend their leisure time both happily and sometimes profitably.

“ One boy was sent to the Leyton Art School this year, and is doing well. One boy also passed on to the Central School. Of the three who left school being over age, only one is unable to work by reason of physical infirmity.

“ The new dietary supervised by Miss Langley is based on the most modern scientific knowledge. It is gratifying to be able to report that it was accepted by the children after a little persuasion, and now the most popular dinner is salad and cheese, followed by a pudding.

“ Dr. Ralph Williams made a visit of inspection in May. He thought the children looked well and pronounced several of the seniors ‘ very intelligent.’

" Various kindnesses have been received by the children during the year. The Walthamstow Rotary Club gave them a delightful summer outing in the members' private cars, and included them in a large New Year's party last January. In addition, five money prizes were given for the best essays on their summer outing.

" Miss Balls extended an invitation for the entertainment given by her scholars at the Myope Centre, and during the Christmas holidays, Mr. May gave them a cinema treat followed by a tea party at Barnet.

" Nineteen children were transferred to the ordinary schools during the year.

" *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."

Miss Garrett, C.S.M.M.G., has kindly summarised the admissions and the operations done during 1933, as follows:—

Admissions (Walthamstow cases only):—

Under 5 years of age	...	...	...	...	10
5 years and over	...	...	...	...	16
					—
Total	...	...	...	...	26
					—

Number of patients already in Hospital on					
January 1st, 1933	...	...	...	...	8

Classification of Defects					Under 5 years.	5 years and over.
Scoliosis	...	...	...	...	—	1
Osteomyelitis	...	...	...	...	—	1
Paraplegia	...	...	...	...	—	1
Anterior Poliomyelitis	...	...	...	...	2	2
Hip	...	...	...	...	—	1
Rickets—General	...	...	...	...	1	—
Genu Varum	...	...	...	...	5	—
Genu Valgum	...	...	...	...	4	—
Anterior Poliomyelitis	...	...	...	...	2	2
Congenital abnormalities	...	...	...	...	—	1
Digitus Varus	...	...	...	...	—	2
Club Hand	...	...	...	...	—	1
Talipes Equino Cavus	...	...	...	...	—	1
Slipped Epiphysis Hip	...	...	...	...	—	1
Fibroma	...	...	...	...	—	1

Classification of Operations	Under 5 years.		5 years and over.	
Osteotomy—Femoral (1 ball and socket, 1 sliding)	6	2		
Cuneiform	2	1		
Arthroplasty elbow	—	1		
Osteoclasis	8	—		
Median Stoffel	1	1		
Open Elongation Tendo Achilles	1	3		
Plastic Operation (hand)	—	1		
Amputation Digit 5 foot	—	2		
Bone Graft	—	1		
Tenotomy of Tendo Achilles	1	2		
Removal of Fibroma	—	1		
Plaster of Paris:—				
Plaster bed			1	
Plaster Spica			1	
Plaster Jacket			1	
Splints, Various:—				
Following operation by Surgeon			20	
By Masseuses			9	

Summarising the total work done at Brookfield Hospital during 1933, there were 81 admissions, 69 discharges, and 8 outward transfers. A total of 134 operations was done.

(iv) *Mental Deficiency.—Ascertainment.*—Ascertainment has proceeded along the lines detailed in previous years. A summary of 63 examinations is given below, and of the 28 children not Mentally Deficient, 8 had intelligence quotients above 90, and 10 had intelligence quotients between 80 and 89.

Reference to the relevant section of Table 3 at the end of the report will show that there are only 83 certified defectives (excluding those who have already been notified to the County Council as the local Mental Deficiency Authority) in the area against an expected number of 136.

Certification.—The School Medical Officer and two of the assistant School Medical Officers are recognised by the Board of Education as Certifying Officers.

A summary of the work done under this heading during the last four years is of some interest:—

	1933	1932	1931	1930
Not Mentally Defective, or Dull and Backward	28	70	49	29
Border line Mentally Defective	—	3	4	1
Mentally Defective	24	17	20	17
Imbeciles	9	6	10	4
Idiots	2	1	4	4
	—	—	—	—
Totals	63	97	87	55
	—	—	—	—

Mentally Defective School.—Your Authority provides a Special School with accommodation for 130 children. The After Care Committee does excellent work in watching the interests of the children after leaving school.

