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

To the Chairman and Members

of the

Walthamstow Education Committee.

Ladies and Gentlemen,

I beg to present herewith a report on the work of your Authority's School Medical Department for the year 1935.

The incidence of malnutrition has again been very closely watched and every effort is being made through the medium of the "milk in schools" scheme and of mid-day dinners to minimise as far as possible any ill effects. On the whole the average nutrition of school children in the area is gradually improving from year to year.

The dental staff was augmented by the appointment of a third dental surgeon and inspections and treatment of the secondary and technical scholars was undertaken for the Essex County Council. I would remind the Committee, however, that on the basis of circular 1444 issued early in 1936 by the Board of Education the dental staff is still below the standard laid down.

I desire again to acknowledge your kindly consideration of my recommendations, and the co-operation of your Director of Education and School Attendance Officers. The staff of the department has again given good service.

I am,

Ladies and Gentlemen,

Your obedient servant,

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

SCHOOL CLINICS.

Aural	Monday, 2-4.30 p.m....	Lloyd Park Mansion.
Audiometer ...	First & Third Wednesday in each month, 2-4.30 p.m.	ditto.
Minor Ailments	Monday, 9-12 a.m. ...	Lloyd Park Mansion. and Low Hall Lane.
	Wednesday, 9-12 a.m.	ditto.
	Friday, 9-12 a.m. ...	ditto.
	Saturday, 9-12 a.m. ...	Lloyd Park Mansion.
Ophthalmic—		
(a) Consultant..	Second Thursday in each month, 9-12 a.m.	Myope School.
(b) Retinoscopy	Tuesday, 9-12 a.m. ...	Lloyd Park Mansion.
	Thursday, 9-12 a.m. ...	ditto.
	Saturday, 9-12 a.m. ...	ditto.
Orthopædic—		
(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 Mansion.
Infectious Disease ...	Tuesday, 2 p.m. ...	ditto.
Diphtheria Immunisation	Tuesday, 3 p.m. ...	ditto.

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.
Orthopædic Surgeon	B. Whitchurch Howell, M.B., B.S., F.R.C.S.
Ophthalmic Surgeon	H. J. Taggart (to 30/11/35), B.A., M.B., B.Ch., B.A.O., F.R.C.S., D.O.M.S.
	P. McG. Moffatt (from 1/12/35), M.D., M.R.C.P., D.P.H., D.O.M.S.
Physician-in-Charge, Rheumatism Clinic	Wilfrid P. H. Sheldon, M.D., F.R.C.P.

Dental Surgeons.

Mr. L. W. Elmer, L.D.S., R.C.S. (Eng.) (Senior).
Mrs. W. Rosa Thorne, L.D.S., R.F.P.S., D.D.S.
Miss S. M. V. Hathorn, L.D.S., R.C.S. (Eng.) (from 12/8/35).

School Nurses.

Miss M. McCabe, S.R.N., H.V.Cert. (1919) (Supt.).
Miss D. A Dolling, S.R.N. (to 31/7/35).
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. E. Laidler, S.R.N., S.C.M., H.V.Cert. (from 21/10/35).
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 A. O. Wright, S.R.N., S.C.M., H.V.Cert. (from 21/10/35).
Miss M. A. Young, S.R.N., S.C.M., H.V.Cert.

Dental Attendants.

Miss Bacon, Cert. S.I.E.B. and H.V. (R.S.I.).
Mrs. F. McWilliam.
Miss N. Waterman (from 12/8/35).

Masseuses.

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

Clerical Staff. (Also part-time to Public Health duties.)

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

2. CO-ORDINATION.

Close co-operation has been maintained along the lines detailed in the previous reports.

Further co-ordination of the School Nursing and Health Visiting Scheme was effected during the year following the resignation of a whole-time School Nurse and a whole-time Health Visitor.

Two new joint appointments were made and at the end of the year school duties were carried out by two whole-time school nurses and six nurses under the joint scheme, giving half-time to school nursing, i.e., equivalent to a total of five whole-time nurses. One of the two whole-time school nurses was given study leave by your Committee in order to take the course prescribed for the new Health Visitor's Certificate.

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	15	15	16	8	5675	5552	6605	3258
Non-Provided ...	1	2	2	3	208	472	437	855
Special Schools—								
Mentally Defective	—	—	—	1	—	—	—	130
Deaf Centre ...	—	—	—	1	—	—	—	20
Myope Centre ...	—	—	—	1	—	—	—	85
Physically Defective Centre ...	—	—	—	1	—	—	—	80
Nursery School ...	—	—	—	1	—	—	—	150
Totals ...	16	17	18	16	5883	6024	7042	4578

	1935	1934	1933	1932	1931
Number of Children on Register, December 31st	17,845	18,516	19,633	19,727	19,467
Average Attendance ...	16,140.5	16,630.2	17,402.2	17,290.7	17,994.9
Percentage Attendance ...	89.4	88.1	88.8	88.5	88.3
Population	135,090	135,600	135,010	134,420	132,956
Percentage of School Children to Population	13.2	13.6	14.5	14.6	14.6

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 1935, and the following are some of the items:—

Exterior and interior renovations at one school.

Exterior renovations at eight schools.

Interior renovations at two schools and all the feeding centres.

Limewhiting to out-offices at all schools.

Removal of stepped and sloping galleries in classrooms at eleven schools.

Heating improvements at six schools.

Removal of defective plastered ceilings and re-instatement with plaster board at four schools.

Improvement to kitchen equipment at Nursery School.

Indoor W.C.s for staff at two schools.

Various sanitary improvements at seven schools.

Floor planing at eleven schools.

Extension of galleries at three schools.

Provision of non-slip and cleansed surfaces at three schools.

Provision of hot water supply to lavatory basins at three schools.

Reviewing the hygienic conditions of the schools generally, the standard is well above that usually found in urban areas. Ventilation, lighting, heating, equipment and sanitation are generally satisfactory.

Building operations at the new open-air school at Hale End were begun in October, 1935.

4. MEDICAL INSPECTION.

No change has been made from that adopted in previous years in the method of selection of children for inspection. 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:—

	1935.	1934.
Entrants	2,811	1,678
2nd Age Group	1,676	1,912
3rd Age Group	2,312	1,868
Total Routine Inspection	6,799	5,458
Other Routine Inspection	438	408
Special Inspections ...	4,040	4,310
Re-inspections	21,183	23,661
Total	25,223	27,971

5. REVIEW OF THE FACTS DISCLOSED BY MEDICAL INSPECTION.

(*a*) **Malnutrition.**—The statistical returns relating to nutrition are given on an entirely new basis when compared with that used in former years, and are in accordance with the classification required by the Board of Education's Administrative Memorandum 124 which was issued at the end of 1934.

The following extract is taken from the Memorandum:—

"The classification should be made on clinical grounds and not based solely on the height and weight of the child. It is recognised that some variation in the standards adopted by medical officers may be unavoidable, but experience appears to show that, generally speaking, a clinical classification is more reliable than one based only upon a height-weight-age ratio.

"The main issue is to estimate the general well-being of the child. Such general assessment cannot as a rule be based upon any single criterion such as any ratio of age, sex, height and weight, but should also have regard to other data derived from clinical observation; for example, the general appearance, facies, carriage, posture; the condition of the mucous membranes; the tone and functioning of the muscular system; and the amount of subcutaneous fat. An alert cheerful child, with bright eyes and a good colour, may usually be accepted as well nourished without demur. On the other hand, a child

who appears dull, listless and tired, who has a muddy complexion or stands slackly is at once under suspicion, and should be further examined. Too much reliance on a single sign may lead to error. Carious teeth and other local defects should not in themselves be regarded as evidence of faulty nutrition. It is the general impression which decides the issue."

The returns for 1935 have been classified as follows:—

	No.	A.		B.		C.		D.	
	Exd.	No.	%	No.	%	No.	%	No.	%
Entrants ...	2,811	332	11.8	2,255	80.4	191	6.7	33	1.1
2nd Age Group	1,676	240	14.3	1,238	73.9	146	8.7	52	3.1
3rd Age Group	2,312	330	14.3	1,692	73.3	245	10.5	45	1.9
Other Routine Inspections ...	438	50	11.5	333	76.0	48	10.9	7	1.6
Totals ...	7,237	952	13.1	5,518	76.2	630	8.7	137	1.9

(A, Excellent; B, Normal; C, Slightly Sub-normal; D, Bad.)

The returns were carefully analysed at the end of the year, and it was evident that there was considerable variation in the standards adopted by the two medical inspectors, and when compared with those used in other areas. It also became evident that the interpretation of the classification which has been used in Walthamstow has been too stringent, and that the returns given for 1935 will probably reflect unfairly upon the nutritional condition of the children as compared with other areas.

Steps have now been taken to correlate the standards used by individual members of the medical staff with those used in another area.

Viewed from another angle, namely, on the classification formerly used in the area, there was a definite improvement in the nutrition of both boys and girls in all three routine age groups. The following were the findings on the former basis of "excellent" nutrition:—

	Entrants.			2nd Age Group.			3rd Age Group.		
	1935.	1934.	1933.	1935.	1934.	1933.	1935.	1934.	1933.
Boys	91.5	89.8	86.2	87.7	85.8	82.6	87.3	79.9	83.5
Girls	92.2	88.8	88.2	88.9	82.9	81.0	86.6	82.2	74.0

Again 137 children were classified as "D" on the new basis, while a total of 167 were noted in 1934 as requiring treatment for malnutrition—a reduction of 30, or 18%.

To summarize the position there has been a steady improvement in the nutritional condition of the children in the area, and if the statistical returns should compare unfavourably with those of other areas there should be no need for any alarm.

The medical inspectors report as follows:—

Dr. Broderick.—"It is gratifying to be able to state that the physical condition of the school children in my area improved in the year 1935 as the following table shows:—

Percentage Nutrition of children scored 'Excellent' (old classification).

	1935	1934
Entrants	85.5	83.1
2nd Age Group	85.2	83.4
3rd Age Group	86.8	85.7
Other routine inspections ...	86.3	80.2

"This result has mainly been obtained by the free milk granted on medical grounds, and by the system whereby children can obtain one-third of a pint of milk for a half-penny, and by more suitable feeding in their own homes.

"An endeavour is made at medical inspection, at the clinics, and by informal talks, to impress upon the parents the necessity of proper feeding and of providing plenty of fresh air for their children."

Dr. Clarke.—"After seven years' work in the Walthamstow School Medical Service I feel that I can now make a useful survey of the nutrition of the children attending our elementary schools, and it is my considered opinion that it is steadily improving.

"I consider this improved nutrition to be due to the following causes:—

"1. Regular and systematic medical examinations, when the parents and children are instructed in the importance of diet, exercise, fresh air and rest, as the essential factors governing growth and health.

"2. The provision of milk meals in schools. This additional milk does much to counteract the bad effects of an ill-balanced diet, e.g., a diet which may contain too much starchy food such as bread and potatoes, and an insufficiency of proteins and fats such as are found in meat, eggs and milk.

"3. The provision by the Education Committee in very generous measure of convalescent home treatment for children following debilitating illnesses. This in my opinion is the best means of preventing a state of mild ill health from developing into a condition which may become severe and disabling.

"4. The provision of mid-day dinners for those children whose parents are unemployed.

"5. The satisfactory extent to which parents avail themselves of relief measures in cases where they are entitled to these.

"6. The provision of an annual two weeks' holiday at the school camps, for children who could not otherwise get a holiday.

"Food, exercise, fresh air and rest are the chief factors governing growth and health, and in our Borough all these are obtainable in generous measure for the school child if the parent is willing to take advantage of the provision made.

"The facts that 355,104 milk meals were consumed by the children in the schools, that 758 children had free dinners, that on an average 309 children are sent to convalescent homes yearly, and that 381 children had a fortnight's holiday at the school camps prove, I think, that the parents are appreciative of the services provided for the welfare of their children, and avail themselves of them, and I consider that it is because of this that we have a good standard of nutrition in our area."

The following table shows the comparison of the nutritional findings on the old system in Dr. Clarke's area for the years 1934 and 1935:—

	1935	1934
Entrants	95.0	92.1
2nd Age group	93.3	87.4
3rd Age group	87.0	72.1
Other routine inspections ...	87.5	81.5

Nutritional Surveys.—Following the receipt of Circular 1443 issued in December, 1935, by the Board of Education, your Committee decided that nutritional surveys should be carried out twice a year at the conclusion of medical inspection in each Department.

The following instructions were issued to the Medical Inspectors, and the scheme became operative early in January, 1936:—

The Committee has decided that *ad hoc* nutrition surveys are to be carried out by the Medical Inspectors at the conclusion of the medical inspection of each Department, in the following manner:—

1. The Medical Inspector shall visit each class and pick out for detailed examination on the basis laid down in the Board's Administrative Memorandum 124, any child suspected of falling into classification 'C' or 'D' (i.e., slightly subnormal or bad).

The opinion of the class teachers should be invited so as to indicate any other child who may be "unable by reason of lack of food to take full advantage of the education provided." Such children should also be examined in detail.

The opinion of the Head Teacher should similarly be invited to ensure that no child shall be missed. Absentees at the time of the survey are already adequately covered by the authority given to the Head Teacher to authorise the provisional grant of milk. In addition, any doubtful cases can be referred to the School Clinics.

2. Medical Inspectors shall then examine the child stripped to the waist (unless already examined at the concurrent routine medical inspection), and shall classify the nutritional condition as "A," "B," "C" or "D" along the lines detailed.

The findings are to be entered on the classification form, and the names of children for whom milk is recommended are to be noted, together with the appropriate classification. Following the completion of the Survey, the Head Teacher is to be asked to indicate those children already in receipt of either "Official" or "Voluntary" milk, and the appropriate entry made against the child's name on the sheet provided.

The classification forms and the list of names are to be handed in to the Office with the records of the medical inspection.

3. Nutrition record cards will then be made out, and the height and weight will be entered on the card. All children for whom such cards are made out will be re-

examined (and re-classified if necessary) at each subsequent re-inspection. Removal from the "Official" milk list will only be effected at such re-inspections.

If no classification has already been entered on the existing cards this should be done.

(*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:—

	1935.	1934.	1933.
Average number of visits to Schools	4	4	4
Total examinations	50,456	61,205	43,611
Number of individual children found unclean	1,437	1,301	1,440
Percentage uncleanliness of average attendance ...	8.9	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.

