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

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Borough of Walthamstow

EDUCATION COMMITTEE.

REPORT

of the

School Medical Officer

for the Year

1937.

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CONTENTS.

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Deputy Chairman:

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The Deputy Mayor, Alderman Mrs. C. McEntee, J.P.

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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 present herewith a report upon the work of the School Medical Department for the year 1937.

The outstanding items of the year, stated in the order in which they appear in the Report include the following: (*a*) the provision of an additional dental team; (*b*) the provision of tonics; (*c*) the decrease in cases of severe heart disease attending the rheumatism clinic; (*d*) an outbreak of bacillary dysentery at the Nursery School; (*e*) progress in diphtheria immunisation; (*f*) the progress of the "Milk in Schools Scheme"; (*g*) the opening of the "Youth Centre"; (*h*) the progress of the scheme of treatment for speech defects; and (*i*) the commencement of medical inspection and treatment at Secondary and Technical Schools.

It is my pleasure to acknowledge the kindly encouragement of your Committee and the continued co-operation of the Director of Education, the School Attendance Officers and the Head Teachers, and last, but not least, the good work of the staff of the department generally.

I have the honour to be

Your obedient Servant,

A. T. W. POWELL,

School Medical Officer.

SCHOOL CLINICS.

Aural	Monday, 2—4.30 p.m.	Lloyd Park 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, Wednesday, Friday 1.30—4.30 p.m.	,, ,,
	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., F.R.C.S., 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.).
Miss F. N. Macdonald, L.D.S., R.C.S. (Eng.) (from 1/10/37).

School Nurses.

Miss M. McCabe, S.R.N., H.V.Cert. (1919) (Supt.).
Mrs. J. Morris, S.R.N., S.C.M., H.V. Cert. (Half-time from 24/5/37).

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

Miss H. Gurnett, S.R.N., S.C.M., H.V.Cert. (to 15/4/37).
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 O. North, S.R.N., S.C.M.. H.V. Cert. (from 24/5/37).
Miss J. M. Palmer, S.R.N., S.C.M., H.V. Cert. (from 9/8/37).
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 Nurse and Attendants.

Mrs. F. McWilliam.
Miss M. L. Maddick (to 21/8/37).
Miss P. Parsons (from 30/8/37).
Miss D. W. Sanford (from 20/9/37).
Miss N. M. 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 at the end of the year eight of the nine School Nurses gave 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.	Infts.	Mxd.	Boys.	Girls.	Infts.	Mxd.
Provided	15	15	15	8	5,675	5,552	5,868	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	6,305	4,762

	1937.	1936.	1935.	1934.	1933.
Number of Children on Register, Dec. 31st ..	16,525	17,265	17,845	18,516	19,633
Average Attendance ..	14,909.1	15,386.2	16,140.5	16,630.2	17,402.2
Percentage Attendance ..	88.7	88.3	89.4	88.1	88.8
Population	133,600	134,490	135,090	135,600	135,010
Percentage of School Children to Population	12.3	12.8	13.2	13.6	14.5

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:—

Structural Additions and Alterations.—The following works have been carried out during the year, viz.:—

Marsh Street Schools.—This building has been reconditioned and renovated throughout.

On the ground floor of the main block is now the schools library (transferred from the Old Monoux School) containing a commodious lending room furnished on the "open stack" principle; a large room for general reading and eight cubicles for use of scholars desirous of concentrated reading or study. Each cubicle is fitted with a reading or writing desk having its own electric light behind a "daylight blue" glass panel designed to eliminate eye strain. In addition, there are two large book stores and lavatory accommodation with hot and cold water supplies for the library staff, and a large room fitted for the use of the Shops Act Inspector and his staff.

The first floor is used as a "Youth Centre" under the auspices of the Juvenile Organisation Committee, assisted by the Education Committee, and contains a large hall used as a Badminton Court, but also available for public functions, a canteen with snack bar, lounge, reading room, committee room and secretary's office, cloakroom with modern lavatory accommodation and hot and cold water supplies for both sex.

The annexe contains a gymnasium and a billiard room on the ground and first floors respectively.

Bright colourings are the motif of the decorations throughout.

Demolition.—No. 61, Hale End Road, situated in the grounds of the Open Air School, has been the source of much trouble and has been demolished.

Minor Works.—Expensive repairs to structures and floorings, minor additions and improvements to many of the schools and properties.

Canteens.—New cookery apparatus and other improvements to two centres.

Renovations of Buildings.—Painting to exteriors of six schools, interiors of three schools, part interior of one school, interiors of five canteen kitchens and one cookery centre, six staff rooms, and rooms in five caretakers' quarters, all in bright colour schemes, together with limewhiting to the out-offices of all the schools in the area.

The interior of the Nursery School was thoroughly cleaned down during a period of temporary closure.

Removal of Galleries.—The removal of stepped and sloping galleries in 32 classrooms has been carried out at 11 schools and the floors relaid with a hygienic jointless covering in each case.

Floors.—The wood block floors at 12 schools have been relaid or resurfaced.

Heating.—Supplementary heating by overhead electric panels has been added to one school, whilst considerable remodelling and the erection of an electric pump has been carried out at another. Removal of incrustation in boilers and pipes has been executed at 17 schools. Sundry improvements at 13 schools, new fire grates in staff and caretakers' quarters at 2 schools, and the provision of radiator shields at one school.

Lighting.—Complete re-wiring and the provision of new electric light fittings at one school, and improvement at many others.

Sanitation.—Three indoor staff lavatories, one with hot and cold water supplies, have been constructed, hygienic drinking fountains fixed at 20 schools, and lavatory basins and sinks at six schools (chiefly Art and Science rooms). Hot water supplies have been provided at three schools.

Physical Training.—Playgrounds and halls marked out and targets for ball games provided. New storage huts at two sports grounds.

Play Areas.—A portion of land has been acquired and laid with grass and garden borders for one school. Two other existing grass areas have been re-seeded and fertilised and trees lopped and trimmed at others.

Twenty acres have been acquired at Salisbury Hall as a school sports ground, together with two pavilions and two shelters. One hundred trees have been planted about the boundaries, much of the fencing renewed, and structures repaired and sanitary accommodation for both sexes and seating provided to the pavilions.

Playgrounds.—Two playgrounds have been resurfaced on hard-core foundations, eleven tar painted, one re-carpeted and many extensively repaired and put into serviceable condition. Experimental areas have been laid down with a view to discovering a material which is not open to the disadvantages of tarmacadam arising from dust and "bleeding" in hot weather.

Lawns and Shrubberies.—These have been maintained as amenities to many of the schools, and an area at one school prepared for garden plots.

Boundaries and Fences.—Chain link fences at seven schools and one sports ground. New fences to three schools, renewal and remodelling at two schools, and the removal of division fences at three schools in order to increase or improve play areas.

Stages.—A portable stage, adjustable in size, has been provided at one school, and stage beams and/or curtains for dramatic work at eight schools.

Fitments.—Dark blind to two schools, sun blinds to five schools, a wind screen at one school, hat and coat rails, towel racks, blanket racks to others, the renovation of seats and desks, rubber-tyred coal wagons, and coal bunkers.

Ventilation.—An electric propulsion fan has been fitted at one school in order to maintain a proper circulation of fresh air during periods when one of the rooms is darkened for lantern or epidiascope work.

(NOTE BY S.M.O.)

Schools Library.—The conversion of the ground floor of the former Marsh Street School into premises for the schools library is particularly noteworthy, if only because of the provision of "quiet study" cubicles, invaluable for the studious child unable to work in the overcrowded home with the "continuous" wireless programme demanded by the rest of the family.

4. MEDICAL INSPECTION.

The age groups of the children inspected have been those definep 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:—

		1937.	1936.
A.	Routine Medical Inspections.		
	Entrants	1,685	2,022
	Second Age Group	1,649	1,583
	Third Age Group	1,749	2,232
	Total	5,083	5,837
	Other Routine Inspections ..	299	361
	Grand Total ..	5,382	6,198
B.	Other Inspections.		
	Special Inspections	4,410	4,458
	Re-inspections	30,714	24,718
	Total	35,124	29,176

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.

CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS.

Age Groups.	No. of Children Inspctd.	"A" Excellent. No.	%	"B" Normal No.	%	"C" Slightly Subnormal. No.	%	"D" Bad. No.	%
Entrants ..	1,685	659	39.1	864	51.2	160	9.4	2	0.1
2nd Age Group	1,649	484	29.3	968	58.7	194	11.7	3	0.1
3rd Age Group	1,749	554	31.6	1,028	58.7	167	9.5	—	—
Other Routine Inspections .	299	87	29.1	180	60.2	31	10.3	1	0.3
Total ..	5,382	1,784	33.1	3,040	56.4	552	10.2	6	0.1

The findings may be shown comparatively as follows:—

		A and B.	C.	D.
1937.	Walthamstow	89.5	10.2	0.1
1936.	Walthamstow	85.3	13.6	0.9
1936.	England and Wales ..	88.8	10.5	0.7

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 again showed slight but definite improvement during 1937.

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.

As suggested in the Board's circular No. 1443, 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.

Opportunity was taken during the year by your medical staff of comparing the nutritional scorings of a group of children with those made by two visiting medical officers with special experience. Reasonably close agreement was obtained.

Nutritional Surveys.—These surveys were carried out after the medical inspection of each school along the lines detailed in the 1936 report.

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

A.	B.	C.	D.
17	330	430	5

(*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:—

	1937.	1936.
Average number of visits to Schools ..	5	4
Total examinations	49,615	48,409
Number of individual children found unclean	1,680	1,375
Percentage uncleanliness of average attendances	11.2	8.9

Cases of chronic uncleanliness are followed up in the home.

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

	1937.	1936.
Ringworm—Head	5	12
Body	28	27
Scabies	31	48
Impetigo	202	231
Other Skin Diseases	318	284
	584	602

(*d*) **Visual Defects and External Eye Diseases.**—The number of patients requiring treatment and observation was as follows:—

	1937.		1936.	
	Treatment.	Observation.	Treatment.	Observation.
Visual Defects	374	32	343	39
Squint	48	4	39	2
External Eye Disease ..	384	2	425	—

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

	1937.		1936.	
	Treatment.	Observation.	Treatment.	Observation.
Chronic Tonsillitis only	132	213	134	229
Adenoids only	7	7	15	46
Chronic Tonsillitis and Adenoids..	13	7	18	9
Other conditions ..	217	—	344	3

The 217 cases of other conditions are made up of sore throats and defects requiring diastello treatment.

(*f*) **Ear Disease and Defective Hearing.**—Patients requiring treatment:—

	1937.	1936.
Defective Hearing	31	25
Otitis Media	153	182
Other Ear Disease	51	52

(*g*) **Dental Defects.**—

	Inspection.	Requiring treatment.	Per Cent.	Actually treated.	Fillings.	Extractions.	Gas Anaesthetic.	Other Operations.
1937 ..	10,952	9,145	83.5	6,176	5,953	8,559	3,868	2,799
1936 ..	14,306	9,512	66.4	7,602	7,620	9,408	4,192	3,093

Reference to dental inspection and treatment at secondary and technical schools is made in Section 16.

(*h*) **Orthopaedic and Postural Defects.**—A total of 83 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.

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

	1937.		1936.	
Defect.	Requiring treatment.	Observation.	Requiring treatment.	Observation.
Heart Disease—Organic ..	36	9	42	27
Functional ..	35	16	17	23
Anaemia	61	—	105	2
	132	25	164	52

(*j*) **Tuberculosis.**—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.

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

	1937.		1936.	
	Requiring treatment.	Observation.	Requiring treatment.	Observation.
Enlarged Glands	128	2	170	—
Defective Speech	50	12	41	4
Bronchitis	125	20	130	42
Epilepsy	9	2	10	1
Chorea	12	3	17	1
Other defects (not classified)..	1,751	34	1,794	29

6. FOLLOWING UP.

The school nurses paid a total of 3,156 home visits during 1937. The visits are classified below:—

External Eye Diseases	49	Mumps	326
Measles	16	Whooping Cough ..	293
Tonsils and Adenoids	195	Uncleanliness ..	235
Chicken Pox	597	Impetigo	194
Vision..	322	Dental Failures ..	31
Otorrhoea	271	Ringworm	8
Sore Throat	66	Scabies	51
Rheumatism	4	Deafness	58
Various	438	Speech	2

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*) **Nutrition.**—Treatment of nutritional defects is by means of appropriate advice or by a recommendation for milk or midday meals made at medical inspection, re-inspection and at nutritional surveys. The more severe cases are dealt with by reference to the open air school or to a convalescent home. During the year your Committee decided to supply various tonics on medical grounds for children attending the school clinics. The cost is wholly or partially remitted if the family income is below the scale laid down.

The following quantities of the tonics stated were supplied during 1937:—

Cod Liver Oil.	Parrish's Food.	Syrup Lacto Phosphate.	Cod Liver Oil and Malt.	Cod Liver Oil and Parrish's Food.
4lbs.	120lbs.	25½lbs.	137lbs.	268lbs.

(*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 either at the London Hospital, or at the Queen's Hospital for Children.

During 1937, one patient was referred. The numbers referred during the previous 5 years were: 1936, 6; 1935, 6; 1934, 11; 1933, 4; 1932, 10.

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 in the table given below:—

	Number Excluded under Art. 53B.		Number not Excluded.		Re-inspections.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Ringworm	7	5	2	2	67	16
Scabies	10	15	—	1	35	88
Rheumatism	4	10	83	79	291	312
Impetigo, Sores, etc. ..	93	69	201	125	1,391	844
Skin	36	35	62	69	328	307
Verminous Head, etc. ..	13	105	36	168	83	773
Sore Throat	101	88	11	8	165	112
Discharging Ears and Deafness	9	9	175	124	609	373
Defective Vision ..	—	1	49	80	2	1
External Eye Disease ..	53	34	128	100	662	415
Tonsils and Adenoids ..	—	—	21	30	—	5
Mumps	14	13	—	1	3	2
Various	320	274	701	582	2,907	2,043
Totals	660	658	1,469	1,369	6,543	5,291

First attendances numbered 4,156 against 4,254 in 1936, and re-attendances 11,834 against 11,784, the total attendances being 15,990 against 16,038.

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	328	300	966	889	3980	3028	5274	4217	9491
Markhouse Road ..	332	358	503	480	2563	2263	3398	3101	6499
Total ..	660	658	1469	1369	6543	5291	8672	7318	15990

(*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 1937:—

"Retinoscopy clinics are held at Lloyd Park on Tuesday and Thursday mornings and re-inspection clinics on Saturday mornings in each week.

"There were 432 retinoscopies done during 1937, and the total number of attendances made by children was 2,445.

"In October, medical inspection and treatment at the Secondary schools were taken over by your Authority, and in the three months, October, November and December, 12 boys and 14 girls were submitted to retinoscopy. These children are seen, when possible, on Saturday mornings in order to minimise interference with their school work.

"Eight children were referred from the eye clinic to the Blind and Myope School during 1937.

