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

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Borough of Walthamstow.

EDUCATION COMMITTEE.

REPORT

of the

School Medical Officer

for the Year

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To the Chairman and Members

of the

Walthamstow Education Committee.

Ladies and Gentlemen,

I beg to present herewith a report on the work of your Authority's School Medical Service for the year 1934.

The incidence of malnutrition has been closely watched and there is every ground for believing that the nutrition of the children is, on the whole, being well maintained. A special enquiry is being conducted into one aspect of the matter.

The great success of the " voluntary milk " scheme is exceedingly gratifying. Nearly 70 per cent. of the children received milk under the scheme in October. It is hoped that this excellent prophylactic scheme against malnutrition will continue to meet with success.

An inspection of the Dental Scheme was carried out by Dr. Weaver, of the Board of Education, during the year.

A " Health Week " was held in November and the outstanding item was the " Health Play " given by the children of two schools.

I wish to acknowledge your continued support and consideration, the co-operation of your Director of Education and Superintendent Attendance Officer and the good work of the whole of the staff of the Department.

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, Wednesday, Friday, 1.30—4.30 p.m.	Ditto.
	Thursday, 9.30—12.30 a.m.	Ditto.
Rheumatism ..	Thursday, 2—4.30 p.m.	Lloyd Park.
Infectious Disease ..	Tuesday, 2 p.m. ..	Lloyd Park.
Diphtheria Immunisation	Tuesday, 3 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 Sheppard, B.A., M.B., B.Ch., B.A.O., D.P.H., Barrister-at-Law.

Miss Mary C. Clarke, M.B., B.Ch., B.A.O.

Specialist Part-time Medical Officers.

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

Dental Surgeons.

Mrs. W. Rosa Thorne, L.D.S., R.F.P.S., D.D.S.
Mr. L. W. Elmer, L.D.S., R.C.S. (Eng.).

School Nurses.

Miss M. McCabe, S.R.N., H.V. Cert. (1919). (Supt.)
Miss D. A. Dolling, S.R.N. Mrs. J. Morris, S.R.N., S.C.M.

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

Miss H. Gurnett, S.R.N., S.C.M., H.V. Cert.
Miss D. Legg, S.R.N., S.C.M., H.V. Cert.
Miss A. Stuart, S.R.N., S.C.M., H.V. Cert.
Miss M. A. Young, S.R.N., S.C.M., H.V. Cert.

Dental Nurses.

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

Masseuses.

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

Clerical Staff.

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

2. CO-ORDINATION.

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

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

Miss Dunne left the Committee's service in February, 1934; Miss Stuart was appointed in her place and devotes half-time to school nursing and to health visiting. In order to equalise, Miss Legg reverted from whole-time health visiting to joint duties.

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

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

NUMBER OF SCHOOLS AND ACCOMMODATION.

					Seating Accommodation.			
	Boys.	Girls.	Infts.	Mxd.	Boys.	Girls.	Infts.	Mxd.
Provided	16	16	15	7	6040	5902	6215	2898
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	17	18	17	15	6284	6374	6652	4292

	1934.	1933.	1932.	1931.	1930.
Number of Children on Register, Dec. 31st ..	18,516	19,633	19,727	19,467	19,432
Average Attendance ..	16,630.2	17,402.2	17,290.7	17,994.9	16,972
Percentage Attendance ..	88.1	88.8	88.5	88.3	87.5
Population	135,600	135,010	134,420	132,956	124,800
Percentage of School children to population	13.6	14.5	14.6	14.6	15.5

The above summary shows that the number of Departments has been reduced by one, due to re-arrangements at the Blackhorse Road Schools, although no Department was actually closed. It also shows a decrease of 1,117 in the number of children on the register as compared with the previous year.

The position is clearly set out in the report on redundant departments issued by the Chairman and Director of Education in June, 1934, from which the following extracts are taken :—

" The fall in child population and its effect upon the Schools, particularly in the S.E. and S.W. areas, have been considered by the Education Committee from time to time during the past three or four years.

" The 1931 Census returns show that there were 2,593 children born in 1921 and only 1,868 born in 1930. The numbers in each age group declined from 2,542 in the twelve-year group to 1,672 in the six-year group (now the fourteen-year and eight-year group respectively). The position during the next four years is summarised in the subjoined table.

Year.	Approx. No. entering (5+).	Approx. No. leaving (14+).	Net increase or decrease.
1934	1,646	2,542	—896
1935	1,577	2,205	—628
1936	1,537	2,104	—577
1937	1,521	2,014	—493

The total number on roll at 31/3/34 was 19,247, and this number may be expected to decrease by about 2,600 by the end of 1937. Thereafter the decrease will probably be at a much slower rate until the position of equilibrium is reached."

School Hygiene.—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 1934, and the following are some of the more important items :—

Heating Improvements at Forest Road Girls' School, Wood Street Cookery Centre, William Morris Manual Centre.

Modernising Cloak Room fittings at Forest Road Girls' School.

Removal of Playsheds at Chapel End Schools.

Electric Light Installation at Myope Centre.

New Lavatory Fittings at George Gascoigne Central Girls' School, Selwyn Avenue Infants' School, Maynard Road Boys' School.

Playground re-topping at Coppermill Road Schools, William McGuffie and St. George's Schools.

Re-covering Asphalted Flat Roofs at William McGuffie Schools, George Gascoigne Schools, Queen's Road Infants' School.

Removal of stepped and sloping galleries in classrooms at Higham Hill Boys' and Girls' School, George Gascoigne Boys' School, Maynard Road Girls' School.

Floor Planing at Selwyn Avenue Infants' School, Blackhorse Road Schools, Maynard Road Infants' School, Coppermill Girls' School, Nursery School (verandahs, etc.).

New School erected—Thorpe Hall Infants' School (opened in 1935).

Erection of Stage and Proscenium at William Morris Central School.

Dressing Rooms, Baths and Lavatories at North Walthamstow Sports Ground.

Extensive Exterior Repairs and re-pointing to Coppermill Road Schools, Wood Street Schools, Joseph Barrett Schools, George Gascoigne Schools.

Interior renovations at George Gascoigne Schools, William McGuffie School, Shernhall Street Special School, St. George's Infants' School, St. Mary's Girls' School, William Elliott Whittingham School, St. Patrick's R.C. School.

Exterior and Interior renovations at William Morris Central School, Coppermill Road Schools, Higham Hill Schools, Nursery School.

Limewhiting to out-offices of all 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 closely approaches this ideal. 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:—

	1934.	1933.
Entrants	1,678	2,184
Second age group	1,912	1,755
Third age group	1,868	2,072
Total Routine Inspections ..	5,458	6,011
Other Routine Inspections ..	408	506
Special Inspections	4,310	3,983
Re-inspections	23,661	28,909
Total	27,971	32,892

The reduction in the total is due to sickness of medical staff and to the greater amount of time allocated to other duties.

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."

	Entrants.			Second Age Group.			Third Age Group.		
	1934.	1933.	1932.	1934.	1933.	1932.	1934.	1933.	1932.
Boys ..	89.8	86.2	82.5	85.8	82.6	84.7	79.9	83.5	83.7
Girls ..	88.8	88.2	83.6	82.9	81.0	80.7	82.2	74.0	80.8

The above table shows the scoring made by the medical inspectors at routine medical inspection, as a result of seeing each child stripped to the waist, and is a far more reliable index of the state of nutrition than any classification on a basis of age, height and weight. Such tables vary enormously and many children who are tall and spare but otherwise perfectly healthy—often far fitter than their obese fellows—would, under such tables, be scored as under weight.

An analysis of the table shows that the percentage of entrants with excellent nutrition has steadily increased since 1932. Similarly, in the second age group (8 years old children), and the set back shown in 1933 with regard to the boys has been more than made good. Similarly, the 12-year-old girls have made good the 1933 set back and the only adverse finding was in respect of 12-year-old boys. The number of children found at routine inspection to require treatment for malnutrition was 167, against 134 in 1933.

The medical staff has kept a close watch on the nutritional condition of the children during the year, and the matter has been fully reviewed in conference at the close of the year.

It was the considered judgment of the members of the medical staff that not only had the nutritional standard been maintained, but it had appreciably improved.

It is to be hoped that experience during 1935 will show an even better standard of nutrition if the consumption of milk under the Milk Marketing Board's scheme can be maintained

Nutrition.—Dr. Broderick reports as follows:—

" Unless children are given plenty of good nourishing food they cannot be expected to have good health and develop a really good physique.

" Owing to the economic depression of the past few years parents of the working classes have not been in a position to provide their children with really nourishing food, and it has therefore been an anxious time for those engaged in the work of school medical inspection.

" Since fresh air is also necessary to maintain good health, Walthamstow children are fortunate in living near Epping Forest, where the air is so healthy.

" During the past year 5,866 children were medically examined and of these only 3 per cent. were found to be suffering from malnutrition.

" It is true that 704 children were referred by the teachers and from the clinics as being in need of extra nourishment and were granted milk.

" Therefore, in all, about 4.7 per cent. only of the total children of the area were granted milk during the year, a fact which, in my opinion, is remarkable when one considers the income of the average household from which these children come.

" The scheme by which children can obtain one-third of a pint of milk daily for one halfpenny is of immense value in maintaining the nutrition of these children who are up to standard and who cannot therefore benefit by the free grant of milk on medical grounds.

" The Committee also helps by the provision of free dinners, and during 1934, 87,161 meals were served at the centres; the average cost of each meal was 4.14d.

" The modern tendency to buy cooked or tinned foods is prevalent in Walthamstow, and one is often laying stress on the small nutritive value obtained from money spent in this way and urging the substitution of stews and good soups. Whilst parents admit that stews and soups are much more nutritious than cooked foods, they say they cannot afford to pay for coal to cook them.

" The following is a specimen week's menu from the canteen centre and shows the care taken to vary the dishes and at the same time give suitable nourishing food for all ages :—

Monday.—Roast beef, greens, beans (runner) or marrow, potatoes, raw fruit.

Tuesday.—Sliced cheese and egg, salad, potatoes, milk pudding.

Wednesday.—Liver and onions, potatoes, stewed fruit, custard sauce.

Thursday.—Mince, carrots, potatoes, apple and currant tart.

Friday.—Baked fish or fish pudding, baked tomatoes, potatoes, orange and banana in custard.

Saturday.—Shepherds pie, potatoes, raw fruit.

" The children of to-day appear to be as healthy and as well nourished as the children prior to the economic depression."

Dr. M. C. Clarke reports as follows :—

"Adequate nutrition during the early years of life is of overwhelming importance if a child is to attain normal mental and physical development, and it cannot be stressed too forcibly that good nutrition is primarily a matter of knowledge and training.

" One must know what a child ought to eat and then see that he gets it.

" It is generally recognised that a diet which includes a liberal supply of milk, eggs, fish, fruit and fresh vegetables is correct, but, unfortunately, the cost of these essential foods makes them unobtainable in many homes where the need for them is greatest.

" Malnutrition may take many forms, and the one most dangerous to the growing child is lowered resistence to infection, particularly chest troubles.

" Supplementary milk meals in the schools as an addition to the home dietary of the child are undoubtedly of the greatest value. All the evidence shows that these improve the child's general health and mental tone.

" The addition of a pint of milk daily helps to make up for the shortcomings of other foods with comparatively little trouble.

"All the children in our schools who are receiving free milk on medical grounds are weighed monthly. This regular weighing helps to impress upon the child the close connection between growth and suitable food.

" Other articles of diet which the children are encouraged to eat freely are green vegetables and raw vegetables such as tomatoes and grated raw carrots. Many children who are difficult about green vegetables will, we find, eat raw carrots with the greatest relish.

" During Michaelmas term, 1934, at the suggestion of Dr. Magee, of the Ministry of Health, a dynamometer was provided by the Education Committee and installed at William Elliott Whittingham Boys' School.

" The dynamometer is an instrument which measures the strength of one's muscular pull in pounds, and it is hoped that by its use in the schools one may be able to ascertain the relationship between the efficiency of the voluntary muscles and the nutritional state of the school children.

" The procedure recommended by Dr. Magee and carried out by us is as follows :—

" ' The children are weighed and measured in their stockinged feet and without their coats, and weights are recorded in pounds. Each child is allowed three pulls and the maximum pull recorded.

" ' No child who has recently had diphtheria or who has heart disease or hernia is allowed to use the instrument, as the test imposes a severe momentary strain on the child's whole body.

" ' For the purposes of this report I have selected the results of the tests on 80 boys from two of our Senior Boys' Schools, William Elliott Whittingham Boys' and William McGuffie Boys' (40 boys from each school). These are divided into two age groups, boys of 12 and boys of 13. I have taken the average of the three pulls in each case and divided this by the boy's weight.

William Elliott Whittingham.

Age group 12—Average pull, 145 lbs; average weight, 79.8 lbs.; ratio pull in lbs./weight in lbs., 1.8.

Age group 13—Average pull, 180 lbs.; average weight, 91.3 lbs.; ratio, 1.9.

William McGuffie.

Age group 12—Average pull, 152 lbs.; average weight, 80.6 lbs.; ratio, 1.9.

Age group 13—Average pull, 176 lbs.; average weight, 87.3 lbs.; ratio, 2.01.

"'By taking the boy's maximum pull one gets a higher ratio figure, *e.g.*, 2.1 for William Elliott Whittingham and 2.2 for William McGuffie.

"'In the 13-year-old groups it will be noted that, although the boys in William McGuffie School have a smaller average weight than William Elliott Whittingham School, it was noted at medical inspection that the muscle tone in William McGuffie School was, on the whole, better, and this was borne out by the results of the dynamometer tests.

"'The ratio found on testing 100 boys between the ages of $12\frac{1}{2}$ and $16\frac{1}{2}$ at Epsom College was 2.36.'"

(*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:—

	1934.	1933.
Average number of visits per school ..	4	4
Total number of examinations ..	61,205	43,611
Number of individual children found unclean	1,301	1,440
Percentage uncleanliness of average attendance	7.8	8.2

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.	
	1934.	1933.	1934.	1933.
	%	%	%	%
Boys	5.6	4.6	5.4	5.8
Girls	6.4	3.7	5.9	3.8

Second Age Group.				
Boys	4.0	1.7	4.1	1.9
Girls	5.7	4.4	7.0	3.8
Third Age Group.				
Boys	2.7	2.0	3.2	2.5
Girls	2.5	1.6	3.0	3.6

The percentage of clothing and footgear found to be unsatisfactory has shown a marked increase during 1934, and is undoubtedly an index of the continued financial stringency.

