

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

Contributors

Walthamstow (England). Borough Council.

Publication/Creation

[1937?]

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Borough of Walthamstow

EDUCATION COMMITTEE.

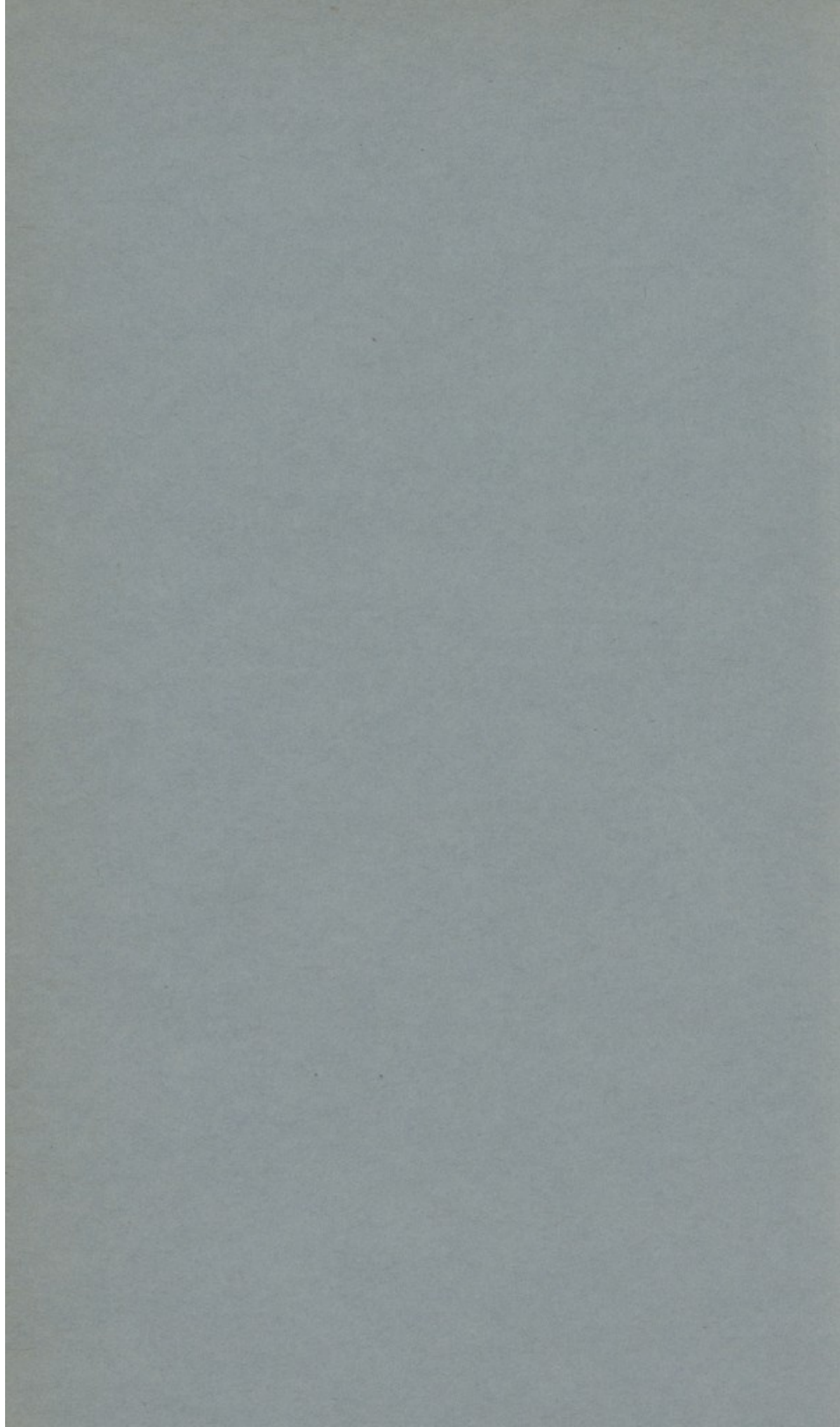
REPORT

of the

School Medical Officer

for the Year

1936.





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EDUCATION COMMITTEE.

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Director of Education and Chief Executive Officer:

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

TO THE CHAIRMAN AND MEMBERS
OF THE

Walthamstow Education Committee

LADIES AND GENTLEMEN,

I beg to submit herewith a report upon the work of your Committee's School Medical Department for the year 1936.

The year was notable for the new provisions which directly or indirectly affected the health of the school child.

These included provision for open air education, the appointments of Physical Training Organisers and a whole-time Speech Therapist, and approved arrangements for Child Guidance.

As to the nutritional state of your school children, the opinion is that general improvement continues, whatever interpretation may be given to the actual classification shown in the report.

Progress has been made in the protection of school children against diphtheria.

Pending the provision of additional staff, the dental treatment of secondary and technical school pupils is being done at the expense of those attending the elementary schools.

Once again I have pleasure in recording the help I have received from you as a Committee and as individuals, the co-operation of the Director of Education, the Superintendent Attendance Officer and the Head Teachers, and the good work of the staff.

I am,

Ladies and Gentlemen,

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.	„ „
Minor Ailments..	Monday, 9 a.m.—12 noon	Lloyd Park Mansion and Low Hall Lane.
	Wednesday, 9 a.m.—12 noon	„ „
	Friday, 9 a.m.—12 noon	„ „
	Saturday, 9 a.m.—12 noon	Lloyd Park Mansion.
Ophthalmic—		
(a) Consultant	Second Thursday in each month, 9 a.m.—12 noon	Myope School.
(b) Retinoscopy	Tuesday, 9 a.m.—12 noon	Lloyd Park Mansion.
	Thursday, 9 a.m.—12 noon	„ „
	Saturday, 9 a.m.—12 noon	„ „
Orthopaedic—		
(a) Consultant	Third Thursday in each month, 9.30 a.m.—12.30 p.m.	Open Air School.
(b) Massage ..	Monday	
	Tuesday 1.30—	
	Wednesday 4.30 p.m.	„ „
	Friday	
	Thursday, 9.30 a.m.—12.30 p.m.	„ „
Speech Therapy..	Daily, 9 a.m.—12 noon; 2—4 p.m.	„ „
Rheumatism ..	Thursday, 2—4.30 p.m.	Lloyd Park Mansion.
Infectious Disease	Tuesday, 2 p.m.	„ „
Diphtheria		
Immunisation	Tuesday, 3 p.m.	„ „

1. STAFF OF SCHOOL MEDICAL DEPARTMENT.

School Medical Officer and Medical Officer of Health.

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

Assistant School Medical Officers.

D. BRODERICK, M.B., B.Ch., B.A.O., D.P.H., Barrister-at-Law.
Miss MARY SHEPPARD, B.A., M.B., B.Ch., B.A.O., D.P.H., Barrister-at-Law.
Miss MARY C. CLARKE, M.B., B.Ch., B.A.O.

Specialist Part-time Medical Officers.

Aural Surgeon .. A. R. FRIEL, M.A., M.D., F.R.C.S.I.
Orthopaedic Surgeon B. WHITCHURCH HOWELL, M.B., B.S., F.R.C.S.
Ophthalmic Surgeon P. MCG. MOFFATT, 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.).

School Nurses.

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

Dental Nurses and Attendants.

Miss BACON, Cert. S.I.E.B. and H.V. (R.S.I.) (to 24/8/36).
Mrs. F. McWILLIAM.
Miss M. L. MADDICK (from 25/8/36).
Miss N. WATERMAN.

Masseuses.

Miss H. E. GARRATT, C.S.M.M.G. (Half-time).
Miss K. B. TAYLOR, 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.

Co-ordination is secured by the fact that all the School Medical Staff also carry out duties for other health services, and six of the eight School Nurses give half-time to the Maternity and Child Welfare Service.

The School Nursing staff is equivalent to five whole-time nurses.

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.	Infants.	Mxd.	Boys.	Girls.	Infants.	Mxd.
Provided ..	..	15	15	15	8	5,675	5,552	6,265	3,248
Non-Provided ..	..	1	2	2	3	208	472	437	929
Special Schools—									
Mentally Defective	—	—	—	—	1	—	—	—	130
Deaf Centre ..	—	—	—	—	1	—	—	—	20
Myope Centre ..	—	—	—	—	1	—	—	—	85
Open Air School..	—	—	—	—	1	—	—	—	200
Nursery School ..	—	—	—	—	1	—	—	—	150
Totals ..	..	16	17	17	16	5,883	6,024	6,702	4,762

	1936.	1935.	1934.	1933.	1932.
Number of Children on Register, Dec. 31st ..	17,265	17,845	18,516	19,633	19,727
Average Attendance ..	15,386.2	16,140.5	16,630.2	17,402.2	17,290.7
Percentage Attendance ..	88.3	89.4	88.1	88.8	88.5
Population ..	134,490	135,090	135,600	135,010	134,420
Percentage of School Children to Population	12.8	13.2	13.6	14.5	14.6

The progressive decline in the percentages specified in the last line will be noted.

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.

Mr. Frank H. Heaven, A.R.I.B.A., Architect to the Education Committee, reports as follows:—

Additions and Alterations.—The following works have been carried out:—

Gamuel Road Infants' School.—Conversion of three south classrooms into open air classrooms with sliding screens; improvement

of lighting to a fourth room, and the provision of indoor lavatories for staff and scholars in the main block, and the erection of two new open air classrooms, with cloakroom accommodation, sun verandah and grass lawn with flower borders.

The heating arrangements in the main block have been remodelled to include independent hot water boilers serving the various rooms, hall and cloakrooms, and indirect hot water supplies to the lavatory basins obtained from the heating boilers during winter months and electric immersion heaters during the summer months.

The heating and hot water supply to the lavatory basins in the new open air classrooms are both electrically operated under thermostatic controls.

Specially designed lavatory arrangements, with cloakrails and holdalls for drinking mug, toothbrush, haircomb and towels, on up-to-date hygienic principles have been fitted into the new cloakrooms.

Bright colourings are the motif of the decorative treatment throughout.

Joseph Barrett Senior School.—Two classrooms have been converted into an Art Room with improved lighting arrangements.

A new stage, having insulated deck, telescopic proscenium, wings and back cloth and modern lighting effects, has been erected in one of the halls for the conduct of dramatic and choral work under ideal conditions.

Minor Works.—Resurfacing of floors and stairs to one school; gates to latrines at three schools; dark blinds for cinematograph, lantern and epidiascope; sun blinds at seven schools.

Canteens.—Improvements to kitchens, fittings and furniture at three Centres.

Renovation of Buildings.—Painting to the exteriors of three schools and interiors of seven schools and one canteen kitchen have been carried out in bright colour schemes. Limewhiting to the out-offices of all schools has included the removal of accumulation of lime white.

Removal of Galleries.—The removal of stepped and sloping galleries in twelve classrooms has been undertaken at seven schools, and, with a view to introducing a more hygienic floor covering than open-jointed wood blocks, experimental floors in five different materials have been laid down, in order to ascertain, after a period of wear, the most suitable in all respects for a general application

when the removal of these galleries is undertaken on a more comprehensive scale.

Ceilings.—Defective ceilings have been replaced in forty rooms at three schools with fibre boards which also act as insulators and acoustic corrective agents.

Floors.—The wood block floors at eleven schools have been repaired and resurfaced.

Heating.—Extensive additions and alterations to heating apparatus have been carried out at seventeen schools, including the provision of two new boilers. Electric or gas cookers have been provided at six schools, and new fire grates at three schools.

Ventilation.—Two kitchens and one classroom have been fitted with improved apparatus.

Artificial Lighting.—Improvements have been effected at twenty-one schools.

Sanitation.—New lavatory basins have been provided at three schools; new sinks at three schools; improved hot water supplies at three schools, and new flushing tanks to one school.

Water Supplies have been renewed at one school.

Play Areas.—Spare land adjoining one school has been cleaned up and rendered useful for games. Grass lawns for physical training and decorative purposes have been laid down at two schools.

Playfields.—Approximately one-seventh of an acre of land acquired in Exmouth Road, adjoining the Edinburgh Road Senior Girls School, has been fenced and laid partly in grass for physical training purposes and partly as a school garden with border.

Trees have been planted about one playfield. Old school desks have been converted into tip-up seats and distributed to three play centres.

Playgrounds.—Two new playgrounds with drainage have been completed, five playgrounds entirely resurfaced on hard core foundations, whilst eight playgrounds have been extensively repaired and placed into a serviceable condition.

Boundaries and Fences.—Chain link fences have been provided and iron division railings removed at two schools in order to improve the playing areas.

4. MEDICAL 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:—

A. Routine Medical Inspections.

	1936.	1935.
Entrants	2,022	2,811
Second Age Group	1,583	1,676
Third Age Group	2,232	2,312
Total	5,837	6,799
Other Routine Inspections	361	438
Grand Total	6,198	7,237

B. Other Inspections.

Special Inspections	4,458	4,040
Re-inspections	24,718	21,183
Total	29,176	25,223

5. REVIEW OF THE FACTS DISCLOSED BY MEDICAL INSPECTION.

(a) **Nutrition.**—The statistical returns relating to nutritional findings at medical inspection are given below in the form required by the Board's Administrative Memorandum issued on the 31st December, 1934.

	Exd.	"A"		"B"		"C"		"D"	
		No.	Excellent. %	No.	Normal %	No.	Slightly Subnormal. %	No.	Bad. %
Entrants ..	2,022	814	40.2	935	46.2	251	12.4	22	1.0
2nd Age Group	1,583	599	37.8	752	47.5	215	13.5	17	1.0
3rd Age Group	2,232	849	38.0	1,025	45.9	343	15.3	15	0.6
Other Routine Inspections .	361	174	48.2	143	39.6	40	11.0	4	1.1
Total ..	6,198	2,436	39.3	2,855	46.0	849	13.6	58	0.9

The value of the new classification is certainly greater than that used in former years (up to the end of 1934), but, at the same time, it is obvious on perusing the returns for 1935 from other and comparable areas that the standards of assessment adopted vary widely.

In addition, the classification adopted by individual school medical inspectors varies greatly, especially with regard to groups "A" (Excellent) and "B" (Normal).

Your Committee's School Medical Staff is definitely of the opinion that the general nutritional condition of children attending the Public Elementary Schools in the Borough showed slight but definite improvement during 1936.

Every opportunity has been taken by members of the School Medical and Public Health Services, Teachers, School Attendance Officers and others in regular contact with children, to ascertain and notify those children who are in need of additional feeding. Your Committee instructed, early in 1936, that copies of the Board's circular No. 1443 on "The provision of meals for children attending Public Elementary Schools" should be sent to every member of the Teaching staff drawing special attention to clauses 2 and 4.

As suggested in the circular, interim arrangements exist whereby Head Teachers may arrange for the immediate grant of milk meals, these recommendations being confirmed by referring the children to the school clinic or to the next medical inspection or re-inspection.

The methods of combating malnutrition are, briefly:—

1. Advice at medical inspection and re-inspections.
2. Nutritional surveys of each school after medical inspection.
3. Provision of milk meals (2/3rds pint for medical cases).
4. Provision of mid-day meals.
5. Admission of severe cases to open Air School.
6. School Camps.
7. Convalescent home treatment.

The following extracts are taken from the Head Teacher's letter with regard to the findings at the medical inspection of the school:—

"The general impression obtained was that the children were suffering from want of sleep and fresh air, due to time spent out of school hours in cinemas, gymnasiums, dancing classes, etc., instead of in airy bedrooms.

"A little propaganda work among parents generally, to see that their children had plenty of fresh air and retired at an early hour might do much for the health of the rising generation. I have seized every opportunity for putting in a word on this matter.

"The provision of a safe place for children to play without possible molestation from undesirable people would be another achievement worth while.

“So many people are afraid to let children out to play in the evenings.”

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 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:—

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 should 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.

The classification of children singled out at nutritional surveys from the whole of the scholars at each school inspected for more detailed examination was as follows:—

"A."	"B."	"C."	"D."
62	662	827	53

These numbers are, of course, additional to the classification following medical inspection (C.849 and D.58), the total (*i.e.*, at medical inspection and nutritional surveys) under group "C" being 1,676, or 10.9 of the children in average attendance during 1936, and under Group "D" 111, or 0.7 of the average attendance.

The School Medical Inspectors report as follows:—

Dr. Broderick.—"The assessment of children at medical inspection into the four groups, 'A,' 'B,' 'C,' 'D,' presents at times some difficulty as these classifications of nutrition shade imperceptibly one into the other, but generally a good estimate can be formed on clinical grounds and by noting the general appearance, alertness and muscular tone of the child.

"Children in 'C' (slightly subnormal) and 'D' (bad) groups are kept under close observation to see how their physique and general condition can be improved.