"The following table shows the defects found in those children seen for the first time and submitted to retinoscopy:—

Defect.	Under 7 years.		7–11 years.		Over 11 years.		Secondary Schools.		Total	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Hypermetropia ..	10	15	15	17	5	3	—	1	30	36
Myopia	2	3	15	23	15	19	10	6	42	51
Hypermetropic Astigmatism	6	9	16	26	6	9	—	5	28	49
Myopic Astigmatism	—	2	2	8	2	6	—	1	4	17
Mixed Astigmatism	—	4	3	7	4	7	2	—	9	18
Various	3	2	4	10	3	11	—	1	10	24
Totals ..	21	35	55	91	35	55	12	14	123	195

"The following shows the details of the defects classified as 'various' in the above table:—

Defects.	Boys.	Girls.
Headaches due to debility, constipation, etc. ..	5	14
Conjunctivitis and Blepharitis	—	2
Albuminuria	—	3
Migraine	1	1
Nystagmus with no visual defect	—	1
Corneal opacity	—	1
Birth injury	—	1
Styes	—	1
Artificial eye (injury)	1	—
Photophobia (post-meningitis)	1	—
Ptosis	1	—
Pus in frontal sinus	1	—
Totals	10	24

"The following squints were detected and treated:—

	Under 7 years.		7–11 years.		Over 11 years.		Total.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
Convergent—R. ..	3	3	3	4	1	—	14
L. ..	6	11	1	—	—	—	18
Divergent— R. ..	1	—	—	—	—	—	1
L. ..	—	—	1	—	—	—	1
Alternating	3	3	1	3	—	3	13
Occasional— R. ..	2	1	1	—	—	—	4
L. ..	1	2	1	—	—	—	4
Totals	16	20	8	7	1	3	55

"The treatment of squint is necessarily inadequate without an Orthoptic or Squint Training Clinic.

"Only about 50 per cent. of squints have a refractive error and require glasses, but all patients with squint have little or no idea of using their eyes together in a normal way and need training to enable them to do so.

"Many cases of squint will respond to treatment by orthoptic measures alone.

"In order to get the best results from operation it is advisable to give the patient some eye exercises beforehand so that when the bandages are removed the patient is immediately able to fuse the images from both eyes, otherwise there is no stimulus to keep the eyes straight.

"In a series of cases it was found that 7.9 per cent. were straight after operation alone, while 42 per cent. were straight after combined operation and orthoptic training.

"In Walthamstow at present there are no facilities for this essential method of dealing with squint. Some patients have been sent to London hospitals for squint training, but rarely can they finish the course owing to expenditure of time and money. It is, therefore, hoped that during the coming year your Committee will establish an Orthoptic Clinic in the Borough."

(NOTE BY S.M.O.—Orthoptic scheme approved in 1938.)

(*e*) **Nose and Throat Defects.**—The scheme for treatment remained the same as detailed in the previous reports. 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 following table shows the number of cases treated:—

Year.	At Connaught Hospital.	Privately.	Total.
1937	103	3	106
1936	122	2	124

(*f*) **Ear Disease and Defective Hearing.**—(1) *Mastoid Disease.*—No children were referred to Prince of Wales's 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 1,351 examined, 93 (or 6.8 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 276 children attended these clinics, 95 being new cases and 181 old cases; 17 sessions were held, 16.2 cases per session being seen.

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

EAR CLINIC, 1937.

Nature of Disease.	Total.	Cured.	Lost Sight of.	Still under Treatment.	Hospital Treatment.
Acute Suppurative Otitis Media ..	59	48	2	7	2
Chronic Suppurative Otitis Media due to:—					
(*a*) Tympanic Sepsis ..	18	15	—	3	—
(*b*) Tympanic Sepsis and Granulations	5	3	—	2	—
(*c*) Tympanic Sepsis and Polypi	1	—	—	1	—
(*d*) Tympanic Sepsis and Caries	1	—	—	1	—
Tympanic Sepsis and Rhinitis ..	6	4	1	1	—
Attic Disease	5	3	—	2	—
Mastoid Disease	12	4	—	4	4
External Otitis	12	9	1	—	2
Not Diagnosed	6	5	1	—	—
Totals	125	91	5	21	8

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

Left District	3
Attending own Doctor	1
Refuses Treatment	1

"The table showing the conditions present and the results of treatment is similar to those which have been published annually. It will be seen that one of the columns is headed 'still under treatment.' This is mainly because the table is made up to a certain date, but new patients have been arriving up to the last session. These tables are on the same lines as those published elsewhere. They give as much information as can be conveyed by a summary. It is the year's balance sheet and allows an indication of where improvements in treatment may be devised. Without the table there would be no sound basis, but only 'impressions.'

"This clinic has an advantage in there being a bacteriological laboratory in the same building. Sometimes during a session it seemed that a particular organism might be responsible for discharge from the ear or nose, and it was a simple matter to make a slide

for examination. Similarly, I would like to acknowledge the help given by the dental staff in diagnosing the cause of pain in the ear where there is no ocular evidence of disease in it.

"Increasing use is being made of the audiometer to test children at the close of a session in order to gain information as to their progress under treatment. This is in addition to the routine tests carried out at the schools and at the central clinic. In conformity with the experience gained here and elsewhere, attention is concentrated on the young children. Deafness, so prevalent among adults, has usually the foundation laid in early lifetime. The opportunity for restoring function occurs only in the early stage. Young children's noses are small, and if they get a cold become easily blocked, and this encourages the inflammation to spread to the ear. The method of treatment known as diastolisation has been a boon in this respect."

(*g*) **Dental Defects.**—*Staffing*.—An additional Dental Surgeon and Dental Attendant were appointed during the year. Owing to sickness and leave of absence the total number of sessions devoted to inspection and treatment were, however, slightly less than during the previous year.

"Casual" Treatment.—Treatment is given between 11 a.m. and 12 noon on Mondays and Fridays, and between 10 a.m. and 12 noon on Wednesdays. These patients should not be treated in any ideal school dental scheme inasmuch as they are mostly patients suffering from toothache and for whom, presumably, 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: *Folders*.—Copies of the illustrated folder, "The story of a tooth," and the pamphlet, "What about your teeth," issued by the Dental Board of the United Kingdom, have been given to the senior children.

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 Inspected.	No. Offered Treatment.	% requiring Treatment.	
	10	11	12	13	14	15	16	17	18			1937.	1936.
High School for Girls..	5	80	78	59	71	50	32	17	1	393	308	78.3	54.9
Commercial School for Girls ..	—	—	65	52	57	43	17	—	—	234	164	70.0	84.5
Totals..	5	80	143	111	128	93	49	17	1	627	472	75.2	65.7

TREATMENT.

	No. of Children.	Attendances.	Extractions.		Anaesthetics.		Fillings.	Other Operations
			Temp. Teeth.	Perm. Teeth.	Local.	General.	Perm. Teeth.	Perm. Teeth.
Sir George Monoux Grammar School..	54	195	14	35	2	29	154	26
Commercial School for Girls	110	446	9	76	8	60	520	134
High School for Girls	48	95	6	43	1	29	82	24
Technical College for Boys	28	67	—	15	—	14	81	15
Totals .. 1937	240	803	29	169	11	132	837	199
1936	225	433	25	132	7	106	459	115

Owing to the large number of pupils requiring treatment, no dental inspections were possible during 1937 at the Boys' Schools. The position was aggravated by applications for treatment being received independently of dental inspections. The large increase in the number of attendances and in the number of permanent fillings will be noticed.

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

"The year under review has seen the appointment from October 1st of a fourth dental surgeon and attendant. This, with the present school population of 18,000, reduces the number of children to rather less than 5,000 children per dental surgeon. This is in line with the Board of Education's recommendation of the staff required to deal with the expected number of acceptances, and it may be appropriate to review the whole scope of the dental scheme in comparison with the suggestions enumerated in the Chief Medical Officer's 'Conditions of a satisfactory School Dental Scheme.'

(1) Aims of the School Dental Service—

'That as many children as possible should leave school

(*a*) Without the loss of permanent teeth;
(*b*) free from dental disease;
(*c*) trained in the care of the teeth.'

(*a*) In this respect we still fall short of the ideal, principally owing to the fact that so many parents persist in refusing to accept preventive work and only agree to treatment when extractions are required. Caries in incisor teeth presents an exception to this, and both parents and children usually display great eagerness for these teeth (the only ones visible) to be retained at all costs. The molars, which are really a more vital necessity to health, only assume importance when they cause discomfort and pain, long after they can be satisfactorily restored.