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

	1934.	1933.
Ringworm—Head	14	11
Body	43	43
Scabies	37	47
Impetigo	183	282
Other Skin Disease	163	289

The amount of ringworm discovered has proved to be practically stationary. There were fewer cases of scabies and much fewer cases of impetigo and other skin diseases.

(*d*) *Visual Defects and External Eye Diseases.*—480 defects of vision required treatment and 62 required observation. The 1933 figures were 465 and 28 respectively.

In addition there were 33 cases of squint found to require treatment and 4 requiring observation.

459 cases of external eye diseases required treatment, including 312 cases of conjunctivitis, as compared with only 123 in 1932 and 255 in 1933.

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

	1934.		1933.	
	Treatment.	Observation.	Treatment.	Observation.
Chronic Tonsilitis only	100	312	78	293
Adenoids only	4	7	1	5
Chronic Tonsilitis and Adenoids..	8	2	8	3
Other conditions	363	1	333	1

The tendency to refer cases for observation rather than for operation has continued during 1934.

The 363 cases of Other Conditions are made up of sore throats and defects requiring diastello treatment.

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

	1934.	1933.
Defective Hearing	31	30
Otitis Media	147	238
Other Ear Disease	17	35
Totals ..	195	303

(*g*) *Dental Defects.*—

Year.	Inspection.	Requiring treatment.	Percentage.	Actually trted.	Fillings.	Extractions.	Gas Anaesthetic.	Other operations.
1934 ..	15,204	10,792	70.9	7,495	4,581	9,015	4,176	1,076
1933 ..	18,912	12,630	66.7	7,718	6,178	10,138	4,825	1,142

(*h*) *Orthopædic and Postural Defects.*—A total of 50 deformities was found to require treatment. 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	66	17
Functional	32	30
Anaemia	60	6
Totals	158	53

(*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 inspections.

(*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	163	—
Defective Speech	28	3
Bronchitis	114	17
Epilepsy	1	2
Chorea	9	—
Other defects (not classified) ..	1410	1

6. FOLLOWING UP.

The school nurses paid a total of 6,026 home visits during 1934. The visits are classified below :—

Measles	2,052	Mumps	117
Whooping Cough ..	117	Rheumatism	107
Tonsils and Adenoids ..	213	Uncleanliness ..	185
Chicken Pox	393	Impetigo	70
Vision	580	Nursery School Absentees	60
Dental Failures ..	1471	Ringworm	20
Otorrhoea	262	Scabies	28
Sore Throat	97	Nutrition	17
Various	237		

The number of visits paid in 1933 was 4,563.

As in previous years, the School Nurses attend at all medical inspections and staff the various clinics, *e.g.*, Aural, Minor Ailment, Ophthalmic, Rheumatism and Ringworm 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 weighing 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, 11 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.

Cases of scabies not responding to treatment are referred to the Public Assistance Service for In-patient treatment.

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	33	22	8	7	122	170
Scabies	13	21	—	—	108	160
Rheumatism	13	16	74	90	285	305
Impetigo, Sores, etc. ..	96	49	90	55	982	436
Skin..	32	27	47	65	235	277
Verminous Head, etc. ..	9	73	2	12	16	258
Sore Throat	123	127	10	17	155	157
Discharging Ears and Deafness	14	15	221	225	749	582
Defective Vision	—	—	223	242	—	—
External Eye Diseases ..	105	77	101	106	1121	765
Tonsils and Adenoids ..	1	1	21	17	6	18
Mumps	6	5	1	—	2	8
Various	252	266	677	712	2646	4049
Totals	697	699	1475	1548	6427	7185

First attendances numbered 4,419 against 4,126 in 1933, and re-attendances 13,612 against 12,939, the total attendances being 18,031 against 17,065.

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

	First Inspections.				Re-inspections.		Total.		Grand Total.
	Excluded.		Not Excluded.						
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
Lloyd Park	411	399	1226	1268	5086	5569	6723	7236	13959
Markhouse Road ..	286	300	249	280	1341	1616	1876	2196	4072
Total ..	697	699	1475	1548	6427	7185	8599	9432	18031

(*d*) *Visual Defects and External Eye Diseases.*—Treatment for the latter is given at the School Clinics (See Table IV, Group I, at the 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 1934:—

"The number of children attending the eye clinic during 1934 was about the average. The following table shows the number of new cases seen, the actual number of retinoscopies done being of course greater as it includes re-examinations under atropine and amounting to 512. The total number of attendances at the clinic, which includes new and old cases, was 2,642.

Disease.	Under 7 years.		7—11 years.		11 plus.		Totals.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Hypermetropia ..	6	9	13	13	7	13	26	35
Myopia	—	1	14	23	37	41	51	65
Myopic Astigmatism	—	2	—	6	3	7	3	15
Hypermetropic Astigmatism ..	2	5	37	25	12	14	51	44
Mixed Astigmatism	1	—	12	8	4	10	17	18
Glasses not required	6	7	9	15	9	14	24	36
Totals ..	15	24	85	90	72	99	172	213

The following table shows the conditions found in those children submitted for examination but for whom glasses were not prescribed:—

	Boys.	Girls.
Headaches and Debility	14	19
Blepharitis	—	2
Alternating Squint	2	3
Submitted to operation—		
Phlyctenular Conjunctivitis	—	3
Corneal scars	4	5
Cataracts	—	2
Nystagmus	1	1
Chorea	—	1
Holit spasm	3	—
	—	—
Totals	24	26
	—	—

It has been commented on in reports issued by the Chief School Medical Officer that children under 8 years of age are not examined at routine medical inspection for visual defects owing to the difficulty of testing them with Snellens Chart. Usually, however, we find that the teachers detect any moderately severe defect, and the above table shows that 10 per cent. of the children examined were under 7 years.

The total number of prescriptions issued for glasses during the year was 587, and the number obtained was 571.

"Mr. Taggart operated on 11 children for squint at the Western Ophthalmic Hospital during the past year, and in each case the result was very satisfactory. In addition, 21 children were treated as out-patients.

"In most cases of unilateral squint operation is not resorted to until re-education of the squinting eye has been tried for a considerable period and is not proving sufficient. The re-education is effected by excluding the straight eye, or in very young children by the installation of atropine into the straight eye, of course, after correction of any defect.

"The following table shows the types of squint found in the new cases seen:—

Squint.		Boys.	Girls.
Convergent	R	4	5
	L	14	7
Divergent	R	—	—
	L	—	1
Occasional	R	—	—
	L	—	2
Alternating	.. ..	9	12

(*e*) *Nose and Throat Defects.*—Up to April 1st, 1934, the scheme of treatment remained the same as detailed in previous reports.

On this date new arrangements became operative under which all children were treated at the Connaught Hospital at a fee of £2 0s. 0d., which includes one night in hospital before and after treatment. The names of children recommended for tonsillectomy are sent to the Hospital periodically and the children are seen by the Surgeon in Charge of the Throat Department some days before operation in order to make sure that he agrees with the recommendation. If no operation is considered advisable a fee of half a guinea is paid.

The following table shows the number of cases treated :—

Year.	At Dispensary.	At Connaught Hospital.	At Isolation Hospital.	Privately.	Total.
1934 ..	7	84	—	8	99
1933 ..	60	45	6	4	115

(*f*) *Ear Disease and Defective Hearing.*—(1) Mastoid Disease : Three children were referred by the Surgeon in charge of the Ear Clinic to the Prince of Wales's General Hospital, Tottenham, for mastoid operation under the Authority's Scheme. (2) Ear Disease : Minor defects under this heading are treated at the Minor Ailments 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 reports as follows :—

Nature of Disease.	Total.	Cured	Lost Sight Of.	Still under Treatment.	Hospital Treatment.
Acute Suppurative Otitis Media ..	67	56	2	8	1
Chronic Suppurative Otitis Media due to—					
(*a*) Tympanic Sepsis	39	33	1	3	2
(*b*) Tympanic Sepsis and Granulations	9	7	—	2	—
(*c*) Tympanic Sepsis and Polypi..	5	3	—	2	—
Tympanic Sepsis and Rhinitis ..	2	1	—	1	—
Attic Disease	8	2	2	3	1
Mastoid Disease	25	1	2	6	16
External Otitis Media	16	15	—	1	—
Not diagnosed	3	2	1	—	—
Totals	174	120	8	26	20

" The number ' lost sight of ' is made up as follows :—

Left District	4	Died—Pneumonia ..	1
Left school	1	Refused treatment ..	2

" The table of suppurating ears which is shown indicates the conditions which were found in the ears and gives the results of treatment. The same line of treatment for these cases has been carried out as detailed in previous reports. It may be noted that there is a column in the table devoted to those ears ' still under treatment.' The report is made up to December 31st, and there are then always a number of ears whose treatment is not completed.

" The testing of children's eyesight has been a routine measure in the elementary schools, but it is only within the last few years that a method corresponding to Snellen's Test Types has become available for testing hearing. A gramophone and standard record speaking a series of numbers at different intensities into 24 head-phones enables this to be done expeditiously.

" The apparatus is called an Audiometer. It is not only of use in detecting children who have defective hearing in one or both ears, but it can, and is, used for assessing the results of treatment in those cases which have some disease such as otorrhœa or catarrhal inflammation in the middle ear.

" The treatment known as diastolisation is used for children suffering from inflammation in the nose (nasal catarrh). This is a common condition and many cases of deafness begin by extension of the catarrh to the eustachian tube and middle ear. For this reason this treatment is of economic importance. It gets rid of the congestion in the nose and prevents the extension of inflammation to the tube and ear. The treatment is easily carried out at the clinic or by the mother of the patient in their home."

(*g*) *Dental Defects.*—The School Dental Service was inspected by Dr. R. Weaver, of the Board of Education, in May, 1934.

Following the inspection the Board commented as follows :—

" The Board are glad to learn that the arrangements are, in general, satisfactory and that the volume of work carried out by the dental staff is very good, but they are of the opinion that the following points should receive early consideration by the Authority :—

" (1) When general anæsthetics are administered the anæsthetist should not act as operator except in cases of special urgency. I am

to request that the Authority will give an assurance that their arrangements will be modified so as to comply with this condition.

" (2) The acceptance rate following routine inspection is low. This appears to be in part attributable to the fact that facilities for casual treatment are very readily available. I am therefore to suggest for the Authority's consideration the question of reducing the number of sessions per week on which casual treatment will be given, so that greater emphasis may be given to the conservative or preventive aspect of the scheme.

" (3) The acceptance rate varies widely in neighbouring schools of similar type in the Authority's area. It would appear probable that in some schools the influence of the teachers is less effective in this direction than in others, and the Authority might therefore usefully consider what steps could legitimately be taken to obtain an improved acceptance rate in those schools where the results are at present disappointing.

" (4) As was pointed out in the Board's letter of the 9th February, 1933 (M.316 A/42), the present dental staff is insufficient to provide a complete service for the whole area. As a result of the operation of some of the factors already mentioned, this defect has been less obvious than might have been expected, but it may be anticipated that it will be more in evidence in the future. The Board assume that when financial circumstances permit, the Authority will take steps to increase its dental staff, but, pending any such increase, the Authority's attention is invited to paragraph 4 of the ' Conditions of a satisfactory school dental scheme ' (Appendix B to ' The Health of the School Child,' 1932) where it is pointed out that children who have refused treatment may, in the absence of a sufficient dental staff, be excluded from the routine scheme.

" The Board understand that during his visit Dr. Weaver discussed with the Authority's representatives some matters of administrative and clinical routine, and made suggestions which it has not been considered necessary to incorporate in this letter."

The points raised in the report have been met as follows:—

(1) Three " Gas " extraction sessions are now held on Monday, Wednesday and Friday mornings, one Dental Surgeon acts as anæsthetist for the other.

(2) Formerly " casuals " were seen at specified times on 9 sessions in the week. Under the new arrangements casuals are only seen at 11 a.m. on the mornings of the " gas " sessions, so that those

children complaining of toothache and requiring extractions can be dealt with at once.

(3) Particulars of the percentage acceptances for each Department are circulated to the schools by the Director of Education each month.

(4) Your Authority has decided to appoint a third dental surgeon.

Children for whom treatment has not been accepted at the first dental inspection are not now offered systematic re-inspection and treatment. Such children, however, are still eligible for emergency treatment as " casuals."

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

" The past year has seen some further changes in the dental clinics. The South district has had included in its area the following schools :—Forest Road Infants', Junior Boys' and Girls', and William McGuffie Senior Boys' and Girls', adding over 1,400 children to the number of the previous year.

" In accordance with the advice of the Inspector from the Board of Education, there has been a change in the organisation of the clinics in order to further two purposes. Firstly, so that there will always be an anæsthetist when general anæsthetics are administered, and secondly, to reduce the number of casual or special cases. The latter is to be effected by lessening the opportunity for the treatment of these cases from every session to three mornings a week.

" General anæsthetics are given on three sessions a week when the clinics amalgamate, the treatment being carrid on as team work. This has been in operation for some time. These sessions are well attended and the arrangement works satisfactorily. This reorganisation will undoubtedly, to a certain extent, affect the numbers treated, which result may be more noticeable in a full year.

" Under the new scheme, when both conservative and radical treatment is called for, the child has to attend twice, whereas formerly the case was completed at one visit. The anæsthetic sessions are always entirely for " Gas Extractions." Also may be mentioned the allocation of one session a week for the treatment of Maternity and Child Welfare cases.

" It is desirable that more time should be given to each patient, and if the casual or special case decreases, that may be possible.

" There is now in use the redrafted consent form, which states that the offer of treatment will not be repeated if consent is withheld. The following-out of this scheme with any degree of accuracy may prove to be a matter of considerable difficulty. Among the difficulties may be mentioned :—

" 1. The absence of willing patients at the time of inspection.

" 2. The acceptance, which, apart from ill-health or justifiable excuse, deliberately fails to keep an appointment when made.