"Children receiving milk and, in necessitous cases, free dinners show greater vigour and spirit and are better able to benefit from the physical training now given in the schools.

"But food is not all; adequate sleep, good housing and fresh air play an important part.

"The teachers take a very active interest in the nutrition and well-being of the child and willingly co-operate with the school medical staff.

"Our schools to-day are tending more and more to be centres of health and happiness.

"It may be confidently stated that gradual and steady progress has taken place during the past year in the nutrition of our school children."

Dr. Clarke.—"Although one can, I think, state with assurance that the standard of nutrition in our elementary schools is steadily improving, there are, unfortunately, still a number of children suffering from subnutrition due to faulty diet.

“It is indeed regrettable that this is so, more particularly as a faulty diet is as frequently due to ignorance as to poverty.

“It is now well known that a diet ill-balanced and lacking the essential vitamins will cause injury to the growing child which may take years to remedy, if indeed it can ever be fully remedied.

“No matter how earnestly and enthusiastically the school medical service works on this problem, we cannot hope for complete success without the intelligent and willing co-operation of the community as a whole. Knowledge means responsibility, and this responsibility should be shared by all those coming in contact with the child, the parents, the teachers and the medical profession generally.

“Children are easily influenced by suggestion. What children eat is largely a matter of habit, and no opportunity should be lost of teaching children good food habits. They should be guarded against acquiring a taste for highly seasoned food and pickles, which tends to destroy the appetite for plain and wholesome food.

“If nutritional classes could be conducted in all schools, these would help to arouse in the child's mind an individual responsibility towards physical fitness. Good nutrition in early childhood is of far greater importance than scholastic attainments, and one cannot expect to find a healthy adult if the foundations of good health are not carefully laid during the early period of growth.”

(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:—

	1936.	1935.	1934.
Average number of visits to Schools	4	4	4
Total examinations	48,409	50,456	61,205
Number of individual children found unclean	1,375	1,437	1,301
Percentage uncleanliness of average attendances	8.9	8.9	7.8

Cases of chronic uncleanliness are followed up in the home.

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

		ENTRANTS.					
		Clothing			Footgear		
		Unsatisfactory.			Unsatisfactory.		
		1936.	1935.	1934.	1936.	1935.	1934.
		%	%	%	%	%	%
Boys		5.9	5.4	5.6	5.9	5.2	5.4
Girls		4.2	5.6	6.4	4.9	6.4	5.9

		SECOND AGE GROUP.					
		1936.	1935.	1934.	1936.	1935.	1934.
Boys		2.7	2.1	4.0	3.6	3.2	4.1
Girls		3.4	3.7	5.7	2.9	4.0	7.0

		THIRD AGE GROUP.					
		1936.	1935.	1934.	1936.	1935.	1934.
Boys		2.3	2.0	2.7	2.2	2.4	3.2
Girls		3.5	2.8	2.5	3.5	3.3	3.0

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

		1936.	1935.
Ringworm—Head		12	9
Body		27	32
Scabies		48	33
Impetigo		231	163
Other Skin Diseases		284	213

The amount of ringworm discovered has proved to be practically stationary. The total skin defects requiring treatment was 602.

(e) **Visual Defects and External Eye Diseases.**—343 defects of vision required treatment and 39 required observation. The 1935 figures were 432 and 32 respectively.

In addition, there were 39 cases of squint found to require treatment and 2 requiring observation.

425 cases of external eye disease required treatment, including 201 cases of conjunctivitis, as compared with 442 and 259 respectively in 1935.

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

		1936.		1935.	
		Treat-ment.	Obser-vation.	Treat-ment.	Obser-vation.
Chronic Tonsillitis only		134	229	142	265
Adenoids only		15	46	11	18
Chronic Tonsillitis and					
Adenoids		18	9	18	12
Other conditions		344	3	271	2

The 344 cases of other conditions are made up of sore throats and defects requiring diastello treatment.

(g) **Ear Diseases and Defective Hearing.**—Patients requiring treatment:—

	1936.	1935.
Defective Hearing	25	17
Otitis Media	182	134
Other Ear Disease	52	40

(h) **Dental Defects.**—

		Requiring					Gas	Other
	Inspec-	treat-	Per	Actually	Fill-	Extrac-	Anaes-	Opera-
	tion.	ment.	Cent.	treated.	ings.	tions.	thetic.	tions.
1936 ..	14,306	9,512	66.4	7,602	7,620	9,408	4,192	3,093
1935 ..	13,431	8,909	66.3	8,227	5,655	9,836	4,442	1,819
1934 ..	15,204	10,792	70.9	7,495	4,581	9,015	4,176	1,076

The large increase in the number of fillings will be noted.

Reference to findings at secondary and technical schools is made in Section 16.

(i) **Orthopaedic and Postural Defects.**—A total of 58 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:—

		1936.		1935.
Defect or Disease.	Requiring	Obser-	Requiring	Obser-
	treatment.	vation.	treatment.	vation.
Heart Disease—Organic ..	42	27	50	9
Functional ..	17	23	32	40
Anaemia	105	2	52	5
	164	52	134	54

(k) **Tuberculosis.**—Three 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 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:—

		1936.		1935.	
		Requiring treatment.	Observation.	Requiring treatment.	Observation.
Enlarged Glands	.. ..	170	—	170	3
Defective Speech	.. ..	41	4	35	11
Bronchitis	.. ..	130	42	122	32
Epilepsy	.. ..	10	1	—	2
Chorea	.. ..	17	1	9	12
Other defects (not classified)		1,794	29	1,656	26

6. FOLLOWING UP.

The school nurses paid a total of 4,011 home visits during 1936. The visits are classified below:—

External Eye Diseases	62	Mumps	.. ..	517
Measles	 1,274	Whooping Cough	.. ..	627
Tonsils and Adenoids	208	Uncleanliness	.. ..	69
Chicken Pox	 294	Impetigo	.. ..	67
Vision	 334	Dental Failures	.. ..	7
Otorrhoea	 245	Ringworm	.. ..	8
Sore Throat	 33	Scabies	.. ..	14
Various	 232	Deafness	.. ..	20

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; at medical inspection and re-inspection; by admission to the Open Air School; or by provision of convalescent home treatment as detailed in a later section of the report.

(b) **Uncleanliness.**—Treatment is given at the school clinic in cases of chronic uncleanliness. Cleansing facilities are 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.

Children suffering from ringworm of the scalp which does not readily respond to local treatment are referred for X-ray treatment at the London Hospital.

During 1936, 6 patients were referred. The numbers referred during the previous 5 years were: 1935, 6; 1934, 11; 1933, 4; 1932, 10; and 1931, 14.

The patient is seen at the first visit by the physician in charge of the skin department. After confirmation of the diagnosis, X-ray treatment is given. Subsequent visits are paid as and when necessary.

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 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	18	15	4	—	65	60
Scabies	15	17	—	—	98	94
Rheumatism	11	18	77	71	313	340
Impetigo, Sores, etc. ..	110	81	179	92	1,277	866
Skin	35	36	50	54	230	247
Vermineous Head, etc. ..	16	135	19	65	69	598
Sore Throat	93	99	8	10	130	132
Discharging Ears and Deafness	12	5	187	154	647	411
Defective Vision	—	—	49	87	1	4
External Eye Disease ..	46	55	95	106	504	610
Tonsils and Adenoids ..	—	—	33	26	3	1
Mumps	27	22	—	—	13	11
Various	145	274	715	688	2,621	2,439
Totals	728	757	1,416	1,353	5,971	5,813

First attendances numbered 4,254 against 3,775 in 1935, and re-attendances 11,784 against 10,702, the total attendances being 16,038 against 14,477.

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

	First Inspections.				Re-inspections.		Total.		Grand Total.
	Excluded.		Not Excluded.						
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
Lloyd Park	385	399	1031	893	3920	3762	5336	5054	10390
Markhouse Road ..	343	358	385	460	2051	2051	2779	2869	5648
Total ..	728	757	1416	1353	5971	5813	8115	7923	16038

(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 the report).

The medical treatment facilities provided by your Authority for defects of vision, etc., consist of (A) a Myope School staffed on the medical side by Dr. Moffatt (part-time Consultant Ophthalmic Surgeon), who attends once a month, and Dr. Sheppard; and (B) three weekly refraction clinics under the care of Dr. Sheppard, who refers special or difficult cases to the consultant clinic.

All defects of vision referred to the eye clinics 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 1936:—

“The eye clinic pursued a normal course during 1936. There were 2,563 attendances, which included 405 new cases and 468 retinoscopies.

“The following tables are a summary of the new cases seen:—

	Boys.			Girls.			Total.
	Under 7 yrs.	7-11 yrs.	Over 11 yrs.	Under 7 yrs.	7-11 yrs.	Over 11 yrs.	
Hypermetropia ..	12	20	14	9	15	16	86
Myopia	—	16	27	2	20	35	100
Hyper-astigmatism ..	7	27	16	8	33	16	107
Myopic Astigmatism ..	—	4	5	1	13	4	27
Mixed Astigmatism ..	—	7	4	2	9	10	32
Various	4	5	16	4	14	10	53
Totals	23	79	82	26	104	91	405

“The cases grouped under ‘various’ in the above table are made up as follows:—

	Boys.	Girls.	Total.
Nystagmus due to nervous disease ..	—	1	1
Nystagmus—no definite cause ..	1	—	1
Injury	2	2	4
Corneal Opacity	—	1	1
Optic Atrophy	—	1	1
Pigmentation and degeneration maculae ..	—	1	1
Coloboma—iris and choroid	—	2	2
Anterior synechia	—	2	2
Cerebellar lesion	1	—	1
Ciliary spasm	1	—	1
Ophthalmia—post measles	1	—	1
Albino	1	—	1
Headaches—debility, anaemia, etc. ..	18	18	36
Total	25	28	53

“The following table shows the cases of squint dealt with during the year:—

	Boys.	Girls.	Total.
Convergent squint R.	5	7	12
L.	19	9	28
Divergent squint R.	1	—	1
L.	—	1	1
Alternating squint	8	10	18
Occasional squint R.	—	1	1
L.	1	2	3

“There are two retinoscopy clinics held weekly at Lloyd Park—Tuesdays and Thursdays—while Saturday morning is devoted exclusively to re-inspections.

“An attempt was made during the year to prevent the long wait necessitated by the installation of Atropine drops on the morning of the retinoscopy, by giving Atropine ointment for the mothers to use at home previous to the appointment. The experiment, which has been tried before, was again not very successful as few mothers are capable of satisfactorily using the ointment.

“The close co-operation between the Welfare Centres and the eye clinic has enabled children under 5 years who are suffering from any eye defect to receive treatment in the early stages. This is especially beneficial in the case of squint, where early treatment is half the battle.

"The Blind and Myope School is visited on the second Thursday in each month.

"The small number of admissions from the clinic to the Myope School (girls, 5; boys, 3) is remarkable, but can be accounted for in some wise by the falling off in ophthalmia cases and in the improved attitude of parents towards the clinics, ensuring prompt treatment of eye diseases generally, and the following out of instructions for the treatment of myopia apart from the wearing of glasses."

(e) **Nose and Throat Defects.**—The scheme for 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, 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 the operation in order to make sure that he agrees with the recommendation. If no operation is considered advisable, a fee of 10s. 6d. is paid.

The following table shows the number of cases treated:—

Year.	At Connaught Hospital.	Privately.	Total.
1936	122	2	124
1935	90	5	95

(f) **Ear Disease and Defective Hearing.**—(1) *Mastoid Disease.*—No children were referred to Prince of Wales' General Hospital, Tottenham, for mastoid operation under your Committee's scheme.

(2) *Ear Disease.*—Minor defects under this heading are treated at the minor ailments clinic, the numbers treated being given in the table relating to the work of these clinics.

Audiometer Testing.—The use of the Cowan picture frame in conjunction with the audiometer was continued. This procedure enabled infants to be tested as soon as possible after entrance to school. The picture frames are so attractive that the tests are easily carried out as a game.

A weekly testing session was held in the schools, and of 1,920 examined, 125 (or 6.5 per cent.) children showing a hearing loss of 9 units or over were referred to the fortnightly clinic held by Dr. Friel.

A total of 108 children attended these clinics.

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

EAR CLINIC, 1936.

Nature of Disease.	Total.	Cured.	Lost Sight of.	Still under Treatment.	Hospital Treatment.
Acute Suppurative Otitis Media..	64	59	—	2	3
Chronic Suppurative Otitis Media due to:—					
(a) Tympanic Sepsis ..	26	23	—	2	1
(b) Tympanic Sepsis and Granulations ..	8	4	1	3	—
(c) Tympanic Sepsis and Polypi ..	1	—	—	—	1
Tympanic Sepsis and Rhinitis ..	3	1	—	2	—
Attic Disease	3	1	—	2	—
Mastoid Disease	14	2	1	4	7
External Otitis	9	7	1	1	—
Not Diagnosed	7	5	—	—	2
Totals	135	102	3	16	14

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

Left School	2
Attending own Doctor	1

“During 1936 the Aural Clinic has been conducted on the same method as in previous years. Patients are given written appointments stating the day and definite time for their next visit. The arrangement avoids temporary congestion in the clinic and dissatisfaction in the waiting room. The patients are called in the order in which their names are written in the appointment book and not in the order they arrive.

“*Discharging Ears.*—A certain number of patients have come to the clinic with inflammation of the external ear due to infection with the diphtheria bacillus. Local applications applied in the usual way to the involved area do not produce a rapid cure, but one treatment by zinc ionisation usually cures the complaint at once.

“The audiometer is regularly used in the schools for the detection of impaired hearing. It is the practice to concentrate on the young children. The onset of catarrhal deafness is often started in quite young children as a result of inflammation in the nose due to colds. When the children are treated young or shortly after the development of any impairment of hearing, the prospect of recovery is very much greater than with treatment given two or three years later. Children of 5 to 8 years of age can be tested by a series of pictures of common objects.

"The earphone is placed over one ear and when the gramophone speaks the name of the object the child is expected to press the picture of it down.

"The children take an interest in this 'game.' Those who fail in this test are sent to the clinic to discover the cause of the defect in hearing, and to remove it if possible.

"There are always certain obstacles to carrying out treatment. For example, the place where the patient lives may be a long way from the clinic; the mother may be attending hospital for herself or for one of the other children; there may be several young children who cannot be left unattended, or the mother may have to go to work. To minimise these difficulties the mother is often lent the apparatus used for treating the nose and instructed how to use it. It is gratifying to find how frequently the mother or other relation co-operates with the clinic to benefit the child.

"In the case of suppurative ears, as distinct from ears with catarrhal inflammation, the strain on the mother is not so great as a visit once a week is usually quite sufficient."

(g) **Dental Defects.**—*Staffing.*—Your Committee have considered reports on the staffing of the School Dental Service in the light of Circular 1444 issued by the Board of Education in January, 1936. This circular states that the ideal should be 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. The Board considers that the minimum standard should be one dental surgeon to 5,000 children in an urban area. On this basis, and allowing for the dental treatment of children attending secondary and technical schools and of mothers and children under the Maternity and Child Welfare Service, at least four dental surgeons are required, *i.e.*, a deficiency of one.

As long as this deficiency continues, the treatment of secondary scholars—often not even resident in Walthamstow—is being carried out at the expense of the children attending the elementary schools.

It is therefore pleasing to report the provisional decision to allow for the appointment of an additional dental surgeon and attendant during the financial year 1937-8.

Miss M. L. Maddick was appointed as dental attendant in August, *vice* Miss A. Bacon.

"Casual" Treatment.—Treatment is given between 11 and 12 p.m. on Mondays, Wednesdays and Fridays. These patients should not be treated in any ideal school dental scheme inasmuch as they are mostly patients suffering from toothache and for whom the parents have previously been offered, and have refused, routine dental treatment. If treatment had been accepted, the toothache would probably have been obviated.

Propaganda: (a) Folders.—Copies of the illustrated folder, "The story of a tooth," issued by the Dental Board of the United Kingdom, are to be requisitioned as and when necessary by Head Teachers for distribution in the senior schools.

The folders are also to be distributed at the dental inspections held at senior schools.

(b) Demonstrations.—A series of lecture-demonstrations was given by lecturers of the Dental Board of the United Kingdom during the period February 17th to 28th.

Senior schools only were visited and a total of 59 lecture-demonstrations were held.

It is hoped to repeat this valuable form of propaganda every two or three years.

Treatment of Secondary and Technical School Pupils.—The work done for the Essex County Council is shown below and is not included in Table V, at the end of the report.

INSPECTIONS.