(*b*) In this respect I believe we are making some headway. The majority of children, even if only just before school leaving age, do make an attempt to obtain a healthy mouth.

The factors assisting in this change of heart are: (i) the influence of the teachers upon the adolescent, (ii) the fact that so many trades and occupations now insist upon a clean bill of health, and (iii) the realisation that treatment before leaving school will save expense during the early years of wage earning.

(*c*) As many children as possible receive instruction in the care of the teeth when at the clinic, and the school teachers are very helpful.

(2) The general administration is, in concurrence with the Board's recommendation, under the supervision of the School Medical Officer.

(3) 'Dental inspection to be carried out by a dentist on school premises and in school hours, and conducted with sufficient care to enable all children in need of treatment to be selected.'

Dental inspections are carried out in accordance with these conditions. Lack of adequate inspection facilities in some of the schools make accurate inspections very difficult, but great care is taken that no doubtful cases are overlooked.

(4) 'A satisfactory scheme should provide for an annual examination of each child up to the end of school life, with opportunity for treatment if necessary. No school scheme can be regarded as complete which does not make this provision for the whole school population.'

With the appointment of a fourth dental surgeon it should, theoretically, be possible to comply with this essential condition. I should like to refer to this at a later stage.

(5) Accurate Records.

Each dental surgeon is assisted at inspections by an attendant qualified for clerical work, and all children have their defects charted down during their examination. This has the advantage of determining with accuracy the children who have their necessary treatment completed and those for whom it is refused. The dental surgeons themselves make a record of all treatment carried out.

(6) The bulk of the treatment of the permanent teeth will be by filling rather than by extraction.'

Every permanent tooth with a reasonable chance of preservation is filled. Here, again, arises the problem of the child whose parent refuses conservation work until the tooth is unsavable.

This paragraph of the recommendations also states that 'Conservative dentistry includes also simple measures for the relief of the slighter forms of overcrowding and mal-position of the teeth.'

Fifty-five sessions have been devoted to this class of work during the year. Many more of these cases could have been undertaken if it had been possible without neglecting other treatment. This is unfortunate in view of the fact that many parents seem unable to spare the time and money required for frequent visits to the dental hospitals and welcome the opportunity of obtaining this treatment locally.

(7) The interval between inspection and treatment should be as short as possible.'

Unfortunately, at present there is a long waiting list for treatment, but with four dental surgeons the future should see an improvement. This in itself will not be sufficient to produce satisfactory conditions, as I hope to show later.

(8) 'To devote much time to the treatment of children other than those who attend as the result of systematic inspection tends to interfere with the routine work and to *impair the efficiency of the service*.'

Here we come to the crux of the whole situation, and it is to this that I wish to refer more fully at the end of this review.

(9) Dental attendants and their duties.

Four dental attendants assist the surgeons in the management of the children before and after operations, prepare materials for use in the surgery, clean and sterilize instruments, prepare cards for charting, make appointments and index the charted cards. The dental surgeons themselves make records of treatment required and completed.

(10) The dental attendants do not themselves perform any dental operations.

(11) Anaesthetics.

"A general anaesthetic, usually nitrous oxide and oxygen, is used for the majority of extractions. This is administered by a dental officer, and 143 sessions were occupied in this way.

(12) Accommodation.

This is, on the whole, satisfactory and meets the requirements laid down.

(13) Education of children in the care of the teeth.

This is given at the chair side when time permits and many teachers give very helpful advice at appropriate times in school.

(14) One dental officer 'should be appointed to act, under the School Medical Officer, as supervisor and administrator of the dental service.' This condition is fulfilled and it is found that these administrative duties need not interfere greatly with this officer's share of the operative work.

(15) Co-ordination with other dental schemes.

(i) The school dental service deals with the treatment of mothers and children under the Maternity and Child Welfare scheme, and this continues to occupy a considerable amount of time. During 1937, 85 sessions were devoted to this work.

(ii) It co-operates with the ear, nose and throat clinic. Patients referred by this clinic are all treated by one dental surgeon, and arrangements are made for necessary dental treatment to be completed before operation for tonsillectomy.

(iii) Children at the Open Air School are examined each term and I feel that a little more firmness in dealing with parents' refusal of treatment for these cases would be a decided economy and of benefit to the children.

In conclusion, I should like to summarise those points in which we still fall short of the Board's recommendations:—

Firstly, large numbers of children still leave school having lost many permanent teeth.

Secondly, it does not yet appear possible for all children to be inspected and treated annually.

Thirdly, too long a period elapses between inspection and treatment.

Fourthly, it follows that many teeth which it should be possible to preserve have to be extracted.

These, as I see it, are the greatest defects in our present arrangements, and in seeking to remedy them two factors seem to be worthy of consideration. Firstly, 143 sessions are occupied by the administration of anaesthetics, during which, of course, no operative work can be done.

With the present accommodation even the appointment of an anaesthetist would be no remedy, as no other work could be done in the same surgery during an anaesthetic session.

Secondly, approximately four sessions weekly, say 184 annually, are given to work which, in the words of the Board of Education, 'tends to impair the efficiency of the scheme.' I refer to the treatment of children other than those who attend as the result of systematic inspection, or, in other words, to the treatment of 'Casuals.'

If there is one point upon which all school dental officers are agreed, it is that this continuous granting of treatment to patients who have previously persistently refused it is thoroughly wasteful, prevents the best treatment for those who are desirous of receiving it, and in fact tends to reduce the status of the dental surgeons to that of the old time 'market place' practitioner.

While it is possible for parents disdainfully to refuse the offer of correct dentistry and then in their own good time demand and receive attention, no dental scheme can be truly satisfactory or produce the desired results. The treatment of the willing patient will lag behind, annual treatment cannot be given them and the condition of their mouths will have deteriorated accordingly. Longer time will be required to restore their mouths to health, and it becomes progressively more difficult to achieve the satisfactory results that would accrue from a truly preventive scheme.

I say without fear of contradiction, and with the full support of my colleagues, that the elimination of these persistent refusals from the dental scheme is the only way to ensure a satisfactory service. This policy may, at first consideration, appear somewhat drastic, but I am convinced that it would result, and speedily, in such a rapid reduction of refusal of preventive work that the necessity for so much extractive work would no longer arise.

Even if it were not considered advisable completely to refuse treatment to those patients for whom it had previously been rejected, they should certainly not be treated at the same times and preferably not in the same premises as the willing patients. It cannot be too strongly urged that a school dental clinic is a place for the *preservation of dental health*, and *not* for the haphazard extraction of aching teeth.

There is another and not unimportant point that arises in this connection.

Almost without exception the few complaints that are made are from this class of parent. As is to be expected, the child that has not received treatment for long periods has an unhealthy mouth.

Such a case, therefore, presents the operator with two alternatives, both of which are liable to give rise to criticism. He either refuses to perform the operation until the mouth has been properly cleansed, or surgical treatment is undertaken in an unclean field, leading perhaps to acute sepsis, excessive haemorrhage, or other unpleasant after effects. Many of these children have been refused treatment by private practitioners because of their neglected mouths.

It will readily be seen that, whatever course is adopted, the effect on both the child, its parents and acquaintances is bad.

The treatment of these cases during the same hours and on the same premises as those accepting correct treatment is bad propaganda for dentistry and a bad advertisement for the dental clinic. It is wasteful in time and money and it is bad dentistry, and I shall be glad if the restriction of such treatment could be considered.''

(*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 Open Air School. Mr. Whitchurch Howell also acts as Honorary Surgeon to the Brookfield Orthopaedic Hospital, an institution of 30 beds recognised as a Hospital School by both the Ministry of Health and the Board of Education, and administered by the Essex County Council.

Two Masseuses divide their whole time between the Hospital and the orthopaedic and massage clinic at the Physically Defective School.

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. Sheldon contributes the following interesting report on the work of the rheumatism clinic during 1937, and it is satisfactory to note his statement as to the remarkable decrease in severe heart disease.