At the end of 1933, the classification, according to the latest available intelligence quotients, was as follows:—

Intelligence Quotient	80 to 89	.....	7
„	70 to 79	.....	14
„	60 to 69	.....	26
„	50 to 59	.....	14
„	40 to 49	.....	4
Not recently tested	.....		2
			—
Total			67
			—

A special visit is paid to the school at the end of every term, and all cases considered to be ineducable by the Head Teacher, are carefully reviewed and, if necessary, excluded, and notified to the County Council for supervision.

It is hoped, by this procedure, gradually to eliminate all ineducable and low grade children. By the end of 1934, all children with intelligence quotients below 50, should be excluded. Owing to the great scarcity of Institutional beds, and to the fact that, failing Institutional admission, the only alternative is attendance at the Occupation Centre on a voluntary basis, it is often an irksome task to certify these low grade defectives as ineducable.

The following table shows the number of children who have either left or have been excluded during the past 4 years, and includes those directly notified to the County Council:—

	1933	1932	1931	1930
Decertified	2	1	1	—
Attaining age of 16 years	8	—	—	—
Allowed to leave for employment	1	2	5	4
Notified to County Council as				
Ineducable	6	5	—	—
„ „ „ „ Imbecile	9	—	6	1
„ „ „ „ Idiot	2	—	—	—
	—	—	—	—
Total	28	8	12	5
	—	—	—	—

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

“ Shernhall Street Special School continues to be run on family lines as far as is practicable. The aim of the staff is not any specialised attainments, but an all-round development of all the faculties possessed by the scholars so that in later life they

can take their place as citizens able to support themselves even if unable to contribute to the support of the homes in which they live. This is true of a good percentage of those who leave year by year—the others passing on to the Occupation Centre where continued care and supervision are given them.

“ In the curriculum half the day is devoted to ‘ mental ’ subjects, reading first, because it is the basis of all calculation and reasoning. Here the children progress at their own rate, and very satisfactory results follow. Great keenness to read a book, especially a story book, acts as a spur with the less capable ones to greater effort. To be able to calculate simple monetary transactions, such as is necessary to everyday life, is the aim of the ‘ number ’ class, while storytelling or reading rounds off a session of enthusiastic work.

“ Speech training and singing (whistling for boys whose voices have broken), are taken together, and help the child to conquer either the lack of, or excess of, shyness in the presence of others.

“ Dancing and general games, while affording the ‘ joie-de-vivre ’ so natural to children, unconsciously develops physical fitness, and the sense of fair play, and aids sensory development.

“ Hand control occupies the other half of the day, and nearly all subjects are taken by boys and girls alike—cookery, housewifery, stitchery, drawing, rugwork—while more specialised subjects such as knitting by machines, gardening, boot-repairing, brush-making, woodwork, are taught to the older scholars.

“ On the allotments, 20 boys had plots in which they grew a little of everything, vegetables and flowers. The resulting crops were divided between school and the scholars themselves. A keen competition took place between the boys as to who should bring the first beans grown in their own gardens at home. Bulbs, plants and ferns brighten the class-rooms, and an outdoor pond adds to the interest of the gardening class.

“ Footwear, largely provided by the ‘ Boot Fund,’ receives attention in the ‘ repairing ’ class.

“ In woodwork, minor repairs to school apparatus are carried out as well as the construction of simple objects such as flowerpot stands, stools, small tables, etc., of which use is made by the children themselves.

“ In the brush-making class, shoeshines, polishers, nail-brushes, small and large scrubbing brushes, bass brooms, etc., are made.

“ This year a carefully balanced dietary has been followed, and the improvement in the physique of the children has been very pleasing. This can be better appreciated after a long vacation, as at midsummer, when many scholars return showing the need of school feeding and general care. So enjoyable are the menus

that empty plates are the rule at the end of a meal. An average of 3,340 meals are partaken every quarter—230 per week.