(*c*) **Clothing and Footgear.**—The table below gives the figures in regard to clothing and footgear:—

	ENTRANTS.					
	Clothing Unsatisfactory.			Footgear Unsatisfactory.		
	1935.	1934.	1933.	1935.	1934.	1933.
	%	%	%	%	%	%
Boys	5.4	5.6	4.6	5.2	5.4	5.8
Girls	5.6	6.4	3.7	6.4	5.9	3.8
SECOND AGE GROUP.						
Boys	2.1	4.0	1.7	3.2	4.1	1.9
Girls	3.7	5.7	4.4	4.0	7.0	3.8
THIRD AGE GROUP.						
Boys	2.0	2.7	2.0	2.4	3.2	2.5
Girls	2.8	2.5	1.6	3.3	3.0	3.6

The percentage of clothing and footgear found to be unsatisfactory showed a marked increase from 1933 to 1934, but the 1935 findings are more comparable to those of 1933.

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

	1935	1934
Ringworm—Head	9	14
Body	32	43
Scabies	33	37
Impetigo	163	183
Other Skin Disease	213	163

The amount of ringworm discovered has proved to be practically stationary. There were fewer cases of scabies and fewer cases of impetigo. The total skin defects requiring treatment was 447.

(*e*) **Visual defects and External Eye Diseases.**—432 defects of vision required treatment and 32 required observation. The 1934 figures were 480 and 62 respectively.

In addition there were 42 cases of squint found to require treatment and 10 requiring observation.

442 cases of external eye diseases required treatment, including 259 cases of conjunctivitis as compared with 459 and 259 repectively in 1934.

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

	1935.		1934.	
	Treatment.	Observation.	Treatment.	Observation.
Chronic Tonsillitis only	142	265	100	312
Adenoids only	11	18	4	7
Chronic Tonsillitis and Adenoids	18	12	8	2
Other conditions ...	271	2	363	1

The 271 cases of other conditions are made up of sore throats and defects requiring diastello treatment.

(*g*) **Ear Diseases and Defective Hearing:—**

	1935.	1934.
Defective Hearing	17	31
Otitis Media	134	147
Other Ear Disease	40	17

(*h*) **Dental Defects:—**

	Inspection.	Requiring treatment.	Per Cent.	Actually treated.	Fillings.	Extractions.	Gas Anæsthetic.	Other Operations.
1935 ...	13431	8909	66.3	8227	5655	9836	4442	1819
1934 ...	15204	10792	70.9	7495	4581	9015	4176	1076

Reference to findings in secondary schools and other Institutions for Higher Education is made in Section 16.

(*i*) **Orthopædic and Postural Defects.**—A total of forty-four deformities was found to require treatment. Nearly every cripple is being discovered under the Maternity and Child Welfare Scheme, and is receiving treatment either under your Authority's scheme; at one of the Metropolitan Hospitals; or from the family doctor.

(*j*) **Heart Disease and Circulation.**—The findings were as follows:—

	1935.		1934.	
	Requiring treatment.	Observation.	Requiring Treatment.	Observation.
Heart Disease—Organic	50	9	66	17
Functional	32	40	32	30
Anæmia	52	5	60	6
	134	54	158	53

(*k*) **Tuberculosis.**—Two cases of glandular tuberculosis were found to require treatment. 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.

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

	1935.		1934.	
Defect or Disease.	Requiring treatment.	Observation.	Requiring Treatment.	Observation.
Enlarged Glands	170	3	163	—
Defective Speech ...	35	11	28	3
Bronchitis	122	32	114	17
Epilepsy	—	2	1	2
Chorea	9	12	9	—
Other defects (not classified) ...	1,656	26	1,410	1

6. FOLLOWING UP.

The school nurses paid a total of 4,035 home visits during 1935. The visits are classified below:—

External Eye Diseases	60	Bronchitis	17
Measles	280	Mumps	157
Whooping Cough ...	762	Rheumatism ...	105
Tonsils and Adenoids	229	Uncleanliness ...	131
Chicken Pox	499	Impetigo	47
Vision	705	Nursery School Absentees ...	197
Dental Failures ...	45	Ringworm	10
Otorrhœa	291	Scabies	15
Sore Throat	38	Deafness	22
Various	425		

As in previous years, the school nurses attend at all medical inspections and staff the various clinics, e.g., Aural, Minor Ailments, Ophthalmic and Rheumatism Clinics, and also carry out cleanliness surveys. 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 is given either by the grant of milk meals at school referred to in Sections 5 (a) and 11, by the provision of mid-day meals, with supervision by routine weighing or by provision of convalescent home treatment as detailed in a later section of the report.

(*b*) **Uncleanliness.**—Treatment is given at the school clinics 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 (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, six 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) is given at the end of the Report, and shows the number of defects treated during the year.

The actual work done at the school clinics is shown on the table given below:—

	Number Excluded under Art. 53B		Number not Excluded		Re-inspections	
	Boys	Girls	Boys	Girls	Boys	Girls
Ringworm	17	13	4	4	181	76
Scabies	9	19	—	—	68	100
Rheumatism	16	20	90	89	314	348
Impetigo, Sores, etc. ...	64	66	143	64	914	472
Skin	17	18	47	51	180	225
Verminous Head, etc. ...	6	44	12	45	13	231
Sore Throat	98	104	19	5	138	121
Discharging Ears and Deafness	16	10	173	201	640	529
Defective Vision	—	—	42	50	4	3
External Eye Disease ...	56	62	117	123	718	659
Tonsils and Adenoids ...	—	—	23	18	1	4
Mumps	4	12	—	—	—	3
Various	305	278	628	573	2296	2464
	608	646	1298	1223	5467	5235

First attendances numbered 3,775 against 4,419 in 1934, and re-attendances 10,702 against 13,612, the total attendances being 14,477 against 18,031.

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

	First Inspections. Excluded.		First Inspections. Not Excluded.		Re-inspections.		Total.		Grand Total.
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
Lloyd Park	351	353	971	902	4161	3958	5483	5213	10696
Markhouse Road	257	293	327	321	1306	1277	1890	1891	3781
Total	608	646	1298	1223	5467	5235	7373	7104	14477

(*d*) **Visual Defects and External Eye Diseases.**—Treatment for the latter is given at the school clinics (see Table IV, Group 1, 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 a part-time consultant Ophthalmic Surgeon, and Dr. Sheppard; and (2) three weekly refraction clinics under the care of Dr. Sheppard, who refers special or difficult cases to the Consultant Clinics with which she maintains close liaison.

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 1935:—

"The work of the Eye Clinic during 1935 was of the ordinary routine character. The number of children attending for the first time was slightly in excess of that in 1934.

"The following table shows the defects discovered in those children:—

Defects.	Boys.			Girls.			Totals.	
	Under 7 yrs.	7—11 yrs.	Over 11 yrs.	Under 7 yrs.	7—11 yrs.	Over 11 yrs.	Boys.	Girls.
Hypermetropia ...	6	9	10	7	11	10	25	28
Myopia	2	13	47	1	10	47	62	58
Hypermetropic Astigmatism ...	6	33	17	4	27	15	56	46
Myopic Astigmatism ...	—	3	9	—	5	6	12	11
Mixed Astigmatism ...	—	8	8	1	5	12	16	18
Glasses not required	5	11	10	2	21	24	26	47
Totals ...	19	77	101	15	79	114	197	208

"The conditions found in the 26 boys and 47 girls who were submitted to retinoscopy, but for whom glasses were not ordered, were as follows:—

Defects.	Boys.	Girls.
Headaches due to various causes, anæmia, debility, etc.	7	34
Conjunctivitis	3	1
Ciliary spasm	—	1
Occasional Squint	2	—
Corneal Nebulæ	4	3
Carried forward ...	16	39

	Boys.	Girls.
Brought forward ...	16	39
Cataracts	—	1
Choroiditis	1	—
Injury	—	2
Meibomian Cyst	1	—
Blepharitis	2	2
Acute Dacryocystitis	—	1
Blocked Lachrymal duct	2	—
Pseudo ptyregium (non-progressive)	1	—
Post meningeal condition (Fundi N)	1	—
Posterior capsularopacity (congenital)	1	—
Habit spasm	1	2
	—	—
Totals	26	47
	—	—

"A number of children suffering from strabismus were again operated upon at the Western Ophthalmic Hospital by Mr. H. Taggart, F.R.C.S.

"Mr. Taggart, unfortunately, owing to stress of private practice resigned from his work here last October, and while it is good to know that he is successful in his career, nevertheless, for the sake of the Walthamstow children for whom he did so much it is regretted that his resignation was necessary.

"The number of new cases of squint seen may be tabulated as follows:—

Type of Squint.		Boys.			Girls.		
		Under 7 yrs.	7—11 yrs.	Over 11 yrs.	Under 7 yrs.	7—11 yrs.	Over 11 yrs.
Convergent	R ...	1	3	—	3	4	—
	L ...	5	1	—	3	3	1
Divergent	R ...	—	—	—	1	—	—
	L ...	—	2	—	—	—	—
Occasional	R ...	1	—	—	1	—	—
	L ...	—	1	—	—	1	1
Alternating		1	1	1	1	1	—
Totals ...		8	8	1	9	9	2

"A noticeable fact in the above table is the comparatively few children in the older groups found to be suffering from this defect, a state of affairs due, I am sure, to the better education of the parents and a departure of the old spirit of "I don't want Johnny's eyes meddled with." A number of children below school age were seen, while several of those in the 7-11 year group developed their squints shortly before being seen.

"The total number of children seen in the eye clinic during the past year was 2,909.

"Including the new cases, 548 children were submitted to retinoscopy and 546 prescriptions were issued, and 528 children obtained their glasses."

(*e*) **Nose and Throat Defects.**—The scheme of treatment remained the same as detailed in the report for 1934. All operations for the removal of Tonsils and Adenoids were carried out at the Connaught Hospital at a fee of £2 0s. 0d., which includes a stay of one night in hospital before and after the operation. 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.
1935 ...	—	90	—	5	95
1934 ...	7	84	—	8	99
1933 ...	60	45	6	4	115

(*f*) **Ear Disease and Defective Hearing.**—(1) Mastoid Disease: One child was 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 to 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 ...	56	49	4	2	1
Chronic Suppurative Otitis Media due to :—					
(*a*) Tympanic Sepsis	27	21	4	1	1
(*b*) Tympanic Sepsis and Granulations	12	11	1	—	—
(*c*) Tympanic Sepsis and Polypi	5	1	2	1	1
Tympanic Sepsis and Rhinitis ...	2	1	—	1	—
Attic Disease	6	2	—	4	—
Mastoid Disease	10	2	1	5	2
External Otitis Media	12	12	—	—	—
Not Diagnosed	3	3	—	—	—
Totals	133	102	12	14	5

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

Left District	4
Attending Hospital ...	5
Attending own Doctor ...	3

Audiometer Testing.—During the year the routine audiometer testing of the 8-9 years age group was discontinued, and instead the Cowan picture frames were obtained in order to allow the instrument to be used with infants as soon as possible after entrance to school. The picture frames are so attractive that the tests are easily carried out as a game. Six children can be tested at one time.

During the year a weekly testing session was held in the schools, and 176 children showing a hearing loss of 9 units or over were referred to the fortnightly clinic held by Dr. Friel.

A total of 161 children attended these clinics.

Audiometer Clinic.—Dr. Friel kindly reports as follows:—

"The analysis of the condition present in the ears suffering from chronic suppurative middle ear inflammation is given as in previous reports. It should be stated that the criterion for chronicity is that there is reason to suspect that more than one variety of micro-organism is present in the discharge if a microscopical examination were made. When the condition is acute and the discharge is running out of the ear, there is hardly time for the micro-organisms to develop *in the ear*, but when the discharge becomes less (without entirely ceasing) there is time for this to occur. In all the reports

furnished by the writer, this criterion has been adopted. It makes the number of chronic cases appear large if one were to adopt a time limit of weeks or months for the acute condition. The writer considers the criterion adopted to be more satisfactory.

"The audiometer has been used to detect cases of defect in hearing. It has become gradually clear that if we are to diminish greatly the number of ears suffering from this defect efforts should be concentrated on examining and treating the young children. Deafness *beginning* in the older children is not so frequent. It certainly sometimes occurs, e.g., in the acute fevers or in such diseases as influenza. These older patients are able to make their complaints known and can ask for treatment. The defects in young children, on the other hand, have to be detected, and if not detected in the beginning, life-long defect in hearing is very often established. A defect, if not treated soon after its onset, tends to be permanent. Inflammation in a joint if it were not respected would be permanent, and it is just the same in the ear with the difference that the inflammation in a joint is usually the only condition, but in the ear is usually an *extension* from the nose or throat. Consequently these must be treated also. It is quite plain that it is better to treat the nose and throat before the inflammation has extended to the ear, and this is the reason why "colds" in the head in young children should be treated if they do not recover quickly. A chronic cold, or frequently recurring colds, are liable to cause inflammation to a greater or less degree in the ear. If the inflammation is severe and leads to discharge, we say that the ear is suffering from suppuration. If the inflammation is not so severe we call it catarrhal inflammation. Both conditions lead to deafness.

Deafness, due to wax, is easily treated if it is detected.

In 109 patients with deafness detected by the audiometer it was considered that 45 suffered from deafness due to catarrhal inflammation and 38 to former or present suppuration; in four others there had been suppuration in one ear and catarrh in the other. Twenty-two were due to wax."

(*g*) **Dental Defects.**—Staff: Circular 1444 issued by the Board of Education on the 6th January, 1936, states that Authorities should aim at securing an initial dental inspection of every child on its entry to school life, to be followed by an annual re-examination until the child ceases to attend school. On this basis the Board estimate that, with a normal number of acceptances for treatment, a minimum standard

should consist of one dentist for 5,000 children in an urban area, and 4,000 children in a rural area, although this is insufficient where a high percentage of parents accept treatment for their children. The Board look to Authorities to examine their present arrangements with a view to securing that their dental staff does not fall short of the requirements of their areas.

The number of children on the school registers on 31st December, 1935, was 17,845, while 1,465 secondary and technical pupils were also under dental care, a total of 19,310, for which the staff required by the Board would be *four* dental surgeons. The treatment acceptance rate is normal, and in addition an increasing amount of treatment is being given under the Maternity and Child Welfare Scheme to expectant and nursing mothers and to pre-school children. The result is that the annual dental re-inspections in the schools are not possible because the dental staff is fully occupied with treatment, and inspections are spaced so as to maintain the requisite number of treatment acceptances. The maximum interval between dental inspections in some departments has been two years.

A third dental surgeon and an attendant were appointed during the year and assumed duty on August 12th. Concurrently Mr. L. W. Elmer, L.D.S., was appointed senior dental surgeon.