	Ages.								Total In- spected.	No. Offered Treat- ment.	% requiring Treatment.	
	11	12	13	14	15	16	17	18			1936.	1935.
Commercial School for Girls ..	—	4	67	72	75	21	—	—	239	212	84.5	75.6
Sir George Monoux Grammar School ..	102	99	103	96	86	59	—	—	545	378	69.3	68.1
High School for Girls ..	82	61	80	60	56	36	13	5	393	216	54.9	58.4
Technical School	—	1	80	85	47	10	—	—	223	115	51.5	67.3
Totals ..	184	165	330	313	264	126	13	5	1,400	921	65.7	66.5

TREATMENT.

	No. of Chil- dren.	At- tend- ances.	Extractions.		Anaesthetics.		Fillings.	Other Operations
			Temp. Teeth.	Perm. Teeth.	Local.	Gene- ral.	Perm. Teeth.	Perm. Teeth.
Commercial School for Girls	52	121	2	20	3	17	159	35
Sir George Monoux Grammar School..	55	107	6	28	—	20	108	22
High School for Girls	58	102	10	39	3	34	106	26
Technical School ..	60	103	7	45	1	35	86	32
Totals	225	433	25	132	7	106	459	115

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

“I propose to divide my remarks this year into three sections. First, a summary of the work achieved by the School Dental Service; second, my opinion of what would be an ideal dental scheme; and third, a consideration of what could be done to achieve this ideal.

“(1) It gives me pleasure to report a certain progress during the year in what I believe to be the right direction.

“The advantage gained by the addition to our numbers of a third dental surgeon has been partially nullified by the ruling (following the inspection of the dental service by the Board in 1935) that the dental officers must not give anaesthetics for their own operations. This has involved the loss of three sessions weekly which were previously devoted to operative work.

“In spite of this, the amount of conservative work continues to increase, 7,620 defective teeth having been rendered sound against 5,655 last year, the majority of these being of the permanent dentition. Against this, the incidence of decay shows little signs of improvement. This is particularly noticeable in the younger children, the state of whose teeth when first examined is often appalling.

“It is no unusual occurrence to find a child of five years old with every tooth decayed, many so extensively that extraction is the only course left open.

“It must not be forgotten that the cure of dental disease—and, if possible, its prevention—is the object for which school dentistry exists, and while these conditions prevail the dental profession can have no cause for self-congratulation.

"A more cheerful feature revealed during the year's inspections is a definite diminution in the number of really septic mouths among the older children. I fear that this has been effected more by the removal of badly infected teeth than by the restoration of slightly infected ones.

"There is now little objection on the part of either parents or children to the extraction of septic teeth, but much prejudice still remains against conservative treatment. This may partly be explained by the certainty of the first compared with the relative uncertainty of the second. There is also the practical certainty that extraction will involve no pain, and an uncertainty of the amount of pain involved in the filling of a tooth.

"It, therefore, cannot be too strongly stressed that the certainty of the cure of a diseased tooth is in inverse ratio to the extent of its decay, but the amount of discomfort involved by its restoration is directly in proportion.

"The dental staff has examined 12,466 children. This represents the number required fully to occupy the time of the whole staff, leaving 4,799 to whom it was impossible to offer inspection and treatment. In fact, it became impossible to provide inspection and treatment more often than once in eighteen months. This period is quite sufficient to convert thousands of easily saveable teeth into doubtfully saveable or unsaveable ones.

"This interval of eighteen months is far too long to cope with the present incidence of dental disease.

"Even the annual re-examination recommended by the Board of Education is, in my opinion, insufficient to do so.

"In support of this opinion I can instance many cases of secondary school children who, left dentally sound twelve months ago, are found on re-examination to present extensive carious conditions.

"Upon the credit side of this summary it may be noted that it has not been found necessary to extract quite so many badly decayed teeth as in the previous year. Also, 3,093 "other operations" have been completed against 1,819 last year. The majority of these operations are of a conservative nature and are, therefore, desirable in a preventive scheme.

"Indeed, these figures of "other operations" and those of the fillings are an index of the policy which the dental service is endeavouring to pursue, *i.e.*, the preservation of the permanent

dentition by fillings and the temporary dentition by dressings and, to a limited extent, also by fillings, coupled with the removal of all the latter which exhibit extensive decay.

“In concluding this portion of my report, I should like to emphasise that, in the case of all the 7,602 children attending the dental clinic in 1936, treatment has been offered and, apart from arrangements by teachers, it has been left to parents and children to accept or refuse it.

“(2) In an ideal world, where everyone received a sound dietetic education or had a sound instinct in such matters and was blessed with the mental and financial capacity to take advantage of it, the dental profession would, presumably, not be required.

“But under present conditions, with limits to our knowledge, teachability and purses, it behoves us to accept, as far as possible, the ‘next best thing.’

“May I be allowed to give what, in my opinion, would be the ideal plan for the production of a healthy mouth in the youth of the new generation.

“I should like, for convenience, to divide this plan into three sections:—

- (a) Knowledge of the factors that would produce and develop healthy jaws and teeth and assist to keep them healthy.
- (b) The dissemination of this knowledge.
- (c) Examination and necessary treatment at *frequent* intervals.

“Theoretically, if (a) and (b) were perfect, (c) would be unnecessary, but until the public can all receive the very best diet our plan must allow for a full programme of ameliorative treatment.

“(a) We have not a complete knowledge of all the causes of dental disease, but we do know sufficient to prescribe a diet that will definitely reduce the amount of attention required.

“(b) This knowledge should be taught to the public as extensively and intensively as possible, especially to mothers and to the older children, *e.g.*, at Maternity and Child Welfare Clinics and at schools.

“The present campaign against malnutrition gives reason to hope that the means to procure the foods required for health may be acquired as well as the knowledge of how to make use of them. In this connection a very limited investigation carried out by your dental staff during the year may be suggestive. Particulars of this are given below.

“(c) To be effective, this propaganda work must be accompanied by a frequent inspection of all children from an early age, and all defects remedied. As noted before, this is at present impossible. Even with the limited health education available, the people who desire treatment do not receive it as often as they need it.

“In addition, it would be necessary to enlarge the scope of the dental scheme for the dental treatment of nursing or expectant mothers and to continue the treatment of adolescents for some time after leaving school.

“(3) A comparison of what has been done with what should be done does not present a wholly encouraging future. Nevertheless, a review of the last few years does show that an advance has been made in obtaining a more widespread dental health consciousness.

“In 1931, 20,125 children were examined by two dental officers, 13,874 of them being notified as requiring treatment, and the number of these interested enough to obtain treatment was sufficient to occupy the time of these officers throughout the year. Last year, interest had increased to such an extent that only 13,866 examinations, with 10,443 notifications, were sufficient to occupy the time of three dental officers, and during the intervening years we have relied mainly upon the teachers' influence to encourage both children and parents. This speaks volumes for their assistance and co-operation, for which we are very grateful.

“The measures which I consider should be taken in order to achieve a complete dental scheme are as follows:—

“First.—Dental examination and treatment of all children attending welfare clinics soon after the eruption of a complete set of teeth, preceded by the treatment of expectant and nursing mothers. This must be accompanied by more intensive propaganda work among the mothers.

“Second.—Continued co-operation with the school teachers, assisted by the lecturers supplied by the Dental Board of the United Kingdom, and distribution of their leaflets.

“Third.—The attendance of as many parents as possible at dental inspections, when explanation and advice could be given and many prejudices broken down. This alone would, in my experience, result in a very large increase in the number accepting treatment.

“Fourth.—As a minimum, annual inspection and necessary treatment to all school children.

“Fifth.—Some means should be found of bridging the gap between school leaving age and the time when dental benefits are available to the insured worker. Further, dental benefit should be uniformly given by all approved societies.

“This requirement is of the utmost importance, as at present the adolescent is in very many cases entirely neglected dentally for four or five very important years.

PARTICULARS OF INVESTIGATION UNDERTAKEN DURING 1936.

“The children, aged five and six, in one infant school were examined thoroughly for dental defects. Out of 458 children, 22 only (4.8 per cent.) were found to have perfect dentition.

“The mothers of these children were invited to the school to interview the dental surgeon. Nineteen responded to this request, two did not reply, and one, unable to attend, gave useful particulars in a letter.

“The intention was to obtain information upon the rearing of these children which might be useful to others who desired to obtain the same results. These mothers gave a full description of their methods, the child's habits, likes and dislikes, etc., together with details of their own diet and health.

“Below is a summary of the findings:—

Parents' teeth.—Some parents had good teeth, some bad, but mainly moderately good.

Brothers' and sisters' teeth.—Only children, 8; other children's teeth in families were good, 10; other children's teeth fairly good, 1.

Domestic circumstances.—Good in all cases.

Breast fed, 9. *Bottle fed*, 7. *Breast and supplementary*, 3.

Consumption of milk.—One pint or more daily, 15; school milk only, 3; little milk, 1.

Cod Liver Oil or Malt and Oil given during part of the year.—Yes, 14; no, 5.

Consumption of fruit and/or uncooked vegetables.—All have considerable amounts. Apples and oranges common to majority.

Regular meals.—All.

Consumption of sweets and sugars generally.—All appeared to have had a moderate amount of them, but not in excessive quantities.

Consumption of patent foods.—7 had a certain amount; 12 had none.

Consumption of hard foods.—15 in abundance; 4 mixed consistency.

Food taken just before sleep.—15 never; 1 occasional sandwiches; 1 cocoa and orange juice, teeth cleaned afterwards; 2 milk and biscuits, teeth *not* cleaned afterwards.

Health of mother before birth.—17 good; 2 poor.

Mothers' diet before birth.—All had ordinary, wholesome food. 4 took extra fruit or fruit juices.

“The medical cards of the 22 children classify their nutrition thus:—

‘A’—16; ‘B’—5; ‘C’—1.

“These results, as one would expect with such a limited number, are necessarily inconclusive. They nevertheless demonstrate, I think, that intelligence applied to the rearing of a child, coupled with a certain financial standard, does have a reasonable chance of producing teeth that are capable of resisting decay.

“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 dental disease.”

The Senior Dental Surgeon submits the following report from Mrs. W. R. Thorne, L.D.S., with regard to an enquiry into normal dentition at Forest Road Infants' School:—

“At routine inspection the number of children having perfect dentition has been found to be only 8 per cent. of the total inspected.

“The mothers of these children were invited to the school, where the histories of the individual children were taken with a view to ascertaining the reason for their immunity from dental disease, caries in particular. The cases included children of parents in varying circumstances; some of the children were strong and robust, others appeared to be fragile.

"Some of the parents and grandparents had good teeth, and others suffered from early loss of teeth. The mothers had not taken any additions to their diet during pregnancy. Some of the children were breast fed.

"Some of the children disliked vegetables and preferred fruit, but where the vegetables were disliked they were insisted on in small quantities. Many ate fruit after other foods.

"The meals were regular, with no snacks in between meals. Regular hours were kept and the children went to bed early.

"Some of the children cleaned the teeth night and morning; others never did one or the other.

"It appeared that parents of these children did not have a good dentition, and the children therefore did not 'inherit' good teeth.

"One thing which all these children had was a good mother, who did her best with the means at her disposal.

"These cases, as far as possible, will be followed up during their school life.

"In spite of the continued treatment the numbers of children requiring constant attention remains the same. The leaver passes out of the care of the dental officer and the new entrant fills in the gap.

"During the last year the amount of treatment necessary for each child greatly increased.

"The aim of the School Dental Service is prevention, and this is a matter calling for urgent attention and intensive propaganda."

(h) Orthopaedic and Postural Defects.—Medical treatment of these defects was given under the Orthopaedic Scheme in charge of the Consultant Orthopaedic Surgeon, Mr. Whitchurch Howell, F.R.C.S., who held a monthly clinic at the Physically Defective School, and later at the Open Air School. Mr. Whitchurch Howell also acts as Honorary Surgeon to the Brookfield Orthopaedic Hospital, a voluntary institution of 30 beds recognised as a Hospital School by both the Ministry of Health and the Board of Education. The Hospital was taken over by the Essex County Council with effect from 1st December, 1936.

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

Details of the work done under the scheme are given in the section dealing with Defective Children (Section 13).

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

“During the past year there have been 47 sessions with 824 attendances. Of these attendances, 177 were made by children attending for the first time, while 647 were made by children who were being kept under observation. The majority of the children under observation are suffering from some defect of the heart, and although a few of them suffer from a progressive type of disease showing little tendency to remissions or improvement, most of them have shown no deterioration in health, and it is a pleasure to record that a small number have improved to the extent of a complete disappearance of evidence of heart disease.

“The supervision of children with heart disease at much more frequent periods than could be accomplished by the ordinary school medical service tends to maintain their health at a higher standard and is an important contributory influence in the prevention of further cardiac damage. This, I submit, is one of the most valuable functions of the clinic.

“Of the cases attending for the first time, 62 were found to be suffering from rheumatic or cardiac defect. The majority of these are referred to the clinic by the School Medical Service, and credit is due to the medical officers for so assiduously picking out the cases of early heart disease. During the year, 184 children were discharged from the clinic, some after their first attendance because they were not held to be rheumatic, some because after several months of observation their rheumatic symptoms had disappeared, and a few on account of having reached the school leaving age. For the children of the last group, the opportunity is taken at the final consultation of discussing with the parents the type of employment which would be most suitable to the particular child.

“*Other Defects.*—It has again been my impression during the last year that coincident defects of health, particularly carious teeth and septic tonsils, are met with less frequently among the Walthamstow children than was the case when the clinic first began. During the year, 45 children have been referred for dental treatment, and in 27 cases removal of tonsils and adenoids has been

considered necessary. Arrangements for dental treatment at the Public Health Offices, and for tonsils and adenoids operations at the Connaught Hospital, have worked smoothly and, on the whole, without undue delay.

"School Attendance.—It is also a pleasure to record the continued co-operation of the School Attendance Officers. During the year it was necessary to exclude 55 children from attending school for varying periods, and arrangements were made for 5 other children to attend half-time at school. Six children were recommended to attend the Physically Defective School, and 5 others the Open Air School. In this connection it may be pointed out that the Physically Defective School has recently changed its address and is now part and parcel of the Open Air School. This means that children referred to the Physically Defective School are, in fact, going to attend an Open Air School. That this will be beneficial to the rheumatic children during the summer months cannot be doubted, but whether it will be of benefit in the winter remains to be seen. Some of the children from this clinic attending the school have severely damaged hearts, and it would be quite impossible for them to attend an ordinary school; while others have congenitally deformed hearts and are more than usually prone to feel the cold and to suffer from chest infection. The sheltered life of a Physically Defective School is very valuable to them. Whether, in particular cases, it is going to be beneficial to have a Physically Defective School run as an Open Air School must be regarded as in the nature of a scientific investigation.

"Recent facilities for recommending cod liver oil and malt to children attending school are most welcome.

"Convalescence.—Sixty-three children have been recommended for convalescence, and 60 have actually been placed in suitable homes. The value to many of these children of a properly organised convalescent holiday cannot be doubted, and although a few slip back into poor health when they return to a home which is inadequate for their support, the great majority retain permanent benefit from their change of air.

"Prevention.—During the year the practice of following up children who have been discharged from the Sanatorium after scarlet fever and diphtheria has been continued. Twenty-four children were referred to the clinic in this way, and of these, 14 were judged to have some cardiac disability. Were this follow up system not in existence, it is fair to assume that these 14 children would have run a risk of considerable and permanent cardiac injury, whereas by getting their trouble dealt with in its early stages, it is probable that they will be spared from some degree of heart disease.

RHEUMATISM CLINIC, 1936.

Number of Sessions	47
,, ,, Attendances	824
,, ,, New Cases	177
,, ,, Old Cases.. .. .	647
,, Discharged	184
,, Still under Treatment	201
,, of New Cases with Rheumatic or Cardiac defect	62
,, referred to Hospital as In-patient	4
,, ,, ,, ,, Out-patient	11
,, ,, for T. and A. Operation.. .. .	27
,, ,, ,, Dental Treatment	45
,, ,, to P.D. Centre	6
,, ,, ,, Open Air School	5
,, excluded from School	55
,, ,, Half-time School	5
,, seen after Scarlet Fever	15
,, ,, ,, Diphtheria	9
,, ,, ,, Measles and Pneumonia	—
,, ,, ,, Contact with Scarlet Fever	1
,, ,, ,, ,, Diphtheria	—
,, with Cardiac defect after Scarlet Fever	8
,, ,, ,, ,, Diphtheria	6
,, ,, ,, ,, Measles and Pneumonia	—
,, ,, ,, ,, Contact with Scarlet Fever	—
,, ,, ,, ,, Contact with Diphtheria	—
Number referred for Convalescent Home	63
,, sent away	54
,, referred in 1935 and sent away in 1936 in addition to above	6
,, refused	5
,, withdrawn	2
,, waiting	2

(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 62 and girls 63, of which 19 boys and 18 girls were referred by the School Medical Officer. 45 of the cases were sent by private practitioners and 43 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.