“ 1933 again saw 40 children enjoying a school journey to Boscombe. The weather was delightful, and except for sleeping, all were out of doors all day long. Dinners and teas were taken either to the sands or to excursion picnics. While paddling appealed to a few, the majority loved best the rambles, searching for flowers or shells, and discovering new scenes. These delightful holidays give the children an opportunity of visiting places which later life may never afford them. This year, North Wales is the hoped-for goal where rocks and mountains can use up the super-abundant energy, and minds can assimilate nature in all her beauty.

“ As boys and girls leave the school, they are introduced to After Care Visitors, who keep in touch with them in a friendly way, helping them when possible to obtain suitable employment and seeking the best advice for them in sickness, or in other difficulties.

“ Mr. Bristow, the Secretary, has records of 247 of such children who are in touch with this sympathetic Committee.

“ During 1933, of the 14 boys who left, 3 are in employment, one was transferred to a normal school, and 8 are unemployable, so have been transferred to the Occupation Centre, under care of the Essex Voluntary Association. Of the 14 girls, one is in work, one is employed at home, 2 were transferred to the normal school, 4 left the neighbourhood, 2 were transferred for training to Royal Eastern Counties' Institution, Colchester, and 3 were passed on to the Occupation Centre

	On Books during year	Left	Work	Work at Home	Trans- ferred to normal school	Left Neigh- bour- hood	Occu- pation Centre	Train- ing Insti- tution	Dec- eased
Boys	55	14	3	—	1	—	8	—	2
Girls	41	14	1	1	2	4	3	2	1

“ Everything possible for the welfare of the children attending the Special School, is done generously and sympathetically by the Walthamstow Education Committee, and parents should feel themselves fortunate to live in a district where so much is done for their offspring.”

(v) *Stammering Classes*.—The stammering classes were continued on Monday and Thursday afternoons at Mission Grove Infants' 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	3	1	2	3	5	6
Girls	—	1	—	—	1	1

(vi) *Convalescent Home Treatment*.—249 children were sent away for Convalescent Home Treatment during 1933. Included in this number were 22 sent away in conjunction with the Walthamstow Association of Tuberculosis Care Helpers. There were 77 children remaining in convalescent Homes and Hospital Schools in December, 1933.

The conditions for which children were sent, included the following: Debility, 86; Heart Disease, 36; Rheumatism, 24; Chest Complaints, 46; Anaemia, 39; Malnutrition, 7; Nervousness, 25.

A total of 22 beds are retained at St. Catherine's Home, Ventnor; 10 for observation or pre-tubercular cases, referred by the Tuberculosis Officer and 12 for other cases. The reserved beds at Hawkenbury have been very valuable, and of 8 cases sent, 6 have been from the Rheumatism Clinic. A total of 72 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 5 days.

During the Autumn of 1933, it became apparent from the work of the Invalid Children's Aid Association, that an unduly high number of children from a particular street on one of your Council's Housing areas had required medical treatment, and had in fact, been recommended for Convalescent Home Treatment.

Thus, out of 72 houses in the street, 25 children from 18 addresses have been under the care of the Association since the houses were built about 6 years ago.

Of these, five cases had occurred up to 1930, and another five between 1930 and 1932. These figures can broadly be regarded as the average requirement of this particular area for Convalescent Home Treatment.

Up to October, 1933, however, 14 cases had occurred, and obviously this extremely high incidence required some explanation.

Several of the houses from which cases had arisen were visited, a refuse shoot in the vicinity was inspected, and a ditch at the back of the houses on one side of the street was inspected. No obvious causal factor could be found in these directions.

The question of unemployment was then gone into, and failing an explanation on this ground, the nett income per head was worked out by Miss Lewis, Secretary of the Walthamstow Branch of the Invalid Children's Aid Association. Four of the families showed a nett income of less than 6s. per head.

Mr. West, your Council's Housing Manager, then pointed out that these houses had been allotted about 6 years ago to families which had previously occupied only one room. He suggested that in view of the fact that only three of the fourteen children were under 6 years of age in 1933, it appeared probable that the underlying cause was that the children had been born and had been previously brought up under grossly overcrowded conditions.