The whole report leaves no doubt as to the value of the work done at the clinic. Dr. Sheldon has been particularly helpful in regard to the admission of suitable cases to his own beds at Cheyne Hospital.

''During the past year there have been 45 sessions, with 779 attendances. Of these attendances, 176 were made by children who were being kept under observation. Year by year these figures were maintaining a remarkably close level. Although a large number of children are being kept under observation, that is not to say that they are all suffering from rheumatic heart disease—for some have other sorts of cardiac defects, such as congenital deformities and abnormalities of rhythm, while others have aches

and pains in the limbs, somewhat loosely termed rheumatic but dependent upon a condition of bodily debility rather than any more definite rheumatic process.

"In my report last year, I remarked upon the fact that coincident defects of health, such as carious teeth and septic tonsils, were being met with less frequently than when the clinic was first formed. The same is true with regard to actual rheumatic heart disease, for whereas some six or seven years ago there were many children with hopelessly damaged hearts, the number of these now attending the clinic has fallen to a remarkable extent, and in an inverse ratio the number of children with mild or early heart disease has risen. The implication of this is that children with heart disease are reaching the clinic at an earlier stage of their illness than hitherto, while the effect of constant supervision is to prevent, at any rate in many of the children, deterioration of the cardiac condition.

"Of the 176 cases attending for the first time, 54 were found to be suffering from heart disease. One of them required immediate admission to hospital, while for others arrangements were made for prolonged stay at one of the heart homes in the country. During the year, 192 children were discharged from the clinic, some because the presence of rheumatism was not confirmed, others because their rheumatic symptoms had faded away, and a few on account of having reached the school leaving age.

"Cordial co-operation has been maintained with the various other departments by which subsidiary treatment has been obtained. Thus, 16 children were referred for operations on the tonsils and adenoids, while 38 children received dental treatment. Eight children were referred to the Physically Defective Centre and 5 to the Open Air School. It was found necessary to exclude 35 children from attending school at all, while arrangements were made for 5 children to attend half-time school. While 20 children were excluded from taking part in school games and exercises, 24 who had previously been excluded were able to resume their games and exercises.

"*Convalescence*.—Forty-six children were referred for convalescence and 60 were actually placed in suitable homes. I should like to draw particular attention to the very valuable work done for the children with early heart disease in the special Heart Homes such as West Wickham, the Edgar Lee Home, the Cheyne Hospital and the Lancing Heart Home. The special care of heart children over many months has been specially studied in these homes and is proving of great benefit to the children, while at the same time increasing our knowledge of various aspects of rheumatic heart disease. Much of the usefulness of the clinic results in the co-operation obtained with these homes.

"*Prevention*.—The practice of following up children who have been discharged from the Sanatorium after scarlet fever and diphtheria has been continued. Twelve children were referred to the clinic in this way and 4 of these were found to have early cardiac damage.

"This method of prevention has now been employed for the last six years and the results have been analysed and embodied in the opening paper of a discussion at the sixth Congress on Rheumatism held at Oxford in March, 1938. The following is taken from that communication:—

" 'During the last six years a scheme of prevention has been introduced at Walthamstow, where the Medical Officer of Health has examined all patients under 15 years of age who have been discharged from the local fever hospital after scarlet fever and diphtheria. Those who showed any abnormal cardiac signs were referred to the Walthamstow Rheumatism clinic, firstly for a more precise diagnosis, and then for treatment and supervision. The results have been as follows:—3,050 children have been examined after leaving the fever hospital; 153 children with abnormal cardiac signs were referred to the Rheumatism clinic, and of these, 33 (1 per cent. of those originally examined) were accepted as showing signs of rheumatic carditis. Those in whom this diagnosis was not accepted were found to be suffering from a variety of cardiac abnormalities, such as congenital heart disease, nervous tachycardia, and functional bruits. These were kept under observation for a period varying from 3 months to 4 years, but evidence of rheumatic carditis did not materialise in any of them.'

"Turning to the 33 children with early involvement of the heart, in 22 there was evidence of dilatation, and in 26 there was a systolic murmur at the apex conducted to the axilla. A short, sharp first sound but no murmur was present in 5, and 5 had a mitral diastolic as well as a systolic murmur. Treatment at home or in hospital, or in the special country heart homes, was arranged for these, followed by supervision at the rheumatism clinic on their return to school.

"The after-history of these children is as follows: a follow up could not be maintained in 7, either because the parents had left the district, or from difficulty in obtaining co-operation. Of the remaining 26 no fewer than 15 are regarded as having recovered completely, that is to say, there is now no clinical evidence of any abnormality in the heart. Even if we assume that carditis has persisted in the 7 cases not followed up, we are left with a recovery rate of 45 per cent., which, I submit, supports the contention that the early diagnosis of rheumatic heart disease combined with prompt treatment and prolonged supervision makes for a much improved prognosis.

"As would be expected, the prognosis was least satisfactory in those cases showing a diastolic as well as a systolic murmur. The after history of these children has been as follows: one child after 4 years is developing signs of mitral stenosis; another was under observation for 2 years and then left school, at which time it was noted that there was a long mitral systolic murmur and shortness of breath on exertion. The third and fourth children had organic mitral systolic bruits after 3 and 5 years respectively, but were able to take part in full games and exercises at school, while in the fifth child the heart appeared perfectly normal after 18 months and has remained so for a further two years.

"The points in this investigation which I would like to emphasise are that a follow-up of children who have had an acute sore throat can be organised by public health authorities; that the diagnosis of early heart disease is to be expected in only about 1 per cent. of the children examined, and that this method of tackling the disease offers a means of limiting its ravages."

RHEUMATISM CLINIC, 1937.

Number of sessions	45
,, ,, attendances	779
,, ,, new cases	176
,, ,, old cases	603
,, discharged	192
,, still under treatment	185
,, of new cases with rheumatic or cardiac defect	54
,, referred to Hospital as in-patient	1
,, ,, ,, ,, out-patient	12
,, ,, for T. and A. operation	16
,, ,, ,, dental treatment	38
,, ,, to P. D. Centre	8
,, ,, ,, Open Air School	5
,, excluded from school	39
,, ,, half-time school	5
,, ,, from games and exercises	20
,, ,, to begin games and exercises	24
,, seen after scarlet fever	3
,, ,, ,, diphtheria	9
,, with cardiac defect after scarlet fever	1
,, ,, ,, ,, ,, diphtheria	3
Number referred for convalescent home	46
,, sent away	36
,, referred in 1936 and sent away in 1937 in addition to above	1
,, refused	4
,, withdrawn	2
,, waiting	4

(*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 Treatment Scheme in the Borough. The number of school children examined during the year was: boys 79 and girls 66, of which 18 boys and 11 girls were referred by the School Medical Staff. 39 of the cases were sent by private practitioners and 77 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 convalescent home treatment, and treatment for dental defects and for tonsils and adenoids.

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 ..	11	10	—	—	21
Non-pulmonary	14	28	—	—	42

(*k*) **Artificial Sunlight Treatment.**—The arrangements with the Connaught Hospital detailed in the 1936 report were continued.

Five children of school age were referred for treatment, four on account of debility and one for cervical adenitis. A total of 117 treatments was given at a total cost of £11 14s. 0d.

8. INFECTIOUS DISEASES.

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

Notifications in the 5 to 15 years age group during 1937 were as follows (1936 cases shown in parentheses):—Scarlet Fever 116 (179), Diphtheria 68 (69), Bacillary Dysentery 37 (2), Pneumonia 14 (37), Erysipelas 6 (2), Anterior Poliomyelitis 6 (4), Enteric 3 (5).

Among the cases discovered by the medical staff, and included above, were:—Bacillary Dysentery 22, Diphtheria 20, Scarlet Fever 5.

BACILLARY DYSENTERY.

(a) First Series—Outbreak at Nursery School.