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 ..	1	12	4	—	17
Non-pulmonary	5	34	6	1	46

(k) **Artificial Light Treatment.**—During 1936 the Board of Education sanctioned the Committee's arrangement with the Connaught Hospital for artificial light treatment of school children.

The types of cases to be selected for treatment included cases of debility and malnutrition, rickets and cervical adenitis. The Hospital possesses an up-to-date actino-therapeutic department under the charge of a specialist medical officer. Carbon arc and mercury vapour lamps are available. Each course of treatment consists of 12 attendances at a fee of 2s. each.

During 1936 three children were referred for treatment, two for malnutrition and debility, and one for debility only.

Appreciative letters have been received from the parents, and treatment of these patients continues during 1937.

8. INFECTIOUS DISEASES.

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

Notifications of the 5/15 years age group during 1936 were as follows:—

	Scarlet Fever.			Diphtheria.	
January	..	..	..	18	8
February	..	..	..	15	11
March	..	..	..	17	7
April	..	..	..	11	5
May	..	..	..	19	9
June	..	..	..	14	6
July	..	..	..	17	2
August	..	..	..	5	3
September	..	..	..	13	3
October	..	..	..	22	7
November	..	..	..	16	3
December	..	..	..	12	5
Total—1936	..	..	..	179	69
Total—1935	..	..	..	324	95

In addition, the following notifications were received in respect of children in this age group:—Pneumonia, 37; Erysipelas, 2; Bacillary Dysentery, 2; Enteric, 5; Poliomyelitis, 4.

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

				Scarlet Fever.	Diphtheria.
1936 ..	..	..	..	6	19
1935 ..	..	..	..	1	35

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.	Ring-worm & Scabies.	Impetigo Sores, etc.	Chicken Pox.
January ..	..	2	34	2	44	—	3	6
February ..	..	9	304	4	53	—	14	14
March ..	..	10	766	11	85	2	29	13
April ..	..	2	406	18	66	—	3	14
May ..	..	4	109	5	34	—	12	8
June ..	..	1	29	10	49	2	2	22
July ..	..	8	5	4	57	1	—	19
August ..	..	—	—	5	—	—	4	2
September ..	..	4	1	66	11	—	29	8
October ..	..	3	—	97	3	—	11	15
November ..	..	5	—	96	2	—	21	35
December ..	..	9	2	56	39	4	16	69
Total—1936 ..	..	57	1,656	374	443	9	144	225
Total—1935 ..	..	35	236	471	85	3	141	345

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.	Sore Sores.	Sore Eyes.	S.F.	Diph.	Bact. Diph.
Blackhorse Road..	.. Girls ..	1	—	—	—	—	—	—	—	4	5	—
	Mixed ..	—	—	—	—	2	—	—	—	2	3	—
	Infants ..	—	72	36	15	5	—	7	—	6	2	—
Wm. Elliott Whittingham	Boys ..	—	—	—	—	1	—	—	—	2	—	—
Higham Hill ..	.. Boys ..	—	—	—	—	—	—	—	—	1	—	—
	Girls ..	—	3	—	2	—	—	—	—	3	—	—
	Infants ..	2	68	37	21	19	1	—	—	7	2	—
Pretoria Avenue ..	.. Mixed ..	—	—	—	—	—	—	—	—	2	2	—
	Infants ..	1	99	3	3	4	—	—	—	9	—	—
William Morris Central..	Boys ..	—	—	—	—	—	—	—	—	2	—	—
	Girls ..	—	—	—	—	—	—	—	—	1	—	—
Coppermill Lane	.. Boys ..	—	1	—	—	—	—	—	—	—	2	—
	Girls ..	—	—	—	—	—	—	—	—	—	—	—
	Infants ..	—	80	25	44	1	—	1	—	7	—	1
	Mixed ..	—	—	—	—	—	—	—	—	3	3	—
Wood Street ..	.. Boys ..	—	3	—	—	—	1	—	—	1	1	—
	Girls ..	—	—	—	—	—	—	—	—	1	—	1
	Infants ..	—	100	25	1	22	—	4	—	1	1	1
Joseph Barrett ..	.. Boys ..	—	—	—	—	—	—	—	—	—	—	—
	Girls ..	—	—	—	—	—	—	—	—	—	1	—
P.D. Centre	.. Mixed ..	—	—	—	—	—	—	—	—	1	—	—
Maynard Road ..	.. Boys ..	—	4	—	—	4	—	—	—	4	—	—
	Girls ..	—	—	—	—	4	—	—	—	5	—	—
	Infants ..	—	94	22	2	75	—	—	—	1	—	—
St. Mary's	.. Girls ..	—	—	—	2	—	—	—	—	—	—	—
	Infants ..	—	32	2	—	2	—	—	—	6	—	—
St. George's	.. Mixed ..	1	—	—	—	—	—	—	—	—	1	—
Shernhall Special	.. Mixed ..	—	—	—	—	—	—	—	—	—	—	—
William McGuffie	.. Boys ..	—	—	—	—	—	—	—	—	1	1	—
	Girls ..	—	1	—	—	—	—	—	—	3	1	—
Mission Grove ..	.. Mixed ..	1	1	—	—	—	1	5	—	2	4	—
	Infants ..	—	38	7	7	7	—	7	—	4	5	—
Deaf Centre	.. Mixed ..	—	—	—	—	—	—	—	—	—	—	—

[illegible]

The following are the weekly average numbers of children away from school owing to exclusions and the non-notifiable infectious and other diseases named:—

		Exclu- sions.	Chicken Pox.	Measles.	Whooping Cough.	Sore Throat.	Influenza.
1936	..	58	25	184	73	32	37
1935	..	91	67	24	123	34	48

		Diarrhoea	Mumps.	Ring- worm.	Scabies.	Various.	Totals.
1936	..	2	50	5	3	574	1,043
1935	..	2	17	4	2	535	947

Infectious Diseases Clinic.—The weekly clinic at 2 p.m. on Tuesdays was continued, and all the 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 Isolation Hospital or after home isolation for infectious disease 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.

Thus 23 children were referred, and of these no fewer than 14 had cardiac defects and were brought under early treatment. The majority of these defects had developed after the patient's discharge from hospital.

The following table shows the work done at the Infectious Disease Clinic, the large majority of patients being of school age:—

Number of clinics held in connection with Infectious Diseases and Immunisation	60
Number of attendances made	4,546
Average attendance per session	75.8
Number of Scarlet Fever cases discovered	3
Number of Diphtheria cases discovered	5
Number of virulence tests taken in Diphtheria carriers ..	67
Number of children recommended to Rheumatism Clinic	23
Number of children recommended to Ear Clinic ..	14

Diphtheria Immunisation.—Immunisation was carried out at the weekly clinic on Tuesdays at 3 p.m., and at Infants' Departments, along the lines detailed in the 1935 report. The following summarises the whole of the work done:—

Schick tested for first time	222
Negative (including pseudo and negative)	87
Positive (including pseudo and positive)	135

Immunised after positive Schick (14 refusals)	121
Immunised without being Schick tested	1,664
Partly immunised cases brought forward from 1935 ..	184

Total number given one or more immunising doses during 1936	1,969
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Results of Schick tests following immunisation:—

Negative (including 184 from 1935)	1,186
Awaiting final Schick test	721
Not completing immunisation course	62

Total	1,969
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Number of children of school age, immunisation completed	699
Number of others, immunisation completed (mostly of pre-school age)	303
Number of 1935 cases completed	184

Total	1,186
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Diphtheria Immunisation at Schools.—The scheme of diphtheria immunisation began at Infants' Departments (and described in the 1935 report) was continued during 1936. The remaining 15 schools were visited, and out of 3,072 children in average attendance at the dates of the visits the parents of 1,332 children, or 43.4 per cent., agreed to their children being protected. The maximum percentage acceptance was 53.4, and the minimum 26.7.

In addition, 3 other schools were visited, at which there were a considerable number of children under 8 years of age.

A total of 1,612 children (1,410 of school age and 202 of pre-school age) were given a single dose of 0.5 c.c. alum precipitated toxoid (A.P.T.) intramuscularly.

This procedure occupied a weekly session into mid-October when Schick testing was begun in order to test the efficiency of the prophylactic given. By the end of the year testing had been carried

out at 12 schools. The experience of 1935 had suggested that one dose of A.P.T. would be sufficient to protect 92.1 per cent., but as testing continued during 1936 it became obvious that the immunity obtained varied widely from school to school and was, on the whole, disappointing. The results varied from 87.2 per cent. protected at Winn's Avenue Infants to only 60.4 per cent. at Forest Road Infants. Of 929 completed immunisations, only 73.5 per cent. were successful after a single dose.

The response to artificially induced immunity will naturally vary with the efficiency not only of the particular prophylactic used, but also with each batch, and also with the basic natural immunity of the sample population—in this case the particular school.

The natural immunity will again depend on several factors, notably the percentage of diphtheria carriers at each school.

It is obvious that the protection afforded by a single dose of A.P.T. is not satisfactory and that under no circumstances should the subsequent Schick test be omitted.

The parents of all children found to be insufficiently protected by one dose were invited to bring them to the Immunisation Clinic, and all the 143 who attended were fully protected after being given a further half-dose (*i.e.*, 0.25 c.c.).

In the light of this experience the practice now is to give an initial dose of 0.1 c.c. A.P.T. followed in 14 days by 0.5 c.c. By this method 97.8 per cent. are fully protected after one month and 99.1 per cent. after two months.

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

Dick tests, 57; Positive, 21; Negative, 36.

Six children completed the immunising course at Brookfield Hospital, and 15 left before completion.

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

			Number	Number	Percentage
			Examined.	found to be Vaccinated.	Vaccinated.
Entrants ..	Boys		1,067	236	22.1
	Girls		955	292	30.5
2nd Age Group ..	Boys		739	185	25.0
	Girls		844	217	25.7
3rd Age Group ..	Boys		1,299	420	32.3
	Girls		933	282	30.2
Total			5,837	1,632	27.9

Action under Article 45 (b) (*i.e.*, attendance below 60 per cent. of number on register).—Certificates were granted as follows:—

School.	Month.	Disease.	Number of Certificates.
St. Mary's C.E. Infants..	January ..	Measles and	
	February ..	Whooping Cough	5
Selwyn Avenue Infants ..	February ..	Measles	2
Chapel End Infants ..	February ..	Measles and Mumps	2
Winn's Avenue Infants ..	March ..	Measles	4
	April ..		
Pretoria Avenue Infants..	March ..	Measles	3
	April ..		
Forest Road Infants ..	March ..	Measles	1
Queen's Road Infants ..	March ..	Measles and	
	April ..	Chicken Pox ..	4
Blackhorse Road Infants..	April ..	Measles	2
Maynard Road Infants ..	December ..	Chicken Pox and	
		Whooping Cough	1

Action under Article 53 (b) (Exclusion of individual children):

At Medical Inspection	11
At School Clinics	1,485

Action under Article 57 (School Closure by 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.

Opening of Playing Fields and Playgrounds.—Your Committee decided to open the following playgrounds and playing fields for the use of scholars out of school hours immediately following the Easter Vacation, viz., 20th April up to 3rd October, 1936:—

- (a) Handsworth Avenue Site.
- (b) Blackhorse Road School Playing Field.
- (c) Wm. E. Whittingham School playing field.
- (d) Chapel End School playground.
- (e) Gamuel Road School playground.
- (f) Wood Street School playground.

The playing fields and playgrounds were open as under:—

- (i) Weekdays—during school holidays—all day from 9 a.m. to sunset.
 - (ii) Weekdays—when schools are in session—after school hours from 4.30 p.m. to sunset.
 - (iii) Saturdays—from 9 a.m. to 5.30 p.m.
- Male supervisors were appointed to take charge.

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

School.	Number.	Place.	Date.
Shernhall Special—			
Senior Scholars ..	25	Woolacombe ..	March, 1936
Junior Scholars ..	16	Canvey Island ..	June, 1936

(c) **School Camps.**—School camps were held at Guildford Park, St. Helens, for Boys, and The Manor House, Sandown, for Girls, during May, June and July.

Forms were issued at school to the 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 66 boys were in camp for fourteen days each between the 29th May and 10th July, and three contingents of 64 girls for similar periods between the 8th May and 3rd July. A total of 390 children were sent away.

10. PHYSICAL TRAINING.

Reference was made in the report for 1935 to the joint scheme with the Barking Education Committee for the appointment of two whole-time specialist organisers.

Miss C. M. Hawkes and Mr. L. E. Last assumed duty on April 1st, 1936, and, following a survey of the physical training in the schools, they presented preliminary reports to your Committee at the end of June.

Brief visits were paid by members of the School Medical Staff to the demonstrations to Head Teachers, and it was gratifying to learn that the importance of posture, clothing and open-air work was being fully stressed. Opportunity was taken to establish liaison between the orthopaedic scheme and the organisers.

The following report (slightly abridged) is taken from that submitted by Miss Hawkes and Mr. Last to your Committee:—

REPORT OF THE ORGANISERS OF PHYSICAL TRAINING FOR APRIL—DECEMBER, 1936.

“The need for expert help and advice in the interpretation of the 1933 Syllabus of Physical Training was apparent in surveying the work in the schools in April, 1936. The broad conception of Physical Education as a vital health measure obtained in most schools, but there was some divergence between recognised theory

and actual practice. Physical Education could, and should, have a very direct and marked effect upon the mental growth and characters of the children, as well as upon their general health; but certain conditions are necessary in order to achieve these results, the most important being the regular daily lesson.

“Physical Education in the Schools.—The long association of physical training with mere mechanical “drill” and years of instruction based upon earlier and more formal syllabuses found many teachers rather unprepared for the changes made in the most recent syllabus issued by the Board of Education in 1933. In other cases free movement and general activity work had entirely replaced the very necessary corrective type of purposeful movement, and there was obvious need for some guidance in order to obtain a more balanced conception of physical education. In the senior schools where the work was usually in the hands of teachers possessing some special qualification in physical education obtained by attendance at holiday courses, a fair standard of work was generally reached. Some schools, however, had no such specialist teacher on the staff, and others had only one, making it very difficult to arrange for every class to obtain the requisite number of physical training periods per week.

“It was encouraging to be met with an immediate demand from the teachers themselves for courses of instruction.

“Allocation of Time given to Physical Education.—In many schools insufficient time was allowed for the work, and in other schools, where the minimum of time recommended by the Board of Education had been allowed, it was not always wisely distributed to allow the necessary daily period of physical activity.

“Clothing.—The absolute necessity for suitable shoes for every child in every school, and the importance of proper clothing, was not generally realised. The children in the Senior Schools were working in rubber shoes, and some of the teachers had endeavoured to obtain suitable clothing, but in the Infant and Junior Schools few children possessed rubber heel-less shoes and the majority were overclad.

“Posture.—In few schools was sufficient attention paid to the posture of the children, nor were the possibilities of the Physical Training lessons in producing an upright body realised.

“Halls.—Because few of the schools yet possess a gymnasium or special room reserved for Physical Education, the work in wet weather has to be taken in the School Halls. These, therefore, should be reserved for this subject whenever possible, so that

alternative indoor accommodation is available in inclement weather, when the importance of exercise during school hours is doubly important, there being little probability of exercise after school hours.

"The halls were not always reserved and were frequently encumbered with many pictures, cupboards, odd chairs, desks and ornaments, all of which occupied valuable floor and wall space, and made thorough cleaning difficult. In three schools part of the hall was being regularly used as a classroom.

"*Apparatus*.—The schools had been generously supplied with apparatus, which, on the whole, had been kept in good condition.

"*Dancing*.—The time allowed for Dancing in the Senior Girls' Schools was satisfactory, but this subject was sometimes omitted altogether from the time-table in Infant and Junior Schools. The standard of Folk Dancing was good, but other types of dancing should be attempted in all schools, especially in Infant Schools where Country Dancing is considered too difficult.

"*Open-Air Work*.—The value of work in the open air was under-estimated, lessons frequently being taken unnecessarily indoors. This was especially the case in the Infants' Schools.

"*Playgrounds*.—Many of the Walthamstow schools were built before the full importance of an adjoining playing field, plus a large and regular playground, was recognised, and consequently many of the playgrounds are too small to allow free and unhampered movement for the large classes of children which use them.

"*Playing Fields*.—In a crowded area, and especially where playgrounds are small, the value of one period a week on grass in an open space for every child in the Senior Schools, and, if possible, for the top classes in the Junior Schools, cannot be over-estimated.

"On the accepted basis of allowing one acre of playing field for each hundred senior children, approximately 70 acres are needed in Walthamstow. This makes no allowance for infant and junior children, and if the school leaving age is raised, still more land will be required.

"At the present time there are only five fields available for use by school children. Three of the five fields are hired by clubs, etc., resulting in the closure of two of the fields to school children on Fridays and in the marking of the pitches, in size and choice of game, suitably for adults and not for children of 14 years and under.