Your Committee also decided, in view of the increased staffing, not to press the restriction of treatment for children whose parents refused treatment following previous dental inspections. This restriction had become operative following the comments of the Board upon the dental services and the inadequacy of the staff to provide a complete service for the whole area. Your Committee also decided to suspend the circulation to Head Teachers of particulars showing the number of acceptances at each school following dental inspection. Instead, Head Teachers were requested to follow up as far as possible all refusals of dental treatment.

Treatment of Secondary and Technical Scholars.—With effect from 1st October, 1935, the Essex Education Committee accepted your Committee's offer to undertake a comprehensive scheme of dental inspection and treatment of Walthamstow secondary and technical pupils for a period of one year, in the first instance, at a cost of £120.

The number of pupils involved was stated on 26th September to be as follows:—

County High School for Girls, 413; Sir George Monoux Grammar School, 560; Technical College, 248; Commercial School for Girls, 244. Total 1,465.

The administrative procedure agreed upon has been as follows:—

(1) The forms already in use for elementary school children in Walthamstow will be used for secondary scholars for recording results of inspections and treatment.

(2) The usual procedure adopted by the Essex School Medical Service will be followed, viz., forms M.I. 46 will be issued to all parents of children requiring treatment. This form, together with the fee of 2/6, will be returned by the parent accepting treatment to the Head Master or Mistress, who will pass these to the Clerk to the Governors. On satisfying himself that the fee has been paid, the Clerk to the Governors will forward Form M.I. 46 to the School Medical Officer for Walthamstow, who will then institute treatment. Any reduction in fees can only be made by the Essex Education Committee.

(3) Form M.I. 45, giving particulars of inspections and treatment carried out will be forwarded at the end of each quarter by the Walthamstow School Medical Officer to the County School Medical Officer, unless occasion should require a return for special reasons at any other time.

(4) On completion of treatment, Form M.I. 46 will be returned to the School Medical Officer for Essex, together with any necessary notes on actual treatment.

(5) It is understood that the fee of 2/6 is for full treatment needed at the time of first treatment given.

(6) Any necessary following up will be carried out by the School Medical Officer for Walthamstow.

The work done under the scheme for the first quarter (i.e., up to December 31st, 1935) is detailed below. The work represented is not included in Table IV (V) at the end of the report, and should therefore be added to represent the total amount of work performed by the dental staff during 1935. Of the 159 pupils treated, 80, or rather more than 50%, lived outside the Borough.

INSPECTIONS.

School.	Ages.								Total Inspected.	No Offered Treatment.	% Requiring Treatment.
	11	12	13	14	15	16	17	18			
High School for Girls	67	102	73	71	57	23	12	4	409	239	58.4
Commercial School for Girls	25	28	48	76	69	—	—	—	246	186	75.6
Sir George Monoux Grammar School	97	128	96	99	88	48	—	—	556	379	68.1
Technical School	—	6	60	64	92	14	—	—	236	159	67.3
Totals ...	189	264	277	310	306	85	12	4	1447	963	66.5

TREATMENT.

School.	Attendances.	Extractions.		Anæsthetics.		Fillings.	Other Operations
		Temp. teeth.	Perm. teeth.	Local	General.	Perm. teeth.	Perm. teeth.
High School for Girls	68	10	40	—	27	72	3
Commercial School for Girls	151	1	36	—	22	270	4
Sir George Monoux Grammar School ...	75	11	17	—	19	86	6
Totals ...	294	22	93	—	68	428	13

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

"In the later pages of this report will be found a table of figures which are a record of the activities of the Dental Staff during 1935.

"This now consists of three Dental Officers and three Dental Attendants, of whom Miss Hathorn, L.D.S., and Miss Waterman commenced their duties in August.

"I should like to take this opportunity of welcoming this very necessary addition to our strength.

"The table to which I have alluded shows, under their respective headings, the number of school children examined, with the proportion of those found dentally unfit, together with the number of those who availed themselves of our services. Then follows the number of attendances they made, how many teeth were extracted and filled, and how many general anæsthetics were administered.

"Another heading is entitled 'Other Operations.' This always seems to me to imply something rather unimportant, striking one rather in the same way as the 'etc.' at the end of a long list of other more important things. If this appears so to others, quite a wrong impression may be given, as under this heading are listed treatments which, in efficiency and time occupied, may represent quite as valuable a part of the work as fillings, and more valuable than extractions.

"These 'Other Operations' include such differing forms of treatment as scalings, dressings, temporary fillings, prophylactic treatment, silver nitrate applications, the fitting and adjustment of regulation appliances and, in a few cases, artificial teeth.

"I may be permitted to make a few comments upon these bare statistics and endeavour to give an impression, to the best of my ability, of the work which has been done. And, upon analysis of these figures, I should like to see what conclusions can be drawn from them.

"**Routine Inspections.**—11,917 children from a total of 17,845 were examined in the year. In a complete year, with the present staff, this figure should rise to about 14,500, thus still falling below the necessary annual inspections. With the increase in the period between inspections naturally more treatment is found necessary for the individual, and fewer of them can be treated effectively. Thus the bad effects are cumulative. Obviously, mere inspection is of no use unless treatment can be given when desired, and these inspections supply sufficient consents to fully occupy the Dental Officers' time. It would only be possible to treat (and inspect) more children were quality sacrified to quantity. I may here mention that these figures do not include the numbers of secondary scholars who are now examined and treated, and also that the Dental Officers' duties include an increasing amount of work under the Maternity and Child Welfare Committee's Scheme.

"**Proportion needing treatment.**—Of this number it was found that 7,395 needed treatment of some kind or other. I will refer again to the conditions which these two figures imply.

"**Treated.**—Of these 7,395 children, the parents of 6,713 agreed to their receiving treatment. I think that this figure denotes that a very large proportion appreciated the services offered them.

"**Specials.**—In excess of, and apart from, the above numbers, we have the figure of 1,514 Specials. What is meant by the term 'Special'? It denotes one who, quite apart from the routine inspections, asks, through the parents, for treatment. At first sight it would appear that these parents who, on their own initiative, ask for treatment are the most appreciative and deserve most consideration.

"But, unfortunately, the majority of them are those who, upon receiving a notification of some defect, say: 'I can't see much wrong,' or 'I'm not going to have my child treated, he does not suffer from toothache,' and refuse treatment.

"This is the parent who 'knows best,' and if he or she really did know best all would be well. But, alas, sooner or later his child (and the parent) has a sleepless night, and there he is at Lloyd Park, child in hand, clamouring for immediate treatment. And, for the sake of the child, it is given.

"*But,* while this child is being relieved of pain, pain which he has suffered unnecessarily, another child, whose parents have wished for real preventive treatment, is not receiving it. As shown, there are 1,500 of these parents yearly, treating the Clinic as a cheap "extraction shop," and it will readily be seen that if only this state of mind could be prevented, far more useful treatment could be given to those who desire it.

"**Number of attendances.**—The difference between this figure and that of the number of children treated indicates the number who could not be completed in one attendance and came oftener.

"**Fillings.**—The proportion of these carried out in the permanent to those in the first dentition indicates the growing appreciation by the staff that the permanent teeth have first claim on the surgeon's time. At the same time, this does not imply an indifference to the importance of the deciduous teeth.

"**Extractions.**—The figure indicates that the total of 6,713 children had 9,836 teeth so badly decayed that they were unsavable. If one adds to this the 5,655 teeth which were

treated by fillings, together with an indefinite number treated by other methods, it will be seen that these children were found in one year to have over 15,000 centres of infection in their teeth alone.

"This does not take into account those who refuse treatment entirely, or merely attend for the extraction of painful teeth, many of whom naturally have more diseased mouths than those who accept treatment.

"**General Anæsthetics.**—We continue to use nitrous oxide for the majority of extractions, as experience has taught us that it is safer, quicker, more popular with the patients and less liable to unpleasant after-effects than local anæsthetics.

"Such is the work that has been done. What conclusion can be drawn from these facts?

"Surely the first is that dental caries is the most widespread, most prevalent of diseases that affect the children of Walthamstow. Indeed, reports from various districts of England and Wales indicate a similar condition all over the country, with very little variation under differing conditions.

"In spite of much research he would be a bold man who asserted that he knew the cause of this almost universal disease. Indeed, the fact of its universality amongst all classes and divisions of civilised society indicates that one item of diet, or lack of it, one habit or its neglect, a state of nutrition or malnutrition, poverty or well-being, cannot alone account for the condition.

"The only fact appearing amongst a mass of theory is that, on the whole, caries is a disease of civilised man, and appears in such proportion as the individual is in contact with civilised conditions, with the unbalanced and de-natured diet that accompanies them. It appears to be a fact that, in certain Institutions, where an effort is made to supply a balanced and natural diet, dental conditions have greatly improved.

"It being neither possible nor desirable to return, for the sake of our teeth, to the habits and customs of our ancestors, it would appear that, in the present state of our knowledge, nothing better can be done than the work, especially 'fillings' and other conservative treatment, which we have been considering, together with the encouragement of the adoption of a balanced and natural food consumption so far as this is compatible with the standards of living which we have adopted. But I feel that emphasis must be laid upon the fact that all of this work can, at best, be put under the heading of 'repairs.' Is there anything that can be done

that could, without a reversion to the semi-raw or raw foods of the past, assist the coming generations in the 'construction' of such sound teeth that they will be immune to the unnatural conditions which we impose upon them?

"There are still a few people who have teeth which are able to submit to all the abuses that can be piled upon them, and yet remain whole and healthy. There are others, who, taking every known precaution that our knowledge can suggest to them, lose every tooth before middle life. Possibly some factor common to either of these classes might give the clue to the cause of dental caries, and if this could be established, it would be one step nearer the real prevention of decay and the true conservation of the teeth.

"It is a great pity that school dental officers, who are in an ideal position to attempt this line of enquiry, are so occupied with 'repairs' that they find it difficult, if not impossible, to spare time for this real work of 'construction.'

"It gives me great pleasure to acknowledge the assistance and co-operation of my colleagues, both in the compilation of this report and in our routine work together. Thanks are also due to the medical and nursing staff, and to the teaching profession for their assistance in combating this all-too-prevalent disease."

(*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).

The table given at the end of this section shows an increase under the headings of new cases and attendances, but a decrease of cases still under treatment. There were 48 cases on the waiting list in December, 1934, increasing to a maximum of 60 in March and again in May. Since then the number has been satisfactorily reduced to 8 in December, 1935.

(*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 46 sessions with 857 attendances, which is an increase of nearly 100 attendances over the previous year. Of the attendances, 216 were made by children attending for the first time, and 641 by children being kept under observation. Of the cases attending for the first time, 93 or 43% were found to have some cardiac disorder. This is a higher figure than one would expect to obtain among children referred to a rheumatism clinic, for so often a rheumatism clinic is used as a dumping ground for children who suffer from any ill-defined and vague pains. The figures given above show that this is not the case with the clinic at Walthamstow, and this is chiefly due to the care of the school medical officers in selecting cases suitable to attend the clinic.

"Co-operation with the various medical and educational departments has continued on the happiest lines, as shown last year. This is indicated by the use which has been made of such departments; for instance, during the last year 18 children were regarded as requiring hospital treatment, and were referred to the appropriate out-patient department, and three of them were admitted as in-patients. The removal of tonsils and adenoids was considered necessary in 18 cases, the operation being done either at the Connaught Hospital or at one of the London hospitals. Thirty-four children were referred for dental treatment, and in return the Dental Department used the Clinic when it was necessary to decide whether any particular child was fit to undergo an anæsthetic.

With regard to the Education Authorities, five children were referred to the Physically Defective Schools, and arrangements were made for five other children to attend half-time at their elementary schools. A visit was paid to the clinic by the Head Teacher of the Physically Defective School in order that co-operation between the two might be further advanced. It was found necessary to exclude 51 children from school for varying periods.

"Much use has continued to be made of convalescent homes, and I should like to state here how much I appreciate having the voluntary assistance of Miss Lewis of the I.C.A.A. at each session of the clinic. It is largely owing to her that out of 77 children referred for convalescence, only two were unable to go owing to the refusal of their parents. Anyone who has tried to arrange convalescence for large numbers of children will know that this is indeed a low figure.

"The practice of referring children to the clinic who have been thought to manifest some rheumatic condition after discharge from the Isolation Hospital, has been continued. Twenty-three cases were referred during 1935, and of these 12 were found to have some early cardiac defect. It was shown in last year's report that the detection of early cardiac mischief should be encouraged, as the outlook for such children is immeasurably better if treatment is instituted before the disease has got far under way."

Rheumatism Clinic.	1935	1934
Number of sessions	46	43
" " attendances	857	774
" " new cases	216	183
" " old cases	641	591
" discharged	243	145
" still under treatment	208	235
" of new cases with rheumatic or cardiac defect ...	93	73
" referred to hospital as in-patients ..	3	4
" " " " " out-patients	15	5
" " for tonsil and adenoids operation	18	11
" " for Dental treatment ...	34	25
" " to Physically Defective Centre	5	12
" excluded from school	51	65
" " half-time school	5	6
" seen after Scarlet Fever	19	15
" " " Diphtheria	3	11
" " " Measles and Pneumonia	1	2
" " " contact with Diphtheria	—	1
" with cardiac defects after Scarlet Fever	10	9
" with cardiac defects after Diphtheria	1	7
" with cardiac defects after Measles and Pneumonia ...	1	1
" with cardiac defects after contact with Diphtheria ...	—	1
" referred for convalescent home treatment	74	74
" sent away	61	62
" referred in 1933 and sent away in 1934	—	3
" referred in 1934 and sent away in 1935 ... ... (in addition to above)	3	—
" refused	2	5
" withdrawn	4	4
" waiting	7	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 46 and girls 57, of which 9 boys and 6 girls were referred by the school medical officer. 26 of the cases were sent by private practitioners and 62 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. 27 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	—	8	1	2	11
Non-pulmonary	—	39	8	2	49

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 1935 were as follows:—

	Scarlet Fever.	Diphtheria.
January	26	13
February	24	19
March	23	7
April	29	6
May	17	3
June	31	1
July	27	3
August	17	11
September	30	10
October	51	9
November	24	9
December	25	4
Total—1935	324	95
1934	385	171

In addition, the following notifications were received in respect of children in this age group:—Pneumonia, 20; Erysipelas, 5; Encephalitis Lethargica, 2; Enteric, 1; Poliomyelitis, 1.