" 3. The moving of scholars from school to school.

" 4. The tracing of past acceptances to other departments or schools.

" 5. The new scholar from other districts where there may or may not have been any facility for dental treatment.

" 6. The necessity of keeping an accurate record of acceptances.

" The last may only be met by forming a panel from the infant scholar upwards. It may be necessary to have, for these patients, special chart cards which would be readily at hand to take, if desired, to the school at inspection.

" The numbers at the next yearly routine inspection will naturally be very much reduced by the exclusion of the preceding year's refusals, and the percentages of acceptances should be much higher than those of the past years.

" Previously, in accordance with the Board of Education's requirements, whether treatment had been accepted or not, every child has been annually inspected and re-inspected as the years passed. The special or casual who sent in a signed form has been treated as an ordinary case in every respect and has, in fact, been recorded in the report as a routine case.

" In the early days of the clinic a count was taken of these casual cases, and their numbers exceeded those who came as acceptances from routine inspection. Unfortunately, very many parents value the clinic for the purpose of extractions only. The reduced facility for immediate treatment may have some effect on this attitude of mind.

" The acceptance numbers vary at different ages of school life. On the whole, the Infant Schools show the largest number of

acceptances, the Juniors following closely, with the Seniors lagging very much behind. Exception must be taken with respect to the Central Schools, where the acceptance rate may be regarded as satisfactory. One of these schools has, in two successive years, doubled the percentage and still maintains it with a slight increase. In Senior Schools, Girls' Departments show a higher rate than Boys'; in Infant Schools, none, excepting the Nursery School, are as low as some of the Senior Schools. To show the marked differences in schools, two Senior Schools in same block, Girls 42 per cent., Boys, 19 per cent. In three Senior Schools there has been a decrease in two succeeding years. Two Girls' Schools, 35 per cent. fall to 21 per cent., and 16 per cent. to 14 per cent. Boys' School, 11 per cent. to 8 per cent., while on the other hand, two Senior Schools show a rise, Girls 19 per cent. to 40 per cent., Boys 9 per cent. to 19 per cent. The Senior School with the highest rate of acceptance is St. George's, 71 per cent. The largest acceptance of all is St. Mary's R.C. Junior Mixed, 75 per cent. Some few schools have so low an acceptance that the session taken in inspection might be of more value if devoted to treating those who are anxious to avail themselves of the services of the Dental Clinic. There are not many of these schools, but they are fairly constant in their attitude.

"With regard to the question of failed appointments, it may be of some interest to review a period of the year's record of the number of acceptances and compare with them the number of those who have failed to keep their appointments:—

	Acceptances.	Failures.
Forest Road Junior Boys	93	20
,, ,, ,, Girls	102	11
Gamuel Road Junior Boys	74	14
St. Saviour's Infants	48	12
,, Boys	47	6
Queens Road Infants	64	11
Wm. McGuffie Boys	39	3
,, Girls	81	3
St. George's R.C. Senior	69	2

"In Central Schools, as in most Senior Schools, the failures are negligible. The true acceptance rate should be, not the number of signed forms, but the number who present themselves for treatment.

"The first permanent molar which erupts at the sixth year is the best masticating tooth of the dentition. The number of these teeth lost or unsavable is noticeably high. Taking four schools and discounting the condition of the rest of the dentition, the findings are:—

"*Forest Road Junior Girls.*—221 children found to require treatment—62 first molars lost or hopelessly decayed.

" *Gamuel Road Junior Girls'*.—176 found to require treatment —86 first permanent molars lost or unsavable.

" *St. Saviour's Boys'*.—176 requiring treatment—150 first permanent molars lost or unsavable.

" *William McGuffie Girls'*.—193 requiring treatment—40 first permanent molars lost or unsavable.

"All these scholars have been inspected from the fifth year of age and had the offer of treatment. These cases give the large number of extractions of permanent teeth. There has been some very useful prosthetic work undertaken enabling the leaver to enter industry with the lost anterior teeth replaced.

" Under the term ' Other ' is grouped all the remaining treatments. This might be given a place of some importance, since the successful treatment of septic oral conditions ranks no less in value than the one operation which gave to the early dentist the name of tooth drawer.

" The past year, 1934, shows an upgrade in general acceptance. While the treatment of the school child remains on a voluntary basis, the response to the offer of treatment will be one of the most vital parts of clinics. The steady though slow increase in the numbers in various departments is the sign of growing knowledge in oral health and with it all the large regular clientele who gratefully accept all treatment is sufficient to justify the clinics and keep them fully occupied."

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

" Last year I had the pleasure of reporting progress in the usefulness of the work done in the dental clinic and a greater appreciation of the necessity of early treatment by the parents of the Walthamstow children.

" This latter is, of course, of the highest importance if the best treatment is to be given. The relief of pain is an important and beneficient part of our work, but I want it to be more widely understood that almost all of this pain need not occur, and can be prevented, if earlier preventive work is agreed to.

" This is understood by all the Head Teachers of the schools, who have assisted me to an extent that is not always realised, and I should like to express my thanks for that assistance.

" Very many more of the parents are also realising the importance of early treatment and this has enabled me to treat more of the permanent teeth which would otherwise be lost.

"The exceptional number of infants for whom treatment is required and requested is more noticeable than ever, no fewer than 69.5 per cent. of those requiring treatment having received it. It is obvious that if these small children can be treated carefully and well so that, when rather older, neither they nor their parents object to attending again, their permanent teeth can be preserved and the great majority of children can leave our hands with sound sets of teeth.

"This greater number of acceptances has produced, however, a fresh problem. It will be agreed that the examination of children is of little or no use if this is not followed up by treatment, and I find that the examination of a little over 5,000 children has produced enough acceptances to keep me busy for twelve months. As the figures on the register for last year were 19,633, making an average for each dental surgeon of 9,816, it will be seen that it is impossible to examine and treat even the present number of acceptances in much less than two years.

"As it is considered necessary, if the work is to be done thoroughly, to examine children yearly, it will be seen that a vicious circle has been created. In other words, the more children who accept treatment, the less often can it be afforded to them, and the less often it is offered to them, the more treatment will naturally be required.

"Until every child can be offered and, if necessary, receive treatment at a smaller interval than at present no dental scheme can be complete.

"I am positive that, were parents interviewed at dental inspections as they are at medical inspections, the number of acceptances could be increased greatly, and in this I speak from experience, but, of course, it would be of no use doing this unless there were greater facilities for treatment available.

"The new arrangement under which each dental surgeon acts as an anæsthetist for the other means that only one-half of the time formerly given is now available to each patient at "gas" sessions.

"This reduces the opportunity for personal contact with the parents, upon which continued acceptance of treatment must depend.

"During the latter half of 1934 each Dental Surgeon has devoted 1½ sessions weekly to the administration of anæsthetics for the other, and all preventive work has perforce to be omitted on the three sessions devoted to anæsthetics. Also, owing to the greater

number of expectant and nursing mothers attending for treatment, Saturdays are now entirely devoted to Maternity and Child Welfare work. Indeed, it has been found necessary latterly to attend to some of this work during other sessions.

" The result has been that each dental surgeon has lost at least two sessions weekly.

" However, in spite of this, it has been possible by the aid of a ' speeding up ' of administration of anæsthetics, by omitting to interview parents (both of these innovations being, in my opinion, of doubtful benefit) and also by lengthening the sessions, to treat almost as many children and to undertake only a comparatively smaller number of operations than in the previous year, when these lost sessions were available for treatment."

(*h*) *Orthopædic and Postural Defects.*—Medical treatment of these defects is given under an Orthopædic Scheme in charge of the Consultant Orthopædic Surgeon, Mr. Whitchurch Howell, F.R.C.S., who holds a monthly clinic at the Physically Defective School. Mr. Howell also acts as honorary surgeon to the Brookfield 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 :—

" During the past year there have been 43 sessions and 774 attendances. Of these attendances, 183 were made by children attending for the first time, while 591 were made by children who were being kept under observation. Of the new cases, no less than 73 (40 per cent.) were found to have some rheumatic or cardiac defects, which, I think, reflects high credit on the School Medical Service, by whom the majority of the cases are referred to the Clinic. In this connection it may be pointed out than one of the important functions of the Clinic is to act as a referee, whether any particular child is rheumatic or not, and that nearly half the cases referred to the Clinic should have some serious rheumatic condition speaks highly for those who, at a preliminary inspection, have to weed out rheumatic from other

children. During the year 145 children were discharged from the Clinic, some after their first attendance, because they were not held to be rheumatic, some because, after several months' observation, their rheumatic symptoms had faded out, and a few on account of reaching school-leaving age. Those in the first two groups are advised to report at once if any symptoms of rheumatism should re-appear, while for those in the last group, 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.

"*Other Defects.*—During the course of routine examination, other defects of health besides rheumatism are noted, but I am glad to report that my impression of last year, to the effect that such defects as carious teeth and septic tonsils are less frequent among the new cases than when the Clinic began four years ago. In this connection the figures for the last three years are not without interest :—

	1932.	1933.	1934.
Number of children referred for dental treatment	44	39	25
Number of children requiring removal of Tonsils and Adenoids	25	14	11

"These figures seem to indicate that at any rate, some of the common causes among the children are becoming less frequent, and this is related to the prevention of rheumatism, inasmuch as debilitative conditions make a child more prone to develop rheumatic manifestations.

"*School Attendance.*—There is no doubt that the proper services of the rheumatism clinic can only be realised by close co-operation with the School Authorities, and once again it is a pleasure to record the constant help that the Attendance Officers have afforded me. During the year it was found necessary to exclude 65 children from attendance at school for varying lengths of time. In addition, facilities were afforded for six of these children to make a half-time attendance at school. Twelve children were recommended to attend a Physically Defective School. Last year the improvement in the condition of several children who had received milk at school was commented upon, and during this last year this recommendation has been made more frequently, with most satisfactory results.

"*Convalescence.*—During the year 74 children were recommended for convalescence, which, curiously enough, is exactly the same figure as in the preceding year, and of this number, 62 have already been placed in suitable homes. The work of Miss Lewis, of the I.C.A.A., in arranging for the convalescence of these children

has been much appreciated, while her presence at the Clinic with her knowledge of local housing and living conditions is of the greatest help in deciding what is the best course to pursue with many of the children.

"*Prevention.*—The follow-up of children who have been discharged from the Sanatorium after scarlet fever and diphtheria, and the reference to the Rheumatism Clinic of any such who are suspected of early cardiac or other rheumatic manifestations, has now become a regular part of the Clinic's work, and I have no doubt at all that this has resulted in the detection and immediate treatment of many children whose rheumatism might otherwise have progressed to more serious and crippling degrees. Of 15 children who came to the Clinic after scarlet fever, no less than 9 were thought to have some cardiac defect, while of 11 children who had diphtheria, 7 were found to have some abnormality of the heart. With the help of Mr. Rushton, I have analysed the after-history of all those children attending the Clinic since 1931 whose rheumatism had first been noted after scarlet fever or diphtheria. The results are shown in the following table:—

	1931.	1932.	1933.	1934.
Number of cases referred to Clinic ..	41	41	32	25
Number discharged after 1 attendance ..	6	8	8	3
Number kept under observation for several months, and now discharged with normal heart	20	22	9	15
Number discharged on account of over age or through reference to private doctor or hospital	12	49	5	—
Number remaining under observation with cardiac defect	3	7	10	7

"From the point of view of the utility of the clinic, perhaps the most interesting group of these children is the last, namely, those who have been kept under observation on account of their persistent cardiac defects. The history of these 27 children is as follows:—15 of them are remaining under observation because of a persistent mitral murmur, but are all not only attending school full time, but are able to join in the school games and exercises, and are in fact leading a normal life. It is particularly interesting that one of these children was at one time sufficiently crippled with rheumatism to have to attend the Physically Defective School. Four children are able to put in full attendance at their school, but are still held to be unfit to do games or exercises, while two children are at present attending the Physically Defective Centre. Lastly, five children are remaining under observation at the Clinic for heart defects which are regarded as having dated from birth.

"The purpose of this analysis has been to see whether the follow up of these children suspected of rheumatism after scarlet fever

and diphtheria is worth while, and it seems to me that the evidence is in favour of continuing this preventive work, for it is a striking thing that of the 27 children sent to the Clinic in this way, and all of them found to have cardiac mischief, no less than 16 are now able to lead perfectly normal lives."

Rheumatism Clinic, 1934.

Number of sessions	43
,, ,, Attendances	774
,, ,, new cases	183
,, ,, old cases	591
,, discharged	145
,, still under treatment	235
,, of new cases with rheumatic or cardiac defect ..	73
,, referred to hospital as in-patients	4
,, ,, ,, ,, ,, out-patients	5
,, ,, for tonsil and adenoids operation ..	11
,, ,, ,, Dental treatment	25
,, ,, to Physically Defective School ..	12
,, excluded from school	65
,, ,, half-time school	6
,, seen after Scarlet Fever	15
,, ,, ,, Diphtheria	11
,, ,, ,, Measles and Pneumonia	2
,, ,, ,, contact with Diphtheria	1
,, with cardiac defect after Scarlet Fever	9
,, ,, ,, ,, ,, Diphtheria	7
,, ,, ,, ,, ,, Measles and Pneumonia	1
,, ,, ,, ,, ,, contact with Diphtheria	1
Number referred for Convalescent Home Treatment ..	74
,, sent away	62
,, referred in 1933 and sent away in 1934 in addition to above	3
,, refused	5
,, withdrawn	4
,, waiting	3

(*j*) *Tuberculosis.*—Children suffering from actual and suspected tuberculosis are referred to the Tuberculosis Officer of the Essex County Council, which Authority administers the Tuberculosis

Scheme in the Borough. The number of school children examined during the year was: boys 77 and girls 54, of which 23 boys and 13 girls were referred by the School Medical Officer. Nineteen of the cases were sent by private practitioners and 76 were examined as contacts.

Reports were received in respect of each child seen, and recommendations for treatment were carried out as far as possible and included the following:—Dental, Tonsils and Adenoids, and Convalescent Home Treatment. Thirty-one grants of free milk were also made.