“Under these unsatisfactory conditions, in April the boys’ schools were found to be making the most of their opportunities, but the girls’ schools were not making full use of the fields. This was probably due to one of four reasons:

- (a) Distance of playing field from school, making organisation and time-table arrangements difficult.
- (b) Lack of knowledge of field games on the part of the teacher.
- (c) Lack of provision for girls in the marking of pitches and supply of apparatus (apart from Billet Road Field).
- (d) Lack of lavatory accommodation and shelter in case of rain (apart from Billet Road Field).

“The Billet Road Playing Field was in excellent condition, with changing rooms and shower baths provided for the children. This resulted in over-use of the field and emphasises the fact that hygienic conditions add to the attraction of games.

“*Field Games.*—A winter programme of games was arranged for Chestnuts, Low Hall Farm and Billet Road Playing Fields. Permission was obtained to mark and use Aveling Park for classes of school children, and extra pitches for girls were marked at Low Hall Farm. Although the fields were in continual use from 11 a.m. until dark, it was found impossible to cater for all those children who should be enjoying a weekly period of field games. The need for preserving the centrally-placed playing fields in Walthamstow is urgent. Though space is available at Low Hall Farm, this is of little use to many schools owing to difficulties of transport; already much valuable time is occupied in travelling in the majority of schools. There have been constant demands from both Girls’ and Boys’ Schools for the reservation of more time for their schools on the fields, showing an appreciation of the value of a games period. This demand cannot be met until further fields are available.

“*Athletics.*—The ordinary physical training lessons provide good opportunities for the cultivation of agility, strength and control, and organised games develop stamina and endurance, but success in competitive athletics to-day demands a certain degree of specialised and intensive training beyond this ordinary accepted standard of physical fitness. Whether it is wise to include such training for all or any children is a debatable point, and whilst we applaud any attempt to improve the technique of coaching, it seems to us a grave error, fraught with real danger, to apply adult standards and methods of training to immature growing children. The introduction by the Walthamstow Schools’ Athletic Association of a simple set of standard tests in a variety of athletic events did much to stimulate interest in and enhance the value of athletic training

in the Senior Schools. All playing fields should be equipped with jumping pits and a few hurdles, to enable regular practice to be carried out throughout the year.

"Sound work in athletics was achieved by the Teachers' Association, and an exceedingly well-organised Sports Day, catering for a large number of children in a variety of events, took place in June in Lloyd Park.

"*Out-of-School Activities.*—We consider it our duty to pay tribute to the splendid work of the Schools Sports Association, which in most branches of its varied activities is well supported by keen and competent teachers.

"*Use of Playgrounds after School Hours.*—Certain school playgrounds in different parts of the town, with the fields attached to Blackhorse Road Senior Girls' School and Wm. E. Whittingham Boys' School, and the playing field at Handsworth Avenue, were kept open for the use of school children after school hours during the summer, and in the day-time during the Summer Vacation, for which a play-leader was appointed.

"*Visits to Playgrounds after School Hours.*—Eighteen visits were paid to those fields and playgrounds which were open to school children after school hours. The caretakers who were in charge of each playground appeared to be exercising tactful control, and the few children who were in the playgrounds were making spasmodic attempts to organise their own games. Far more children were making use of the playing fields at Blackhorse Road and Wm. E. Whittingham, indicating the natural desire for grass in warm weather. There was little to attract the children to the playgrounds, other than an open space in which to play. Suitable apparatus for different ages and a trained play-leader to help the children to organise their own games are necessary if these playgrounds are to prove attractive. As an experiment, we would suggest the appointment of play-leaders and the provision of suitable apparatus in Lloyd Park, Aveling Park, Chestnuts, Low Hall Farm, St. James' Park, etc.

"*Swimming.*—The facilities for instruction in Swimming were, and remain, totally inadequate. Only 50 girls and 50 boys from each Senior School were able to attend the Baths each week. The Baths were not reserved for the use of school children, making any class instruction difficult. Much valuable help was given voluntarily by the teachers to a small proportion of children after school hours, but the majority of children in Walthamstow are not provided with the facilities for learning how to swim. The schools were wisely reserving the time at their disposal for the teaching of beginners.

(Note by S.M.O.—Your Committee are giving careful consideration to the question.)

“Demonstrations to Head Teachers.—After visiting schools and gaining an impression of the work, three lecture-demonstrations for Head Teachers were arranged at the end of the Summer Term, with the object of arousing interest in the subject, of showing the fundamentals of modern Physical Education in Infant, Junior and Senior Schools, and of convincing Head Teachers of the value that could be derived from these lessons. These lectures were followed by the showing of eight Physical Training Films, and resulted in many time-table adjustments allowing a fairer distribution of time for Physical Education.

“Courses for Teachers in Physical Education.—In the Autumn Term three courses of instruction for teachers took place during school hours. These consisted of twelve sessions of two hours duration, held weekly from 2-4 p.m. Following these, further visits were made to all schools, and the marked improvement in Physical Training shown by those classes whose teachers had attended a course was most encouraging. The children in these classes were generally keenly interested and mentally and physically alert, and both teachers and children were showing an obvious enjoyment of the lessons. There were definite signs of improved posture and the clothing of the children showed that great efforts had been made in that direction by both Head Teachers and staff.

“Demonstrations to Parents.—Many Physical Training demonstrations to parents were organised in various schools, given with the aim of gaining the co-operation of the parents in the matter of clothing. Emphasis was laid upon the activity of the work, and the demonstrations were followed by short talks on the advisability of minimum clothing and suitable shoes. The response from the parents was most encouraging.

“Physical Training for Adolescents.—Contact with the J.O.C. was established and offers of help in producing sound Physical Training work in the various clubs were made.

“A weekly Keep-Fit Class for women and girls has been arranged, for which Winns Avenue Senior Girls’ School hall has been lent by the Education Committee, and we look forward to a considerable extension of this work next season.

“The School Medical Service.—We appreciate the keen interest which the School Medical Officer and his staff are showing in our work, and wish to thank them particularly for their valuable co-operation regarding posture and clothing.”

11. PROVISION OF MEALS.

(1) **Mid-day Meals.**—At the end of the year mid-day meals were provided at the Nursery School, Shernhall Special School, Blind and Myope School and the Open Air School.

The Centre at Joseph Barrett School was continued after the transfer of the Physically Defective School to Hale End, and so constituting an additional feeding centre. The High Street and Higham Hill Centres were continued.

The numbers and cost of meals were as follows:—

Year.	Number of Children.	Number of Meals.	Average meals per child.
1936	732	91,133	124.5
1935	758	79,923	105.4
1934	772	87,161	112.9

The average cost of each meal during 1936 was 4.75d.

Supervision of Meals at Special Schools and Canteens.—Meals were provided at four of the special schools and at three canteens.

Miss E. A. Nicholls, B.Sc., continued to act as part-time dietitian until her resignation in December, 1936.

The following is a summary of the reports made in 1936:—
9th January, 1936:

Higham Hill.—Progressive improvements. Removal of platform advised.

Nursery School.—Rearrangement of equipment and kitchen improvements to be carried out.

Blind and Myope Centre.—More help advised. Kitchen too crammed.

Shernhall Special.—One of the best kept kitchens.

Joseph Barrett P.D. School.—Dining room very pleasant. Cook takes great care with menus and gets best out of materials.

High Street.—Cook works staff expeditiously. Milk order to be increased.

12th June, 1936:

Higham Hill.—Insufficient room.

High Street.—Junior cooks should be allowed to serve in order to speed up service.

Blind and Myope.—Still some lack of equipment. Much tidier.

Joseph Barrett P.D. School.—New arrangements have relieved pressure. Catering difficult because of varying number of visiting children.

Shernhall Special School.—Orderly and tidy. New dishes appreciated.

12th October, 1936:

Nursery School.—Fish meals objected to as being insufficiently solid to exercise children's teeth and gums. Garbage shoot improved, but not perfect. Replacement of gas stove advised.

High Street.—Milk ration too large for some children.

Joseph Barrett P.D. School.—Numbers reduced (owing to transfer of P.D. School to Hale End Open Air School), but satisfactory management.

Hale End Open Air School.—Dining-room tables too wide, leaving insufficient room for service. Alternative positions to be tried.

30th October, 1936, and 27th November, 1936.

Blind and Myope Centre.—Conditions improved. Space confined.

Shernhall Special School.—Dinners much appreciated and nil wasted. More variety suggested, including sausage.

Joseph Barrett P.D. School.—Difference noticed in table manners of children. Numbers vary and without notice, making catering difficult.

Open Air School.—Some loss of kitchen efficiency at first visit, but slight improvement in November.

Nursery School (27th November, 1936).—Use of black treacle suggested to increase intake of iron for nutritional anaemias.

Higham Hill School (27th November, 1936).—Working satisfactorily. Table manners very good.

High Street (21st December, 1936).—Kitchen clean and well kept.

Joseph Barrett P.D. School.—Numbers uncertain and not large enough to reduce cost per head.

Shernhall Special School.—Satisfactory alteration to menu. Practically no returned plates.

Blind and Myope Centre.—Concentrated food of high value needed and especially more milk and eggs.

Open Air School.—Consistent punctuality not yet achieved. Kitchen-dining room service not yet quite satisfactory.

Higham Hill School.—Some plates scarcely touched—children arrived late. (Reasons later found to be individual and conditions satisfactory.)

(2) **Milk Meals.**—Milk was supplied on medical grounds to 3,257 children on the recommendation of the medical staff after the examination of children either at school or clinics, the total number of meals being 741,121. The number of children supplied during the preceding year was 1,794, and the number of meals 355,104.

Children presenting evidence of subnormal nutrition are given milk meals provisionally, on the recommendation of the Head Teachers, pending medical examination.

Such children receiving "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 in 1936, insistence being continued as to all the milk supplied being pasteurised milk sold under licence.

A table is published below summarising the reports of Head Teachers as to milk consumed in schools in March and October, 1936, and as required by the Board of Education.

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

MILK IN SCHOOLS.—SUMMARY.

MARCH AND OCTOBER, 1936.

		No. on Roll.		Free.		For Payment.		Total.		% receiving Milk.	
		Mar.	Oct.	Mar.	Oct.	Mar.	Oct.	Mar.	Oct.	Mar.	Oct.
A.—Under 'Milk in School' Scheme.											
Blackhorse Road..	.. Senr. Girls..	256	271	41	57	69	80	110	137	42.5	50.5
	.. Junr. Mixed	317	331	21	27	155	142	176	169	55.5	51.0
	.. Infants ..	211	232	28	31	160	150	188	181	89.1	78.0
Chapel End ..	.. Senr. Boys..	248	261	41	77	41	38	82	115	33.0	44.0
	.. Senr. Girls..	211	225	34	37	51	45	85	82	40.2	36.4
	.. Junr. Mixed	421	374	61	53	172	175	233	228	55.3	60.9
Coppermill Road	.. Junr. Mixed	366	338	40	37	202	239	242	276	66.1	81.6
	.. Senr. Boys..	239	239	16	41	99	90	115	131	48.1	54.8
	.. Senr. Girls..	245	268	23	36	104	112	127	148	51.8	55.2
Edinburgh Road	.. Junr. Mixed	326	339	23	29	171	200	194	229	59.5	67.5
	.. Infants ..	239	296	16	21	189	227	205	248	85.7	83.7
	.. Senr. Girls..	225	234	41	41	69	58	110	99	48.0	42.3
Forest Road ..	.. Junr. Boys..	278	284	24	35	125	123	149	158	53.6	55.6
	.. Junr. Girls..	237	253	39	37	113	108	152	145	64.1	57.3
	.. Infants ..	291	266	14	14	178	176	192	190	65.9	71.4
Gamuel Road ..	.. Junr. Boys..	272	290	37	36	159	176	196	212	72.0	73.1
	.. Junr. Girls..	277	272	19	18	182	156	201	174	72.5	63.9
	.. Infants ..	186	144	9	4	120	87	129	91	69.3	63.2
Higham Hill ..	.. Junr. Boys..	324	308	34	98	107	103	141	201	43.5	65.3
	.. Junr. Girls..	300	311	101	96	92	115	193	211	64.3	67.8
	.. Infants ..	351	298	83	81	160	180	243	261	69.2	87.5
Jos. Barrett ..	.. Senr. Boys ..	268	291	18	24	94	103	112	127	41.8	43.6
	.. Senr. Girls ..	204	214	19	52	72	40	91	92	44.6	42.9
	.. Junr. Boys ..	244	245	29	35	120	109	149	144	61.0	58.7
Markhouse Road	.. Junr. Mixed	347	325	55	134	173	157	228	291	65.7	89.5
	.. Infants ..	177	178	40	54	90	100	130	154	73.4	86.5
	.. Junr. Boys..	375	373	25	26	140	143	165	169	44.0	45.3
Maynard Road ..	.. Junr. Girls..	290	292	43	82	78	100	121	182	41.7	65.7
	.. Infants ..	363	314	12	12	134	142	146	154	40.2	49.0
	.. Junr. Mixed	281	262	40	62	170	150	210	212	74.7	80.9
Mission Grove ..	.. Infants ..	176	194	34	33	118	127	152	160	86.2	82.4
	.. Junr. Mixed	324	287	38	47	178	153	216	200	66.6	69.6
	.. Infants ..	217	—	29	—	121	—	150	—	69.1	—
Queen's Road ..	.. Infants ..	196	156	12	17	144	108	156	125	79.5	80.1

MILK IN SCHOOLS.—SUMMARY.—continued.

			No. on Roll.		Free.		For Payment.		Total.		% receiving Milk.	
			Mar.	Oct.	Mar.	Oct.	Mar.	Oct.	Mar.	Oct.	Mar.	Oct.
Roger Ascham	Junr.	Mixed	417	412	36	110	123	102	159	212	38.1	51.4
		Infants ..	369	283	42	43	140	172	182	215	49.3	75.9
Selwyn Avenue	Boys ..		424	403	33	33	197	153	230	186	54.2	46.1
	Girls ..		414	401	67	57	124	137	191	194	46.1	48.3
		Infants ..	409	413	14	20	188	215	202	235	49.3	56.8
Thorpe Hall	Infants ..		341	317	18	23	221	209	239	232	70.0	73.1
Wm. Elliott Whittingham	Boys ..		268	295	64	52	40	54	104	106	38.8	35.9
Wm. McGuffie	Senr. Boys ..		262	241	5	19	100	68	105	87	40.0	36.1
	Senr. Girls ..		219	240	48	49	52	53	100	102	45.6	42.5
Winn's Avenue	Senr. Boys ..		262	276	33	41	80	81	113	122	43.1	44.2
	Senr. Girls ..		280	317	53	57	84	91	137	148	48.9	46.6
	Junr. Mixed		377	403	30	37	234	243	264	280	70.0	69.4
	Infants ..		258	230	9	11	221	190	230	201	89.1	87.4
Wood Street	Junr. Boys..		235	215	63	47	68	71	131	118	55.7	54.8
	Junr. Girls..		253	256	48	48	82	81	130	129	51.3	50.3
	Infants ..		262	224	50	60	87	113	137	173	52.2	77.2
Geo. Gascoigne Central..	Boys ..		273	296	30	51	98	112	128	163	46.8	55.0
	Girls ..		292	315	26	41	74	59	100	100	34.2	31.7
Wm. Morris Central ..	Boys ..		300	308	141	18	17	146	158	164	52.6	53.2
	Girls ..		323	345	40	37	130	127	170	164	52.6	47.5
St. George's R.C. ..	Senr. Mixed		214	225	10	20	69	78	79	98	35.1	43.5
St. Mary's C. of E. ..	Girls ..		284	282	12	13	90	112	102	125	35.9	44.3
	Infants ..		165	160	3	16	90	86	93	102	56.3	63.7
St. Mary's R.C. ..	Junr. Mixed		307	299	60	58	192	216	252	274	82.0	91.6
St. Patrick's R.C. ..	Mixed ..		238	240	35	39	90	90	125	129	53.5	53.7
St. Saviour's C. of E. ..	Boys ..		171	170	9	34	94	87	103	121	60.2	71.1
	Girls ..		122	140	13	23	76	72	89	95	72.9	67.8
	Infants ..		181	132	22	25	141	96	163	121	90.2	91.6
Blind and Myope Centre	.. ..		64	63	5	4	34	35	39	39	60.9	61.9
Deaf Centre .. ..	.. ..		23	23	10	11	11	7	21	18	91.3	78.2
Shernhall Street Special..	.. ..		52	58	8	18	28	18	36	36	69.2	62.0
Physically Defective Centre	.. ..		59	—	12	—	22	—	34	—	57.6	—
Hale End Open Air School	.. ..		—	58	—	14	—	19	—	33	—	56.7
B.—Not under 'Milk in School' Scheme.												
Nursery School .. ..	.. ..		145	139	—	92	—	47	—	139	—	100
Totals .. ..	.. ..		17,545	17,144	2,188	2,705	7,647	7,652	9,835	10,357	56.0	60.4

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

		Number on Roll.	Receiving Free Milk.	Available for Volun- tary Milk.	Receiving Voluntary Milk.	Percentage receiving Voluntary Milk.	Total receiving Milk.	Percentage receiving Milk.
October, 1934	..	18,534	579	17,975	12,273	68.28	12,852	69.34
March, 1935 ..	..	18,354	922	17,432	9,142	52.4	10,064	54.2
October, 1935	..	17,691	1,370	16,321	8,056	49.3	9,426	53.28
March, 1936 ..	..	17,545	2,188	15,357	7,647	43.21	9,835	56.05
October, 1936	..	17,144	2,705	14,439	7,652	52.99	10,357	60.41

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

The continued co-operation of the teaching staff is earnestly sought, and in particular to try to increase the number of children receiving milk.