On June 23rd attention was called to the fact that the whole of one family with children attending the Nursery School had suffered from diarrhoea and vomiting. When visited, the parents and five children were found to be more or less convalescent. The first case was stated to be J. W., aged 2 years, who with her sister, E. W., attended the Nursery School. A tentative diagnosis of bacillary dysentery was made. Rectal swabs were taken and despatched for examination.

The following morning a message was received from the Head Teacher of the Nursery School reporting that there had been many cases of diarrhoea amongst the children. On visiting, it was found that some 14 children were stated to have, or to have had, diarrhoea.

Rectal swabs were taken from these children, and after an enquiry into the whole circumstances at the school it appeared that the outbreak was probably due to bacillary dysentery. The outbreak did not appear to be due in any way to food eaten at the school, but rather to a case-to-case infection, probably originating with J. W.

After consultation with the Director of Education it was decided to close the school forthwith in order to try to limit the spread of infection. Closure was effected under Articles 22 and 23 of the Code of Regulations for Public Elementary Schools, 1926.

Later in the day visits were paid to seven absentees, also reported to be suffering from diarrhoea. All except one were under the care of the family doctor and all appeared to have dysentery. In some cases the illness had already spread to other children (later enquiries emphasized the highly infectious nature of the disease; *e.g.*, many parents contracted the illness, and even members of other families sharing the same house).

A circular letter was sent the same day to the parents of each child attending the Nursery School. The letter advised the calling of medical aid in the event of diarrhoea and sickness, and the strictest precautions in order to avoid the spread of the illness. Concurrently, a circular letter was sent to each medical practitioner in the town notifying the occurrence of the outbreak, and suggesting that it was due to bacillary dysentery. The letter stated that patients could be admitted to the Sanatorium on request being made in the usual way.

On Saturday morning the 5 swabs from the "W." family and 7 of the 14 taken at the Nursery School were reported to have yielded B. Dysenteriae Sonne.

A further circular letter was sent to all medical practitioners informing them that the outbreak was definitely dysenteric, drawing attention to the secondary cases, to the comparative mildness of the illness in most cases, and requesting co-operation in advising patients and contacts as to its extreme infectivity, and in particular requesting the name and address of any person trading in connection with food supplies.

The Director of Education was asked to instruct the caretakers of all schools in the St. James Street area to disinfect all lavatory seats daily until further notice.

A total of 49 cases (all ages) were notified in connection with the outbreak, but the total number of persons affected in more or less degree is estimated at approximately 90.

The very mildness of the illness in most cases has rendered it insidious and difficult to deal with.

The Nursery School was re-opened on July 12th with certain additional safeguards put into operation to limit the danger of further cases. In view of the possibility of "carriers," further cases were expected, especially when it is remembered how difficult children between the ages of 2 and 5 years are to deal with when there is any tendency to diarrhoea. In addition, there is at any Nursery School every conceivable factor favourable to the spread of such an outbreak. Fortunately, no further cases were reported.

Two cases were reported amongst children attending a neighbouring school, but no direct connection could be traced. 15 of the total of 49 cases were scholars at the Nursery School and 25 were direct home contacts of these cases. The remaining 9 were sporadic cases in homes in this portion of the Borough.

(*b*) *Second Series.*

Following the apparent termination of the Nursery School outbreak, three cases were notified between 8th and 23rd November. A circular letter was again sent to all medical practitioners in the Borough stating the Wards in which the cases had occurred and giving all available information. Twenty-five of the cases attended some 19 different schools, all of which, with one exception, were situated in that part of the Borough to the south of Forest Road.

As with the first series of cases, no common cause could be discovered and the infection appeared to be spread from case to case.

The age grouping of the cases is as follows:—

	First Series.	Second Series.	Total.
0-5 years	26	4	30
5-10 years	9	15	24
10-15 years	7	6	13
15-25 years	5	2	7
25-45 years	2	7	9
Over 45 years ..	—	1	1
Total	49	35	84

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

The monthly figures were as follows:—

	Sore Throat.	Measles.	Whooping Cough.	Mumps.	Ringworm & Scabies.	Impetigo Sores, etc.	Chicken Pox.
January	—	—	20	4	—	1	78
February	1	1	10	11	—	—	32
March	—	—	9	25	1	3	56
April	5	—	12	40	—	2	78
May	2	—	12	14	2	—	57
June	1	10	34	53	—	20	107
July	1	2	22	23	—	6	18
August	3	—	—	—	—	—	1
September	3	—	2	9	—	5	7
October	—	—	7	7	—	4	27
November	2	—	3	6	—	11	24
December	6	—	8	33	1	15	37
Total—1937 ..	24	13	139	225	4	67	522
Total—1936 ..	57	1,656	374	443	9	144	225

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.	Eyes.	S.F.	Diph.	Bact. Diph.
Blackhorse Road	Girls ..	—	—	—	—	—	—	—	—	2	1	—
	Mixed ..	—	—	—	—	—	—	—	—	—	—	—
	Infants ..	—	1	5	66	4	1	—	—	3	—	—
Wm. Elliott Whittingham	Boys ..	—	—	—	2	—	—	—	—	—	—	—
Higham Hill	Boys ..	—	—	—	—	—	—	—	—	—	—	—
	Girls ..	—	—	—	—	—	—	1	—	—	1	—
	Infants ..	1	—	—	36	9	—	—	—	2	2	—
Pretoria Avenue	Mixed ..	—	—	—	—	—	—	—	—	2	—	—
	Infants ..	—	—	—	—	—	—	—	—	—	—	—
William Morris Central ..	Boys ..	—	—	—	—	—	—	—	—	—	—	—
	Girls ..	—	—	—	—	—	—	—	—	1	—	—
Coppermill Lane ..	Boys ..	—	—	—	—	—	—	—	—	—	1	1
	Girls ..	—	—	—	—	—	—	—	—	—	1	1
	Infants ..	—	—	14	18	4	—	2	—	4	1	2
	Mixed ..	—	—	—	5	2	—	—	—	1	2	—
Wood Street	Boys ..	—	—	—	—	1	—	—	—	1	1	—
	Girls ..	—	2	—	—	15	—	—	—	—	1	—
	Infants ..	—	1	14	2	30	3	3	—	2	1	1
Joseph Barrett	Boys ..	—	—	—	—	—	—	—	—	1	1	—
	Girls ..	—	—	—	—	—	—	—	—	—	—	—
P.D. Centre	Mixed ..	—	—	—	—	—	—	—	—	—	1	—
Maynard Road	Boys ..	—	—	—	2	54	—	—	—	3	1	1
	Girls ..	—	—	—	—	—	—	—	—	2	1	—
	Infants ..	—	—	—	34	12	—	3	—	6	1	—
St. Mary's	Girls ..	1	—	—	1	19	—	—	—	1	3	—
	Infants ..	—	—	2	—	—	—	—	—	4	1	—
St. George's	Mixed ..	—	—	—	—	—	—	—	—	—	—	—
Shernhall Special ..	Mixed ..	—	—	—	—	—	—	—	—	—	—	—
William McGuffie ..	Boys ..	—	—	—	—	—	—	—	—	—	—	—
	Girls ..	—	—	—	—	—	—	—	—	1	1	—
Mission Grove	Mixed ..	—	—	—	1	1	—	13	—	—	1	1
	Infants ..	—	—	7	1	12	—	6	—	1	5	1
Deaf Centre	Mixed ..	—	—	—	—	—	—	—	—	—	1	—