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

	Scarlet Fever.	Diphtheria.	Chicken Pox.
1935	1	35	—
1934	7	45	61

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

The monthly figures were as follows:—

	Sore Throat.	Measles.	Whooping Cough.	Mumps.	Ringworm & Scabies.	Impetigo Sores, etc.	Chicken Pox.
January	3	1	—	6	—	1	38
February	7	2	1	1	—	40	51
March	3	19	50	2	—	26	97
April	2	8	62	11	1	3	32
May	4	31	204	9	—	4	31
June	—	119	79	4	1	4	21
July	1	27	56	15	—	4	1
August	3	—	12	1	—	10	—
September	3	1	4	7	—	4	2
October	3	4	—	3	1	29	26
November	1	4	3	10	—	10	24
December	5	20	—	16	—	6	22
Total—1935 ...	35	236	471	85	3	141	345
1934 ...	77	1909	89	61	10	63	386

The decrease apparent in 1934 in the number of children referred for sore throats continued during 1935. Measles was not epidemic during the year, and showed a much lower incidence. The incidence of whooping cough was very much higher.

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

School.	Dept.	S.T.	M.	W.C.	Mps.	C.P.	R.W. Scab	Sores	Sore Eyes	S.F.	Dip.	Bact. Diph.
Blackhorse Road ...	Mixed ...	—	—	—	—	2	—	—	—	9	—	—
	Girls ...	—	—	—	—	1	—	—	—	2	1	—
	Infants ...	—	2	48	1	45	—	—	—	11	—	—
Wm.ElliottWhittingham	Boys ...	—	—	—	—	—	—	—	—	2	—	—
Higham Hill	Boys ...	—	—	—	—	—	—	—	—	3	1	1
	Girls ...	—	—	—	—	—	—	—	—	11	2	—
	Infants ...	2	35	45	6	55	—	13	—	30	3	—
Pictoria Avenue ...	Boys ...	—	—	—	—	6	—	—	—	1	—	—
	Girls ...	—	—	—	—	5	—	—	—	3	1	—
	Infants ...	2	6	22	—	54	—	—	—	3	3	—
William Morris Central	Boys ...	—	—	—	—	—	—	—	—	—	1	—
	Girls ...	—	—	—	—	—	—	—	—	—	—	—
Coppermill Lane ...	Boys ...	—	—	—	—	—	—	—	—	2	—	—
	Girls ...	1	—	—	—	—	—	—	—	5	1	—
	Infants ...	—	12	17	1	17	—	—	—	4	1	—
	Mixed ...	—	—	—	—	2	—	—	—	7	8	—
Wood Street	Boys ...	1	—	—	—	—	—	—	—	2	4	—
	Girls ...	—	—	1	—	—	—	—	—	2	2	—
	Infants ...	3	16	43	22	6	2	7	—	7	4	—
Joseph Barrett	Boys ...	—	—	—	—	—	—	—	—	1	—	—
	Girls ...	—	—	—	—	—	—	—	—	1	3	1
P.D. Centre	Mixed ...	—	—	—	—	—	—	1	—	1	—	—
Maynard Road ...	Boys ...	—	—	—	—	—	—	—	—	2	1	—
	Girls ...	—	—	—	—	4	—	—	—	7	2	—
	Infants ...	—	2	43	—	4	—	—	—	6	3	—
St. Mary's	Girls ...	—	—	—	1	1	—	—	—	2	1	—
	Infants ...	—	—	—	4	2	—	—	—	1	1	—
St. George's	Mixed ...	—	—	—	—	—	—	—	—	1	—	—
Shernhall Special ...	Mixed ...	—	—	—	—	—	—	—	—	—	1	—
Wm. McGuffie ...	Boys ...	—	—	—	—	2	—	—	—	1	—	—
	Girls ...	—	—	—	—	—	—	—	—	3	2	—
Mission Grove	J. Mixed...	—	1	—	—	—	—	—	—	5	2	—
	Infants ...	—	1	8	—	1	—	4	—	3	3	1
Deaf Centre	Mixed ...	—	—	—	—	—	—	—	—	—	—	—

Edinburgh Road ...	Girls ...	—	—	—	—	—	—	—	—	—	1	—
Markhouse Road ...	Boys ...	16	—	—	—	—	—	—	—	3	—	—
	Infants ...	—	—	—	—	—	—	—	—	1	3	—
	Mixed ...	—	—	—	—	—	—	1	—	4	—	—
St. Patrick's	Mixed ...	—	23	—	—	—	—	—	—	1	5	—
St. Saviour's	Boys ...	—	—	—	—	—	—	—	—	1	—	—
	Girls ...	—	—	—	—	—	—	—	—	1	—	—
	Infants ...	1	2	6	—	1	—	—	—	1	—	—
Forest Road	Boys ...	—	—	—	—	—	—	—	—	1	—	—
	Girls ...	—	—	—	—	—	—	—	—	6	1	—
	Infants ...	—	56	8	—	8	—	—	—	8	3	—
Winns Avenue ...	Boys ...	1	—	—	—	2	—	1	—	4	—	—
	Girls ...	—	—	—	—	3	—	—	—	3	—	1
	Infants ...	—	19	26	5	54	—	—	—	9	1	—
	Mixed ...	—	8	2	6	19	—	3	—	3	—	—
Chapel End	Boys ...	—	—	—	—	—	—	—	—	1	3	—
	Girls ...	—	—	—	—	—	—	—	—	—	2	—
	Infants ...	1	32	76	19	6	1	3	—	8	6	—
	Mixed ...	—	1	—	—	1	—	—	—	1	4	—
Selwyn Avenue ...	Boys ...	—	—	—	—	—	—	—	—	11	—	—
	Girls ...	—	—	—	—	—	—	—	—	9	1	—
	Infants ...	—	2	21	—	6	—	—	—	19	1	—
Gamuel Road	Boys ...	—	—	2	3	6	—	7	—	3	1	1
	Girls ...	—	—	—	1	—	—	—	—	3	—	—
	Infants ...	—	—	12	—	—	—	—	—	16	—	—
Geo. Gascoigne Central	Boys ...	—	—	—	—	—	—	—	—	—	—	—
	Girls ...	—	—	—	—	1	—	—	—	—	—	—
Queen's Road	Infants ...	2	2	25	12	4	—	3	—	3	1	—
Roger Ascham	Mixed ...	—	—	—	—	2	—	—	—	17	—	—
	Infants ...	2	12	24	—	21	—	11	—	35	—	1
St. Mary's R.C.	Mixed ...	—	3	—	4	1	—	—	—	5	2	—
Myope Centre	Mixed ...	—	—	—	—	—	—	—	—	—	—	—
Nursery School ...	Mixed ...	3	—	13	—	3	—	87	—	2	2	7
Thorpe Hall	Infants ...	—	1	29	—	—	—	—	—	8	—	—
Totals		35	236	471	85	345	3	141	—	325	88	13

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.	Influenza.
1935 ...	91	67	24	123	34	48
1934 ...	113	79	197	33	36	60

	Diarrhœa.	Mumps.	Ringworm.	Scabies.	Various.	Totals.
1935 ...	2	17	4	2	535	947
1934 ...	2	9	5	4	614	1152

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

As in previous years, 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 rheumatism or of cardiac defect to the next rheumatism clinic. Dr. Sheldon's comment on this procedure is given in his report on the work of the rheumatism clinic.

Thus twenty-four cases were referred, and of these no fewer than twelve 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 sequelæ of the infectious disease.

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

Number of clinics held in connection with Infectious Diseases and Immunisation	52
Number of patients attended	2,972
Number of attendances made	4,454
Average attendance per session	57
Number of Scarlet Fever cases discovered ...	3
Number of diphtheria cases discovered	7
Number of virulence tests taken in Diphtheria carriers	26
Number of children recommended to Rheumatism Clinic	24
Number of children recommended to Ear Clinic ...	14

Diphtheria Immunisation Clinic.—This Clinic follows the Infectious Disease Clinic, and the following table summarises the work done in respect of diphtheria immunisation:—

Schick tested for first time	509
Negative (including pseudo and negative)	164
Positive (including pseudo and positive)	345
Immunised after positive Schick (21 refusals) ...	324
Immunised without being Schick tested	477
Partly immunised cases brought forward from 1934	71
Total number given one or more immunising doses during 1935	872
Results of Schick tests following immunisation:—	
Negative (including 71 from 1934)	676
Awaiting final Schick test	172
Not completing immunisation course	24
Total	872
Number of children of school age, immunisation completed	419
Number of children of pre-school age, immunisation completed ... ... (i.e., 1935 cases only.)	185

598 children had alum precipitated toxoid, the remainder having toxoid antitoxin floccules.

A total of 2,330 attendances were made (included in table under Infectious Disease Clinic).

Towards the end of the year your Committee decided that the School Medical Officer (acting in the capacity of Medical Officer of Health) should carry out diphtheria immunisation at the schools, and that parents attending with their children should be allowed to bring children of pre-school age.

A commencement was made with Infants' departments.

The procedure adopted has consisted of issuing a circular to each child in attendance at the selected Infants' department to take home to the parent or guardian, and stating that the Medical Officer of Health will attend at a certain day and time to offer immunisation to any child whose parent

is agreeable. Parents are given the option of attending, and are encouraged to bring any children between the ages of one and five years.

Commencing in November, 1935, only two schools were visited during 1935, and out of an attendance of 332 at Selwyn Avenue Infants' Department a total of 205 consents, including seven pre-school age, were obtained, and at Thorpe Hall Infants' department there were 120 consents, including twelve of pre-school age, out of 275 in attendance.

The children were immunised with a single dose of alum precipitated toxoid. Schick testing will be carried out after an interval of three months.

During the course of 1936, 8 further Infants' departments have been visited, and percentage acceptances have varied from 30.8 to 51.8, and totalling 696 acceptances out of 1,710 in average attendance, or 40.7 per cent.

Scarlet Fever Immunisation.—Dick Tests for Scarlet Fever:—

Dick tests	50
Positive	15
Negative	35

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

Dick testing and immunisation of susceptibles were carried out at Brookfield Hospital, 29 cases being completed.

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	1,439	353	24.5
	Girls	1,372	328	23.2
2nd Age Group ...	Boys	800	227	28.4
	Girls	876	262	29.9
3rd Age Group ...	Boys	1,288	325	25.2
	Girls	1,024	327	32.0

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

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

At Medical Inspection	12
At School Clinics	1,254

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

9. OPEN-AIR EDUCATION.

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

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

School.	Number.	Place.	Date.
Shernhall Special—			
Senior Scholars ...	20	Llanfairfechan	... April, 1935
Junior Scholars ...	35	Dovercourt	... May, 1935
Blind & Myope Centre	40	Filey, Yorks	... June, 1935

(*c*) **School Camps.**—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. The organisation of the camps was broadly on the same lines as in previous years.

Three contingents of 63 boys were in camp for fourteen days each between the 24th May and 5th July, and four contingents of 48 girls for similar periods between the 17th May and 12th July. A total of 381 children were sent away.

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 Schools.

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

The appointment of two whole-time organisers of physical training had not materialised at the end of 1935, although your Committee had decided to work a joint scheme with the Barking Education Committee. Under this scheme two whole-time organisers (one male and one female) are to be appointed, the duties to include the following:—

(a) Instruction of Teachers.

(b) Visiting all schools under the two Authorities in accordance with the direction of the separate Authorities.

(c) To see to the efficiency of the instruction in Physical training in all schools.

(d) To take an active interest in school sports and organised games.

(e) To co-operate with teachers in sports organisation connected with the schools.

(f) To report to, and to advise, the Education Committees on the equipment for, and organisation of, Physical Training in the schools, and generally on the efficiency of the instruction and on the use of playing fields.

(g) To carry out the instructions of the Education Committee in the two areas, and generally to perform such duties relating to the work of organisers as may be approved by the several Authorities from time to time.

11. PROVISION OF MEALS.

(1) **Mid-day Meals.**—Your Authority provides a mid-day dinner for the children of necessitous parents at the Centres in High Street and Higham Hill. 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.
1935 ...	... 758	79,923	105.4
1934 ...	... 772	87,161	112.9
1933 ...	... 801	94,051	104.9

The average cost of each meal during 1935 was 4.9d.

Supervision of Dietetics at School Canteens and at Special Schools.—Miss E. A. Nicholls, B.Sc., was appointed as part-time Dietitian in May, 1935. The following is a summary of her reports during 1935:—

"**Joseph Barrett P.D. School.** Visited May 22nd.—This kitchen, small but orderly, does good work, and the cook is clean and methodical, and is a progressive person. The Head Teacher has done a great deal towards encouraging the children to like new dishes, and their appreciation of their meals is largely due to work in class.

"**Shernhall Street Special School.** Visited May 22nd.—The kitchen serves a large number quickly and expertly. Although there is plenty of space here it is not well utilised, and could be kept in a better condition. Not quite the same interest taken by the cook in the menu, and the general quality not so high. The Head Teacher is actively interested, and has made many observations herself on the results of various foods, but she does not get quite wholehearted support.

"**Higham Hill.** Visited June 4th.—This kitchen is labouring under many difficulties. Large numbers make a second shift necessary. This makes things more difficult, but is of course unavoidable.

"There is decided lack of space, admittedly unavoidable, but this could have been alleviated by better planning. The cook, however, is not naturally tidy, so that her lack of method, combined with these several handicaps, is not conducive to good results.

"**High Street.** Visited June 4th.—I arrived here immediately after lunch and found practically no surplus food. The cook works hard and well over the menus, and gives considerable thought to their construction. I saw the goods which had just been delivered, and the quality, both of groceries and vegetables, was excellent. The cook has made great efforts to dispense the food fairly, which is not an easy task.

"**Nursery School.** Visited June 11th.—I went through the kitchen equipment. The problem here is constructional, and efficiency could be increased by some fundamental improvements in the kitchen furniture.

"**General Comments.**—The most striking fact noticeable in all the kitchens is the spontaneous remark that the children

are all enthusiastic about salad meals. This is quite contrary to frequent experience, and I think is a definite piece of educational work. Co-operation between classroom and kitchen has, in some cases, evidently played a strong part.

"It would simplify table service if proper silver and knife racks were provided to hold these articles. There are special racks (lately on the market) which greatly facilitate storing and counting the pieces, and laying the table. These might be provided for all Centres.

"I should like to suggest that each kitchen is provided with a locker for the exclusive use of the cook's personal clothing, and that this cupboard is used. Although these cupboards do exist in some of the schools, scarves, hats and shoes are lying about mixed up with the groceries. This is a very common condition, but should be corrected.

"I have visited these kitchens before, during and after meals, and I think have obtained a fair impression of their capabilities.

"**Higham Hill.** Visited July 11th, August 15th.—The dining room is kept very clean, and the tables and floor in good condition. The kitchen is difficult owing to lack of space, but the new broom racks have helped to make things tidy. Occasional late deliveries by the butcher makes catering difficult.