The ideal will only be reached when *all* children (except those who have a definite dislike for milk and those who are "sensitive" to certain of its proteins) obtain at least one pint per day of efficiently pasteurised milk.

12. (a) CO-OPERATION OF PARENTS.

The importance of securing the attendance of parents at medical inspection cannot be over-estimated. Written instructions are sent by the Head Teachers.

The following table shows the attendance of parents during 1936:—

		Number	Number of	Per cent.	Per cent.
	Boys.	Inspected.	Parents.	1936.	1935.
Entrants..	..	1,067	962	90.1	91.1
2nd Age Group ..	..	739	598	80.9	68.2
3rd Age Group ..	..	1,299	587	45.1	35.2
Totals ..	..	3,105	2,147	69.1	65.9
	Girls.				
Entrants..	..	955	875	91.6	92.4
2nd Age Group ..	..	844	695	82.3	84.7
3rd Age Group ..	..	933	509	54.5	60.0
Totals ..	..	2,732	2,079	76.0	80.2
Grand Total ..	..	5,837	4,226	72.4	72.7

(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 the follow-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. Acknowledgment has already been made of their help with regard to the 'Milk in Schools' Scheme."

The Head Teachers of Infant Schools have been particularly helpful with regard to the scheme of diphtheria immunisation, which could not have been so successful without their co-operation.

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.

A great deal of additional work has been caused by the new admissions of children to the Open Air School, and much tact has been required in some cases to secure the co-operation of the parents.

(d) CO-OPERATION OF VOLUNTARY BODIES.

(a) **The Invalid Children's Aid Association**, and the 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 Open Air School and Brookfield Hospital. Miss Lewis has kindly contributed the following report and statistics relating to the work of the Walthamstow Branch during 1936:—

“The figure for convalescent home treatment remained at its high level during 1936 and was remarkable for a heavy increase in the number of children requiring a further period away and representing one-fifth of the total. Of these, 28.5 per cent. were from the Rheumatism Clinic, but were not necessarily rheumatism or heart cases.

“Since the new P.A.C. Medical Scheme came into operation we have had no cases referred from the Public Assistance Station. Fourteen children whose parents were in receipt of assistance were sent away, but of these, 11 were referred by school medical officers and not by general practitioners. There is no means of ascertaining whether the type of child who previously came to us from the Public Assistance Station is now missed.” (*Note by S.M.O.*—Steps have been taken to obviate this possibility.)

“Ten Ventnor beds are earmarked for the use of the Tuberculosis Dispensary, but only six children were referred during the year. There was, of course, no difficulty in filling all the 22 beds and 56 children went to the Home during 1936.

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

	Over 5 years.	Under 5 years.	Total.
Medical men, Hospitals and Dispensaries ..	112	30	142
Tuberculosis Dispensaries and Tuberculosis Care Committees	2	—	2
Education Committees and School Medical Officers	50	11	61
Public Assistance Committees	—	—	—
Local Authorities under schemes for—			
(i) Rheumatism	53	—	53
(ii) Orthopaedic Care	80	97	177
Infant Welfare Centre	—	3	3
Invalid Children's Aid Association	7	4	11
Voluntary Agencies	2	—	2
Parents	3	—	3
Totals	309	145	454

“Classification of New Cases:—

Tuberculosis—Joints	4	—	4
Anaemia and Debility	74	8	82
After effects of acute illnesses	11	—	11
Marasmus and Malnutrition	5	6	11
Rheumatism, Chorea and Heart	38	3	41
Heart (Congenital)	4	—	4
Diseases of Lungs (Non-T.B.)—			
(a) Bronchitis, Pneumonia, etc.	34	14	48
(b) Asthma	4	—	4
Glands (Non-T.B.)	6	2	8
Diseases of Bones (Non-T.B.)	56	69	125
Paralysis	8	5	13
Nervous Conditions	12	3	15
Congenital Deformities	21	23	44
Hernia	—	2	2
Diseases of—Ears	6	2	8
Eyes	4	—	4
Nose and Throat	3	—	3
Accidents	5	1	6
Various	14	7	21
Totals	309	145	454

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

	Old.	New.
Sent to Special Hospitals and Convalescent Homes	63	248
Extensions from previous years	63	—
Provided with Surgical Boots and Appliances	104	44
Provided with Massage and Exercises	—	16
Referred for visiting and advice	203	76
Referred by I.C.A.A. to other Agencies	4	3
Clothes	2	16
Totals	439	403

“Number of visits paid, 1,216.

“Average length of stay in Convalescent Home, 12 weeks 4 days.

“Sixty children were sent away from the Rheumatism Clinic.”

(b) **National Society for the Prevention of Cruelty to Children.**—The following summary of the work done in Waltham-stow during 1936 is reported by Inspector Luff:—

Nature of Offence.		How dealt with.	
Neglect	76	Warned and advised	96
Assault and ill-treatment	10	Otherwise dealt with	1
Advice sought	10		
Various	1		
Total	97	Total	97

Number of children dealt with over 5 years of age—Boys, 101; Girls, 103.

Number of children dealt with under 5 years of age, 56.

345 supervisory visits were made during the year, and in addition 70 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 1936:—

“The financial position of the fund remained stable during the year 1936, and in consequence over eleven hundred pairs of boots were distributed at an approximate expenditure of £350.”

(d) Miss S. C. Turner, Secretary of the **Essex Voluntary Association for Mental Welfare**, kindly contributes the following report on work in Walthamstow:—

“The Essex Voluntary Association for Mental Welfare has had another active year in close co-operation with the local Mental and After-Care Committee and has to record an increase of work, this showing not that the number of defectives in Walthamstow has become larger, but that more is being done for those known to exist.

“The number of defectives under the respective headings is as follows:—

	Males.	Females.	Total.
Under Statutory Supervision ..	48	54	102
Under Orders of Guardianship ..	1	3	4
On licence from Certified Institutions	1	3	4
Under Voluntary Supervision ..	93	101	194

“The relative incidence of defect among the sexes is not reflected by the above figures, which do not include numbers in Institutions. Experience commonly shows a larger number of boys than girls, and of women than men, for reasons which may not be far to seek.

“In our last report reference was made to an investigation which was being undertaken by the Central Association for Mental Welfare into the incidence and circumstances of epileptics, for whom as a class there is little provision. The Central Association has now made known the findings of their workers in a report which they describe as a preliminary survey. This contains a great deal that is interesting, and a copy of the report could no doubt be obtained from the Central Association. Complete figures are

impossible to get, but in Walthamstow where co-operation was freely given the figures are high and are likely to approach the actual figure. We know of no comprehensive attempt previously made to discover what happens to epileptics when they leave residential special schools, and where the much larger number who have never attended such schools go to, or how they live. When it is remembered that a large number of these are capable of useful and profitable employment under conditions suited for their health and temperament the need for further consideration and perhaps legislation seems evident.

“Occupation Centres; Junior Mixed and Girls’ Centre.—This Centre continues to meet at the Settlement and has 28 on roll. The Supervisor, Miss Carter, left during the year, her place being taken by Miss Barbara Drury, who is well known in Walthamstow. After several years work Miss Carter left behind many friends.

“Work at the Centre includes various handicrafts, a percussion band, physical work including ‘Keep-fit groups,’ and simple domestic training for the elder girls. Hot dinners at 3d. a day or 1s. a week continue to be provided for the children, and several necessitous cases are paid for by the Mental and After-Care Committee from its funds.

“In July there was a motor coach outing to Chalkwell, near Westcliff. The weather was fine and the day was a great success. The Christmas party was held on 18th December and was, as usual, a very happy event, the only difficulty being to find room for all the friends who were present. The Mental and After-Care Committee were responsible for arrangements for both treats; they also bore the entire cost of the outing and contributed substantially towards the Christmas party.

“Interest in the work of the Centre is much appreciated and visitors are always welcome.

“Boys’ Woodwork Class.—This class continues to meet in the mornings at St. Stephen’s Hall, Grove Road, with Miss Carol Wood in charge. A variety of useful articles have been made and sold, including small tables, clothes horses, garden trellis and wooden trays. Gardening takes up a certain amount of time, as the ground surrounding the church hall is being planted with roots and bulbs bought with a grant from the Church Council for the purpose.

“In July the class had a coach outing to Sheerness, to the delight of the boys, who eagerly await another in 1937; and in January, 1937, the usual treat at the Walthamstow pantomime took

place. The Mental and After-Care Committee again made all arrangements and paid most of the cost of the treats.

“Visitors to this class also are welcome and orders are greatly appreciated.

“We are very glad to put on record our close co-operation with the Mental and After-Care Committee, to whom, together with their Chairman (Mrs. Fellows), Honorary Treasurer (Mr. Blackmore) and Honorary Secretary (Mr. Bristow), we offer hearty thanks for their great help in Walthamstow.”

(e) **Walthamstow Committee for Mental Welfare and After-Care.**—Mr. L. F. Bristow, Hon. Secretary, kindly contributes the following report:—

“The members of the Committee have visited consistently and kept in touch with their various cases, and in many instances financial aid and gifts of clothing have been given. Miss Turner’s report, given above, covers a great deal of our work in Walthamstow. The annual Re-union Social was held in May and the Christmas party in December. The usual excellent teas were prepared by the Ladies’ Committee and very enjoyable entertainments were given. At Christmas time everyone received a gift, and nearly 100 attended each event. We are very grateful for the financial aid we get from the Essex County Council (Sunday Cinemas Fund) which enables us to do so much more in our work of after-care.”

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 1936, and has been supplied by the Head Teacher, Miss Balls:—

	Blind.		Partially Blind.	
	Waltham-stow.	Other Authorities.	Waltham-stow.	Other Authorities.
Boys	2	4	17	4
Girls	3	3	22	10
Totals	5	7	39	14

The work done at the school is detailed in previous annual reports, and in the following report of the Consultant Ophthalmic Surgeon, Dr. P. McG. Moffatt:—

“During the past year 65 pupils attended the Myope School on account of high myopia, myopic astigmatism of severe degree, or other defect of vision resulting from congenital abnormality or acquired disease. A classified list is shown below.

“The sight-saving measures ably carried out by Miss Balls and her assistants have resulted in improvement of vision in some cases, and prevention of further deterioration in the remainder. Those pupils whose degree of blindness precludes them from deriving benefit by the usual methods of teaching are obtaining valuable instruction at the school.”

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

“In previous reports, detailed accounts have been given of the aims and work of the Blind and Myope Centre, so that there is no need to describe them again.

“The year 1936 was, on the whole, an uneventful year for the School.

“Owing to the decline in numbers, the staff was reduced, and there are now three classes instead of four.

“As the summer was wet and cold, we were unable to work in the open air as much as we would have liked, but the school gardens seemed to flourish by reason of the excessive rainfall.

“The annual prize distribution took place in November, when an exhibition and sale of work proved very successful.

“The children were medically examined in March; later, the dental surgeon made a thorough examination of the teeth of all the pupils, and those who required dental treatment received it.

“Dr. Moffatt has visited the school each month for the thorough examination of the eyes of the children.

“H.M. Inspectors, Mr. Peaker and Miss Salt, visited the school at the end of August, and appeared to be satisfied with the work they saw.

“Eleven children left school during the year and, with the exception of two, all are in employment. Of the latter, one is going to Swiss Cottage Workshop for the Blind to receive further technical training; the other is, unfortunately, physically unfit for work or training.

“Of the children in employment—

One boy is apprenticed at a London carpet stores, where he is learning the carpeting trade and will travel for it.

One boy is employed as shop assistant in a general store.

One boy is employed as a nurseryman.

One boy is employed as a builder's labourer.

One boy has commenced work in an engineering shop.

One girl is apprenticed as shop assistant in a drapery store.

One girl is employed in a laundry, folding and packing clothes.

One girl is employed in a food packing factory.

One girl is employed in a knitwear factory.’

(ii) **Deaf School.**—As in previous years, all children in attendance were examined by Dr. Friel in February, 1936, following an assessment of each child's hearing by means of the Audiometer. Any of the children requiring further advice during the year were referred to the weekly aural clinic. In addition, the children were given the usual medical inspection and re-inspection.

Miss J. E. Hicks, Head Mistress of the Deaf Centre, reports as follows:—

“There were 24 children (13 Girls and 11 Boys) on the register at the end of 1936. The defects were as follows:—

Deaf (within the Act), 12; Partially Deaf, 3; Aphasic, 9.

"During the year five children were admitted, but one moved from the district after attending for only three weeks.

"Two aphasic children, whose speech is now normal, were transferred at the end of the year—one girl to the Special School, and one boy to the Open Air School. One deaf girl who has shown considerable talent in her art work has been attending the Leyton Art School for evening classes, has now been transferred there for one term with a view to becoming an embroideress.

"Two girls (deaf and partially deaf) and one boy (deaf) have left the school, and work has been found for them with a firm of cabinet makers, who already employ several of our old scholars and seem well satisfied with their work.

"One deaf girl, who is just fourteen and is very intelligent and an excellent lip-reader, is attending the Wm. Morris Central School. The Head Teacher and staff have been very kind in giving her extra coaching, and her lip-reading enables her to follow most of the class-work. She still attends the deaf centre for half an hour a day for speech training. The deaf who have learnt to speak well easily lapse into slovenly speech as they do not hear their own mistakes, and this needs constant correction.

"The work of the school has necessarily been changed to provide for the greater proportion of aphasic children now in attendance, the problem of teaching these hearing children being a very different one from that of educating the deaf.

"The multitone apparatus installed last year is still proving invaluable as an aid to the teaching of speech to the deaf children. Many who cannot hear the spoken voice normally have learnt to listen and hear speech with this apparatus, as the sound can be intensified or altered in pitch to suit each individual. This training helps the children to produce more normal intonation and a pleasant voice, which are two of the most difficult things for the deaf to acquire.

"All the children have half an hour's physical training or dancing every day. Four of the bigger boys play football once a week with those of the Wm. McGuffie School. It is good for these boys to have to find their own level with pupils from a normal school. During the summer months the senior boys and girls attend swimming classes with the scholars of the Wm. Morris Central School.

"The senior boys spend one afternoon a week at the Wm. McGuffie woodwork centre, and the girls of twelve or over attend their centre for housewifery and laundry.

“A keen interest is taken by all the children in the small patch of garden which has been made in the playground.

“The children were very sorry to lose Miss Coates, who left the school at Whitsun after thirteen years at this school. Miss V. K. Mitchell was appointed assistant teacher in September of this year.”

(iii) School for Physically Defective and Open Air School.

—The School for Physically Defective Children was transferred in September to newly erected classrooms at the Hale End site and became known as the Hale End Open Air School.

The site is within a few hundred yards of the trolley bus service and has an area of over three acres which slopes downwards towards the west. The cost is stated to be as follows:—Site, £4,500; Buildings, £8,170; Furniture, etc., £300.

The existing three-storeyed house was renovated and adapted to provide the following accommodation:—

Lower ground floor—Dining hall, kitchen (electrically equipped), scullery, cloakroom, and shower baths.

Ground floor—Orthopaedic and medical inspection suite comprising waiting, inspection and treatment rooms; Head and Assistant Teachers' room.

First floor—Two rooms for Speech Therapy; Caretaker's quarters.

The classrooms are arranged in three detached blocks, each accommodating two classrooms. Each classroom opens on two sides. There are two detached blocks of similar size, which open on three sides, originally intended as rest rooms. The construction of the five blocks is of brick piers supporting asbestos roof sheeting over timber roof trusses; the backs are timber framed with weather boarding externally and asbestos sheeting internally.

The first half term, *i.e.*, up to the end of the year, was largely experimental. Five of the classrooms were equipped to accommodate up to 30 children each; the sixth was used as a woodwork and manual room. One of the blocks was used as an art room, and the sixth as a resting shed, each class being given a rest period in rotation.