The following table shows the particulars regarding the above cases:—

Age	Referred for Convalescent Home Treatment	Diagnosis.	Father's Employ- ment.	Nett income after deducting rent. s d	Nett income per head per week after deducting rent. s d	Number of children.
1	Orthopaedic Clinic	Bowed Tibiae	Employed	73/7	14/9	3
7	{ Tuberculosis Officer	Deb. after S.F.	Employed	} 36/5	3/6	8
6		„ „ Dysentery	„			
5		„ „ and Anaemia	„			
13	Rheumatism Clinic	General Debility and Nervous Exhaustion.	Employed	50/7	10/1	3
6	Hospital	Nervous Debility	Employed	73/7	14/9	3
8	Hospital	Persistent Enuresis	Employed	39/8	9/11	2
12	A.S.M.O.	Anaemia and General Debility	Employed	53/1	7/7	5
11	Tuberculosis Officer	Catarrh	Employed	62/5	5/2	9
10	Hospital	Poor General Health, Loss of Weight	Employed	53/5	5/4	7
8	A.S.M.O.	Anaemia	Employed	40/7	6/9]	3
1	Hospital	Rickets. Malnutrition	Employed	55/3	6/11	6
7	Orthopaedic Clinic	Flat Foot	Employed	50/-	10/-	3
12	A.S.M.O.	Debility and Anaemia	Unemp. 1 month	20/9	2/7 unemp. 5/11 employed	6

14. FULL TIME COURSES OF HIGHER EDUCATION FOR BLIND, DEAF, DEFECTIVE AND EPILEPTIC STUDENTS

The Authority for the provision of such courses is the Essex County Council.

15. NURSERY SCHOOL.

The routine medical supervision is the same as detailed in previous reports, except that all the children are now seen by the School Nurse before being admitted to the school.

Miss Richards has kindly contributed the following report on the work of the Nursery School during 1933 :--

" In reviewing the work of the Nursery School during 1933, one is impressed by the much higher and steadier attendance throughout the year (especially from June to December). It reached its maximum during the first week in October, when the average attendance was 128.4, the highest attendance since the school was opened in 1929.

" Together with the better attendance during the year, the general health of the children has shown distinct improvement. Except for a few isolated cases of Scarlet Fever, Diphtheria and Mumps, there has been no epidemic disease during the year. There have been fewer coughs and colds, children with a tendency towards bronchitis have seemed much stronger, and have attended more regularly. A number of Tonsils and Adenoids operations and teeth extractions have been carried out in a good many instances with beneficial results, and the school nurse reports a distinct improvement in the general cleanliness of the children both as regards body and head condition.

" Both the improved condition of health amongst the children and the high average attendance are very largely attributable to the exceptionally long and fine summer weather.

" The year has also shown a more united co-operation on the part of the parents and their greater appreciation and better understanding of those principles, both educational and medical, upon which the Nursery School is based.

" Reviewing the year as a whole, I feel confident that the Nursery School is now established, and justifies its existence.

" It is to be hoped that its successful results may lead to the opening of other Nursery schools in Walthamstow."

16. SECONDARY SCHOOLS.

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

17. PARENTS' PAYMENTS.

The approved scales for the recovery of fees in respect of treatment for Tonsils and Adenoids, Ringworm and Dental defects are set out on the back of the leaflets in use for the purpose of recording the parents' agreement for such treatment.

In the case of members of the Hospital Savings Association, the vouchers are accepted in lieu of parents' payments, and the contributions are recovered from the Association.

The full cost of the appliances supplied under the Orthodontic Scheme is recovered from the parents before they are supplied.

Except in necessitous cases, parents pay in full for all spectacles under an agreed scale of charges accepted by all the Opticians on the official rota.

18. HEALTH EDUCATION

(a) Towards the end of the year a questionnaire was sent by your Director of Education to all Head Teachers requesting information as to the teaching of Hygiene, more especially in view of the new edition of the Hand Book of Suggestions on Health Education, 1933, copies of which had previously been supplied to all Departments.

Fifty-two out of sixty-five Departments allocated a definite period of instruction to the Hygiene of Food and Drink, and of these twenty-five allocated periods of half an hour and over per week. Eight Senior Girls Departments gave teaching in Mothercraft and, in addition, three Departments arranged for Senior Girls to attend your Authority's Nursery School.

The Head Teachers of fifteen Departments stated that new or additional wash-basins were required, ten stated that hot water was either necessary or advisable, and 3 suggested the provision of heated cloakrooms.