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

	At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
Pulmonary ..	—	10	1	—	11
Non-pulmonary	7	48	7	—	62

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 of the 5/15 years age group during 1934 were as follows:—

	Scarlet Fever.	Diphtheria.	Chicken Pox.
January	54	17	75
February	25	19	29
March	28	16	54
April	15	6	27
May	25	10	13
June	25	10	31
July	26	5	52
August	19	11	31
September	42	24	5
October	46	19	30
November	42	15	39
December	38	19	—
Totals—1934 ..	385	171	386
1933 ..	390	194	281

Chicken Pox was not notifiable after 31st November, 1934.

In addition, the following notifications were received in respect of children in this age-group :—Pneumonia, 36; Erysipelas, 3; Encaphalitis Lethargica. 1; Enteric, 1; Cerebro Spinal Meningitis, 1.

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

	Scarlet Fever.	Diphtheria.	Chicken Pox.
1934	7	45	61
1933	23	89	96

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 and Scabies.	Impetigo, Sores, etc.
January	20	4	27	12	2	5
February ..	11	67	21	—	1	5
March	5	535	17	2	2	2
April	6	855	19	7	—	6
May	—	150	3	2	2	—
June	3	147	—	4	—	1
July	7	130	—	10	—	15
August	—	—	—	—	—	—
September ..	3	7	—	—	—	2
October	7	5	2	8	—	10
November ..	8	5	—	15	1	7
December ..	7	4	—	1	2	10
1934 ..	77	1,909	89	61	10	63
1933 ..	181	121	148	484	9	94

Comments on above table :—

A large decrease is apparent in the number of children referred for sore throats. Measles was epidemic during the year and showed an even greater incidence than during the previous epidemic year (1932), when there were 1,525 cases. In one Infants' Department 34 children contracted both measles and German measles. The incidence of both whooping cough and mumps was very much less.

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

School.	Dept.	On Roll Dec. 31st 1934.	S.T.	M.	W.C.	Mumps	C.P.	R.W. Scab.	Sores, etc.	Sore Eyes.	S.F.	Diph.	Bact. Diph.
	J. M. ..	316	—	4	—	—	1	—	—	—	1	—	—
Blackhorse Road ..	Girls' ..	314	—	—	—	—	—	—	—	—	4	1	—
	Infts.' ..	172	3	72	—	—	8	—	—	—	7	1	—
William Elliot Whit.	Boys' ..	357	—	—	—	—	—	—	—	—	3	2	—
	Boys' ..	357	1	—	—	2	2	—	—	—	4	7	—
Higham Hill	Girls' ..	319	8	—	—	—	1	—	—	—	2	2	—
	Infts.' ..	335	4	145	2	4	16	—	9	—	6	9	—
	Boys' ..	168	—	—	—	—	—	—	—	—	—	1	—
Pretoria Avenue ..	Girls' ..	183	—	1	—	—	—	—	—	—	4	—	—
	Infts.' ..	217	1	93	45	2	5	3	—	—	7	2	—
William Morris Central	Boys' ..	297	—	—	—	—	1	—	—	—	—	1	—
	Girls' ..	329	—	—	—	—	—	—	—	—	—	1	—
	Boys' ..	299	2	—	—	—	—	—	—	—	—	1	1
Coppermill Lane ..	Girls' ..	307	—	1	—	—	1	—	—	—	3	—	—
	Infts.' ..	215	3	83	8	1	3	2	2	—	3	3	—
	J. M. ..	303	—	14	—	—	2	—	—	—	—	1	—
	Boys' ..	271	1	16	—	—	7	—	—	—	3	8	—
Wood Street	Girls' ..	254	—	—	—	—	1	—	—	—	2	8	—
	Infts.' ..	300	—	97	3	3	70	3	5	—	6	18	—
Joseph Barrett	Boys' ..	352	3	—	—	—	—	—	—	—	4	—	—
	Girls' ..	251	—	—	—	—	1	—	—	—	—	2	1
P.D. Centre	Mixed ..	67	—	—	—	—	—	—	—	—	—	—	—
	Boys' ..	358	—	—	—	—	—	—	—	—	10	3	—
Maynard Road	Girls' ..	277	—	12	—	—	—	—	—	—	10	1	—
	Infts.' ..	307	1	62	—	—	3	—	3	—	13	7	—
St. Mary's	Girls' ..	298	—	6	—	—	1	—	—	—	8	—	—
	Infts.' ..	152	—	135	—	—	10	—	—	—	5	—	—
St. George's	Mixed ..	224	—	—	—	—	—	—	—	—	—	1	—
Shernhall Spec. ..	Mixed ..	70	—	—	—	—	1	—	—	—	1	1	—
William McGuffie ..	Boys' ..	340	—	—	—	—	—	—	—	—	2	1	—
	Girls' ..	313	4	2	—	—	—	—	1	—	1	—	—
Mission Grove	J. M. ..	297	1	—	—	—	1	—	—	—	3	5	—
	Infts.' ..	180	2	64	1	16	28	—	—	—	—	3	—
Deaf Centre	Mixed ..	19	—	—	—	—	—	—	—	—	—	—	—

Edinburgh Road ..	Girls' ..	298	2	1	—	—	1	—	—	—	3	—	—
	Boys' ..	295	11	1	—	—	—	—	—	—	2	—	—
Markhouse Road ..	Infts.' ..	189	3	68	4	1	24	1	—	—	6	1	—
	J. M. ..	351	—	—	—	—	—	—	—	—	7	1	—
St. Patrick's	Mixed ..	265	—	—	—	—	—	—	—	—	5	—	—
	Boys' ..	220	—	2	—	—	—	—	—	—	2	—	—
St. Saviour's	Girls' ..	154	—	—	—	—	—	—	—	—	1	—	—
	Infts.' ..	162	1	60	—	—	1	—	—	—	—	2	—
	Boys' ..	290	—	—	—	—	—	—	—	—	5	1	—
Forest Road	Girls' ..	251	—	—	—	—	1	—	—	—	4	—	—
	Infts.' ..	302	—	113	12	8	93	—	5	—	12	12	—
	Boys' ..	277	1	2	—	—	1	—	—	—	5	2	—
Winn's Avenue	Girls' ..	359	—	5	—	—	—	—	—	—	6	3	2
	Infts.' ..	383	—	87	9	6	39	—	—	—	12	9	—
	J. M. ..	265	—	10	—	2	10	—	4	—	8	5	1
	Boys' ..	307	—	—	—	—	—	—	—	—	1	1	—
Chapel End	Girls' ..	275	1	—	—	—	—	—	—	—	5	4	—
	Infts.' ..	449	5	180	1	3	15	—	8	—	15	9	—
	J. M. ..	379	—	—	—	—	—	—	—	—	4	2	—
	Boys' ..	480	—	—	—	—	—	—	—	—	11	—	—
Selwyn Avenue	Girls' ..	453	—	—	—	—	2	—	—	—	16	1	—
	Infts.' ..	537	3	266	—	2	57	—	8	—	49	2	—
	Boys' ..	282	—	8	—	6	11	—	4	—	6	—	—
Gamuel Road	Girls' ..	300	2	3	—	1	3	—	—	—	2	2	—
	Infts.' ..	167	—	55	2	2	10	—	—	—	8	5	—
Geo. Gascoigne Central	Boys' ..	277	—	—	—	—	—	—	—	—	1	—	—
	Girls' ..	289	3	1	—	—	—	—	—	—	2	—	—
Queen's Road	Infts.' ..	176	—	82	2	1	4	—	—	—	5	1	—
Roger Ascham	Mixed ..	405	1	—	—	—	—	—	—	—	4	3	1
	Infts.' ..	346	10	128	—	—	23	1	5	—	15	7	1
St. Mary's R.C. ..	Mixed ..	304	—	17	—	—	—	—	—	—	4	1	—
Myope Centre	Mixed ..	71	—	—	—	—	—	—	—	—	—	—	—
Nursery School	Mixed ..	138	—	13	—	1	11	—	9	—	—	1	—
Totals ..			77	1909	89	61	469	10	63	—	338	165	7

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.
1934	113	79	197	33	36
1933	125	37	18	52	35

	Influenza.	Diarrhoea.	Mumps.	Ringworm.	Scabies.	Various.	Totals.
1934 ..	60	2	9	5	4	614	1,152
1933 ..	149	3	62	3	2	619	1,105

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 18 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	51
Number of patients attended	2,405
Number of attendances made	3,632
Average attendance per session	47.1
Number of Scarlet Fever cases discovered	3
Number of Diphtheria cases discovered	19
Number of virulence tests taken in Diphtheria carriers ..	24
Number of children recommended to Rheumatism Clinic ..	32
Number of children recommended to Ear Clinic	27

The following table summarises the work done in respect of diphtheria immunisation :—

Schick tested for first time	339	
Negative (including pseudo and negative)	119	
Positive	220	
Immunised without being Schick tested (under 5 years of age)	34	
		254
Number of partly immunised cases brought forward from 1933		19
Total number given one or more immunising doses during 1934		273

Results of Schick Tests following immunisation :—

Negative after one dose (A.P.T.)	9
,, ,, three doses—floccules	134
,, ,, four ,, ,, ...	18
,, ,, five ,, ,, ...	2
Number of immunisations not completed at end of year ..	75
Number left area or not yet finally Schick tested	29
Number not completing immunisation course	6
Total	273

Dick Tests for scarlet fever :—

Dick tests	52
Positive	13
Negative	39

These tests were done at a children's convalescent home.

Vaccination.—The vaccinal condition of each child examined at routine medical inspection was noted and a summary shows the following :—

		Number Examined.	Number found to be Vaccinated.	Percentage Vaccinated.
Entrants	Boys ..	820	206	25.1
	Girls ..	858	218	25.4
2nd Age Group	Boys ..	947	269	28.4
	Girls ..	965	255	26.4
3rd Age Group	Boys ..	949	257	27.1
	Girls ..	919	263	28.6

Action under Article 45 (*b*) (i.e., attendance below 60 per cent. of number on register), 27 certificates were granted.

School.	Month.	Disease.	No. of Certificates.
Wood Street Infants ..	January ..	Chicken Pox ..	1
	March ..	Measles	3
Pretoria Avenue Infants ..	February ..	Whooping Cough	2
	March ..	Whooping Cough and Measles ..	5
Blackhorse Road Infants ..	February ..	Measles	1
	March ..	Measles	4
Maynard Road Infants ..	March ..	Measles	2
Winn's Avenue Infants ..	March ..	Measles	2
Higham Hill Infants ..	March ..	Measles	1
St. Mary's (C. of E.) Infants	March ..	Measles	1
	April ..	Measles	1
Queen's Road Infants ..	March ..	Measles	4

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

At Medical Inspection	11
At School Clinics	1,396

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 journey was made during the year :—

School.	Number.	Place.	Date.
Shernhall Special ..	36	Llanflairfechan ..	June, 1934.

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

SCHOOL CAMPS, 1934.

The School Camps were held at St. Helen's for boys, and Sandown for girls, during May, June and July, as in previous years. Forms were issued to parents of children who were likely to benefit from attendance at Camp, the selection being made on grounds of poverty and ill-nourishment.

Parties proceeded from Waterloo on Friday mornings, arrangements being made for conveyance of kit-bags to the station and from Ryde to the destination. Tickets were obtained at half single fare, and the whole of the transport arrangements worked smoothly. Most of these children had never seen the sea, and the voyage to the Island was a great adventure, while the delightful surroundings of their new home, the historic places of interest visited, and the good food and kindly care made a wonderful difference in health and looks at the end of the fortnight.

The educational and general arrangements were on the same satisfactory lines as in previous Camps, and the children were medically examined before leaving. Ordnance maps were provided and visits to the "Victory," "Iron Duke," and in one case, a U.S. cruiser, were arranged.

Details of the numbers are appended:—

Boys' Camp.

Period.	School.	No.
25th May to 8th June ..	Winns Avenue	20
	Wm. E. Whittingham	20
	Joseph Barrett	23
		63
8th June to 22nd June ..	Wm. McGuffiie	24
	Selwyn Avenue	6
	Markhouse Road	23
	Geo. Gascoigne Central	6
	William Morris Central	6
		65
22nd June to 6th July ..	Coppermill Road	25
	Chapel End	25
	St. George's R.C.	5
	St. Patrick's R.C.	4
	St. Saviour's R.C.	4
		63

Girls Camp.

18th May to 1st June ..	Coppermill Road	22
	Joseph Barrett	22
	St. Mary's C. of E.	4
		48
1st June to 15th June ..	Chapel End	20
	Winns Avenue	20
	Geo. Cascoigne Central	8
		48
15th June to 29th June..	Blackhorse Road	24
	William McGuffie	24
		48
29th June to 13th July..	Edinburgh Road	24
	Wm. Morris Central	8
	Selwyn Avenue	7
	St. Patrick's	3
	St. George's	3
	St. Saviour's	3
		48

The children appreciated the care and attention given by the staff, whose forethought in providing typed or duplicated summaries of places to be visited, work to be done, maps and interesting data, added to the interest of the children in their new surroundings.

There are excellent bathing facilities at St. Helen's and Sandown and these were utilised to the full during the fine weather of this summer.

The following is a programme of one of the girls' camps :—

Friday,	June 15th.	Journey to Sandown. Unpacking. Walk to shore. Write home. Evening recreation.
Saturday,	,, 16th.	Physical activities and games on beach. Talk on diaries. Collections. Walk by cliffs to Shanklin.
Sunday,	,, 17th.	Short walk. Church or Chapel. Afternoon on beach.
Monday,	,, 18th.	Physical activities and games on beach. Talk on shells, seaweeds. Walk to Culver Cliff collecting these.
Tuesday,	,, 19th.	Physical activities and games on beach. Talk on Carisbrooke Castle and Osborne House. Walk to Blackpan Common collecting wild flowers.
Wednesday,	,, 20th.	Day trip by char-a-banc to Carisbrooke Castle and Osborne House.
Thursday,	,, 21st.	Physical activities and games on beach. Talk on Brading. Walk to Brading to see church, stocks, whipping post, bull ring. Little Jane's cottage.
Friday,	,, 22nd.	Physical activities and games on beach. Talk on Shanklin Chine. Walk to Shanklin visiting Chine.
Saturday,	,, 23rd.	Physical activities and games on beach. Walk to Alverstone to see old mill and collect flowers.
Sunday,	,, 24th.	Short walk. Church or Chapel. Afternoon on beach.
Monday,	,, 25th.	Physical activities and games on beach. Talk on tides and winds. Walk to Yarborough Obelisk.