School.	Dept.	S.T.	M.	W.C.	Mps.	C.P.	R.W. Scab.	Sores	Sore Eyes.	S.F.	Diph	Bact. Diph.
Edinburgh Road ..	Girls ..	—	—	—	—	—	—	—	—	—	—	—
Markhouse Road ..	Boys ..	13	—	—	—	—	—	3	—	2	—	—
	Infants ..	—	—	—	12	—	—	2	—	—	5	2
	Mixed ..	—	—	—	—	—	—	2	—	2	14	—
St. Patrick's	Mixed ..	—	—	—	2	—	—	—	—	—	—	1
St. Saviour's	Boys ..	—	—	1	—	5	—	—	—	—	2	—
	Girls ..	—	—	—	—	—	—	—	—	—	—	—
	Infants ..	—	—	6	1	17	—	—	—	4	1	—
Forest Road	Boys ..	—	—	—	—	—	—	—	—	1	—	—
	Girls ..	—	—	—	—	—	—	—	—	1	2	—
	Infants ..	—	—	—	—	11	—	—	—	3	4	—
Winn's Avenue	Boys ..	3	—	—	—	3	—	—	—	—	—	—
	Girls ..	—	—	—	—	—	—	—	—	—	—	—
	Infants ..	—	—	—	1	2	—	1	—	12	3	—
	Mixed ..	—	—	1	4	9	—	3	—	3	—	—
Chapel End	Boys ..	—	—	—	—	—	—	—	—	2	—	—
	Girls ..	—	—	—	—	—	—	—	—	1	—	—
	Infants ..	2	—	50	4	147	—	6	—	1	2	—
	Mixed ..	—	—	—	—	4	—	—	—	3	—	1
Selwyn Avenue	Boys ..	—	—	—	—	—	—	—	—	—	—	—
	Girls ..	—	—	—	1	3	—	—	—	3	—	—
	Infants ..	—	—	9	1	66	—	1	—	9	1	1
Gamuel Road	Boys ..	—	2	—	15	23	—	6	—	2	1	—
	Girls ..	—	—	—	—	—	—	—	—	1	1	—
	Infants ..	—	6	16	4	27	—	1	—	3	1	—
Geo. Gascoigne Central..	Boys ..	—	—	—	—	—	—	—	—	—	—	—
	Girls ..	—	—	—	—	—	—	—	—	—	1	—
Roger Ascham	Mixed ..	—	—	—	—	—	—	—	—	1	1	—
	Infants ..	1	—	—	—	6	—	1	—	1	1	—
St. Mary's R.C.	Mixed ..	—	—	—	1	13	—	—	—	1	1	—
Myope Centre	Mixed ..	—	—	—	—	—	—	—	—	—	—	—
Nursery School	Mixed ..	3	—	6	2	8	—	13	—	2	4	2
Thorpe Hall	Infants ..	—	1	8	9	15	—	—	—	15	1	—
Totals		24	13	139	225	522	4	67	—	110	75	15

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

	Exclusions.	Chicken Pox.	Measles.	Whooping Cough.	Sore Throat.	Influenza.
1937 ..	50	67	3	64	35	97
1936 ..	58	25	184	73	32	37

	Diarrhoea	Mumps.	Ringworm.	Scabies.	Various.	Totals.
1937 ..	4	27	1	3	579	930
1936 ..	2	50	5	3	574	1,043

Infectious Diseases Clinic.—The weekly clinic at 2 p.m. on Tuesdays was continued, and all children of school age who had been in contact 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.

Fifteen children were referred, 11 following diphtheria and 4 following scarlet fever. One was already attending the rheumatism clinic before contracting infectious disease, and another failed to attend. Of the remaining 13 new patients referred, three had post diphtheritic carditis and one had carditis following scarlet fever.

Sore Throat Follow-up Scheme.—At Dr. Sheldon's request at the close of the year, a follow-up scheme was begun. The parents of all children reported to the School Medical Service to have had a sore throat are to be invited in writing to bring the child to the infectious disease clinic approximately four weeks after the onset of sore throat.

The primary purpose is to make sure that no cardiac complications have followed the sore throat. Only two cases were seen in 1937, but experience during 1938 suggests that the scheme will have definite value. The parents have proved willing and anxious to co-operate.

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	68
Number of attendances made	2,909
Average attendance per session	42.8
Number of scarlet fever cases discovered	1
Number of diphtheria cases discovered	10
Number of virulence tests taken in diphtheria carriers	49
Number of children recommended to rheumatism clinic	15
Number of children recommended to ear clinic	8
Number of children recommended to orthopaedic clinic	2

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 previous reports. The following summarises the work done:—

Schick tested for the first time	161
Negative (including pseudo and negative)	65
Positive (including pseudo and positive)	96

Total number of immunisations completed during 1937:—

(*a*) School age	1,250
(*b*) Pre-school age	154
(*c*) Over school age	6
Total	1,410

Number not completing immunisation or left district	38
Number of Schick tests following immunisation	777
Number of re-Schick tests following immunisation in previous years	173
Number of attendances made at Infectious Disease clinic for immunisation	1,916
Immunisation at schools (included above):—	
Number completely immunised	490
Number partly immunised	10
Number of re-Schick tests following immunisation in 1936	152
Number of Schick tests following immunisation in 1936	375
Number having second dose, immunised with single dose 1936	108

Diphtheria Immunisation at Schools.—The first term of 1937 was occupied in completing the posterior Schick testing at eight Infants' departments which remained out of the 21 departments with children under 8 years of age and at which immunisation had been commenced with single dose Alum Precipitated Toxoid at the end of 1935.

Summarising the whole of the work done since that time, a total of 1,502 posterior Schick tests were done in children given one dose of 0.5 c.c. A.P.T., and of these, 1,141 (or 76.0 per cent.) were negative at an average period of 23.8 weeks following the single dose. The maximum and minimum percentages were respectively 98 and 28, at different schools.

The Schick test results at the various age levels are given below:—

Age Group.	Total Schick tested.	Total. Positive.	% Positive.	% Negative.
1-2 ..	19	—	0.0	100.0
2-3 ..	36	2	5.5	94.5
3-4 ..	65	8	12.3	87.7
4-5 ..	151	26	17.2	82.8
5-6 ..	378	89	23.5	76.5
6-7 ..	463	137	29.6	70.4
7-8 ..	389	98	25.2	74.8
8- ..	1	1	100.0	0.0
Totals ..	1,502	361	24.0	76.0

The results suggest that the unreliability of the single dose method increases with age.

The parents of those children incompletely protected were advised that a further dose was necessary, and in those responding no failure to obtain a negative Schick test was experienced. Two dose method: 326 children, mostly under 8 years of age, were given two doses of A.P.T., *i.e.*, 0.1 c.c.—14 days—0.5 c.c. All were Schick negative approximately one month after the second dose except for 9. Of these, 6 were negative approximately two months later and the other 3 were not re-tested, *i.e.*, by the two dose A.P.T. method only 3 were still possibly Schick positive at two months, *i.e.*, a Schick negative rate of 99.4 per cent.

Relapsed Immunity.—

(1) One school which gave only 2 per cent. Schick positive in November, 1935, after one dose A.P.T. was re-Schicked on April 14th, 1937. Of 93 children previously Schick negative, 34.4 per cent. had relapsed.

(2) Another school which had yielded 29 per cent. Schick positive in April, 1936, after one dose A.P.T. showed on May 5th, 1937, 5 Schick positive amongst 40 previously negative, *i.e.*, a relapse rate of 12.5 per cent., but none amongst 15 who had been given a second dose 0.25 c.c. A.P.T. following their first positive posterior Schick.

In the light of this experience it was decided in the new school year, *i.e.*, September, 1937, to revisit all Infant and Mixed Departments and to offer a further dose to those children only previously immunised with the single dose method, and to use the two dose method (0.25 c.c.—14 days—0.5 c.c.) in all cases, but omitting the posterior Schick tests.

Up to the end of the year seven schools had been visited and 450 new cases were done and 50 new cases of pre-school age who were brought by the parents by invitation.

By this method it is hoped to secure as many acceptances as with the old method and at the same time to obtain a better and more lasting immunity.

The weekly immunisation clinic was continued on Tuesday afternoons, and as far as possible all children over five years are Schick tested after immunisation in order to control the efficiency of the prophylactics used. Pre-school children who have been protected are advised to return for a Schick test shortly before being admitted to school. By this means, in future years, it is hoped to gain valuable information as to the permanency of immunity following the use of A.P.T.