(b) *Dental Propaganda.*—The Dental Exhibit provided by the Dental Board of the United Kingdom, was demonstrated at ten Central and Senior Schools over a period of ten school days. Lady demonstrators gave simple talks on Dental Hygiene, and explained exhibits which consisted of a series of models showing the development and eruption of the teeth, their structure and the diseases for which they are liable.

As in 1932, the Board supplied copies of their leaflet entitled "What about your teeth," and which had been specially prepared for those about to leave school.

Two thousand copies were requested in November, 1933, and arrangements were made by your Director of Education for distribution through the Juvenile Employment Officer.

The following extracts were taken from the reports made by Head Teachers to the Director of Education:—

Miss Sapsford, George Gascoigne Central Girls' School, reports: "A thoroughly interesting series of talks. The lecturer adapted herself to the 'audience' splendidly. The models were used very effectively, and the many questions were answered sympathetically and helpfully."

Miss Walton, Chapel End Senior Girls' School, reports: "The lectures were both instructive and interesting, and dealt with kinds of teeth, formation of 1st and 2nd teeth, best types of food, how to clean teeth, and the danger of decay. The lecturer very skilfully graded the material according to the age of the children she was addressing. The girls were thoroughly interested and impressed as was shown by the questions they asked and the fact that several girls have since asked for dental forms."

Your Director of Education and School Medical Officer have visited various schools while the demonstrations were in progress, and consider that their educational and hygienic value are well worth any slight disorganisation of the Time Table which may be caused.

19. SPECIAL ENQUIRIES.

Following the report as to the physical condition of children attending the Canteen Centre (referred to previously) your Committee decided to ask for the observations of Head Teachers with regard to the number of children attending school without breakfast.

A circular was issued by your Director of Education, and out of 65 Departments, in 17, there were children attending without breakfast, in 13 instances the numbers were below 6, and in the remaining 4, the numbers were 14, 26, 30 and 38, and all the latter were at Senior Boys' and Senior Girls' Departments (2 each).

In reply to a further questionnaire, the following replies were received by your Director:—

School	Number attending without breakfast		Reason
Blackhorse Road Senior Girls	59	42	(a) felt sick; (b) did not fancy it; (c) no time to eat it.
		17	Poverty. Appearance and physique bear this out.
Wm. McGuffie Senior Girls	38		No appetite.
Wm. Elliott Whittingham Boys	30	13	no appetite, 11 occasionally, 6 poverty.
Markhouse Road Infants	22	12	get up late, 3 no appetite, 7 poverty.

The total number of children who come to school habitually without breakfast where the reason given is poverty, was 41, and of these 25 were in the Higham Hill area.

20. MISCELLANEOUS.

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

“ The Juvenile Employment and Welfare Committee met on eleven occasions during 1933. The Committee’s report for 1932 stated that there was not much hope, at the date of their report, that the bad state of unemployment during 1932 would be improved during 1933. The general gloom began to lift, however, in July, and for the remainder of the year better conditions prevailed. January opened with the worst conditions the Bureau has known. There were then 402 boys and girls on the registers, of whom 184 were receiving Unemployment Benefit. The highest figure for any previous corresponding period was 416 in 1925, when 181 received Unemployment Benefit. It should be borne in mind that in 1925 Extended Benefit was given to large numbers who had only eight stamps to their credit. The first statutory condition for Unemployment Benefit at present, is that a claimant must have thirty stamps to his credit. It is therefore evident that the proportion of boys and girls who received benefit in January, 1933 (184), is really very much greater than in 1925 (181), when the facilities for receiving benefit were so much easier.

“ The highest and lowest registrations at the Bureau for the year 1933, are as follow:—

“ January 402 (boys 210, girls 192); November 72 (boys 47, girls 25).

“ Employment was found for 490 boys and 535 girls during the year (total 1,025). The number of vacancies reported to the Bureau was much below the average.

“ The total registrations at the Bureau for the year were:—

	Boys	Girls	Total
Insured persons (over 16 years) ...	548	524	1,072
Not Insured (under 16 years) ...	512	570	1,082
The re-registrations were:—			
Insured Persons	754	332	1,086
Not Insured	452	481	933
Total Registrations, 1933 ...	2,266	1,907	4,173
Previous Year	2,390	1,819	4,209

“ Applications for Unemployment Books were received at the Bureau from 1,724 boys and girls, who became liable for Insurance contributions at 16 years of age.