Two up-to-date motor omnibuses are used to convey the non-ambulant children.

The children are weighed and measured each month and the results are charted on a special card for each child. One half-day per fortnight is allowed to medical inspection and re-inspection (frequently increased to one half-day per week).

The establishment of the new school will materially assist the school medical service to combat the effect of the various conditions enumerated in the Head Teacher's report which follows.

With a view to selecting the children most suitable to fill the additional accommodation available, Head Teachers were circularised in the summer requesting the names of all children whom they considered might benefit by admission. Each child was medically examined and assessed for admission in order of urgency if so recommended.

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

“Until September the school was conducted as in former years at the Joseph Barrett School, principally for children suffering from orthopaedic and cardiac defects.

“On September 21st, the school was transferred to new buildings in Hale End Road, and the basis of admission was widened. Scholars are now admitted on the recommendation of the school medical staff as suitable cases for open air treatment.

“The school curriculum is based on the recognition that health considerations take precedence. The routine includes:—

1. Fortnightly medical inspections.
2. Daily mid-day dinners at a cost of 3d. each.
3. Milk, roboleine, cod liver oil, in specified cases.
4. Daily rest periods.
5. Open air conditions.
6. Bathing.

“The teaching staff, using reading, English composition, and writing and arithmetic lessons, try to impress upon the children the simple scientific reasons for their treatment, *e.g.*, the older scholars learn the principles of a well-balanced diet; how certain foods supply heat to the body and others assist in strengthening bones and teeth; how cleanliness helps in eliminating waste products through the skin; the meaning of relaxation and the restoration that follows its application. Right breathing is essential to get the full benefit of open air, and daily exercises are practised. Physical training also is given daily.

“The rest periods are observed by each class in rotation. Children lie on one folded blanket and are covered by another for at least half an hour daily.

"The number on roll at the end of the year was 121. The classification was as follows:—

	Boys.	Girls.	Totals.
Orthopaedic	20	16	36
Heart Disease	3	7	10
Rheumatic	4	3	7
Debilitated	16	22	38
Malnutrition	7	11	18
Chest conditions	2	3	5
Epileptic	4	—	4
Skin conditions	—	1	1
Nephritis	2	—	2

(iv) **Orthopaedic Scheme.**—Reference has already been made (in the description of the Open Air School) to the new rooms available for orthopaedic treatment. The waiting and consulting rooms are also used for medical inspection.

The orthopaedic treatment room is 36ft. 9ins. long and 16ft. 9ins. wide, and is fully equipped for the following treatments:—

- (i) Massage;
- (ii) Re-education of muscles;
- (iii) Electricity:—
 - (a) Electrical reactions of muscles,
 - (b) Faradism,
 - (c) Radiant Heat,
 - (d) Infra Red Light;
- (iv) Exercises for:—
 - (a) Scoliosis,
 - (b) Posture,
 - (c) Foot deformities,
 - (d) Co-ordination,
 - (e) Respiration;
- (v) Splintage and Strapping;
- (vi) Plaster of Paris.

The larger majority of new cases referred to the Clinic continued to be from the Infant Welfare Centres.

The arrangements whereby the Superintendent Health Visitor and the Welfare Masseuse attended each Clinic was continued. The close liaison has proved very valuable. A total of 15 Consultant sessions were held in 1936.

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

"The following statistics, ably compiled by the Orthopaedic staff, under Miss Garratt, show the treatment and details of the work undertaken.

"The chief event of the year has been the transfer of the Physically Defective School and Clinic to the new premises in Hale End Road.

"The accommodation of the clinic is excellent and has been well planned, so that it should become increasingly popular with all concerned."

ORTHOPAEDIC 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	11	1	13
Scoliosis, Kyphosis, Lordosis	12	2	—	18	3	2
Surgical Tuberculosis ..	9	—	4	5	—	2
Rickets—						
(a) Genu Varum ..	3	48	—	1	23	—
(b) Genu Valgum ..	16	29	—	14	27	—
Pes Plano Valgus ..	43	15	1	51	21	1
Spastic Paralysis ..	8	6	—	6	5	—
Arthritis	2	—	—	2	—	2
Talipes—						
(a) Equino Varus ..	6	4	—	2	2	—
(b) Equino Valgus ..	1	—	1	—	—	—
(c) Calcaneo Valgus ..	—	5	—	—	3	—
(d) Pes Cavus ..	—	—	—	1	1	—
Congenital Defects ..	10	4	—	8	3	—
Torticollis	2	7	—	9	5	—
Osteomyelitis	2	—	2	1	—	—
Kohlers Disease ..	—	—	1	1	—	—
Amputation—Leg ..	—	—	—	2	—	—
Ataxia	2	—	—	1	—	—
Hammer Toe	1	—	—	5	—	—
Fractures	1	1	—	—	—	—
Digitus Varus	—	—	—	1	—	—
Pseudo Hypertrophic Paralysis	1	—	—	—	—	—
Spina Bifida	1	—	—	2	—	—
Schlatters Disease ..	—	—	—	2	—	—
Erbs Paralysis	1	—	—	—	1	—
Coxa Vara	—	—	—	1	—	—
Hallux Valgus	1	—	—	4	—	—
Hemihypertrophy ..	1	—	—	1	1	—
Pseudo Coxalgia ..	3	—	—	2	—	—
Ganglion	—	—	—	1	—	—
Heart Disease	7	—	—	10	—	—
Debility	18	—	—	21	—	—
Miscellaneous	17	5	—	18	2	—
Totals	184	127	14	201	98	20

Number of cases seen by the Surgeon:—

From Physically Defective Centre	70
From other Schools	232
Over school age	33
Under school age	187
Total	522

New cases seen:—

School age	74
Under school age	97
Total	171

Total number of examinations by Surgeon	693
Total number of cases discharged by Surgeon	169
Average number of examinations made per session	46.2
Cases discharged by Surgeon and for after-care by Masseuse:—	
School age	17
Under school age	9
Total	26

Cases over school age away for training	4
Number of attendances for orthopaedic and massage treatment (Children of all ages)	3,423
Average number of attendances per session	17.8
Number of sessions held:—	
Medical Inspection	15
Treatment	192
Total number of visits by Instrument Maker	13

(v) **Brookfield Orthopaedic Hospital.**—The Orthopaedic Scheme continues to depend for a great deal of its success on Brookfield Hospital, which was provided by voluntary effort up to December 1st, when the Hospital was taken over by the Essex County Council. 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 1936 as follows:—

Admissions (Walthamstow cases only):—

Under 5 years of age	9
5 years and over	12
Total	21

Classification of Defects.	Under 5 years.	5 years and over.
Anterior Poliomyelitis	2	3
Spastic Paralysis	1	2
Bifid Thumb	1	1
Congenital Dislocation of Hip	1	1
Tuberculoma	—	1
Rickets—		
(a) Genu Varum	2	—
(b) Genu Valgum	1	—
Hammer Toe	—	1
Torticollis	—	2
Talipes Calcaneus	1	—
Spina Bifida	—	1

Classification of Operations.	Under 5 years.	5 years. and over.
Tenotomy—		
(a) Tendo Achillis	1	2
(b) Sterno Mastoid	—	2
Removal of Ganglion	—	1
Manipulation—		
(a) Foot	—	2
(b) Knee	—	2
Amputation of Radial Thumb (Bifid)	1	1
Open Elongation of Tendo Achillis	—	1
Arthrodesis Toe	—	1
McEwans Osteotomy	2	—
Congenital Dislocation of Hip—Reduction	1	3
Circumcision	2	—

Plaster of Paris—Plaster Spica (Hip)	4
Splints (Various)—(a) Following operation by Surgeon	9
(b) By Masseuses	22

(vi) **Mental Deficiency—Ascertainment.**—Ascertainment has proceeded along the lines detailed in previous years. A summary of 68 examinations is given below, and of the 47 children not mentally deficient, 6 had intelligence quotients of or above 90, and 30 had intelligence quotients between 80 and 89.

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

A summary of the work done under this heading during the last six years is given below.

	1936.	1935.	1934.	1933.	1932.	1931.
Not Mentally Defective, or Dull and Backward	36	56	29	28	70	49
Border-line Mentally Defective	11	3	3	—	3	4
Mentally Defective	14	16	14	24	17	20
Imbeciles	6	10	5	9	6	10
Idiots	1	1	—	2	1	4
Totals	68	86	51	63	97	87

School for Mentally Defective Children.—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 the school.

At the end of 1936, the classification, according to the latest available intelligence quotients, was as follows:—

				1936.	1935.	1934.
Intelligence Quotient	80 to 89	..	..	3	4	4
..	70 to 79	..	..	8	11	22
..	60 to 69	..	..	28	29	20
..	50 to 59	..	..	16	10	12
..	40 to 49	..	..	1	5	8
..	30 to 39	..	..	—	1	—
Not recently tested	..	..	..	3	1	1
				59	61	67
				—	—	—

The child with the intelligence quotient below 50 is being given further trial before deciding on transfer to the Occupation Centre.

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.

The elimination of low grade children from the school will be noted.

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

				1936.	1935.	1934.	1933.	1932.	1931.
Decertified	..	..	..	3	3	2	2	1	1
Attaining the age of 16 years..				4	4	2	8	—	—
Allowed to leave for employment	..	..	..	8	7	5	1	2	5
Notified to the County Council as—									
Ineducable	..	..	..	2	4	1	6	5	—
Imbecile	..	..	..	2	1	3	9	—	6
* Idiot	..	..	..	—	—	—	2	—	—
				19	19	13	28	8	12
				—	—	—	—	—	—

Miss Purcell, the Head Mistress, reports that the school journeys were successful, the older children going to Devon, and most of the others to Canvey Island.

(vii) **Child Guidance.**—During the year the Board of Education confirmed the scheme for the reference of children requiring guidance to the London Child Guidance Clinic. The fee for initial

consultation is 15s. and for subsequent treatment 5s. per visit. For some years past, children had been referred to the clinic without cost to your Committee, and grateful acknowledgment must be made for the assistance given.

During 1936, eight children were referred and seven attended. Short notes are given below:—

H.B.—Girl. 12 years. Intelligence quotient, 80. Referred for backwardness. Head Teacher arranged to visit psychologist at clinic. Follow up enquiries in 1937 showed mother to be satisfied with improvement. Head Teacher states child to be better and happier at school. Child grateful for what was done.

R.H.—Boy. 11 years. Referred by assistant School Medical Officer for rectal incontinence and dullness. Seen at General Hospital. No improvement. Guidance clinic reported him to be of average intelligence, but neurotic. Change of environment at convalescent home recommended during mother's pregnancy. No real improvement. To be referred back to clinic.

M.M.—Girl. 11 years. Referred by family doctor because of being terrified of the dark. Diagnosed as over-sensitive child; parents over-anxious about welfare and education. Undesirable effect of teaching and driving at home. Parents to be seen over a period. Child of good intelligence. Clinic social worker visited Head Teacher and child's home. Follow up enquiries in 1937; parents attended clinic twice, then failed; new appointment being arranged; admit attacks of fear are fewer. Head Teacher considers some improvement, but still some disharmony, still slow and unpunctual.

V.S.—Girl. 8 years. Referred by Head Teacher and assistant School Medical Officer because of habit of indecent exposure. Mentally retarded, very suggestible and seems unaware that she has done wrong. Mother unable to cope with situation and does not assume much responsibility. Change of environment at Open Air School being tried in 1937.

W.S.—Boy. 9 years. Referred on parental complaint of uncontrollable temper. Only child; father 71 years, mother 43 years. Average physically and scholastically. Examined in September, 1936, and showed extreme inhibition, above average intelligence. Parental relationship abnormal, mother has brought child up on idealistic basis—anxiety over bowels and bed-wetting. Boy rebels against mother's idealism. December, 1936, case closed, symptoms cleared up, real change in mother and child—freer, more independent life; expresses affection for mother. Mother was co-operative and now more realistic and happier. Follow up enquiries in January, 1937—mother stated: 'so improved that he is like a different child to live with, extremely affectionate, brighter

and happier in appearance, more intelligent and anxious to learn; his general behaviour so improved that it was commented upon by those who did not know he was undergoing treatment."

W.T.—Boy. 9 years. Referred by private doctor for extreme restlessness, nail biting, violent temper and aggressiveness. Intelligence quotient at clinic, 111. Severe anxiety dreams, relatively severe neurosis. Accepted for full treatment. Subsequent attendances irregular; parents stimulated; no response.

A.T.—Boy. 13 years. Referred by Head Teacher. Under-sized, malnourished, nervous movements, general anxiety and backward. Few outlets at home, lives alone with father; transfer convalescent home or residential institution advised in order to obtain change of environment.

(viii) **Speech Therapy.**—Classes for children with stammer were continued, as in former years, up to the end of the summer term.

In March a special report on "Stammering and other Speech Defects" was submitted to your Committee jointly with the Director of Education. Attention was drawn to the lack of treatment for defects other than stammering, to the expected incidence of some 170 to 200 defects of speech amongst the Walthamstow school population, to the two best recognised methods of treatment (*viz.*, the Boone and the Birquand), and to the operation of schemes in other areas (notably by the London County Council) staffed by specially trained whole-time speech therapists.

Your Committee decided to discontinue the former arrangement of treatment, to fit up the necessary rooms in the administrative block at Hale End Open Air School, and to appoint a full-time speech therapist, trained in the Boone method of treatment. Miss I. M. S. Knight was appointed and assumed duty in September, 1936.

During the summer term the names and addresses were obtained of all children considered by Head Teachers to be suffering from speech defects. A total of 254 names were obtained and the children were seen and assessed as to necessity of treatment by the School Medical Inspectors.

Before commencing active treatment Miss Knight visited most of the schools from which children had been recommended for treatment, and also interviewed parents, in some cases at home. Time tables were drawn up with regard to treatment, which has been given in the rooms which had been attractively decorated and furnished to Miss Knight's specification.

Some difficulty has been experienced in fitting in the large number of children recommended for treatment, and more particularly in securing the regular attendance of the children, particularly the younger ones who have to be brought by a parent.

New cases requiring treatment, when reported by Head Teachers, are referred to the School Medical Officer; appointments for medical examination are arranged at the school clinics; treatment for defects of teeth, eyes, tonsils and adenoids, anaemia and malnutrition are attended to, after which the patient is referred to the speech therapist.

The assistance of the Teaching Staff is particularly helpful in discovering defective children. Thus one boy from a senior school, when seen at the clinic, did not show any obvious stammer (although specifically referred by the Head Teacher). His mother claimed that he did not stammer at home, although the boy admitted he did so when he felt nervous at school. It was felt that there was insufficient stammer to require reference for speech therapy—especially in view of the pressure of work at the centre—whereupon the Head Teacher at once produced very convincing written evidence from each class teacher that the defect was considerable and did require urgent treatment.

Miss I. M. S. Knight, Speech Therapist, reports as follows:—

“During recent years it has been realised by Education Authorities throughout the country that children who have speech defects can be helped, and in many cases cured, if they are treated by a trained speech therapist.

“Walthamstow has been one of the pioneer Authorities in employing a full time teacher trained in such work.

“It is too early to assess the results of affording such training to those children who have difficulties in their speech, but it can, with assurance, be claimed that they are responding favourably to treatment. In the short period between September, when the work commenced, and December, 1936, there were two complete cures, and in each case where a child left the centre to commence work the child was well on the way to recovery.

“In the treatment of speech defects it is very important that the centre should have a happy and restful atmosphere, and this has been achieved. The decorations and apparatus were carefully chosen in order to obtain the desired effect, and happiness is the prevailing note.

“Out of 232 cases submitted, 110 were able to receive treatment and cases are still being accepted. Of these, 54 are stammerers, 6 are being treated for cleft palatal speech, and the rest have some

form of functional disorder of speech. The classes are arranged in suitable numbers in order to give each child as much individual attention as is deemed necessary.

“Stammering is not, as is usually supposed, an organic defect of speech, but rather a defect of the nervous system causing a tightening of muscles in an effort to speak. It is necessary to get at the cause of the complaint rather than of the defect itself. Co-operation of parents, child and teacher is, therefore, very necessary. The length of treatment varies with each patient. Whether reaction to treatment be spontaneous or not, it requires a very gentle and delicate adjustment to normal. A stammerer is never wholly free from fear, although some may deny the existence of it. Too often the advice given to an anxious parent of a stammerer is that the child will outgrow the difficulty, but this is seldom the case. Statistics show the opposite to be more usual.

“One must deplore and warn against the so-called trick cure. It may alleviate for the time, only for the trouble to recur with an added mannerism which adds to the embarrassment of the patient.