Tuesday, June 26th.	Physical activities and games on beach. Talk on trip to Alum Bay. Choice from previous walks.
Wednesday, ,, 27th.	Day trip by char-a-banc to see St. Catherine's Lighthouse and to Alum Bay. Collect coloured sands.
Thursday, ,, 28th.	Physical activities and games on beach. Shopping. Packing. Awards given for competitions, Houses, etc.
Friday, ,, 29th.	Journey home, visiting Portsmouth Dockyard and Nelson's "Victory" *en route.*

Time Table.

7.0 a.m.	Rise. Wash. Air beds. Skipping.
8.0 a.m.	Breakfast.
8.30 a.m.	Prayers. Bedroom duties. Inspection.
9.30 a.m.—12.30 p.m.	Preparation for day's programme. Excursion or activities on beach.
12.30—1.0 p.m.	Preparation for dinner.
1.0 p.m.	Dinner.
1.30—2.30 p.m.	Compulsory rest in Hostel.
2.30—6.0 p.m.	Afternoon excursion.
6.0 p.m.	Tea.
6.30—8.0 p.m.	Free time for letter writing, note making, diaries, pressing flowers, games, community singing.
8.0—9.0 p.m.	Wash. Bed. Lights out.

Visits to the Camp were made by the Mayor, Chairman, Councillors Fitt and Chaplin and Mrs. Sharp, and by the Town Clerk, the Director of Education and the Assistant Director.

The organisation and arrangements for these Camps appear to be most satisfactory in every way, while the Island, with its wonderful scenery and historical associations, its journey to and fro by rail, sea and car, is undoubtedly the finest camping ground for the children whose privilege it was to attend.

Finance.—The following is a statement of expenditure and income for the 1934 Camps:—

	£	s.	d.
Balance, 1933 ..	134	10	1
Rates	1,000	0	0
Parents' Contributions	60	19	6
£1,195	9	7	

	£	s.	d.
Maintenance	741	4	8
Railway Fares	139	16	0
Insurance and Subscription	12	18	9
Visits	67	18	8
Hire of Beach Huts ..	7	5	0
Sundry, Teachers, etc. ..	35	3	11
Cartage of Kitbags ..	9	2	6
Members' and officials' Expenses	16	10	0
Mackintoshes	6	11	2
Cricket Materials	6	6	10
Boxes for Library Books..	6	10	0
Kit bags	1	3	0
Sundry:			
Travelling .. 6 18 4			
Maps 0 8 0			
Cheque Book .. 0 4 0			
Laundry .. 0 10 9			
Clerk's Travel Expenses .. 0 14 0			
Caretaker .. 1 17 4			
	10	12	5
	1,061	2	11
Balance in hand (27.7.34)	134	6	8
£1,195	9	7	

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.

The recent appointment of two whole-time Physical Training Organisers is welcomed.

11. PROVISION OF MEALS.

(1) **Mid-day Meals.**—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.
1934	772	87,161	112.9
1933	801	94,051	104.9

The average cost of each meal during 1934 was 4.14d.

Supervision of dietetics at School Canteen and at Special Schools.—Miss Langley resigned from your Committee's service on 31st August, 1934. The following is a summary of her reports during 1934 :—

"*High Street Canteen.*—(*a*) Improvements—Extra cooking equipment, including large oven, steam jacketed boiler and plate rack.

(*b*) Requirements—Piped hot water supply, additional sink.

"Canteen marred by institutional appearance, use of table cloths not satisfactory, American cloth had to be used instead. Food waste almost abolished.

"*Higham Hill Canteen.*—Opened in 1933 in a converted classroom. Kitchen well equipped but hot water supply lacking. Considerable food left on plates.

"*Physically Defective School Canteen.*—Cooking, service and cleanliness of table cloths satisfactory. Intelligent interest shown by children in food values. Posters designed illustrating food values, and to be exhibited in the High Street and Higham Hill Canteens. Kitchen requires redecoration.

"*Shernhall Special School Canteen.*—Dinners well cooked, but liver not appreciated. Daily dose of cod liver oil advised for undersized children.

"*Myope Centre Canteen.*—Kitchen untidy and badly ventilated, gas stoves neglected and defective. New food store required. Food well cooked, service excellent, table manners of children very good. Table cloths clean."

Special menus were devised by Miss Langley for the summer and winter seasons alternating over a three-week period, and variations were made in the special schools to suit individual children.

Brookfield Orthopædic Hospital.—Daily cod liver oil and milk (1 pint) were advised for all children and a varying summer menu alternating every third week was devised.

(2) **Milk Meals.**—Milk was supplied to 1,303 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 164,898. The number of children supplied during the preceding year was 645, and the number of meals 93,724.

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

The marked increase in the number of children supplied with milk on medical grounds will be noted. It is a matter of some difficulty to account for the increase, because there is no indication that the average nutritional condition of the school children in the area has deteriorated; in fact, all the available evidence points to the contrary.

The system in operation with regard to milk meals is briefly as follows:—Children are referred mainly from two sources—from the Head Teachers and from re-inspections. They are weighed and measured at Lloyd Park Clinic, and if below the appropriate weight as shown by the age/height/weight scale in use, they are granted milk for one month, after which they re-attend for re-weighing and renewal of milk if necessary.

The particular age/height/weight scale in use has, on comparison with other scales, shown a high level of average weights, with the result that more children have been scored as being under normal than would have been the case with the other scales. All children under the average weight for age and height have been granted milk, although it has been realised that this observation alone is no criterion of malnutrition. In such cases the milk granted has been more in the nature of a prophylactic measure.

The increase in the number of children given free milk is largely due to the stricter supervision which has been given by the Head Teachers and the School Doctors.

New arrangements were brought into force in March, 1935, under which children were examined at school four times yearly and assessed on clinical grounds rather than on the basis of age/height/weight.

(3) **Milk Marketing Board and National Milk Publicity Schemes.**—New arrangements under which $\frac{1}{3}$ pint bottles of milk are supplied at $\frac{1}{2}$d. per bottle came into force on October 1st, 1934. The general requirements of the Milk Marketing Board have been followed and some half-dozen firms have been approved as suppliers of pasteurised milk under the Scheme. Milk so distributed is known as "voluntary scheme" milk.

In order to simplify administration on the part of Head Teachers, milk supplied free on medical grounds and known as " official scheme " milk is now supplied in $\frac{1}{3}$-pint bottles in the morning and afternoon.

(N.B.—The " voluntary scheme " milk is usually only supplied in the morning.)

Several Head Teachers drew attention to the fact that many children would not take their milk during the winter months, and in some instances attempted to make arrangements for the suppliers to warm the milk before delivery. Such a procedure contravened the Milk and Dairies Order and was prohibited.

Many children were apparently not able to take their milk because the bottles were not shaken before drinking the milk, with the result that the top layer of cream was drunk first.

The particulars given below were obtained by your Director and show the magnificent work done by the Head Teachers in making the scheme a success.

Milk Marketing Board Scheme.

Return *re* Supply of Milk during October.

School.	Number receiving milk		Total.	Total number of bottles of milk consumed in October.
	Voluntary.	Official.		
Higham Hill—				
Junior Boys'	236	4	240	5,025
Junior Girls'	219	19	238	5,385
Infants	288	21	309	5,121
Gamuel Road—				
Junior Boys'	255	13	268	5,135
Junior Girls'	264	9	273	5,197
Infants'	160	1	161	2,704
Maynard Road				
Junior Boys'	280	—	280	5,734
Junior Girls'	182	22	204	4,178
Infants'	240	3	243	4,681
Pretoria Avenue—				
Junior Boys'	Not known	—	—	2,581
Junior Girls'	132	6	138	3,041
Infants'	140	18	158	3,298
Markhouse Road—				
Senior Boys'	237	2	239	4,131
Junior Mixed	250	5	255	5,028
Infants'	160	—	160	3,168

School.	Number receiving milk		Total.	Total number of bottles of milk consumed in October.
	Voluntary.	Official.		
Forest Road—				
Junior Boys'	220	12	232	4,581
Junior Girls'	192	9	201	4,199
Infants'	187	2	189	2,467
Coppermill Road—				
Senior Boys'	178	1	179	3,562
Senior Girls'	180	12	192	3,726
Junior Mixed	233	6	239	5,131
Infants'	151	1	152	3,248
Wood Street—				
Junior Boys'	197	3	200	4,390
Junior Girls'	165	3	168	3,555
Infants'	216	—	216	219
George Gascoigne Central—				
Boys'	176	1	177	4,496
Girls'	104	10	114	121
Queen's Road Infants' ..	174	1	175	2,899
Blackhorse Road—				
Senior Girls'	183	19	202	3,707
Junior Mixed	237	11	248	6,144
Infants'	137	6	143	2,881
Wm. Morris—				
Central Boys'	235	3	238	4,249
Central Girls'	200	8	208	4,577
Chapel End—				
Senior Boys'	131	29	160	3,260
Senior Girls'	153	13	166	2,462
Junior Mixed	230	45	275	6,482
Infants'	310	31	341	7,428
Selwyn Avenue—				
Boys'	336	9	345	6,574
Girls'	282	17	299	6,609
Infants'	456	8	464	9,360
Jos. Barrett—				
Senior Boys'	245	11	256	5,481
Senior Girls'	160	6	166	3,561
Mission Grove—				
Junior Mixed	245	31	276	5,612
Infants'	137	10	147	2,800
Winns Avenue—				
Senior Boys'	184	2	186	3,922
Senior Girls'	177	38	215	4,259
Junior Mixed	326	7	333	6,055
Infants'	210	1	211	4,084
Edinburgh Road—				
Senior Girls'	230	11	241	4,357
W. E. Whittingham—				
Senior Boys'	140	30	170	3,641
Wm. McGuffie—				
Senior Boys'	164	3	167	1,748
Senior Girls'	126	51	177	1,783
Roger Ascham—				
Junior Mixed	272	12	284	5,278
Infants'	194	51	245	6,063

School.	Number receiving milk		Total.	Total number of bottles of milk consumed in October.
	Voluntary.	Official.		
St. Mary's (C. of E.)—				
Girls'	161	3	164	3,494
Infants'	97	1	98	2,045
St. Saviour's—				
Boys'	174	4	178	2,765
Girls'	100	2	102	2,096
Infants	108	2	110	2,250
St. George's Mixed (R.C.)	70	—	70	281
St. Patrick's (R.C.) ..	165	3	168	Not known.
St. Mary's (R.C.)	236	6	242	4,813
Wm. Morris Deaf Centre ..	15	2	17	375
Shernhall Street Special ..	47	1	48	857
Blind and Myope Centre ..	40	2	42	866
Joseph Barrett P.D. ..	24	6	30	621

The following summary prepared by the Director shows the great success of the new scheme :—

Statistics *re* Supply of Milk during October, 1934.

Number on Roll, 26.10.1934	18,534
Number obtaining "official" milk ..	579
Number available for "voluntary" milk	17,975
Number obtaining "voluntary" milk ..	12,273
Percentage	68.39
Total number of children receiving milk	12,852
Percentage	69.35
Total number of bottles of milk consumed during month of October	152,843
	=6,370 gallons (approx.)

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 1934 :—

Boys.

	Number of Inspections.	Number of Parents.	Per cent. 1934.	Per cent. 1933.
Entrants	820	755	92.0	89.3
Second Age Group ..	947	675	71.2	75.3
Third Age Group ..	949	331	34.8	32.0

Girls.

	Number of Inspections.	Number of Parents.	Per cent. 1934.	Per cent. 1933.
Entrants	858	801	93.3	92.0
Second Age Group ..	965	739	76.5	78.2
Third Age Group ..	919	426	46.3	55.9

(b) CO-OPERATION OF TEACHERS.

Grateful acknowledgement must again 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 inspections, 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.

(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 1934 :—

" There was a very considerable increase in the number of children sent away and the pressure was concentrated in the late spring and early summer. For the first time in the history of the Branch, we passed the 300 mark with a total of 321 convalescent cases. A large proportion of the increase is due to the number of children referred from the Relief Station, viz. : 38, as compared with 15 in 1933; and also, I think, to illnesses following the epidemics in the early part of the year. 68 were children of unemployed fathers.

" There was a slight drop in the number sent away from the Rheumatism Clinic, but on the other hand we sent 21 rheumatic and heart children referred from other sources. To ensure that these children are sent to the right home, it has been my habit in previous years to show them to Dr. Sheldon before taking any action. Of the 65 children sent from this Clinic, 23 had been given a previous period of convalescence.

" The number of chest cases sent away has been heavy.

" Our work with the Orthopædic Clinic has been maintained on the same lines.

" The steady increase in the number of children sent away during the past five years is remarkable. The figures are as follows :— 1930, 193; 1931, 258; 1932, 298; 1933, 263; 1934, 321. These figures are in proportion to the number of children referred to us. The Branch was founded in 1917, when 81 were sent away, and by 1930 we had numbered 2,000 cases. But in 1934 we numbered our 4,200th case, so that during the past five years we have dealt with more children than in the preceding 13 years.

" One has hoped that the careful nurturing of the children in Walthamstow would, as far as convalescence is concerned, tend to reduce our work, but it is somewhat disappointing to find that the need has become more pressing. Every recommendation for convalescence is carefully scrutinised and I am satisfied that no child who does not require it is given this treatment. The new Milk Scheme should help to keep the children fitter and may eventually prove to be the force which will turn the tide.

New cases (in addition to many re-applications) were referred by :—

	Under 5 years.	Over 5 years.	Total.
Medical Men, Hospitals and Dispensaries ..	18	118	136
Tuberculosis Dispensaries and Tuberculosis Care Committees	1	18	19
Medical Officers of Health	1	—	1
Education Committees and School Medical Officers	12	80	92
Public Assistance Committees	7	29	36
Local Authorities under Scheme for			
(1) Rheumatism	—	51	51
(2) Orthopaedic Care	98	72	170
Infant Welfare Centres	1	—	1
Invalid Children's Aid Association	4	—	4
C.O.S. and other Voluntary Agencies	3	3	6
Parents	1	2	3
Others	1	—	1
Total	147	373	520

Classification of New Cases.