“ There were 2,251 new unemployment books issued to boys and girls between 16 and 18 years of age during the first three months of the Insurance Year.

“ The total amount of Unemployment Benefit paid during the year was £1,468, involving 4,561 individual payments. Compared with 1932, there was a decrease of £263 in the amount paid, and there were 748 less individual payments. More than 75 per cent. of the payments were made between January and July.

“ The number of children who completed their course at the public elementary schools in 1933, was 1,900. Of these 207 proceeded to schools for further education, 1,425 became available for employment, and 268 left for other reasons. About 300 pupils from the Secondary and Technical Schools also became available for employment.

“ Further particulars concerning the work of the Bureau, are set out in the Report of the Juvenile Employment Committee for their Official Year, August 1932, to July, 1933.”

(iii) *Employment of Children*.—155 children were examined by the Medical Staff under the Employment of Children bye-laws, and all were passed as fit for employment, except one.

Employment of Children in Public Entertainments (Education Act, 1921, Section 101).—Licenses were granted to 16 children for employment on production of satisfactory Certificates from the Medical Staff.

Medical Examinations.—The following examinations were made during 1933 by the medical staff.

			New appointments	Prolonged absences
Teachers	...	...	29	7
Others	...	...	10	2

The total of 48 medical examinations compares with 46 during 1932.

21. STATISTICAL TABLES.

The statistical tables required by the Board of Education follow:—

Statement of the number of children notified during the year ended 31st December, 1933, by the local Education Authority to the local Mental Deficiency Authority.

Total number of children notified, 25.

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	—	2
	(b) Imbeciles	6	3
	(c) Others	3	3
	(ii) Children unable to be instructed in a Special School without detriment to the interests of other children :		
	(a) Moral defectives	—	—
	(b) Others	—	—
2.	Feeble-minded children notified on leaving a Special School on or before attaining the age of 16	6	2
3.	Feeble-minded children notified under Article 3, i.e., "special circumstances" cases <i>Note.</i> —No child should be notified under Article 3 until the Board have issued a formal certificate (Form 308M) to the Authority	—	—
4.	Children who in addition to being mentally defective were blind or deaf <i>Note.</i> —No blind or deaf child should be notified without reference to the Board—see Article 2, proviso (ii).	—	—
GRAND TOTAL		15	10

TABLE II

A. Return of Defects found by Medical Inspection in the Year ended 31st December, 1933.

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	— — — — —	134	—	526 Malnutrition Milk at School — 493 Debility — 34	9
Skin	Ringworm, Scalp — — — —	1	—	10	—
	— Body — — — —	4	—	39	—
	Scabies — — — —	1	—	46	—
	Impetigo — — — —	17	1	264	—
	Other Diseases (Non-Tuberculous) —	26	—	263	—
Eye	Blepharitis — — — —	36	—	64	—
	Conjunctivitis — — — —	13	1	242	—
	Keratitis — — — —	—	—	—	—
	Cornual Opacities — — — —	—	—	—	—
	Defective Vision (excluding Squint) —	247	23	218	—
	Squint — — — —	17	3	22	—
	Other Conditions — — — —	7	—	71	—
Ear	Defective Hearing — — — —	12	1	18	—
	Otitis Media — — — —	23	4	215	—
	Other Ear Diseases — — — —	8	2	25	—
Nose and Throat	Enlarged Tonsils only — — — —	34	263	44	8
	Adenoids only — — — —	—	4	1	1
	Enlarged Tonsils and Adenoids —	1	3	7	—
	Other Conditions — — — —	10	1	323	—
Enlarged Cervical Glands (Non-Tuberculous)		95	1	49	—
Defective Speech — — — —		7	5	—	1
Heart and Circulation	Heart Disease, Organic — — — —	29	7	11	—
	— " Functional — — — —	25	31	7	—
	Anaemia — — — —	21	8	37	—
Lungs	Bronchitis — — — —	106	21	15	—
	Other Non-Tuberculous Diseases —	4	4	7	—
Tuberculosis	Pulmonary, Definite — — — —	—	—	—	—
	— Suspected — — — —	—	—	—	—
	Non-Pulmonary, Glands — — — —	—	2	—	—
	— Spine — — — —	—	—	—	—
	— Hip — — — —	—	—	—	—
	— Other Bones & Joints — — — —	—	—	—	—
	— Skin — — — —	—	—	—	—
Nervous System	Epilepsy — — — —	5	4	—	—
	Chorea — — — —	1	1	9	1
	Other Conditions — — — —	2	—	3	—
Deformities	Rickets — — — —	2	—	2	—
	Spinal Curvature — — — —	2	—	—	—
	Other Forms — — — —	1	1	23	—
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases) — — — —		100	24	1225	—