"**Myope Centre.** Visited June 20th, July 11th and July 18th.—The cook works hard and has a good deal of initiative. A weekly recurring menu is adhered to. It seems that there might be more variation in the menu, with more milk and eggs, both valuable in nervous conditions, and less meat. The kitchen itself would be easier to work in if better equipped, and if it contained more and better planned cupboards. There is insufficient space for the utensils. Ventilation is bad and the rooms become very hot, and food has to be kept in a cupboard in the room.

"The children lay the tables for lunch, which is preceded by grace, and the atmosphere was a cheerful one. I felt that more power delegated to the kitchen would relieve the teaching staff at work which is a trained cook's work, and allow for the construction of a menu which, if planned by the cook, might be a little more elastic and therefore more suitable to seasonal and market conditions.

"**Shernhall Street Special School.** Visited July.—This kitchen was looking in good condition and apparatus in good order. Here again, more milk and eggs might be used in the menu. There is a good deal of work done here, but the apparatus is adequate. The Head Teacher takes a keen interest in the planning of the meals.

"**High Street.** Visited July 1st, July 29th, August 23rd.—The kitchen is a fine room, with good equipment, well suited to the work required, but another sink would be of great assistance, if drainage permits, at which the dining room crockery could be done. At present the plates are washed on one side of the kitchen, dried, and carried over to the racks in another corner, wasting much time and dispensing with the real object of racks. The menu is carefully worked out and shows good variation.

"**Joseph Barrett.** Visited July 1st, July 18th.—The work here proceeds smoothly, and the dining room and kitchen both very nicely kept, decorated with flowers. The staff take great interest, and nurse takes great pains, in the serving of the food, and the children eat well and sensibly.

"**Nursery School.** Visited June 26th, July 29th, August 15th.—Butter beans need only be used in winter, and the same applies to prunes. I saw the staff menus for two weeks, and they bear practically no relation to the children's meals, which means extravagance and much more cooking than need be. There is unnecessary work going on in the kitchen. Children are allowed to come in at all times. This is an interruption which could be avoided. They come in for drinking water and to wash their cod-liver oil and malt spoons. Cannot this be done outside? Further, all the plates have to be dried by hand because they show water stains if left to drain. This is a serious waste of time, when time is urgently required for the preparation of food. Another kind of plate would be more suitable.

"On July 29th, the Head Teacher was absent and I was asked to settle a question which arose, i.e., the advisability of giving a drink of fresh (diluted) lemon juice during the morning. I considered this unnecessary for the extra work it involved, and suggested that lemon juice should be sprinkled over the apple pieces which are served after meals. This improves the apple and requires no extra washing up.

"On August 15th I spent the whole time with the Head Teacher discussing the kitchen and its equipment, and the re-arrangement of existing apparatus. I should be glad to

meet the architect re the re-planning of this room, as I have many suggestions to make, many of them rather fundamental, and I should like the Committee's approval before I submit plans or drawings."

(2) **Milk Meals.**—Milk was supplied to 1,794 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 355,104. The number of children supplied during the preceding year was 1,303, and the number of meals 164,898.

In addition, twenty-seven children were supplied with milk on the recommendation of the Tuberculosis Officer.

Up to 23rd March, 1935, free milk meals were granted by the Medical Staff in accordance with the arrangements detailed in the 1934 report. Your Committee then decided that in future children presenting evidence of subnormal nutrition should be given milk meals provisionally on the recommendation of Head Teachers pending medical examination. It was also decided that all children in receipt of "official" milk meals should be supervised at medical inspections and re-inspections.

Under the old arrangements an average of 115 children in receipt of free milk meals were weighed weekly at Lloyd Park Clinic between 12th January and 23rd March. At the latter date a total of 572 children were receiving free milk meals.

Under the new arrangements all children on free milk are seen at the medical inspections and re-inspections each year, the findings are recorded on a special card, and a decision made as to the extension of the milk meals.

(3) **Milk in Schools Scheme.**—The arrangements detailed in the 1934 Report were continued during 1935, insistence being continued as to all milk supplied being pasteurised milk sold under licence.

A table is published below summarising the reports of Head Teachers as to milk consumed in school on the 29th March and the 1st October, 1935, and as returned to the Board of Education, by your Director of Education.

The summary shows the percentage at each school receiving milk on the two dates, including absentees who usually receive milk:—

School.		No. on Roll.		'Official' Milk.		Voluntary. Milk.		Total.		Percentage receiving Milk.	
		Mar.	Oct.	Mar.	Oct.	Mar.	Oct.	Mar.	Oct.	Mar.	Oct.
Higham Hill	Boys ...	360	322	—	24	137	102	137	126	38.0	39.0
	Girls ...	319	291	24	71	160	111	184	182	57.7	62.5
	Infants ...	376	315	14	37	183	182	197	219	52.5	69.5
Gamuel Road	Boys ...	282	273	13	23	158	160	171	183	60.5	67.0
	Girls ...	293	281	4	11	218	178	222	189	76.0	67.5
	Infants ...	184	162	2	3	140	102	142	105	77.0	65.0
Maynard Road ...	Boys ...	361	378	6	18	176	187	182	205	50.3	54.5
	Girls ...	286	282	20	19	104	87	124	106	43.5	37.7
	Infants ...	333	321	1	6	158	159	159	165	48.0	51.5
Pretoria Avenue ...	J.M. ...	350	333	6	32	205	183	211	215	60.2	65.5
	Infants ...	237	190	25	19	140	111	165	130	70.0	68.5
Markhouse Road ...	Boys ...	271	283	3	12	149	123	152	135	56.0	47.6
	J.M. ...	360	339	12	37	157	174	169	211	47.0	62.2
	Infants ...	221	163	1	33	138	102	139	135	63.0	82.8
Forest Road	Boys ...	287	273	32	17	173	141	205	158	71.5	83.0
	Girls ...	256	240	12	21	153	99	165	120	64.5	50.0
	Infants ...	313	261	10	6	162	177	172	183	55.0	70.0
Coppermill Road ...	Boys ...	263	279	2	10	138	105	140	115	53.0	41.2
	Girls ...	276	265	12	11	135	71	147	82	53.5	31.0
	J.M. ...	306	315	7	25	158	156	165	181	54.0	57.5
	Infants ...	239	225	3	1	173	140	176	141	73.5	62.7
Wood Street	Boys ...	268	236	1	10	131	97	132	107	48.7	46.0
	Girls ...	259	258	10	19	105	96	115	115	44.5	44.6
	Infants ...	284	253	1	3	123	136	124	139	43.5	54.9
Geo. Gascoigne Central	Boys ...	270	282	9	32	128	136	137	168	50.7	55.0
	Girls ...	288	306	12	15	112	78	124	93	43.0	30.5
Queen's Road	Infants ...	198	177	10	4	131	130	141	134	71.5	75.7
Blackhorse Road ...	Girls ...	271	296	10	32	106	81	116	113	42.6	38.0
	J.M. ...	317	307	11	14	173	166	184	180	58.0	59.0
	Infants ...	186	176	5	14	149	128	154	142	83.0	81.0
Wm. Morris Central ...	Boys ...	292	303	10	15	170	150	180	165	61.7	54.5
	Girls ...	316	334	9	19	157	155	166	174	52.6	52.0
Chapel End	Boys ...	261	272	20	43	32	44	52	87	20.0	32.0
	Girls ...	239	255	11	31	84	62	95	93	40.0	36.5
	J.M. ...	384	420	37	56	157	161	194	217	50.6	52.0
	Infants ...	387	336	66	29	217	200	283	229	73.2	68.0

School.		No. on Roll.		'Official' Milk.		Voluntary Milk.		Total.		Percentage receiving Milk.	
		Mar.	Oct.	Mar.	Oct.	Mar.	Oct.	Mar.	Oct.	Mar.	Oct.
Selwyn Avenue ...	Boys ...	434	448	12	11	248	209	260	220	60.0	48.0
	Girls ...	431	445	21	29	133	152	154	181	35.7	40.7
	Infants ...	417	375	16	10	265	207	281	217	67.2	58.0
Joseph Barrett ...	Boys ...	316	315	13	13	164	121	177	134	56.0	42.0
	Girls ...	224	236	5	10	95	76	100	86	44.6	36.5
Mission Grove	J.M. ...	289	283	20	37	169	151	189	189	65.5	67.0
	Infants ...	191	153	9	22	128	105	137	127	72.0	83.0
Winns Avenue	Boys ...	248	288	22	28	113	93	135	121	54.5	42.0
	Girls ...	310	329	37	43	102	93	139	136	45.0	41.5
	J.M. ...	386	376	7	10	240	248	247	258	64.0	68.7
	Infants ...	287	250	4	4	227	172	231	176	80.5	70.5
Edinburgh Road ...	Girls ...	259	251	9	15	85	55	94	70	36.0	28.0
Wm.ElliottWhittingham	Boys ...	321	315	35	43	50	60	85	103	26.5	32.7
Wm. McGuffie	Boys ...	311	306	2	4	156	116	158	120	51.0	39.2
	Girls ...	271	264	68	54	75	62	143	116	53.0	44.0
Roger Ascham	J.M. ...	412	415	18	18	172	124	190	142	46.2	35.2
	Infants ...	367	318	54	26	160	190	214	216	58.5	68.0
Thorpe Hall	Infants ...	355	303	4	7	192	206	196	213	55.2	70.0
St. Mary's C. of E. ...	Girls ...	287	294	3	3	101	113	104	116	36.2	39.5
	Infants ...	170	157	—	2	67	88	67	90	40.0	57.2
St. Saviour's	Boys ...	207	189	3	12	148	98	151	110	73.0	58.5
	Girls ...	153	130	3	4	99	42	102	46	67.5	35.4
	Infants ...	172	173	8	10	102	112	110	122	64.0	70.5
St. George's R.C. ...		200	220	—	2	59	58	59	60	29.5	27.2
St. Patrick's R.C. ...		264	236	4	29	110	90	114	119	43.2	50.5
St. Mary's R.C. ...	J.M. ...	302	280	12	43	220	200	232	243	77.0	87.0
Deaf Centre		22	22	3	3	16	15	19	18	86.5	82.0
Shernhall Street Special		71	60	1	14	35	22	36	36	51.0	60.0
Blind and Myope ...		70	64	—	—	46	39	46	39	65.7	61.0
Physically Defective ...		64	58	3	5	20	19	23	24	36.0	41.5
Nursery		150	136	95	86	55	50	150	136	100.0	100.0
Totals		18,354	17,691	922	1,370	9,142	8,056	10,064	9,426	54.8	53.2

Aggregating the returns from the various schools the position may be summarised as follows:—

	October, 1934.	March, 1935.	October, 1935.
Number on roll	18,534	18,354	17,691
Number receiving "OFFICIAL" Milk ...	579	922	1,370
Number available for "VOLUNTARY" Milk	17,975	17,432	16,321
Number receiving "VOLUNTARY" Milk	12,273	9,142	8,056
Percentage receiving "VOLUNTARY" Milk	68.28	52.4	49.3
Total number of children receiving milk...	12,852	10,064	9,426
Percentage	69.34	54.2	53.28

The scheme has been operated in every Department in Walthamstow, and no review of the scheme would be complete without an acknowledgment to Head Teachers and the school staffs generally. The operation of the scheme has necessitated a great deal of extra work, but it is obvious that the whole scheme would have been unworkable without their co-operation.

The scheme has undoubtedly done a great deal to combat the ill-effects of malnutrition, and it would be little short of a calamity if it were allowed to lapse.

The continued co-operation of the Head Teachers is earnestly sought, and in particular to try and increase the number of children receiving milk. This is the more obvious when the drop from 69 per cent. in October, 1934, to 53 per cent. in October, 1935, is borne in mind.

An analysis of returns for individual departments shows that only four showed an increase in the total number of children receiving milk either in March or October, 1935, over October, 1934. The four departments were George Gascoigne Girls', Coppermill Road Infants', Blackhorse Road Infants' and Winns Avenue Infants'. Unfortunately, even these departments, however, showed a drop between March and October, 1935.

On the other hand, twenty-five departments showed an increased consumption in October, 1935, as compared with March, 1935, but as the main summary shows, this was not sufficient to prevent the steady reduction in the total number of children receiving milk in the Borough generally.

The returns show that the central and senior departments have supported the scheme surprisingly well.

The following particulars with regard to the operation of the scheme in England and Wales and in certain specific areas are given as a matter of interest:—

Before scheme in operation:—900,000 children in England and Wales received one-third pint of milk for one penny (representing an annual consumption of ten million gallons).

After scheme in operation (i.e., March, 1935):—2,750,000 children in England and Wales received one-third pint of milk at one halfpenny or free (representing an annual consumption of twenty-three million gallons).

Approximately only 50% school population received milk at school, i.e., 51% in March, 1935, falling to 47% in October, 1935 (England and Wales).

87% of all school departments in England and Wales operate scheme.

In one County area the number fell from 64,000 in February, 1935, to 44,000 in September, 1935.

On enquiry, Head Teachers gave following reasons, tabulated in order of importance:—

(1) Wearing off of the novelty.
(2) Interference of milk rations with the appetite for the mid-day meal.
(3) Sickness caused by drinking cold milk.
(4) Refusal of parents to pay because other children were receiving free milk.
(5) Poverty.

Among the percentages of children receiving milk in schools during 1935 in certain areas were the following:—

Nelson	...	77	Middlesbrough	...	39
Rochdale	...	67	Rotherham	...	39
Newport	...	65	West Hartlepool	...	38
Sheffield	...	64	Oxford ...	...	36
Cambridge	...	61	Sunderland	...	34
Hull ...	...	60	Walsall ...	...	29
Cardiff	...	40	Grimsby ...	...	25
Oldham	...	39			

The percentage for Walthamstow was 69 in October, 1934, falling to 53 in October, 1935.

Holiday arrangements.—During Easter, 1935, arrangements were made by your Committee for those children wishing to obtain their milk to do so at a certain specified school in each of four districts.

Blue tickets were issued to children in respect of "voluntary" milk, and red ones to those in receipt of "official."

The milk was required to be consumed on the school premises, and the schools were open from 10 a.m. to 11 a.m. on each of four days except Winns Avenue Girls' School, which was kept open from 10 a.m. to 12 noon.