Tuberculosis—Lungs	—	1	1
Glands	—	1	1
Joints	—	1	1
Various	—	1	1
Anaemia and Debility	4	64	68
After-effects of acute illnesses	1	19	20
Marasmus and Malnutrition	5	3	8
Rheumatism, Chorea and Heart	2	57	59
Heart (Congenital)	—	5	5
Diseases of Lungs (Non-tubercular)—			
Bronchitis, Pneumonia, etc.	9	53	62
Asthma	—	2	2
Glands (Non-tubercular)	—	8	8
Diseases of Bone (Non-tubercular)	94	63	157
Diseases of Digestive Organs	1	5	6
Paralysis	5	17	22
Nervous conditions	—	15	15
Congenital Deformities	12	19	31
Hernia	3	1	4
Diseases of the Ears	1	6	7
,, Eyes	1	4	5
,, Nose and Throat	3	9	12
Accidents	1	11	12
Various	5	8	13
Total	147	373	520

Help given to Old and New Cases (All Ages).

	Old.	New.
Sent to Special Hospital and Convalescent Homes ..	56	265
Extensions from previous years	77	—
Provided with Surgical Boots and Appliances	92	56
Provided with Massage and Exercises	1	15
Referred for visiting and advice	78	89
Referred by I.C.A.A. to other Agencies	5	—
Clothes	8	12
	317	437

21 of the cases sent to Special Hospitals, etc., were under 5 years of age.

85 instruments were provided for children under 5 years of age, and of these 34 were renewals or replacements.

84 children under 5 years of age were referred for visiting (42 new cases and 42 old cases).

Total of home visits, 1,133.

Average length of stay in Convalescent Homes, 17 weeks 1 day.

65 children were sent away from the Rheumatism Clinic.

2 children were sent away for training.

Of the 16 boys sent to Hawkenbury, 6 were from the Rheumatism Clinic.

Children were sent to Convalescent Homes for the following complaints:—Debility (general or following illness), 86; Heart, 47; Rheumatism, 27; Chest, 63; Anæmia, 40; Malnutrition, 2; Nervousness, 15; After Infectious Illness, 20; and various, 21.

(*b*) *National Society for the Prevention of Cruelty to Children.*—The following summary of the work done in Walthamstow during 1934 is reported by Inspector Francis:—

Nature of Offence.		How dealt with.	
Neglect	81	Warned and Advised ..	117
Ill-treatment	20	Prosecuted and Convicted	—
Advice sought ..	8		
Various	8		
Total ..	117	Total	117
Supervisory visits		Boys	243
		Girls	213
Total			456

Of the 117 cases, 53 were below 5 years of age.

Inspector Francis again draws attention to the unnecessary suffering caused to young children by being left unattended in the home. Frequent complaints are received as to the screaming of children frightened in this way.

(*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 1934 :—

" During the year 1934, distribution was continued for nine months, when 824 pairs of footwear were allocated at an approximate cost of £276. The Committee were again compelled to withhold the distribution during the months of July, August and September owing to the financial position of the Fund. On the re-distribution in October, 344 pairs of boots and shoes were allocated for the three months to December, 1934, at a cost of £110.

(*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 Essex Voluntary Association for Mental Welfare acknowledges with pleasure the help they continue to receive in Walthamstow from the Local Mental and After-Care Committee, whose Chairman is Mrs. Follows, and Honorary Secretary, Mr. L. F. Bristow.

" During the past year the number of defectives under Statutory supervision has increased by 18, making 89 ; while there are now 2 on licence from the Institution, 4 under orders of Guardianship, and 193 under voluntary supervision.

" *Occupation Centres.*—(1) The Junior and Girls' Centre held at the Settlement became full-time in August, since when the number of children on roll has increased, being now 33. It was with much regret that at Christmas the resignation of Mrs. Louis, who for six years had been the Supervisor in Charge, was accepted, but we were glad to welcome in her place Miss Carter, who was already on the Association's staff.

" (2) The Boys' Handicraft Class has been transferred to St. Stephen's Hall, Grove Road, in order to separate it more completely from the Junior and Girls' Centre. It is carried on on workmanlike lines under the direction of Miss Carol Wood, herself a skilled craftswoman. Orders are taken for all kinds of woodwork, etc., and visitors at both Centres are welcome.

" Of the 89 defectives under supervision, 40 are over 16 years of age, viz., 23 males and 17 females. The following shows the position of these defectives as regards employment :—

	Males.			Females.		
	16–21.	21–31.	31+.	16–21.	21–31.	31+.
Wholly self-supporting ..	2	1	1	—	1	2
Partially self-supporting ..	1	—	—	—	1	—
Out of work	1	—	—	—	—	—
Usefully occupied at home ..	3	2	2	4	6	—
Unemployable	4	1	1	2	—	—
In Public Assistance Institutions	1	1	—	—	—	—
In Mental Hospitals (*i.e.*, certified under Lunacy Act) ..	—	1	1	—	—	1

"*Outing, Parties, etc.*—A very enjoyable summer outing was arranged for the children of Walthamstow and Leyton Centres on July 11th, when children, parents and friends spent the day at Chalkwell (near Westcliff-on-Sea). Glorious weather helped to make the programme of games and paddling, and a sail on the water, a most happy event.

"The following day a party of elder boys were taken to Thorpe Bay, where they energetically enjoyed a walk along the front. They have not forgotten their excursion and are already eagerly making plans for the next expedition. At Christmas Mr. Bristow kindly took the boys to the pantomime at Walthamstow Palace. This treat is an annual custom which is much looked forward to and enjoyed.

"The Junior Centre held its Christmas party on December 17th at the Settlement, and we are once again most grateful to Mr. Page for bringing with him in his impersonation of Father Christmas such a jolly atmosphere of fun to delight the children. The Christmas gifts were much appreciated by the children, and many thanks are due to Mrs. Follows and her Committee for the arrangements they had made."

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 area.

(*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 Occupational 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 for both sexes. The following table shows the classification of children attending the school at the end of 1934, and has been supplied by the Head Teacher, Miss Balls :—

	"Blind."		"Partially Blind."	
	Walthamstow.	Other Authorities.	Walthamstow.	Other Authorities.
Boys ..	2	4	23	2
Girls ..	5	2	23	10
Total ..	7	6	46	12

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. :—

" The following is a classification of the defects of the 69 pupils in attendance at the Myopic School during 1934 :—

	Boys.	Girls.
High Myopia	2	9
High Myopic Astigmatism	11	12
High Myopia with partially dislocated lenses	—	1
High Myopia and Albino	—	1
High Hypermetropia	2	1
High Hypermetropic Astigmatism ..	—	1
High Hypermetropia and Albino ..	—	1
Nystagmus	3	2
Nystagmus and High Myopia	1	—
Nystagmus and High Hypermetropia ..	1	—
Congenital Cataract	1	4
Congenital Cataract and Nystagmus ..	1	1
Poor visual acuity due to Corneal Opacities	2	3
Buphthalmos	1	—
Optic Atrophy	2	2
Pseudo Glioma	—	1
Anophthalmos following operation for Gliomala	1	1
Mirror Writing	1	—
	—	—
Total	29	40
	—	—

"As usual, throughout the year a number of cases from the Eye Clinics have been admitted to the Western Ophthalmic Hospital for Squint, Cataract, and various minor operations, and all have done well.

"The solicitude shown by the staff of the school for the children's welfare and the exacting work it entails continues to merit high praise."

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

"The Walthamstow Education Authority provides a Special School for blind and myopic children of both sexes at Wood Street, which accommodates 85 children.

"By a careful arrangement of the curriculum, every effort is made to further the education of children of varying degrees of blindness in such a manner that each child may develop its capacity for learning to the fullest extent, in spite of the handicap of defective sight.

"The children are divided into two groups:—

1. Those who are partially blind.
2. Those who are "Blind within the meaning of the Act."

"The method employed for the instruction of the partially blind class may be described as 'The sight-saving method.'

"Although the partially blind children use their eyes while working in school, great care is taken that their eyes are in no way subjected to strain.

"Reading is taught by means of readers, printed in letters measuring one inch; handwriting is performed on blackboards with white chalk, arithmetic is written down in the same way, and all work is executed, as far as possible, in an upright position, 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 exercises and essays without using their eyes at all, the 'touch method' being employed.

"Those children who are 'Blind within the meaning of the Act' are taught the Braille system of reading and writing, and the use

also taught to typewrite in order to facilitate their opportunities of communication with a community largely unfamiliar with the Braille system.

" All the children receive oral instruction in the ordinary school subjects, and as the children cannot read books printed in the ordinary type, the teacher reads aloud some standard work of literature for at least half an hour daily. Important news is read to the classes weekly. The method of instruction, and syllabus is in accordance with those followed in the elementary school.

" In addition to the ordinary school curriculum, various forms of manual work are undertaken.

" Printing, bookbinding, leatherwork, brushmaking, staining and polishing are taken by the boys, while the girls learn hand-knitting, machine knitting, leather work, raffia work, basketry, cardboard modelling and passe-partout work.

" In addition, all the children work at gardening and clay modelling, and the partially blind children make pastel drawings on large sheets of paper.

" The Braille children learn chair caning, rush seating and cane weaving in addition to any of the above forms of manual work they are capable of learning.

" At the handicraft exhibition organised by the Walthamstow Education Authority all these forms of handwork were shown, and the children here were highly gratified at hearing that the Parliamentary Secretary to the Board of Education had been pleased to accept a set of brushes in a leather case, all of which was the work of a boy in the Braille class. This craftsman was also most gratified at receiving from the distinguished recipient of his work a letter expressing his pleasure, and his appreciation of the standard of craftsmanship attained by the maker.

" The Seniors learn all their lessons at the Myope Centre, as they would be quite unable to join with the Seniors in the ordinary school in lessons which entailed the use of text books printed in ordinary type.

" The Juniors, in order that they may come into daily contact with normal children of their own age and degree, attend the adjacent elementary school for lessons in history, geography and nature study.

" At the Wood Street Infants and Junior Schools the teachers show extreme kindness to these visitors to their classes, and, in

fact, often give themselves extra work that the blind and myopic infants and juniors may, in spite of their handicap, benefit to the fullest extent by receiving extra opportunities of close examination of illustrations, and in the case of the blind children, assistance in the intelligent handling of specimens provided by the teachers.

" 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, lifting, bending, wrestling or falling are indulged in. The avoidance of dislocation of the retina with the necessary amount of physical training is secured by a special adaption of the Board of Education Drill Syllabus, by which only the more rhythmic exercises are performed.

" To correct any tendency to spinal curvature, rowing machine exercise is undertaken daily by all the children, while much running and walking practice has been achieved by using the pathway to the school as a running track during daily periods when other people had no need to walk on it.

" Country dances are taught, and suitable outdoor and indoor games enjoyed.

"At Christmas the children performed the operetta called " The Magic Key," and gave an exhibition of all the forms of work carried on at the Centre. This was appreciated by their parents and the general public, and much of the handwork was purchased by them for Christmas presents.

" With regard to canteen arrangements, many of the children come from the outlying districts, and others are conveyed to school from the more distant parts of Walthamstow by tramcar and ambulance, and for these the Walthamstow Education Authority very generously provides a two-course hot meal at mid-day, at a nominal cost.

" When available, garden produce, grown by the children in the school garden, contributes to the enjoyment of the meal.

" About 70 per cent. of the children attending this school availed themselves of the opportunity of purchasing milk daily, through the scheme set up in co-operation with the Milk Marketing Board.

" During the year 13 partially blind and 2 blind children left this Centre.

" Of the six partially blind boys who left the Centre :—

One is a salesman in a furniture stores.

One is a messenger at Marconi House.

One is employed at a basket making factory.

One is employed at a factory, engaged in moulding.

Two were transferred back to the elementary school, their eyes having benefited from the years of treatment and care they received here.

" Of the seven partially blind girls who left the Centre :—

Two are employed at the Knitwear Factories at knitting machine work.

One is a children's attendant at an Orphanage.

One is a typist in an estate agent's office.

One is a messenger and time-keeper at a camera works.

One is employed as packer in a laundry.

One is engaged at a leather work factory.

" In accordance with the scheme laid down by the Board of Education, the two blind children who left the Centre are receiving further training at Workshops for Blind Girls."

(ii) *Deaf Centre.*—Miss Coates has kindly contributed the following report on the work done in 1934 :—

"At the end of 1934 there were 19 children on the roll—8 boys and 11 girls. The children are classified as follows :—

	Deaf (within the Act)	Partially Deaf.	Aphasic.
Boys	5	—	3
Girls	7	1	3
Total ..	12	1	6

" The deaf children are taught on the oral method, the younger ones are first taught articulation, then simple words, and, later, simple sentences. From this elementary beginning the English language is built up. The senior children are taught the ordinary school subjects, viz. :—History, geography, arithmetic, hygiene, general knowledge, nature study, etc.

" The lip-reading of the elder children has attained a high standard.

" Various forms of handwork are taken throughout the school, and in addition, the girls are taught needlework and knitting,

cookery and laundry, and the boys, brush making, boot repairing and woodwork.

" The elder boys join the boys of the William McGuffie School at football once a week.

" In the summer months the senior boys and girls go to swimming with the children of the adjacent school.

" During the winter months the senior and intermediate children have had a course of folk and other forms of dancing.

" In addition to these subjects, gardening has been started—a disused portion of the boys' playground being used for the purpose.

" In the summer months lessons are taken in the open-air whenever the weather is suitable.

" The children suffering from aphasia and other speech defects are taught to speak on the same method as that used for the deaf child. Speech is thus slowly acquired, and with the individual instruction given, progress in other subjects is generally made and sustained in all directions.

" No children have left during the year.

" Satisfactory reports have been received from various former scholars and five or six have paid visits to the school. All are in good employment with one exception.

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

Co-operation at Orthopædic Clinics.—The large majority of new cases referred to the Clinic continued to be from the Infant Welfare Centres.

The arrangement whereby the Health Visitors in turn and the Welfare Masseuse attended each clinic were continued. In addition, towards the end of the year, the assistant Medical Officers also attended in rotation. The close liaison has proved very valuable.