B. Number of Individual Children found at routine Medical Inspection to require 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 — — — —	2184	104	4.7
2nd Age Group — — — —	1753	198	11.2
3rd Age Group — — — —	2072	248	11.9
Total (Code Groups) — — — —	6011	550	9.1
Other Routine Inspections — — — —	506	48	9.4



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.	
2184	1755	2072	6011	506

B.—Other Inspections.

Number of Special Inspections	Number of Re-Inspections.	Total.
3983	28909	32892

TABLE III.

(Note by S.M.O. :—In view of the new arrangement of the following tables the Board's explanatory notes have been given).

Return of all Exceptional Children in the Area

Children suffering from any multiple defects Nil.

Blind Children.

A blind child is a child who is too blind to be able to read the ordinary school books used by children.

Enter in this Section only children who are so blind that they can only be appropriately taught in a school for blind children.

At Certified Schools for the Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
12	—	—	—	12

Partially Blind Children.

Enter in this Section only children who, though they cannot read ordinary school books or cannot read them without injury to their eyesight, have such power of vision that they can appropriately be taught in a school for the partially blind.

Children who are able by means of suitable glasses to read the ordinary school books used by children without fatigue or injury to their vision should not be included in this Table.

At Certified Schools for the Blind.	At Certified Schools for the Partially Blind.	At Public Elementary Schools.	At other Institutions	At no School or Institution.	Total
47	—	—	—	—	47

Deaf Children.

A deaf child is a child who is too deaf to be taught in a class of hearing children in an elementary school.

Enter in this Section only children who are so deaf that they can only be appropriately taught in a school for the deaf.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
9+ 6 Aphasia	—	—	—	15

Partially Deaf Children.

Enter in this Section only children who can appropriately be taught in a school for the partially deaf.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
2	—	—	—	—	2

Mentally Defective Children.

FEEBLE-MINDED CHILDREN.

Mentally Defective children are children who, not being imbecile and not being merely dull or backward, are incapable by reason of mental defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for mentally defective children.

This category includes only those children for whose education and maintenance the Local Education Authority are responsible, and should exclude all children who have been notified to the Local Authority under the Mental Deficiency Act. Details of such children should be given on Form 307M.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
72	1	—	10	83

Epileptic Children.

CHILDREN SUFFERING FROM SEVERE EPILEPSY.

In this part of the Table only those children should be included who are epileptic within the meaning of the Act, i.e., children who, not being idiots or imbeciles, are unfit by reason of severe epilepsy to attend the ordinary Public Elementary Schools.

For practical purposes the Board are of opinion that children who are subject to attacks of major epilepsy in school should be recorded as "severe" cases and excluded from ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
7	—	—	—	7

Physically Defective Children.

Physically Defective children are children who, by reason of physical defect, are incapable of receiving proper benefit from the instruction in the ordinary Public Elementary Schools, but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for physically defective children.

The exact classification of physically defective children is admittedly a matter of difficulty. Valuable information, however, will be obtained if School Medical Officers will record these defective children as accurately as possible under the selected sub-headings.

A. TUBERCULOUS CHILDREN.

In this category should be placed only cases diagnosed as tuberculous and requiring treatment for tuberculosis at a sanatorium, a dispensary, or elsewhere. Children suffering from crippling due to tuberculosis which is regarded as being no longer in need of treatment should be recorded as crippled children, provided that the degree of crippling is such as to interfere materially with a child's normal mode of life. All other cases of tuberculosis regarded as being no longer in need of treatment should be recorded as delicate children.