The number of milk meals supplied is shown below:—

Centre.	Number of Bottles of Milk supplied.		
	Official	Voluntary.	Total.
Pretoria Avenue—			
23rd April, 1935 ...	97	291	388
24th April, 1935 ...	103	279	382
25th April, 1935 ...	96	248	344
26th April, 1935 ...	100	222	322
	396	1,040	1,436
Markhouse Road—			
23rd April, 1935 ...	85	354	439
24th April, 1935 ...	82	363	445
25th April, 1935 ...	88	328	416
26th April, 1935 ...	85	324	409
	340	1,369	1,709
Maynard Road—			
23rd April, 1935 ...	56	194	250
24th April, 1935 ...	60	192	252
25th April, 1935 ...	56	178	234
26th April, 1935 ...	52	180	232
	224	744	968
Winns Avenue—			
23rd April, 1935 ...	140	343	483
24th April, 1935 ...	144	331	475
25th April, 1935 ...	137	315	452
26th April, 1935 ...	135	297	432
	556	1,286	1,842
Grand Totals ...	1,516	4,439	5,955
Average number of children receiving milk	379	1109.7	1488.7

About 8 per cent. of the number of children on the books took advantage of the Scheme.

The statistical data for this section of the Report have been supplied by the Director of Education.

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 defects found.

The following table shows the attendance of parents during 1935:—

Boys.	Number of inspections.	Number of Parents.	Per cent. 1935.	Per cent. 1934.
Entrants	1439	1323	91.1	92.0
Second age group ...	800	546	68.2	71.2
Third age group ...	1288	453	35.2	34.8
Girls.				
Entrants	1372	1269	92.4	93.3
Second age group ...	876	742	84.7	76.5
Third age group ...	1024	615	60.0	46.3

(b) CO-OPERATION OF TEACHERS.

Grateful acknowledgment 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.

The continued co-operation of the teaching staff in sending cases of minor ailments for treatment either to the family doctor or to the clinics, is earnestly requested. The importance of immediate treatment cannot be over-estimated for such serious conditions as discharging ears and squints.

(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 again 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 1935:—

"The reduction in the number of new cases referred to us during 1935 was not represented by children requiring convalescence, and only three less were sent away than in 1934, namely, 318. There was, however, a marked drop in the average length of stay, and the number of children needing a further period in a convalescent home or hospital school was reduced by more than half.

"Of the total number placed, 58% were referred by Public Officials:—

School Medical Officers ...	132
Tuberculosis Officer	28
Public Assistance M.O. ...	25
Total ...	185

"A decrease will be noticed in the number of children sent away actually suffering from rheumatism and extensive heart lesions. It is also significant that no orthopædic cases were sent away for training. Our children now, at the age of 16, are, with very few exceptions, able to take a place in the normal labour market and are not so badly crippled at that age as to require specialised training in a residential training school.

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

	Under 5 years.	Over 5 years	Total.
Medical men, Hospitals and Dispensaries	26	79	105
Tuberculosis Dispensaries and Tuberculosis Care Committees	1	25	26
Education Committees and School Medical Officers	3	57	60
Public Assistance Committees	3	25	28
Local Authorities under Scheme for—			
(1) Rheumatism	1	61	62
(2) Orthopædic Care	93	43	136
Infant Welfare Centres	2	—	2
Invalid Children's Aid Association ...	1	2	3
Voluntary Agencies	2	—	2
Parents	1	3	4
Totals	133	295	428

Classification of New Cases:—

	Under 5 years.	Over 5 years	Total.
Tuberculosis—Joints	—	1	1
Anæmia and Debility	9	85	94
After-effects of Acute Illnesses	1	23	24
Marasmus and Malnutrition	4	—	4
Rheumatism, Chorea and Heart	—	47	47
Heart (Congenital)	—	2	2
Diseases of Lungs (Non-tubercular)—			
Bronchitis, Pneumonia, etc.	6	31	37
Asthma	—	3	3
Glands (Non-tubercular)	2	10	12
Diseases of Bone (Non-tubercular) ...	75	25	100
Diseases of Digestive Organs	2	5	7
Paralysis	6	9	15
Nervous Conditions	4	17	21
Congenital Deformities	15	8	23
Hernia	2	—	2
Diseases of the Ears	2	6	8
Eyes	2	1	3
Nose and Throat	—	4	4
Accidents	—	6	6
Various	3	12	15
Totals	133	295	428

Help given to Old and New cases (all ages):—

	Old.	New.
Sent to Special Hospitals and Convalescent Homes	25	293
Extensions from previous years	71	—
Provided with Surgical Boots and Appliances	108	47
Provided with Massage and Exercises ...	—	17
Referred for visiting and advice	101	73
Referred by I.C.A.A. to other Agencies...	5	4
Clothes	2	9
Totals	312	443

Nineteen of the cases sent to Special Hospitals, etc., were under 5 years of age (including 11 admissions to Brookfield).

Sixty-nine instruments were provided for children under 5 years of age, and of these 40 were renewals or replacements.

Fifty-four children under 5 years of age were referred for visiting (16 new cases and 38 old cases).

Total of home visits, 1,166.

Average length of stay in Convalescent Homes, 12 weeks 5 days.

Sixty-four children were sent away from the Rheumatism Clinic.

Of the nine boys sent to Hawkenbury, six were from the Rheumatism Clinic.

Twenty-three cases were sent to Ventnor under W.A.T.C.H. Scheme.

(*b*) **National Society for the Prevention of Cruelty to Children.**—The following summary of the work done in Walthamstow during 1935 is reported by Inspector Luff:—

Nature of Offence.		How dealt with.	
Neglect	73	Warned and advised ...	96
Assault and ill-treatment ...	13	Prosecuted and Convicted	1
Advice sought ...	18	Otherwise dealt with ...	8
Various	1		
Total ...	105	Total ...	105

Number of children dealt with over 5 years of age—Boys 147
Girls 151

Number of children dealt with under 5 years of age ... 82

356 supervisory visits were made during the year, and in addition 61 miscellaneous visits were made.

(*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 1935:—

"By reason of the improved financial position, the Committee were able to continue the distribution of footwear throughout the whole of the year, over eleven hundred pairs of boots being distributed at a cost of over £350."

(4) 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 is very glad to record its close co-operation with the local Mental and After-Care Committee, whose Chairman is Mrs. Follows, and Honorary Secretary Mr. L. F. Bristow, and that a large part of its work in Walthamstow is carried out by the Local Committee.

"In Walthamstow there are now 92 defectives under Statutory Supervision, many of these having been notified under the terms of the Mental Deficiency Acts by the Local Education Committee during school years; 5 on licence from Institutions; 6 under Guardianship, and 194 under Voluntary Supervision.

"Legislation has made no provision for epileptics over school age if they are not certifiable as mentally defective, and bearing in mind the spirit in which Section 5 of the Local Government Act of 1929 was framed, this would appear a serious omission. At present there is practically no evidence in the county generally as to the number of epileptics who, because of their epilepsy, are in need of care and/or financial help, and we look forward with interest to the results of an investigation into this matter which the Central Association hopes shortly to initiate.

Occupation Centres: Junior Mixed and Girls' Centre.—This Centre with 30 on the Roll continues to work happily at the Settlement with Miss Carter in charge. The number of elder girls has increased, and various attractive handicrafts are being undertaken.

On July 17th the centre had an outing to Chalkwell (near Westcliff-on-Sea). The weather was fine, and the day much enjoyed by the children and those who accompanied them. On December 18th they had a very successful Christmas Party at the Settlement, the Local Mental and After-Care Committee being entirely responsible for the arrangements.

Boys' Woodwork Class.—The boys' woodwork class meets each morning under the direction of Miss Carol Wood at St. Stephen's Hall, Grove Road, and during the year a variety of useful articles have been made and sold; orders are always welcome. There is a real workshop atmosphere in the class, and one or two boys promise to make good wood-carvers. Interest in the class is appreciated, and visitors at both centres are welcome.

On July 20th the boys went to Thorpe Bay, and in spite of showers the day was a success, fairs and sideshows proving an attraction. Then on January 3rd Mr. Bristow arranged for them to see a pantomime, on which occasion each boy was given a small present. The pantomime is an annual treat which they much enjoy.

The Walthamstow Mental and After-Care Committee has given financial assistance for summer outings and Christmas treats, and this assistance also we gratefully acknowledge.

Walthamstow Committee for Mental Welfare and After-Care.—In addition to the work carried out by the local Committee on behalf of the Essex Voluntary Association referred to in the preceding report, two parties were arranged during 1935 for all those defectives on the after-care register, which includes all leavers from the Special School since the year 1920. At the Christmas party a special entertainment and gifts were provided.

It is the first year that a Christmas party and entertainment has been arranged, and the Silver Jubilee grant from the Borough Council made this possible in addition to the financial assistance rendered to Walthamstow children in connection with Occupation Centre outings.

A grant was also received for the first time from the Essex County Council (Sunday Cinemas grant) and, as a result, the Committee has been able to assist defectives in many ways which otherwise would have been impossible owing to lack of funds.

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 of both sexes. The following table shows the classification of children

attending the school at the end of 1935, and has been supplied by the Head Teacher, Miss Balls:—

	"Blind."		"Partially Blind."	
	Walthamstow.	Other Authorities.	Walthamstow.	Other Authorities.
Boys	1	4	20	6
Girls	5	4	18	10
Totals ...	6	8	38	16

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

"There were 67 pupils attending the Myope School last year. Thirty-five of these were suffering solely from high myopia or myopic astigmatism, and three from high hypermetropic astigmatism with subnormal vision. The remainder showed varying degrees of blindness as a result either of congenital abnormalities or acquired eye disease.

"The full classified list is as follows:—

	Boys.	Girls.
High Myopia	3	10
High Myopic Astigmatism	10	12
High Hypermetropic Astigmatism ...	3	—
Nystagmus and Myopic Astigmatism	3	1
Nystagmus and Cataract	—	1
Nystagmus and colloboma of maculae ...	1	—
Congenital Cataracts	2	3
Congenital collobomata of Iris and Choroid	1	1
Albinism	—	2
Bilateral Optic Atrophy	1	1
Macular Dystrophy	—	1
Corneal Opacities	4	3
Anophthalmos following Glioma ...	1	1
Buphthalmos	1	—
Mirror Writing	—	1

"Miss Balls and her assistants have, as usual, shown themselves constantly solicitous for the children's welfare, and ever ready to carry out all suggestions made for the preservation of their sight.

"From time to time throughout the year cases which required hospital and operative treatment were admitted as heretofore from the various eye clinics to the Western Ophthalmic Hospital."

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. The school, which is at Wood Street, accommodates 85 children, but during the past year the number on the roll has never exceeded 68.

"By a careful arrangement of the curriculum, every effort is made to educate children of varying degrees of blindness, in such a manner that each child may develop its capacity for learning and doing, 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.'

"On the 31st December, 1935, the children in the first group numbered 54; there were 14 classified as 'Blind within the meaning of the Act.'

"The method employed in the instruction of the partially blind children in the school may be described as the 'Sight-saving Method.' Great care is taken that these children subject their eyes to no strain when they are performing their school tasks.

"The reading books employed are printed in letters measuring one inch. The children write on blackboards with white chalk, and problems in arithmetic are written down and worked on black paper, in figures of at least one inch in size. All work is executed, as far as possible, in an upright position, so that the minimum amount of head bending, with its consequent eyestrain, is required of the partially blind child.

"In the senior classes the children are taught to typewrite on ordinary Remington typewriters, so that in time they are able to typewrite their exercises and essays, without using their eyes at all, the modern 'touch method" being employed.

"Those children who are 'Blind within the meaning of the Act' are taught the Braille System of reading and writing; they also learn to typewrite in order to facilitate their means of communication with a community largely unfamiliar with the Braille system.

"Arithmetic is worked out on Taylor Frames; this apparatus is specially constructed for the use of blind people.

"All the children receive oral instruction in the ordinary school subjects, and as the children run grave risks of eye-strain if they attempt to read books printed in the ordinary type, much information of a general order, as well as standard works of literature, are read aloud by the teacher. Important news is read to the children weekly.

"That every available opportunity may be enjoyed by the children for broadening of their minds, and the enrichment of their mental environment, the Education Committee has during the year supplied the school with a radiogram. The school is registered under the scheme of the British Broadcasting Corporation for the reception of lessons broadcast by their service of experts; through this the children are not only increasing their general knowledge, and that in the most pleasant manner, but they are also acquiring the habit of 'listening-in' intelligently, which will stand them in good stead all their lives, and contribute to the safeguarding of their sight in years to come, when they will naturally listen to lectures and acquire information with the minimum amount of reading and its consequent eye-strain.

"Another benefit of inestimable value to the children, for which the Education Committee earned the gratitude of the children and their parents, was the school journey to Filey and district, which was undertaken by 38 children and two teachers, in June, and which lasted a fortnight.

"From Filey the children were able to visit York, Ripon, Whitby, Fountains Abbey, Bolton Abbey, Knaresborough, Harrogate, Pickering, Thornton-le-dale and Saltersgate. Many excursions were undertaken across the beautiful Yorkshire moors, whilst the beach at Filey provided a centre of enjoyment and adventure, as well as a source of knowledge, new experience and interesting observation.

"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, leatherwork, raffia work basketry, passe-partout work, and cardboard-modelling.

"All the children work at gardening and at clay-modelling, and all partially blind children learn to 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 handwork they are capable of practising.

"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 Infant and Junior Schools the teachers show kindness to these visitors to their classes, and, in fact, often undertake 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 handling of specimens provided by the teachers.

"Since many of the children are suffering from progressive myopia, there is always the danger of the retina becoming detached, and 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 adaptation 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 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 were not walking on it.

"Country Dances are taught and enjoyed, and much skill is shown in the playing of suitable indoor and outdoor games.

"At Christmas time the children performed John Drinkwater's play 'Robin Hood and the Pedlar,' and gave an exhibition of all forms of work carried on at the Centre. This was much appreciated by the parents and the general public, and much of the handwork was purchased by them for Christmas presents.

"Many of the children come from outlying districts, and others are conveyed to the school from the more distant parts of Walthamstow by tramcar and ambulance. For these, the Walthamstow Education Authority very generously provides a two-course hot meal at mid-day, at 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 the 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 seven partially blind children and four blind children left the Centre.

"Of the six boys who left the Centre:—

One is engaged in french polishing.

One is employed in a tobacconist's shop as shop assistant.

One is apprenticed at a first-class outfitter's shop.

One has removed to Southend-on-Sea, where he attends school.

One is employed at canework at a canework factory.

One has proceeded to the Royal Normal College for the Blind.

"Of the five girls who left the Centre:—

One is engaged in a knitwear factory.

One is engaged as packer at a factory.

Three have left the district, and of these, two have proceeded to the Kindergarten at the Royal Normal College for the Blind, and one is in attendance at a sight-saving school at Grays, Essex.