“It would be better if stammering could be regarded, not as a speech defect, but rather as a nervous disorder. Much valuable time is often wasted in misplaced optimism while waiting for the patient to outgrow his stammer or defect of speech.

“School children attend twice weekly for sessions of one hour. To facilitate attendance, the time for travelling to and from school is taken into consideration and tram fares paid where necessary.

“In addition to the treatment of stammerers, other classes of speech defects are dealt with, such as those due to organic disorders, *e.g.*, cleft palate, and functional disorders, imperfect control of the organs of speech (the speech organs being quite normal).

“It must not be expected that the return to normal speech is just a question of being told the correct method of articulation. A bad speech habit once formed, like all other bad habits, takes time and patience to readjust. It is only by patient practice that the difficulty can be overcome.

“In the cases of cleft palatal speech nothing can be promised under two years (and more probably three), but no case is too difficult to tackle. It is very gratifying to note, even in the very smallest children, interest arising in their speech, and many times one is told that not only is speech improving, but the children are giving more attention to lessons in a general way as self-confidence in themselves is becoming more established.

“No longer is the patient afraid to speak, but is only too anxious to try and test this new method and prove his or her own progress”

Convalescent Home Treatment.—311 children were sent away for convalescent home treatment during 1936. Included in this number were 6 sent away in conjunction with the Walthamstow Association of Tuberculosis Care Helpers. There were 73 children remaining in convalescent homes and hospital schools on December 31st, 1936.

The conditions for which children were sent included the following:—Debility, 59; Heart, 32; Rheumatism, 18; Chest, 57; Anaemia, 33; Malnutrition, 11; Nervousness, 20; after infectious illness, 30; Surgical, 25; Ear Disease, 6; Various, 20.

A total of 60 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 4 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 medical and nursing supervision continued mainly on the lines detailed in previous reports, *i.e.*, (a) examination of new admissions at the adjoining school clinic as soon as possible after admission to school; (b) stripped examination of each child once per term; and (c) annual routine examination. Parents are invited to be present at examinations (a) and (c).

A visit was paid to the school in May by members of the Maternity and Child Welfare Group of the Society of Medical Officers of Health.

During January and February the Head Teacher noted the agencies through which children were referred to the school; the following is a summary:—Personal recommendations, 14; relation of present or former pupil, 8; perusal of brochure on “The Public Services of Walthamstow,” 3; re-admissions, 2; medical and nursing staff, 2; district nurse, newspaper article, and notice board, 1 each; total, 32.

Miss Richards, Head Teacher, contributes the following report:

"The early part of the year 1936 showed a better attendance with a steadier increase than the previous year, and with a comparatively clean bill of health up to the middle of March when a large percentage of the children developed measles. It is interesting to record that most of these cases developed during, or after, the Easter holiday, so that it is reasonable to suppose that, had the children been able to remain at school in the open air (instead of in the closer proximity to infection in their homes) during the Easter holiday, probably fewer cases would have occurred.

"Though it is very regrettable that measles cannot be kept out of an open air school (where the chances of infection are considerably less than in a closed-in school), one cannot help realising that the children appear to have less severe attacks and recover more quickly. In view of the occurrence of measles, the attendance during April, May and June was consequently poor, but showed considerable improvement during June and onwards to November.

"During November several cases of whooping cough and a good deal of influenza occurred which have resulted in a poor attendance during the early part of 1937.

"It is also very regrettable that the school is not full; with the exception of two weeks in June, when the enrolment rose to 165, there have been more vacancies than in former years.

"Under the new arrangement the children are now medically examined once a term (*i.e.*, three times a year). In October of 1936, when Dr. Clarke medically inspected the children, she appeared pleased with the general condition of health of the children, but recommended certain additional aids to building up the health in certain instances.

"The children are weighed every month by the Head Teacher, and a careful chart is kept of the weight and height of each child. On the whole the children have shown a steady increase in weight, though losses occur in certain instances (which can frequently be accounted for if the child has had an illness, or undergone an operation, etc.). If a child loses weight two months in succession, the mother is advised to consult the school clinic doctor or her own doctor; but persistent loss in weight is very rare. When recommended on medical grounds, children receive cod liver oil emulsion during the winter months.

"One cannot help feeling that the lack of real summer weather and absence of sunlight during 1936 is responsible for much of the

illness during the following winter. Sun suits were very seldom worn because of the lack of sun.

"Though it has not been a year of unqualified success, I am pleased to report that those children who have attended regularly throughout the year are in very good health, and the appreciation of the mothers is something for which, I think, we should be thankful."

Children under 5 Years of Age.—The Superintendent of Attendance Officers kindly states that in December, 1936, there were 479 children on the registers born in the years 1932 and 1933, apart from children at the Nursery School. Every Infants' Department had such children on its register, the maximum number being 52, all departments having 14 or more. The average number per department was 26.6.

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

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

Except in necessitous cases, parents pay in full for all spectacles under an agreed scale of charges 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 18

days between January 9th and 31st, lectures were given at 31 school departments, a total of 4,396 children being in attendance.

(b) Twenty-four schools have requested publications from the Health and Cleanliness Council, to which your Committee subscribes one guinea.

19. SPECIAL ENQUIRIES.

(a) The clinical work done by your School Medical Officer (acting as Medical Officer of Health) in the schools in connection with diphtheria immunisation afforded an opportunity of assessing the value of Alum Precipitated Toxoid used by the single dose method. The method was found to be unreliable unless the results were strictly controlled by the performance of posterior Schick tests. The same prophylactic used by a two dose method was found to be highly efficient. The results are summarised in Section 8 of the report.

(b) An investigation into the causes underlying normal dentition is discussed in Section 7 (g).

20. MISCELLANEOUS.

(i) and (ii) **Employment of Children and Young Persons.**—Co-operation between School Medical Service and Juvenile Employment and Advisory Committees. The action taken under Administrative Memorandum 137 was fully discussed in the 1935 report.

Mr. R. Dempsey, the Juvenile Employment Officer, gives the following report on the work of the Bureau:—

“School Conferences.—The Bureau obtains its first contact with boys and girls when the vocational Guidance Officers visit the schools for the purpose of seeing those who may be eligible to leave school at the end of the term. This section of the Committee's work has developed considerably during the year. The parents are now invited to be present at the School Conference, and it is with some gratification that one is able to record that, as each term goes by, more and more parents are taking advantage of the opportunity offered them of discussing their children's future career with the officers of the Bureau. The total number of School Conferences held during the year was 125, and the number of boys and girls who were interviewed individually amounted to 2,195 (1,082 boys, 1,113 girls). In many cases the interest shown by the parents present, and by the scholars themselves, in the advice which was being given to them necessitated a second visit to the schools.

“Every effort is being made with a view to placing school leavers in suitable employment before they leave school, so that they are ready to commence work as soon as they are eligible.

Hitherto the school conferences were not completed until nearly the end of the term. The present aim of the Bureau is to complete the conferences early in the term and to make use of the rest of the term in introducing the school leavers to suitable employers. Nearly all the employers in the district are now giving the officers of the Bureau the opportunity to introduce suitable boys and girls at any time.

“Demand for Juvenile Labour.”—The increasing number of large factories which have been established in Walthamstow and Chingford are placing a strain on the Bureau to satisfy their demand for juvenile labour. The total number of juveniles registered during the year was 3,866, compared with 4,196 during the previous year. The decrease is accounted for by the greater number of opportunities open to juveniles. The number of vacancies notified to the Bureau was 2,452, compared with 2,006 during 1934-5. The vacancies filled (1,543) show an increase of 122 over the previous year (1,421).

“Of the juveniles who were registered for employment, 48 per cent. were placed by the Bureau.”

(iii) **Employment of Children.**—157 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 31 children for employment on production of satisfactory certificates from the medical staff.

Medical Examinations.—The following examinations were made during 1936 by the medical staff:—

	New Appointments.	Prolonged Absences.
Teachers	23	—
Others	13	—

21. STATISTICAL TABLES.

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

STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED DURING THE YEAR ENDED 31ST DECEMBER, 1936, BY THE LOCAL EDUCATION AUTHORITY TO THE LOCAL MENTAL DEFICIENCY AUTHORITY.

Total number of children notified, 19.

Analysis of the above Total.

Diagnosis.	Boys.	Girls.
1. (i) Children incapable of receiving benefit or further benefit from instruction in a Special School:—		
(a) Idiots	1	—
(b) Imbeciles	3	1
(c) Others	1	1
(ii) Children unable to be instructed in a Special School without detriment to the interests of other children:—		
(a) Moral Defectives	—	—
(b) Others	—	—
2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16	8	4
3. Feeble-minded children notified under Article 3, i.e., "special circumstances" cases	—	—
<i>Note.</i> —No child should be notified under Article 3 until the Board have issued a formal certificate (Form 308M) to the Authority.		
4. Children who in addition to being mentally defective were blind or deaf	—	—
<i>Note.</i> —No blind or deaf child should be notified without reference to the Board—see Article 2, proviso (ii).		
Grand Total	13	6

TABLE I.
MEDICAL INSPECTIONS OF CHILDREN ATTENDING PUBLIC
ELEMENTARY SCHOOLS.

A.—Routine Medical Inspections.

Number of Inspections in the prescribed Groups:—

Entrants	2,022
Second Age Group	1,583
Third Age Group	2,232
Total	5,837
Number of other Routine Inspections	361
Grand Total	6,198

B.—Other Inspections.

Number of Special Inspections	4,458
Number of Re-Inspections	24,718
Total	29,176

C.—Children found to require Treatment.

NUMBER OF *individual children* FOUND AT Routine MEDICAL INSPECTION TO
REQUIRE TREATMENT (excluding Defects of Nutrition, Unclean-
liness and Dental Diseases).

NOTE : No individual child should be counted more than once in any
column of this table; for example—A child suffering from defective vision
and adenoids should appear once in column 2, once in column 3, and “once
only” in column 4.

Group. (1)	For defective vision (excluding squint). (2)	For all other conditions recorded in Table IIa. (3)	Total. (4)
Entrants	9	316	321
Second Age Group	82	208	287
Third Age Group	125	210	326
Total (Prescribed Groups)	216	734	934
Other Routine Inspections	18	48	63
Grand Total	234	782	997

TABLE II. A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1936.

Defect or Disease.		Routine Inspections.		Special Inspections.	
		No. of Defects.		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
(1)		(2)	(3)	(4)	(5)
Skin	1 Ringworm:—				
	2 Scalp	2	—	10	—
	3 Body	4	—	23	—
	4 Scabies	4	—	44	—
	5 Impetigo	21	—	210	—
Eye	6 Other Diseases (Non-Tuberculous)	83	3	198	—
	Total (Heads 1 to 5)	114	3	485	—
	7 Blepharitis	60	—	60	—
	8 Conjunctivitis	21	1	180	—
	9 Keratitis	—	—	—	—
Ear	10 Corneal Opacities	—	—	—	—
	11 Other Conditions (excluding Defective Vision and Squint)	15	1	89	—
	Total (Heads 6 to 10)	96	2	329	—
	12 Defective Vision (excluding Squint)	234	39	109	—
	13 Squint	17	2	22	—
Nose and Throat	14 Defective Hearing	19	—	6	—
	15 Otitis Media	28	6	154	—
	16 Other Ear Diseases	7	3	45	—
	17 Chronic Tonsillitis only	96	216	38	13
	18 Adenoids only	12	46	3	—
Lungs	19 Chronic Tonsillitis and Adenoids	2	9	16	—
	20 Other Conditions	28	3	316	—
	21 Enlarged Cervical Glands (Non-Tuberculous)	135	—	35	—
	22 Defective Speech	27	4	14	—
	Heart Disease:—				
Tuber- culosis	23 Organic	33	27	9	—
	24 Functional	14	23	3	—
	25 Anaemia	79	2	26	—
	26 Bronchitis	119	42	11	—
	27 Other Non-Tuberculous Diseases	8	1	2	—
Nervous System	Pulmonary:—				
	28 Definite	—	—	—	—
	29 Suspected	—	2	—	—
	Non-Pulmonary:—				
	30 Glands	—	—	—	—
Deformities	31 Bones and Joints	—	—	—	—
	32 Skin	1	—	—	—
	33 Other Forms	—	—	—	—
	Total (Heads 29 to 32)	1	—	—	—
	34 Epilepsy	6	1	4	—
39 Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases)	35 Chorea	5	1	12	—
	36 Other Conditions	12	—	—	—
	37 Rickets	5	2	—	—
	38 Spinal Curvature	7	—	1	—
	39 Other Forms	11	6	34	—
Total		261	29	1,533	—
Total		1,376	469	3,207	13

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	2,022	814	40.2	935	46.2	251	12.4	22	1.0
Second Age Group	1,583	599	37.8	752	47.5	215	13.5	17	1.0
Third Age Group..	2,232	849	38.0	1,025	45.9	343	15.3	15	0.6
Other Routine Inspections ..	361	174	48.2	143	39.6	40	11.0	4	1.1
Total ..	6,198	2,436	39.3	2,855	46.0	849	13.6	58	0.9

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.
8	—	—	—	8

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.
39	—	—	—	—	39

DEAF CHILDREN.

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

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.
12 (9 Aphasic)	—	—	—	—	12

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.
59	4	1	—	64

EPILEPTIC CHILDREN.

Children Suffering from Severe Epilepsy.

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

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.
1	12	4	—	17

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.
5	34	6	1	46

B.—Delicate Children.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
120	—	2	—	122

C.—Crippled Children.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
44	—	—	1	45

D.—Children with Heart Disease.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
25	—	—	2	27

TABLE IV.—RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31ST DECEMBER, 1936.

TREATMENT TABLE.

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

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
<i>Skin:—</i>			
Ringworm—Scalp:—			
(i) X-Ray Treatment. If none, indicate by dash	6	—	6
(ii) Other Treatment	6	—	6
Ringworm—Body	27	—	27
Scabies	44	1	45
Impetigo	219	1	220
Other skin disease	203	5	208
Minor Eye Defects	354	3	357
(External and other, but excluding cases falling in Group II)			
Minor Ear Defects	229	1	230
Miscellaneous (e.g., minor injuries, bruises, sores, chilblains, etc.)	1,369	189	1,558
Total	2,457	200	2,657

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

Defect or Disease. (1)	No. of Defects dealt with.			No. of children for whom spectacles were			
	Under the Authority's Scheme.	Other-wise.	Total.	Prescribed (1)		Obtained (2)	
				(i) Under the Authority's Scheme.	(ii) Other-wise.	(i) Under the Authority's Scheme.	(ii) Other-wise.
Errors of Refraction (including squint) (Operations for squint should be recorded separately in the body of the School Medical Officer's Report.)	New 375 Old 94	5	474	565	5	540	5
Other Defect or Disease of the Eyes (excluding those recorded in Group I)	40	—	40				
Total	509	5	514				

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

Received Operative Treatment.												Received other Forms of Treatment.	Total Number Treated.
Under the Authority's Scheme, in Clinic or Hospital.				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total.					
(1)				(2)				(3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	118	242
—	—	122	—	2	—	—	—	2	—	122	—		

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

Group IV.—Orthopaedic and Postural Defects.

	Under the Authority's Scheme. (1)			Otherwise. (2)			Total number treated.
	Residential treatment with education.	Residential treatment without education.	Non- residential treatment at an orthopaedic clinic. (iii)	Residential treatment with education.	Residential treatment without education.	Non- residential treatment at an orthopaedic clinic. (iii)	
	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
Number of children treated	8	—	290	—	—	—	298

Table V.—Dental Inspection and Treatment.

(1) Number of Children who were:—

Inspected by the Dentist:

		Aged:			
(a) Routine Age Groups		5	..	1422	Total .. 12466
		6	..	1252	
		7	..	1335	
		8	..	1072	
		9	..	1053	
		10	..	1108	
		11	..	1375	
		12	..	1538	
(b) Specials		13	..	1621	1840
		14-16	..	690	
Grand Total				..	14306

(2) Found to require treatment 9512

(3) Actually treated 7602

(4) Attendances made by children for treatment 9937

(5) Half-days devoted to:—

Inspection	..	..	78	
Treatment	..	..	1193	
Total	..	..	1271	

(6) Fillings:—

Permanent teeth	..	5118	
Temporary teeth	..	2502	
Total	..	7620	

(7) Extractions:—

Permanent teeth	..	1914	
Temporary teeth	..	7494	
Total	..	9408	

(8) Administrations of general anaesthetics for extractions 4192

(9) Other operations:—

Permanent teeth	..	1502	
Temporary teeth	..	1591	
Total	..	3093	

Table VI.—Uncleanliness and Verminous Conditions.

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

(ii.) Total number of examinations of children in the Schools by School Nurses 48409

(iii.) Number of individual children found unclean 1375

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

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

(a) Under the Education Act, 1921 —

(b) Under School Attendance Byelaws —