Towards the end of 1934 an additional quarterly clinic was sanctioned by the Maternity and Child Welfare Committee to deal with the large number of children under five years of age.

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

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

" The statistical reports carefully compiled by the orthopædic masseuses, Miss Garratt and Miss Taylor, show the types of cases treated and the increase in the amount of work done.

"The outstanding features of the year's progress have been the co-operation of the assistant medical officers at the monthly consultations, and the closer liaison with the Infant Welfare Centres.

"Minor orthopædic conditions have therefore been diagnosed earlier than in the past, their supervision made more easy, and the time taken over their cure much shorter.

"The staff of masseuses is now three in number, Miss Garratt, Miss Hill and Miss Taylor, all working on a part-time basis. Should the work increase much more, then it may be wise to suggest the appointment of an extra part time worker, particularly as the holding of extra consultations by the Orthopædic Surgeon has already been found necessary.

Joseph Barrett Physically Defective Centre Orthopaedic Scheme.

Defects.	Boys.			Girls.		
	5—16 Years.	Under 5 Years.	Over 16 Years.	5—16 Years.	Under 5 Years.	Over 16 Years.
Anterior Poliomyelitis ..	15	1	4	11	1	15
Tubercular Joints ..	13	—	5	6	—	1
Rickets—Genu Varum ..	—	53	—	3	30	—
Genu Valgum ..	12	39	—	4	32	—
Pes Plano Valgus ..	29	20	1	34	15	2
Scoliosis, Kyphosis, Lordosis	4	2	—	28	5	—
Spastic Paralysis ..	5	4	1	5	5	2
Erb's Paralysis	—	1	—	—	—	—
Pseudo Hypertrophic Paralysis	1	—	1	—	—	—
Arthritis	3	—	—	4	—	1
Congenital Defects ..	9	5	1	10	8	2
Kohler's Disease ..	—	—	1	—	—	—
Amputation, leg ..	—	—	1	—	—	—
Ataxia	3	—	—	1	—	—
Fibroma	—	—	—	1	—	—
Coxa Vara	1	—	—	—	2	—
Torticollis	2	1	—	4	5	—
Hammer Toe	—	—	—	1	—	—
Osteomyelitis	4	—	1	—	—	—
Fractures	1	—	—	—	—	—
Spina Bifida	1	—	—	2	—	—
Schlatter's Disease ..	—	—	—	1	—	—
Baker's Cyst	1	—	—	—	—	—
Accidents	1	—	—	2	—	—
Hearts	12	—	—	9	—	—
Nephritis	1	—	—	—	—	—
Epilepsy	1	—	—	—	—	—
Miscellaneous	2	7	—	4	5	—
Epiphysitis	—	1	—	—	—	—
Pseudo Coxalgia	1	—	—	1	—	—
Totals	122	134	16	131	108	23

Number of Cases seen by the Surgeons:—

From Physically Defective Centre	86
From other schools	201
Over school age	40
Under school age	200
Total	527

New cases seen:—

School Age	69
Under School Age	107
Total	176

Total number of examinations made by Surgeon	703
Total number of cases discharged from Register by Surgeon	97
Average number of examinations made per sessions..	58.6
Cases discharged from Surgeon and for After-Care only by Masseuse:—	
School Age	19
Under School Age	12
Total	31
Cases over School Age away training	4
Number of Attendances for Orthopaedic and Massage treatment (children of all ages)	3739
Average Number of attendances per session..	19.4
Number of Sessions held:—	
Medical Inspection	12
Treatment	197
Total number of visits by the Instrument Maker	20

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

"The work of the School is carried out on the same lines as in former years, and no change of staff has been made during the past twelve months. The numbers continue between 60 and 70 on roll. At the end of the year the classification of defects was:—

Orthopaedic	41	Total 66.
Cardiac	21	
Other	4	

"During the year 13 were transferred to the ordinary schools and 13 left school over age. Only two of these latter failed to obtain employment owing to their physical defects. Seven children went into hospitals at various times, of whom six have returned to school.

" The general health of the children continues to be good, despite the low percentage of attendance. The dietary arranged by Miss Langley is still followed and thoroughly enjoyed.

" A new ambulance has been provided, and by carrying a larger number has greatly added to the convenience of the transport.

" Friends of the school continue to shower their kindnesses upon the children. The Rotary Club of Walthamstow, besides inviting them to their New Year's party, gave a summer outing also, taking them to Windsor in their private cars. Mr. Day also invited the school children to a cinema entertainment at Barnet, which was followed by a tea party. The Shaftesbury Society, as in former years, continues to give weekly kindly hospitality to all cripples at their Hall in Church Road, and holds a summer party at Shoeburyness.

" The William Morris Centenary Festivities provided the school with food for thought and inspiration for further efforts in art. One boy left for the Leyton Art School.

" Ten years have now passed since the school for Physically Defective Children was first opened, and a report was accordingly made to the Education Committee giving statistics and observations."

Brookfield Orthopædic Hospital.—The Orthopædic 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 operations done during 1934 as follows:—

Admissions (Walthamstow cases only):—

Under 5 years of age	7
5 years and over	17
Total	24

Number of patients already in Hospital, January 1st, 1934	7

Classification of Defects.	Under 5 years.	5 Years and over.
Anterior Poliomyelitis	1	5
Spastic Paralysis	2	1
Talipes Equino Valgus	—	1
Congenital Talipes Equino Varus	1	—
Torticollis	—	2
Rickets—Genu Varum	1	—
Bakers Cyst	1	1
Multiple Injuries	—	1
Pes Plano Valgus	—	1
Cerebral Tumour	—	1
Digitus Varus	—	1

Classification of Operations.	Under 5 years.	5 years and over.
Arthrodesis—		
(*a*) Foot	—	2
(*b*) Dunns Triple	—	1
Tenotomy—		
(*a*) Tendo Achilles	1	2
(*b*) Sterno Mastoid	—	2
Osteoclasis	2	—
Amputation—		
(*a*) Leg	—	1
(*b*) Toes	—	3
Excision Bakers Cyst	1	1
Bone Graft (from Tibia to Astragulas) ..	—	1
Osteotomy—Rotation Tibia	1	—
Stoffel Operation (Leg)	—	2
Manipulation	—	4

Plaster of Paris:—Plaster Spica	1
Splints, Various:—	
Following operation by Surgeon..	15
By Masseuses	10

(iv) *Mental Deficiency—Ascertainment.*—Ascertainment has proceeded along the lines detailed in previous years. A summary of 51 examinations is given below, and of the 29 children not mentally deficient, 8 had intelligence quotients above 90, and 18 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 82 certified defective (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 128.

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 :—

	1934.	1933.	1932.	1931.
Not Mentally Defective, or Dull and Backward	29	28	70	49
Border line Mentally Defective	3	—	3	4
Mentally Defective	14	24	17	20
Imbeciles	5	9	6	10
Idiots	—	2	1	4
	51	63	97	87

During 1934 there was a marked decline in the number of children referred for examination. In some cases there is no doubt that Head Teachers refrain from reporting border line cases.

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 1934, the classification, according to the latest available intelligence quotients, was as follows :—

Intelligence Quotient 80 to 89	4
,, ,, 70 to 79	22
,, ,, 60 to 69	20
,, ,, 50 to 59	12
,, ,, 40 to 49	8
Not recently tested	1
	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. 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 four years, and includes those directly notified to the County Council :—

	1934.	1933.	1932.	1931.
Decertified	2	2	1	1
Attaining the age of 16 years	2	8	—	—
Allowed to leave for employment ..	5	1	2	5
Notified to County Council as—				
Ineducable	1	6	5	—
Imbecile	3	9	—	6
Idiot	—	2	—	—
	—	—	—	—
Total	13	28	8	12
	—	—	—	—

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

"The curriculum 1934-35 remains practically the same as in previous years. Half the day is spent in mental work and the other in handwork of some kind.

"Boys and girls attend the Cookery Centre and the competition between them is keen and equal.

"As the craftmaster was withdrawn two sessions out of five sessions (for work at the Juvenile Unemployment Centre), less time has been available for gardening, brushmaking, boot repairing and simple woodwork. Needlework and the stocking-knitting machine are still popular with the girls.

"Physical training takes the form chiefly of games and nature study walks because these use up the excessive and less controlled energies.

"During the year 13 scholars left. Two cripples attained the age of 16 years, 5 boys and girls are working in shops or factories —average weekly wage 10s. 6d.—and 4 boys were transferred to the Occupational Centre. One left the neighbourhood, and one lad who, on entering the school, was poor in physique, pitiably nervous, and consequently gave a low intelligence quotient, is to be transferred to the ordinary school in order that he may leave on a level with his normal colleagues.

"Now that low grade children are being transferred to the Occupation Centre there is a prospect of happier and more successful work with the higher grades left and with those who are being admitted for trial in the school.

"In June last, 36 boys and girls spent an ideal school journey in North Wales. The weather was splendid both for paddling and climbing. Snowdonia was explored, as well as most of the places of interest in this beautiful northern area.

" This year the school journey will be divided into two periods of ten days each, in order to allow more children to participate. In past years it has been found that the novelty wears off after a week, and home sickness interferes with the behaviour, and the last few days seem to benefit the children less than the first part. This year the trial will be made of 20 children going to North Wales and 36 to Dovercourt.

" The value of these journeys is appreciated the following winter, when it is found that those participating grow in physique, health and morale. They are less prone to the winter childish ailments and tackle their lessons with a better outlook than those who have to be left behind."

(v) *Stammering Classes.*—The stammering classes were continued on Monday and Thursday afternoons at Mission Grove Infants' School 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	—	3	3	5	4
Girls ..	—	1	2	—	2	1

(vi) *Convalescent Home Treatment.*—321 children were sent away for Convalescent Home Treatment during 1934. Included in this number were 23 sent away in conjunction with the Walthamstow Association of Tuberculosis Care Helpers. There were 84 children remaining in the Convalescent Homes and Hospital Schools on December 31st, 1934.

The conditions for which children were sent included the following:—Debility, 86; Heart Disease, 47; Rheumatism, 27; Chest Complaints, 63; Anæmia, 40; Malnutrition, 2; Nervousness, 15; After Infectious Illness, 20; Various, 21.

A total of 65 children were sent to Convalescent Homes or Heart Homes from the Rheumatism Clinic. The average length of stay in all Homes has been 17 weeks 1 day.

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 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 1934 :—

" I am pleased to be able to report that, with a few isolated cases of whooping cough and chicken-pox, there has been a comparatively clear bill of health during the year. There have also been fewer colds and coughs, and I attribute this to the more regular attendance of the children and to the special form of cod liver oil emulsion, which is being given to all the children with most beneficial results.

" While the attendance has been more settled during the year (i.e., it has fluctuated considerably less in former years), I regret to report that the enrolment has distinctly fallen off, and I do not feel that the fullest possible advantage is being taken of the existence of the Nursery School. In a neighbourhood which possesses only one such school and is known to be overcrowded, it should not be difficult, not only to have the school full all the year round, but to have a ' waiting list.'

" Combined with probable prejudice, it has been thought that the neighbourhood has not been aware of the existence of the Nursery School, and with the object of making it more widely known, during ' Health Week,' in November, the programme included a Nursery School film and Nursery School slides, which were shown at the Granada Cinema and periodically throughout the week at the Conway Hall, together with a Nursery School model and photographs, which were on view with other exhibits during the week.

" While it is hoped that this may have done something towards removing prejudices and towards creating publicity for the Nursery School, a great deal more might be done with the very welcome co-operation of the Health Visitors, who are in direct contact with the homes and are in a position to persuade the mothers to take advantage of the School.

" Without hesitation, I can say that we have not the most suitable cases attending, but until the enrolment is full we cannot be in the position of making any selection. All cases, provided they live in Walthamstow, are admitted on application.

"We are constantly being criticised for the high running cost per head, which is partially due to low enrolment, but which it is also felt to be due to over expenditure on food.

"I should like to say that one of the chief reasons why the children have kept well and attended better this year is because they are able to resist disease through the medium of suitable and sufficient diet. The children eat heartily and there is no waste, and I think to reduce either the quantity or quality of the food provided is courting disaster and will prove false economy in the long run.

"We regret that the response on the part of the parents with regard to signing forms for dental treatment for their children has been most disappointing this year, and we can only urge a better response during the ensuing months."

Children under Five Years of Age.—The Superintendent of Attendance Officers kindly states that on December 20th, 1934, there were 448 children on the registers born in the years 1930 and 1931 (i.e., apart from the Nursery School). Every Infants' Department had such children on its register, the maximum number being 60, only three departments had less than 10 each. The average number per department was 23.5.

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*) During the week November 5th to 10th a " Health Week " was organised for the Council by the Central Council for Health Education.

Previous to the actual Health Week some 20,000 leaflets (" Health Week—What it Means ") had been given out in the schools, and Health Week lectures had been given. In addition, a Health Week poster Competition had been held, the winning efforts being rewarded by the gift of prizes.

An Exhibition was arranged in the Baths Hall, which included displays by the following exhibitors: British Social Hygiene Council, the Cremation Society, the Dental Board of U.K., the Eugenics Society, the Fruit Trades Federation, Health and Cleanliness Council, Institute of Hygiene, Kodak Ltd. (Medical Department), Ministry of Agriculture and Fisheries, National Association for the Prevention of Tuberculosis, National Council for Maternity and Child Welfare, National Council for Mental Hygiene, National Milk Publicity Council, National Smoke Abatement Society, Wesleyan and General Assurance Society (Health Service Bureau). Parties of school children numbering approximately 400 were conducted round the stands on four mornings and were given short talks at the various stands.

In addition, approximately 400 children from Junior Schools attended at the display of health films in the Conway Hall on four mornings.

The total number of children visiting the exhibition in organised parties was approximately 3,200.

Children from Joseph Barrett Senior Boys and Girls, and from St. Mary's Girls' Schools, presented a Health Play, "To the Rescue," on five evenings and one afternoon. This feature was undoubtedly the most successful single item of the whole week, and drew crowded houses at each presentation. The players were warmly congratulated by the authoress, who remarked that she had never previously seen it presented so well.