(ii) **Deaf Centre.**—During the year your Committee provided a "Multitone" apparatus, of which the makers give the following description:—

> "The installation consists of a combined radio set and speech amplifier, having its output divided between a loud speaker and a number of telephones, each of which is controlled independently with respect to volume and tone. The tone controls enable the point of maximum amplification to be moved from low notes to high or middle notes, thus allowing adjustments for a large variety of typical audiograms. The output of the two telephones used by each pupil are not alike, the low and middle notes having been considerably attenuated in one of the telephones. This is known as 'Unmasked Hearing' and prevents the drowning of the high notes in speech and music by the low and middle notes when the volume of sound becomes considerable."

The Centre is being increasingly used for cases of aphasia with excellent results.

An Audiometer is available in the School Medical Department for the testing of residual hearing, and is used at the Centre when required.

Miss Coates has kindly contributed the following report on the work done in 1935:—

"There were 22 children on the roll—9 boys and 13 girls—at the end of 1935. The children are classified as follows:—

	Deaf (Within the Act).	Partially Deaf.	Aphasic.
Boys	5	—	4
Girls	8	3	2
Total ...	13	3	6

"No children have left during the year and six children were admitted:—

Two young deaf children, aged 3 and 4 years respectively.

Two girls—partially deaf.

Two girls—aphasic.

"In addition, two girls (aphasic) were admitted, but they have since left the district.

"The work of the school has been carried on satisfactorily during the period under review. Miss B. M. Gray left the school at the end of 1934, and her place was taken by Miss J. E. Hicks.

"The standard of the speech and lip-reading of the elder children has been sustained at a high level.

"Two very young children have been admitted this year for the first time (aged 3 and 4 years). These children, attending the morning sessions only, have already greatly benefited by starting their education at an early age. This fact marks a great step forward in the education of deaf children.

"Judging from the recent admissions of children, it appears that the number of congenital deaf children in this area is decreasing, while the number of children suffering from aphasia in its various forms is increasing.

"The junior children are taught speech and lip-reading and simple language on the oral method. Numerous and various forms of handwork are also included in the time-table. Each child is taught to do things for himself, and to be a helpful member of his class.

"The elder children are taught more advanced and even difficult language, and, in addition, the normal school subjects —history, geography, nature study, etc. A great interest in the general news of the day is taken by all the senior children, and in this way much valuable information and much new language is learned in a natural normal manner.

"The girls, aged 12 or over, take a year's course of laundry and cookery, and the senior boys take a course of woodwork at the William McGuffie Housewifery and Woodwork Centres respectively.

"Various forms of handwork are taken throughout the school. This year special attention has been paid to Art.

"Three educational visits were made during the year, two to places of interest in London and one to a Shakespearean performance at the 'Old Vic.'

"During the summer months all the senior children attend swimming classes, two girls obtaining their diploma for the length, and one boy for the quarter-mile.

"Early in the year the Education Authority supplied the school with the latest model of the Multitone, a radio set especially built for the deaf. Each child is supplied with a headphone, fitted with a control for intensity and attached to a separate cabinet which regulates pitch. This cabinet is connected up with the main radio set. The teacher speaks into the loud speaker and the human voice is greatly magnified, the high notes being specially emphasised.

"This instrument is proving to be of great value to any child who has the slightest patch of residual hearing, as it is now possible to train and educate that patch, later to correct speech faults and also to obtain more fluent and natural speech.

"In cases where a child has never heard speech before, much time is spent getting him accustomed to the human voice, then to individual sounds, and on to words and short sentences.

"The ordinary radio programmes can also be made useful to deaf children. At first the difference between a piano, organ, orchestra, singing—both solo and choir—had to be recognised. This was not done until after many weeks' work.

"The school programmes are not of a great deal of value at present, as the speech is far too rapid for the deaf, only an occasional phrase or sentence being appreciated. However, with the help of the teacher, the Nature and History Talks have been of some educational value.

"This work with the Multitone is only in its experimental stage, and in the future much more may be done which will be of great value to the deaf."

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

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

The arrangement whereby the Welfare Masseuse and the Health Visitors attended each clinic were continued. The close liaison has proved very valuable.

The additional quarterly clinic sanctioned by the Maternity and Child Welfare Committee to deal with the large number of children under five years of age, has been continued.

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 following statistics ably compiled by the Senior Masseuse, Miss Garratt, and her colleagues, Miss Taylor and Miss Hill, show the increase in the work, and the importance of the intensive after-care carried out by Miss Lewis and the Health Visitors.

"The Orthopædic Clinic is now visited regularly by the medical staff and the health visitors, and their active co-operation is very much appreciated."

JOSEPH BARRETT PHYSICALLY DEFECTIVE CENTRE.
ORTHOPÆDIC SCHEME.

Defects.	Boys.			Girls.		
	5-16 years.	Under 5 yrs.	Over 16 yrs.	5-16 years.	Under 5 yrs.	Over 16 yrs.
Anterior Poliomyelitis...	16	1	5	14	1	15
Scoliosis, Kyphosis, Lordosis	12	6	—	27	3	2
Surgical Tuberculosis ...	10	—	4	4	—	1
Rickets—						
(A) Genu Varum ...	1	28	—	2	23	—
(B) Genu Valgum ...	19	33	—	8	29	—
Pes Plano Valgus ...	34	31	1	55	21	—
Spastic Paralysis ...	8	4	—	6	4	—
Arthritis	2	—	—	4	1	1
Talipes—						
(a) Equino Varus ...	2	5	—	1	2	—
(b) Pes Cavus ...	—	—	1	—	—	—
(c) Calcaneous ...	—	1	—	—	2	—
(d) Equino Valgus ...	1	—	—	—	—	—
Congenital Defects ...	7	3	—	10	2	1
Torticollis	2	3	—	6	4	—
Osteomyelitis	2	—	1	1	—	—
Köhlers Disease ...	—	—	1	1	—	—
Amputation of Leg ...	—	—	1	2	—	—
Ataxia	3	—	—	—	—	—
Fibroma of Knee ...	—	—	—	1	—	—
Coxa Vara	—	—	—	1	—	—
Hammer Toe	2	—	—	1	—	—
Fractures	2	—	—	1	—	—
Digitus Varus	—	1	—	—	—	—
Hydrocephalus	—	1	—	—	1	—
Pseudo Hypertrophic Paralysis	1	—	—	—	—	—
Spina Bifida	1	—	—	2	—	—
Schlatters Disease ...	—	—	—	1	—	—
Erbs Paralysis	1	—	—	—	1	—
Accidents	—	—	—	1	—	—
Heart Disease	10	—	—	7	—	—
Miscellaneous	9	5	—	5	4	—
Totals	145	122	14	161	98	20

Number of cases seen by the Surgeon:—		
From Physically Defective Centre	85	
From Other Schools	218	
Over School age	42	
Under School age	213	
Total	558	
New Cases seen:—		
School age	67	
Under School age	92	
Total	159	
Total number of examinations by Surgeon		717
Total number of cases discharged from Register by Surgeon ...		154
Average number of examinations made per session		47.8
Cases discharged from Surgeon and for After-care only by Masseuse:—		
(a) School age	14	
(b) Under School age	8	
Total	22	
Cases over School age away training		4
Number of Attendances for Orthopædic and Massage treatment (Children of all ages)		3,569
Average number of Attendances per session		18.6
Number of sessions held:—		
(a) Medical Inspection	15	
(b) Treatment	192	
Total number of visits by Instrument Maker		25

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

"The work of the school has been carried on as in former years.

"On roll at the end of the year:—

	Boys.	Girls.	Total.
Orthopædic	23	21	44
Cardiac	10	7	17
Other	2	2	4

"During the year two boys passed the entrance examination for the Leyton Art School and are working there now. A former scholar who spent three years at that school is now working in a Commercial Art firm in London.

"Nine boys and 8 girls have returned to ordinary schools, and 3 boys and 4 girls have left to enter paid employment. Some 12 children spent varying periods in convalescent homes, mostly looking much improved physically on their return.

"The numbers remain fairly steadily between 60 and 70."

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 1935 as follows:—

Admissions (Walthamstow cases only):—

Under 5 years of age	13
5 years and over	14
Total	27

Number of patients already in Hospital, Jan. 1st, 1935...5.

Classification of Defects.	Under 5 years.	5 years and over.
Anterior Poliomyelitis	—	3
Torticollis	—	1
Congenital Talipes Equino Varus	3	3
Osteomyelitis	—	1
Congenital dislocation of hip	1	—
Rachitis—		
(*a*) Genu Varum	3	—
(*b*) Genu Valgum	2	1
Hemiplegia	2	—
Coxa Vara	1	—
Epiphysitis	1	—
Pes Planus	—	2
Polyarthritis	—	1
Multiple Deformities	—	1
Spina Bifida	—	1
Ganglion Wrist	—	1

Classification of Operations.	Under 5 years.	5 years and over.
Tenotomy—		
(*a*) Sterno Mastoid	—	1
(*b*) Tendo Achilles	4	—
(*c*) Tensa Fasciæ Femoris	1	—
Manipulations—		
(*a*) Feet	3	8
(*b*) Arm	—	1
Osteotomy—		
(*a*) McEwans	3	2
(*b*) Humerus	—	1
(*c*) Ball and socket	1	—
Congenital dislocation of hip—reduction ...	4	—
Open elongation Tendo Achilles	—	1
Arthrodesis Scaphoid Joint	—	2

Plaster of Paris—Plaster Spica (Hip)	... ...	6
Splints—Various—Following operation by Surgeon		25
By Masseuses	... ...	12

(iv) **Mental Deficiency—Ascertainment.** — Ascertainment has proceeded along the lines detailed in previous years. A summary of 86 examinations is given below, and of the 56 children not mentally deficient, 11 had intelligence quotients above 90, and 36 had intelligence quotients between 80 and 89.

A school aptitude test, which had been prepared and standardised by the late Assistant Director of Education, Mr. W. P. Alexander, was set to scholars between the ages of 9 11/12 and 11 2/12 in December, 1934.

The maximum score was 75, and as the test was essentially one of native intelligence, it was decided that all children scoring under 65 should be reported to the School Medical Officer with a view to assessing their intelligence quotient with the Stanford Revision of the Binet Simon test.

A total of 63 children were so reported, and intelligence quotient tests were done in 11. They were then discontinued in view of the results obtained, which were as follows:—

Age	10 5/12	10 8/12	10 9/12	10 8/12	10 8/12	11	11 1/12	11 7/12	11 11/12	11 2/12
Aptitude ...	64	64	61.4	61.3	61	61	61	60.3	59.8	59	57
Aptitude position	1	2	3	4	5	6	7	8	9	10	11
Intelligence quotient ...	88	86	84	91	89	93	94	90	81	82	86
Intelligence quotient position ...	6th	7th	9th	3rd	5th	2nd	1st	4th	11th	10th	8th

Certification.—The School Medical Officer and two of the Assistant School Medical Officers are recognised by the Board of Education as Certifying Officers. Dr. Clarke carries out the assessments of intelligence quotients.

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

	1935	1934	1933	1932	1931
Not Mentally Defective, or Dull and Backward	56	29	28	70	49
Border-line Mentally Defective	3	3	—	3	4
Mentally Defective	16	14	24	17	20
Imbeciles	10	5	9	6	10
Idiots	1	—	2	1	4
Totals	86	51	63	97	87

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 1935, the classification, according to the latest available intelligence quotients, was as follows:—

	1935	1934
Intelligence Quotient 80 to 89	4	4
" " 70 to 79	11	22
" " 60 to 69	29	20
" " 50 to 59	10	12
" " 40 to 49	5	8
" " 30 to 39	1	—
Not recently tested	1	1
	61	67

Four of the six children with intelligence quotient below 50 were transferred to the Occupation Centre at the end of the year.

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 the 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:—

	1935	1934	1933	1932	1931
Decertified	3	2	2	1	1
Attaining the age of 16 years	4	2	8	—	—
Allowed to leave for employment	7	5	1	2	5
Notified to the County Council as—					
Ineducable	4	1	6	5	—
Imbecile	1	3	9	—	6
Idiot	—	—	2	—	—
Total	19	13	28	8	12

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

"During the past year no changes have been made in the school curriculum.

"The school journey in 1935 was divided into two sessions in order to give a holiday to a greater number of children. Twelve boys and eight girls spent ten days at Llanfairfechan. The weather was exceptionally fine all the time, although there was still snow on the mountain tops. Every hour of every day was spent visiting some beauty spot in North Wales. The length of stay was quite a success. After ten days the children begin to lose interest in their surroundings and want their home folk.

"The second party of forty were taken to Dovercourt and again had fine weather. Everyone increased in weight.

"All who went on the school journeys proved this winter how beneficial a holiday at the seaside could be. If no other purpose is served, the marked improvement in health, makes the holiday well worth while. The short stay under ideal conditions and in harmonious company cannot but have a marked good effect morally as well as educationally.

"During 1935, there were 17 admissions to the school (8 boys, 9 girls). Of the 31 who have left (19 boys and 12 girls), 8 boys (14 years and over) left for work, and have maintained their jobs.

"The general report on them is "Hardworking lads, reliable, obedient and polite.' Of the four girls (14 years and over) left for work, one employer reports 'they are willing and always ready to do as asked. They do not waste time chattering.'

"Three girls were returned to the normal schools, and two were transferred to the Deaf Centre. Ten children were recommended to the Occupation Centres, three children left the neighbourhood, and one went to a convalescent home.

"Free milk and excellent dinners soon make a difference to the physique of the new-comers. Many old boys have been back to visit the school. Most of them are of fine physique—a great contrast to the tiny under-sized children they were on admission, a great reward for all the expenditure so readily made by our sympathetic Education Committee."

(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.
1	2	5	1	5	5

(vi) **Convalescent Home Treatment.**—318 children were sent away for convalescent home treatment during 1935. Included in this number were 23 sent away in conjunction with the Walthamstow Association of Tuberculosis Care Helpers. There were 79 children remaining in convalescent homes and hospital schools on December 31st, 1935.

The conditions for which children were sent included the following:—Debility, 82; Heart disease, 33; Rheumatism, 19; Chest Complaints, 46; Anæmia, 44; Malnutrition, 4; Nervousness, 24; After Infectious illness, 16; Various, 34; Nephritis, 6; Ear Disease, 10.

A total of 64 children were sent to the convalescent homes or heart homes from the rheumatism clinic. The average length of stay in all homes has been 12 weeks 5 days.

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 1935:—

"The outstanding features of the year are the improved health amongst the children attending the Nursery School, and the better attendance which, especially during the winter months, has shown distinct improvement upon previous years. There have been fewer colds and, with a few isolated cases, the school has been free from infectious disease.