I.—CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS.

(Including pleura and intra-thoracic glands.)

At Certified Special Schools.	At Public Elementary Schools.†	At other Institutions.	At no School or Institution.	Total.
2	10	—	2	14

II.—CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS.

(This category should include tuberculosis of all sites other than those shown in (I) above.)

At Certified Special Schools.	At Public Elementary Schools.†	At other Institutions.	At no School or Institution.	Total.
10	55	1	—	66

† It is essential that tuberculous children who are, or may be, a source of infection to others should be promptly excluded from Public Elementary Schools.

B. DELICATE CHILDREN.

This Section should be confined to 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. Such children should be included irrespective of the actual provision of Open Air Schools in the area, or of the practicability in present circumstances of sending the children to Residential Schools. At the same time it should be remembered that children should not be regarded as suitable for admission to an Open Air School unless the Medical Officer would be prepared to certify that they are incapable by reason of physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
38	—	—	—	38

C. CRIPPLED CHILDREN.

This Section should be confined to children (other than those diagnosed as tuberculous and in need of treatment for that disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life, i.e., children

who generally speaking are unable to take part, in any complete sense, in physical exercises or games or such activities of the School curriculum as gardening or forms of handwork usually engaged in by other children.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
75	—	—	—	75

D. CHILDREN WITH HEART DISEASE.

This Section should be confined to children whose defect is so severe as to necessitate the provision of educational facilities other than those of the Public Elementary School.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
33	—	—	1	34

TABLE IV.

Return of Defects treated during the year ended
31st December, 1933.

TREATMENT TABLE.

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

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
1	2	3	4
Skin—			
Ringworm—Scalp. (Show separately in brackets the number which were treated by X-Rays)	12 (4)	—	12
Ringworm—Body	39	—	39
Scabies	46	—	46
Impetigo	271	2	273
Other skin disease	271	2	273
Minor Eye Defects (external and other, but excluding cases falling in Group II)	380	2	382
Minor Ear Defects	259	—	259
Miscellaneous (e.g., minor injuries, bruises, sores, chilblains, etc.)	1124	126	1250
Total	2402	132	2534

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	By Private Practitioner or at Hospital, apart from the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (including squint) (Operations for squint should be recorded separately in the body of the School Medical Officer's Report)	New 358 Old 197	11	—	566
Other Defect or Disease of the Eyes (excluding those recorded in Group I)	22	—	—	22
Total	577	11	—	588

	(i) Under the Authority's Scheme.	(ii) Otherwise
Number of children for whom spectacles were prescribed	480	11
Number of children for whom spectacles were obtained	467	11

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

Number of Defects.													
Received Operative Treatment.												Received other forms of Treat- ment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total.					
(1)				(2)				(3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	108	223
5	1	105	—	4	—	—	—	9	1	105	—		

Group IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Number of Children Treated.		
	Under the Authority's Scheme. (1)	Otherwise (2)	Total number treated.
Residential treatment with education	33	—	33
Residential treatment without education	—	3	3
Non-residential treatment at an ortho- paedic clinic	189	10	199
Total	222	13	235

Group V.—DENTAL DEFECTS.

(1) Number of Children who were :—

(i) Inspected by the Dentist :

		Aged :			
Routine Age Groups	{	2-5		124	Total 17537
		5	....	1299	
		6	....	1619	
		7	....	1568	
		8	....	1678	
		9	....	1777	
		10	....	1684	
		11	....	2169	
		12	....	2427	
		13	....	2395	
		14	....	652	
		15-16	....	145	
Specials					1375
Grand Total					18912

(ii) Found to require treatment 12630

(iii) Actually treated 7718

(2) Half-days devoted to :—

Inspection		73	Total 986
Treatment		913	

(3) Attendances made by children for treatment 8214

(4) Fillings :—

Permanent teeth		2790	Total 6178
Temporary teeth		3388	

(5) Extractions :—

Permanent teeth		1738	Total 10138
Temporary teeth		8400	

(6) Administrations of general anæsthetics for extractions 4825

(7) Other operations :—

Permanent teeth		715	Total 1142
Temporary teeth		427	