The total number of persons attending the health play and the evening film displays was 6,944—many of whom, of course, were school children with their parents. Amongst the 13,330 persons visiting the exhibition (apart from the conducted parties of school children) a considerable proportion was made up of school children revisiting the exhibition with their parents.

(*b*) *Dental Propaganda.*—Two series of demonstrations were provided by the Dental Board during 1934. At each demonstration the Dental Exhibit was explained at the close of the lectures given by the demonstrators.

The first series was held in February and lasted three weeks, a total of 15 departments being visited.

The second series was specially arranged by the Dental Board as a prelude to the Health Week. This series lasted a fortnight. Ten Central and Senior Departments were visited.

The Board's leaflet, entitled "What about your Teeth," specially prepared for the purpose, was distributed to all children leaving school at the end of the year.

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

"Keen interest was manifested and many questions were asked by the boys who will, later, write essays upon the subject."

"We have now had visits from the Dental Board for three years in succession. The lectures are naturally very similar and the specimens the same. That being so, the freshness of the lectures disappears. Might I suggest that an interval of two years be allowed to pass between each lecture. If that were so, each boy would then hear the lecture twice during his four years' course. In reporting as above I wish to make no reflection upon the quality of the lecture or upon the ability and enthusiasm of the lecturers, which were in every respect excellent."

"For senior girls I think one a year is rather too often—a year's interval between lectures would be better; for the younger girls it is very suitable."

"The girls thoroughly enjoyed the lectures, and, from accounts written by them subsequently, had gained a fair amount of knowledge from them."

"The lectures were well presented and interesting."

"An interesting and valuable lecture, well planned and well given."

19. SPECIAL ENQUIRIES.

A preliminary note by Dr. M. Clarke appears in Section 5*a* and deals with the ratio of muscular pull to body weight as determined by the Dynamometer.

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 Committee, in presenting this report on the tenth year's work of the Juvenile Employment Bureau, has pleasure in recording a great improvement in the state of juvenile employment in the district. This is particularly indicated by the number of young people who received Unemployment Insurance Benefit during the year as compared with previous years. The individual payments made by the Bureau during 1933-4 were 58 per cent. less than the payments made during 1932-3. The number of young people who sought the assistance of the Bureau with a view to obtaining employment (3,750) was much less than the number of the previous year (4,569). With regard to vacancies, there was a slight improvement in the number of vacancies notified to the Bureau by employers, and the number of vacancies filled was 142 more than those of the previous year. All these figures indicate that the hope expressed in last year's report as to the increase of employment for juveniles has been justified so far as Walthamstow is concerned."

Unemployment Insurance.—" The number of juveniles claiming Unemployment Insurance Benefit during the year was 520, a decrease of 218; in addition, repeat claims to benefit reached 320, a decrease of 232. The total amount paid in benefit was £745, a decrease of £520.

" As from July 1st the rates of benefit were increased from 6s. to 7s. 6d. per week in the case of girls between 17 and 18 years, and from 4s. 6d. to 5s. per week in the case of those between 16 and 17 years. Corresponding increases of benefit were also given to boys from 8s. to 9s., and from 6s. to 7s. 6d. per week.

" As from 26th July, Dependants' Benefit was extended to unemployed adults in respect of juveniles between 14 and 16 years of age who were also unemployed.

" The number of juveniles who received the full allowance of unemployment benefit (156 days) during the year was 9 boys and 1 girl. This shows a decrease of 29 on the previous year's figures.

" Cases referred to the Court of Referees show an increase of 38 in the case of boys and a decrease of 4 in the case of girls.

" The number of unemployment books exchanged at the Bureau during the first three months of the insurance year (1934) was 2,172. Last year the number was 2,251.

" The percentage of unemployment among juveniles in Walthamstow during the year ended March 31st was 5.1 per cent.

" *Choice of Employment.*—The amount of factory work in and around Walthamstow during the year was sufficient to meet the needs of the ordinary worker who does not aspire to other occupations which are usually regarded as the aim of the boy or girl who has remained at school beyond the statutory school-leaving age and expects, when he has finished the extended school course, be it Central, Technical or Secondary, to enter upon a career of a more or less professional character. In recent years the usual openings for these better educated boys and girls have been distinctly few, and many very suitable boys have remained on the registers of the Bureau for long periods before being satisfactorily placed in employment. There has been a great improvement during the past year in the early placing of such juveniles, but there is a very strong feeling that, owing to the economic position, large numbers of juveniles are accepting jobs of a character which is much below their capabilities. There has been a considerable improvement in the number of juveniles placed in the City, etc., during the year (153 compared with 84 of last year).

" *Junior Instruction Centres.*—The regulations of the Ministry of Labour as to the conduct of Junior Instruction Centres continued during 1933-4 as hitherto. Owing to the improvement in the state of unemployment during the year it was not possible to maintain the necessary ratio of attendance which would permit the Centres being continued full time. The Girls' Section has not been in operation since July, 1933, and the Boys' Section was opened during mornings only between October, 1933, and July, 1934.

" *The Unemployment Insurance Act*, 1934.—Far-reaching changes to be brought about by the Unemployment Insurance Act, 1934. So far as juveniles are concerned the main provisions are :—

(*a*) Age of entry to Unemployment Insurance is lowered from 16 to 14 years.

(*b*) Whole time education after the statutory school-leaving age may count for the crediting of contributions.

(*c*) The age at which unemployment benefit may be paid is lowered from 16 years 30 weeks to 16 years.

(*d*) Juveniles between the ages of 14 and 16 who have left school and are unemployed are included among those for whom an unemployed adult may claim Dependants Benefit.

(*e*) The Ministry of Labour is empowered to require any unemployed Juvenile to attend an authorised course of instruction.

(*f*) Employers may be required to notify the discharge of insured Juveniles to the Juvenile Employment Office.

(*g*) Young persons between the age of 16 and 18 are included among those who may apply for allowances from the Unemployment Assistance Board.

Further particulars concerning the work of the Juvenile Employment Bureau are set out in the Report of the Juvenile Employment Committee for their Official Year, August, 1933, to July, 1934.

(iii) *Employment of Children.*—119 children were examined by the medical staff under the Employment of Children Bye-laws, and all were passed as fit except one.

Employment of Children in Public Entertainments (Children and Young Persons Act, Section 22 (3) (5).—Licences were granted to 30 children for employment on production of satisfactory certificates from the medical staff.

Medical Examinations.—The following examinations were made during 1934 by the medical staff.

	New Appointment.	Prolonged Absences.
Teachers	41	—
Others	17	2

The total of 60 medical examinations compares with 48 during 1933.

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, 1934, BY THE LOCAL EDUCATION AUTHORITY TO THE LOCAL MENTAL DEFICIENCY AUTHORITY.

Total number of children notified, 10.

Analysis of the above Total.

Diagnosis.	Boys.	Girls.
1. (i) Children incapable of receiving benefit or further benefit from instruction in a Special School:—		
(*a*) Idiots	—	—
(*b*) Imbeciles	1	2
(*c*) Others	1	—
(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	3	3
3. Feeble-minded children notified under Article 3, *i.e.*, "special circumstances" cases .. .. *Note.*—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 .. .. *Note.*—No blind or deaf child should be notified without reference to the Board—see Article 2, proviso (ii).	—	—
Grand Total	5	5

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.	
1678	1912	1868	5458	408

B.—Other Inspections.

Number of Special Inspections.	Number of Re-Inspections.	Total.
4310	23661	27971

TABLE II. A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1934.

Defect or Disease.		Routine Inspections. No. of Defects.		Special Inspections. No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation, but *not* requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but *not* requiring Treatment.
(1)		(2)	(3)	(4)	(5)
Malnutrition		167	—	709 (including 680 Milk at School).	
Skin	Ringworm:—				
	Scalp	—	—	14	—
	Body	3	—	40	—
	Scabies	1	—	36	—
	Impetigo	12	—	171	—
	Other Diseases (Non-Tuberculous)	25	—	138	—
Eye	Blepharitis	26	—	39	—
	Conjunctivitis	36	—	276	—
	Keratitis	—	—	—	—
	Corneal Opacities	—	—	—	—
	Defective Vision (excluding Squint)	222	62	258	—
	Squint	9	3	24	1
	Other Conditions	4	—	78	—
Ear	Defective Hearing	13	1	18	—
	Otitis Media	27	3	120	—
	Other Ear Diseases	3	1	14	—
Nose and Throat	Chronic Tonsillitis only	53	306	47	6
	Adenoids only	2	7	2	—
	Chronic Tonsillitis and Adenoids	2	2	6	—
	Other Conditions	29	1	334	—
Enlarged Cervical Glands (Non-Tuberculous)		128	—	35	—
Defective Speech		18	3	10	—
Heart and Circulation	Heart Disease:—				
	Organic	55	17	11	—
	Functional	28	30	4	—
	Anaemia	37	6	23	—
Lungs	Bronchitis	95	17	19	—
	Other Non-Tuberculous Diseases	4	4	1	—
Tuberculosis	Pulmonary:—				
	Definite	—	—	—	—
	Suspected	—	4	—	—
	Non-Pulmonary:—				
	Glands	2	—	—	—
	Bones and Joints	—	—	—	—
	Skin	—	—	—	—
	Other Forms	—	—	—	—
Nervous System	Epilepsy	1	2	—	—
	Chorea	1	—	8	—
	Other Conditions	5	—	—	—
Deformities	Rickets	6	1	1	—
	Spinal Curvature	8	—	1	—
	Other Forms	—	—	34	2
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)		222	15	1,188	1
Total		1,244	485	3,659	10

TABLE II.—*Continued.*

B.—NUMBER OF *individual children* FOUND AT *Routine* MEDICAL INSPECTION TO REQUIRE TREATMENT (**excluding Uncleanliness and Dental Diseases**).

Group. (1)	Number of Children.	
	Inspected. (2)	Found to require Treatment. (3)
PRESCRIBED GROUPS:—		
Entrants	1,678	364
Second Age Group	1,912	306
Third Age Group	1,868	380
Total (Prescribed Groups) ..	5,458	1,050
Other Routine Inspections	408	48
Grand Total	5,866	1,098

Table III.—RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

CHILDREN SUFFERING FROM MULTIPLE DEFECTS 1

BLIND CHILDREN.

At Certified Schools for the Blind.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
7	—	3	—	10

PARTIALLY SIGHTED CHILDREN.

At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
46	—	—	—	—	46

DEAF CHILDREN.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
12*	—	—	—	—

* 6 Aphasic

PARTIALLY DEAF CHILDREN.

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.
1	—	—	—	—	—

MENTALLY DEFECTIVE CHILDREN.

Feeble-minded Children.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
70	3	4	5	82

EPILEPTIC CHILDREN.

Children Suffering from Severe Epilepsy.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
2	—	1	—	3

PHYSICALLY DEFECTIVE CHILDREN.

A.—Tuberculous 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.
—	10	1	—	11

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.
7	48	7	—	62

B.—Delicate Children.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
2	—	57	—	59

C.—Crippled Children.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
41	—	8	4	53

D.—Children with Heart Disease.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
21	—	12	1	34

TABLE IV.—RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31ST DECEMBER, 1934.

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Group VI).

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year. Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Skin:—			
Ringworm—Scalp:—			
(i) X-Ray Treatment. If none, indicate by dash	11	—	11
(ii) Other Treatment	3	—	3
Ringworm—Body	40	—	40
Scabies	43	1	44
Impetigo	175	—	175
Other skin disease	143	3	146
Minor Eye Defects .. .. (External and other, but excluding cases falling in Group II)	429	4	433
Minor Ear Defects	158	1	159
Miscellaneous .. .. (*e.g.*, minor injuries, bruises, sores, chilblains, etc.)	1,353	115	1,468
Total	2,355	124	2,479

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I).

Defect or Disease.	No. of Defects dealt with.			No. of children for whom spectacles were			
				Prescribed (1)		Obtained (2)	
	Under the Authority's Scheme.	Otherwise.	Total.	(i) Under the Authority's Scheme.	(ii) Otherwise.	(i) Under the Authority's Scheme.	(ii) Otherwise.
(1)	(2)	(3)	(4)				
Errors of Refraction (including squint) (Operations for squint should be recorded separately in the body of the School Medical Officer's Report.)	New 346 Old 127	10 —	356 127	288	10	274	10
Other Defect or Disease of the Eyes (**excluding** those recorded in Group I)	39	—	39				
Total	512	10	522				

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

Received Operative Treatment.												Received other Forms of Treatment.	Total Number Treated.
Under the Authority's Scheme, in Clinic or Hospital. (1)				By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)				Total. (3)				(4)	(5)
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
—	—	91	—	8	—	—	—	8	—	91	—	97	196

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and Adenoids.
(iv) Other defects of the nose and throat.

Group IV.—Orthopaedic and Postural Defects.

	Under the Authority's Scheme. (1)			Otherwise. (2)			Total number treated.
	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	
Number of children treated	29	1	248	1	—	—	279

Group V.—Dental Defects.

(1) Number of Children who were:—

(*a*) Inspected by the Dentist:

Routine Age Groups	Aged: Nursery	..	94	
	5	..	1203	
	6	..	1186	
	7	..	1679	
	8	..	1494	
	9	..	1405	
	10	..	1545	Total .. 14228
	11	..	1774	
	12	..	1634	
	13	..	1709	
	14	..	409	
	15-16	..	96	
Specials				976
Grand Total				15204

(*b*) Found to require treatment 10792

(*c*) Actually treated 7495

(2) Half-days devoted to:—

Inspection	67	
Treatment	892	
Total		959

(3) Attendances made by children for treatment 7970

(4) Fillings:—

Permanent teeth ..	2510	
Temporary teeth ..	2071	
Total		4581

(5) Extractions:—

Permanent teeth ..	2000	
Temporary teeth ..	7015	
Total		9015

(6) Administrations of general anaesthetics for extractions 4176

(7) Other operations:—

Permanent teeth ..	772	
Temporary teeth ..	295	
Total		1067

Group VI.—Uncleanliness and Verminous Conditions.

(i.) Average number of visits per school made during the year by the School Nurses 4

(ii.) Total number of examinations of children in the Schools by School Nurses 61205

(iii.) Number of individual children found unclean 1301

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

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

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

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