"Dr. Wilson, from the Board of Education, who visited during the year, was very much impressed with the fact that most of the children looked so well nourished. Both Dr. Clarke, who medically examined the children, and Miss Hathorn, who examined their teeth during the year, remarked upon the general good health of the children, and the condition and development of their teeth, and they attributed this to the diet which the children are receiving and to the daily dose of cod liver oil emulsion. Certain of the children, who show signs of anæmia and malnutrition when they first come to the school, are now being given Roboleine on the doctor's recommendation, and their appetite and health have improved considerably.

"Following the recommendation of the dietitian, an additional meal at 3.30 p.m. (before the children go home) has been introduced.

"I feel sure that this innovation, together with the laying of cork linoleum on the playroom floors and the addition of new and thicker blankets for the children during their afternoon naps have done much to help them to resist the cold weather.

"I am pleased to be able to state that those parents whose children show minor dental defects have responded very much better this year in agreeing to their having dental treatment, and have also shown their willingness to co-operate with the

staff and the medical department in ensuring preventive measures of health for their children by agreeing to their being injected against diphtheria."

Children under Five Years of Age.—The Superintendent of Attendance Officers kindly states that in December, 1935, there were 484 children on the registers born in the years 1931 and 1932, apart from children at the Nursery School. Every Infants' Department had such children on its register, the maximum number being 51, all departments having 10 or more. The average number per department was 24.2.

16. SECONDARY SCHOOLS.

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

Reference is made in Section 7 (a) to the dental inspections and treatment of pupils attending secondary and technical schools.

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 Saving 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 by all the opticians on the official rota.

18. HEALTH EDUCATION.

(a) Your Committee authorised the United Kingdom Band of Hope Union to provide lectures on "The Hygiene of Food and Drink" at schools by arrangement with Head Teachers. On four days between January 9th and 23rd lectures were given at 22 school departments, a total of 62 teachers and 3,220 children being in attendance.

(A similar course of lectures was given in 1933, when over a period of five days 30 departments were visited, 115 teachers and 3,930 children attending. No record was made in the report for that year.)

(b) Sets of nine coloured posters were supplied by the Dental Board of the United Kingdom to ten senior departments.

19. SPECIAL ENQUIRIES.

The special enquiries by means of the dynamometer referred to in the 1934 Report were continued by Dr. M. Clarke.

20. MISCELLANEOUS.

(i) and (ii) **Employment of Children and Young Persons.**—Co-operation between School Medical Service and Juvenile Employment and Advisory Committees.

The suggestion outlined in Administrative Memo. No. 137, issued by the Board of Education in September, 1935, were adopted by your Committee. Suitable cards were provided indicating any specific unsuitability of certain children for particular types of work, and to be filled in at the last routine medical examination of the children.

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 eleventh year's work of the Juvenile Employment Bureau, is glad to record that the improvement in industry which was noted in their last report has continued throughout the whole of the year now under review. Walthamstow has shared in this revival to a marked degree. Firms of long standing have kept their staffs regularly occupied, and a number of new firms have erected large factories within the Borough, straining to its utmost the normal supply of juvenile labour.

"It was indicated in our last report that the Unemployment Insurance Act, 1934, would bring about far-reaching changes during the present year, thus adding considerably to the general work of the Bureau. The lowering of the age of entry to Unemployment Insurance from 16 to 14 years brought into the scheme over three thousand additional accounts in Walthamstow alone, according to the number of

unemployment books of the lower age group (14 and 15 years), which were issued at the Bureau when the scheme came into operation. The crediting of contributions in respect of whole-time education as provided in the Act did not become operative until May, 1935, and the effect of this new benefit has not yet become noticeable. A few claims to Dependants' Benefit were made by unemployed adults in respect of juveniles between 14 and 16 years of age as provided by the Act, but very little benefit was paid under this heading as the juveniles concerned were found employment almost immediately. Such claims always related to boys and girls who had just left school, and had not yet obtained their first jobs.

"The improved state of industry in the district was responsible for the closing of the Junior Instruction Centre during the year. The new Act gave the Ministry of Labour power to require any unemployed juvenile to attend an authorised course of instruction. Steps were taken by the Committee to provide suitable accommodation, equipment and staff at the old Marsh Street School, but the number of registered unemployed juveniles was not sufficient to justify the continuance of the Centre.

"One of the most important features of the new Act is that concerning the notification by employers of the discharge of insured juveniles. This is controlled by means of the unemployment book, which should now be sent direct to the Bureau by the employer when a juvenile is discharged.

"During the year the Education Committee has given much consideration to the School Leaving Record Card, which is prepared by the Head Teachers for each child who becomes eligible to leave school, and is afterwards sent to the Juvenile Employment Bureau. A new form of card has been introduced which will assist the Vocational Guidance Officers, when interviewing applicants for employment, to fit the child to the right job. It will also help the officers to select the right child for those employers who frequently give full particulars of their requirements and leave the Bureau staff to make a selection.

"The Juvenile Employment Officer and his deputy, the Woman Vocational Guidance Officer, continue to visit the schools each term to advise the School Leavers as to suitable employment. Since the appointment of the Woman Vocational Guidance Officer in March more time is now given to this important work, and parents are invited to the Conferences. Another extension of the work in this respect is

the linking up of the Chingford and Woodford Schools by arrangement with the Essex Education Committee. These districts have always been associated with Walthamstow Juvenile Employment Bureau, but the school leaving cards of scholars from those districts have not been available, and the officers of the Bureau have not visited the schools there hitherto.

"Attention is drawn to the general work of the Bureau as indicated in the statistics for the year. The main features of these figures show that during the year under review there was

(a) An increase of 444 in the number of juveniles registered.

(b) A decrease of £164 in the amount paid in Unemployment Benefit.

(c) A decrease of 568 in the number of individual payments made for Unemployment Benefit.

(d) An increase of 653 in the number of Unemployment Books lodged at the Bureau.

(e) An increase of 2,743 in the number of Unemployment Books exchanged (1,935).

(f) An increase of 3,263 in the number of Unemployment Books issued to new entrants to Unemployment Insurance.

"Co-operation between the Bureau and the allied offices of the Ministry of Labour continues to be satisfactory. Employers have been of very great help to the Bureau during the year, particularly in co-operating with the Juvenile Employment Officer at the time when large numbers of new unemployment books were issued to juveniles of 14 and 15 years of age, and in assisting him to clear up the numerous queries which have arisen during the year concerning the books which have not reached the Bureau. The Head Teachers have, as always, been very helpful, and the Bureau Staff particularly appreciate their co-operation during the past year when they have been asked to give so much more time to the Officers of the Bureau on behalf of the School Leaver."

(iii) **Employment of Children.**—211 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 10 children for employment on production of satisfactory certificates from the medical staff.

Medical Examinations.—The following examinations were made during 1935 by the medical staff:—

	New Appointments.	Prolonged Absences.
Teachers	18	—
Others	14	2

21. STATISTICAL TABLES.

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

TABLE I.

MEDICAL INSPECTIONS OF CHILDREN ATTENDING PUBLIC ELEMENTARY SCHOOLS.

A.—Routine Medical Inspections.

Number of Inspections in the prescribed Groups:—	
Entrants	2811
Second Age Group	1676
Third Age Group	2312
Total	6799
Number of other Routine Inspections	438
Grand Total	7237

B.—Other Inspections.

Number of Special Inspections	4040
Number of Re-Inspections	21183
Total	25223

C.—Children found to require Treatment.

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

PRESCRIBED GROUPS:	
Entrants	623
Second Age Group	317
Third Age Group	401
Total (Prescribed Groups)	1341
Other Routine Inspections	55
Grand Total	1396

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1935.

Defect or Disease. (1)		Routine Inspections. No. of Defects. Requiring Treatment. (2)	Routine Inspections. No. of Defects. Requiring to be kept under observation, but not requiring Treatment. (3)	Special Inspections. No. of Defects. Requiring Treatment. (4)	Special Inspections. No. of Defects. Requiring to be kept under observation, but not requiring Treatment. (5)
Skin	(1) Ringworm—Scalp	1	—	8	—
	(2) ,, Body	1	—	31	—
	(3) Scabies	—	—	33	—
	(4) Impetigo	14	—	149	—
	(5) Other Diseases (Non-Tuberculous	41	3	169	—
	Total (Heads 1 to 5)	57	3	390	—
Eye	(6) Blepharitis	46	3	52	—
	(7) Conjunctivitis	30	—	229	—
	(8) Keratitis	—	—	—	—
	(9) Corneal Opacities	1	—	—	—
	(10) Other Conditions (excluding Defective Vision and Squint)	13	—	71	—
	Total (Heads 6 to 10)	90	3	352	—
	(11) Defective Vision (excluding Squint)	340	32	92	—
	(12) Squint	28	10	14	—
Ear	(13) Defective Hearing	7	1	10	—
	(14) Otitis Media	29	8	115	—
	(15) Other Ear Diseases	9	—	31	—
Nose and Throat	(16) Chronic Tonsillitis only	109	253	33	12
	(17) Adenoids only	10	17	1	1
	(18) Chronic Tonsillitis and Adenoids	7	12	11	—
	(19 Other Conditions	21	2	250	—
(20) Enlarged Cervical Glands (Non-Tuberculous		140	3	30	—
(21) Defective Speech		34	11	1	—
Heart and Circulation	Heart Disease :—				
	(22) Organic	41	9	9	—
	(23) Functional	27	40	5	—
	(24) Anæmia	39	5	13	—
Lungs	(25) Bronchitis	110	32	12	—
	(26) Other Non-Tuberculous Diseases	1	1	15	—
Tuberculosis	Pulmonary :—				
	(27) Definite	—	—	—	—
	(28) Suspected	—	—	—	—
	Non-Pulmonary :—				
	(29) Glands	2	1	—	—
	(30) Bones and Joints	—	—	—	—
	(31) Skin	—	—	—	—
	(32) Other Forms	1	—	—	—
	Total (Heads 29 to 32)	3	1	—	—
Nervous System	(33) Epilepsy	—	2	—	—
	(34) Chorea	4	3	5	—
	(35) Other Conditions	7	—	—	—
Deformities	(36) Rickets	4	3	1	—
	(37) Spinal Curvature	5	—	1	—
	(38) Other Forms	8	1	25	—
(39) Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)		393	25	1263	1
Total		1523	477	2679	14

B.—Classification of the Nutrition of Children Inspected during the Year in the Routine Age-Groups.

Age-groups.	Number of Children Inspected.	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants ...	2811	332	11.8	2255	80.4	191	6.7	33	1.1
Second Age-group	1676	240	14.3	1238	73.9	146	8.7	52	3.1
Third Age-group ...	2312	330	14.3	1692	73.3	245	10.5	45	1.9
Other Routine Inspections ...	438	50	11.5	333	76.0	48	10.9	7	1.6
Total ...	7237	952	13.1	5518	76.2	630	8.8	137	1.9

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

BLIND CHILDREN.

At Certified Schools for the Blind.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
9	—	—	—	9

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.
38	—	—	1	—	39

DEAF CHILDREN.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
13	—	—	—	13

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.
9 (6 Aphasic)	—	—	—	—	9

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.
55	8	2	3	68

EPILEPTIC CHILDREN.

Children Suffering from Severe Epilepsy.

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

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.
—	8	1	2	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.
—	39	8	2	49

B.—Delicate Children.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
65	—	17	4	86

C.—Crippled Children.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
48	—	—	3	51

D.—Children with Heart Disease.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
32	—	—	3	35

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Combination of Defect.	At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
Blind and Mentally Defective	—	—	1	—	1

TABLE IV.

TREATMENT TABLES.

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

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)
Skin :—			
Ringworm—Scalp :—			
(i) X-Ray Treatment	6	—	6
(ii) Other Treatment	3	—	3
Ringworm—Body	32	—	32
Scabies	36	—	36
Impetigo	157	—	157
Other skin disease	178	2	180
Minor Eye Defects ... ... (External and other, but excluding cases falling in Group II.)	380	1	381
Minor Ear Defects	160	4	164
Miscellaneous ... ... (*e.g.*, minor injuries, bruises, sores, chilblains, etc.)	1,178	104	1,282
Total	2,130	111	2,241

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

	No. of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including squint) ... (Operations for squint should be recorded separately in the body of the School Medical Officer's Report)	New 405 Old 143	7	555
Other defect or disease of the eyes (excluding those recorded in Group I)	48	—	48
Total	596	7	603
No. of Children for whom spectacles were :			
(*a*) Prescribed	546	7	553
(*b*) Obtained	528	7	535

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

Number of Defects.													
Received Operative Treatment.												Received other forms of Treatment. (4)	Total Number Treated. (5)
Under the Authority's Scheme, in Clinic or Hospital. (1)				By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)				Total. (3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
—	—	90	—	4	—	1	—	4	—	91	—	86	181

(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.			Otherwise.			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	26	—	229	—	—	—	255

TABLE V.—*Dental Inspection and Treatment.*

(1) Number of children inspected by the Dentist:—			
(*a*) Routine age-groups:	Nursery School ... 98		
	5 ... 1144		
	6 ... 1152		
	7 ... 1248		
	8 ... 1154		
	9 ... 1232	Total ...	11,917
	10 ... 1379		
	11 ... 1479		
	12 ... 1207		
	13 ... 1289		
	14 ... 535		
(*b*) Specials			1514
(*c*) Total (Routine and Specials)			13431
(2) Number found to require treatment			8909
(3) Number actually treated			8227
(4) Attendances made by children for treatment			9165
(5) Half-days devoted to:—			
Inspection	64		
Treatment	979		
		Total	1043
(6) Fillings:—			
Permanent Teeth ...	3450		
Temporary Teeth ...	2205		
		Total	5655
(7) Extractions:—			
Permanent Teeth ...	2036		
Temporary Teeth ...	7800		
		Total	9836
(8) Administrations of general anæsthetics for extractions			4442
(9) Other Operations:—			
Permanent Teeth ...	901		
Temporary Teeth ...	918		
		Total	1819

TABLE VI.—*Uncleanliness and Verminous Condition.*

(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	50456
(iii) Number of *individual* children found unclean	1437
(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 Bye-laws	—

STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED DURING THE YEAR ENDED 31ST DECEMBER, 1935, BY THE LOCAL EDUCATION AUTHORITY TO THE LOCAL MENTAL DEFICIENCY AUTHORITY.

Total number of children notified, 13.

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	2	2
	(*c*) Others	2	2
	(ii) Children unable to be instructed in a Special School without detriment to the interests of other children :—		
	(*a*) Moral Defectives	—	—
	(*b*) Others	—	1
2.	Feeble-minded children notified on leaving a Special School on or before attaining the age of 16	3	1
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	7	6