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

Positive, 31; Negative, 38. Total 69.

One child at Brookfield Hospital was immunised.

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

		Number Examined.	Number found to be Vaccinated.	Percentage Vaccinated.
Entrants	Boys	765	160	20.9
	Girls	920	181	19.6
2nd Age Group ..	Boys	810	198	24.4
	Girls	839	205	24.4
3rd Age Group ..	Boys	902	244	27.0
	Girls	847	317	37.4
Total		5,083	1,305	25.6

Action under Article 20 (*b*) (Exclusion of individual children):

At medical inspection	11
At School Clinic	1,318

Action under Article 22 (School closure).—The Nursery School was closed from 25th June to 9th July, inclusive, on account of an outbreak of Bacillary Dysentery.

Action under Article 23 (*b*) (*i.e.*, attendance below 60 per cent. of number on register).—A Certificate was granted as follows:—

School.	Month.	Disease.
Maynard Road Infants ..	December ..	Mumps.

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 from 19th April to 2nd October, 1937:—

(*a*) Handsworth Avenue site.
(*b*) Blackhorse Road School Playing Field.
(*c*) Wm. Elliott Whittingham School Playing Field.
(*d*) Chapel End School playground.
(*e*) 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 to sunset.

(iii) Saturdays—from 9 a.m. to 5.30 p.m.

Two members of the Committee's teaching staff were appointed to act as play organisers for two hours on two evenings per week at Wood Street and Blackhorse Road playgrounds commencing in June. The scheme was continued up to the beginning of October.

The Director of Education states that the following sites and playing fields were available to children attending the Public Elementary Schools during 1937:—

Playing Fields.

Name.	Area.	Availability.
Salisbury Hall ..	20 acres..	School days and Saturdays
North Walthamstow Sports Ground	5 ,, ..	School days and Saturdays
Low Hall Farm ..	52 ,, ..	School days only.
Chestnuts Farm ..	18 ,, ..	School days excepting Thursday afternoons.
Aveling Park ..	16 ,, ..	School days only.

Walthamstow Cricket Club Ground.—Pitches hired: 2 football and 1 hockey pitch for Mondays (3 one-hour sessions) from 4th October, 1937, to 28th March, 1938. Cricket, 3 days per week commencing 24th May.

Sites.

Name.	Area.	Availability.
Handsworth Avenue..	10 acres..	School days and Saturdays.
Blackhorse Road ..	0.5 ,, ..	School days and Saturdays.
Wm. E. Whittingham	1.7 ,, ..	School days and Saturdays.

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

School.	Place.	Date.
Shernhall Street Special—		
Senior Scholars ..	Babbacombe ..	March, 1937.
Junior Scholars ..	Canvey Island..	June, 1937.
Coppermill Road J.M. ..	Combe Martin ..	Whitsun, 1937.
Geo. Gascoigne Central Boys	Isle of Wight ..	July, 1937.

(*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 21st May and 2nd July, and three contingents of 64 girls for similar periods between the 14th May and 25th June. A total of 390 children were sent away.

(*d*) **Swimming.**—For some years a very active Swimming Committee composed of official and co-opted members, with two members of the staff of the Director of Education acting as organising secretaries, has organised considerable swimming facilities for the children attending Public Elementary Schools.

During 1937 the Council granted the use of the swimming bath as follows:—

(*a*) *Life Saving.*—Boys, one afternoon throughout the season. Girls, one afternoon after the summer vacation.
(*b*) *Summer Vacation Passes.*—Use of the bath during the summer vacation—25 passes to each school according to time-table.
(*c*) *Gala.*—Free use of bath on two evenings at end of season.

As in previous years, two members of the staff at the Public Baths were appointed as swimming instructors to the boys, and one instructress for the girls.

Two conferences with regard to swimming were held by the teachers interested, and land drill instruction in regard to life saving was arranged for the girls preparatory to actual instruction at the baths after the summer vacation.

The following diploma results were obtained:—

	Length.	100 yds.	¼ Mile	Half Length on back	Royal Life-Saving Society Certificates. Elementary	Intermediate	Medallions
Boys' Schools	375	249	138	200	41	16	—
Girls' Schools	373	221	155	218	40	40	11

In July the Walthamstow Men Teachers' Physical Education Association arranged for a display at one of your Central Schools of the latest instructional films on the teaching of swimming.

10. PHYSICAL TRAINING.

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

"We have pleasure in submitting the following report on Physical Education in the Walthamstow Schools during 1937.

"1. **Introduction.**—The development of sound, healthy physical recreation as part of the social life of the nation will not necessarily follow the mere provision of adequate facilities. The choice of leisure activity will largely depend upon the kind of education people have received and we should, therefore, ensure that physical education in our schools is laying a sound foundation of appreciation of good physique and of practice in joyous physical activity. In spite of the fact that the national scheme for physical fitness contains no element of compulsion and no insistence upon

the efficiency of any system of physical exercises, its unfortunate announcement coincident with the Government's re-armament programme has aroused deep and understandable suspicion in the minds of many people, and has done much to hinder the progress of a commendable piece of social service. Parents who have attended 'open-day' and other recent demonstrations of physical training given in the schools have noticed the importance attached to individual training, and have seen that there is no military aspect behind modern pedagogical physical training. Education is the guidance of growth, which must take place not only physically and mentally, but spiritually as well, and we are convinced that the self-respect engendered by the healthy functioning of a fit body is a vital factor in sound character formation.

"2. **Physical Education in the Schools.**

"(*a*) *Standard of Work.*—A spirit of enjoyment, with continuous activity on the part of the children, now pervades the physical training lessons in the majority of schools. In many cases the stimulus of vigorous teaching is encouraging the children to strive for the correct performance and sound technique which render these lessons so effective in the development of character and will-power. The staffs of the schools are to be congratulated upon the progress made, and it is hoped that, with the increasing numbers of teachers who have taken refresher courses, a similar grasp of the subject will be apparent in all schools. The stock of physical training apparatus has been usefully increased, but is not always readily available, and we should welcome a more liberal use of apparatus, especially for the playground lessons in Junior and Infants' Schools. The games lessons are now probably the weakest feature of the work in most schools, but it is hoped that special games courses for teachers will help to make this training more definite and purposeful.

"(*b*) *Facilities.*—The general adoption of recommendations made last year regarding the time allotted to physical training has resulted in an increasing use of the school halls, particularly in the Senior Schools, where the provision of gymnasia is now a matter of some urgency, but, unfortunately, on many of the restricted school sites it also presents many difficulties. We are, therefore, very gratified to learn of the magnificent building programme being undertaken by the Committee.

"(*c*) *Playgrounds.*—The absence of permanent playground marking throws unnecessary work on the teachers and children every time a lesson is taken, and the generous allowance now made for the marking of playgrounds is much appreciated. A heavy programme of re-surfacing and reconditioning of playgrounds has been carried out during the past year, but there is still much to be done before all playgrounds are in a satisfactory condition. There has been a welcome improvement in the standard of cleanliness in the majority of playgrounds.

"(*d*) *Playing Fields.*—The outstanding achievement of the past year has been the acquisition of the extensive playing fields at Salisbury Hall. The value and importance of this far-sighted action will become more and more apparent with the continued rapid growth of building schemes. Already these splendid fields have contributed much to the health and joy of hundreds of Walthamstow children, and we anticipate that full use will be made of these facilities during the coming summer. The effective use of the Chestnuts has been seriously curtailed by building operations, and the fields have been closed to the schools for three months in the middle of the season owing to the bad state of the pitches due to excessive wear. The playing field problem is by no means solved, and the impossibility of acquiring alternative accommodation within reasonable reach of the schools makes the centrally placed Chestnuts site extremely valuable for school purposes. The value of the parks and open spaces has been enhanced by the provision of suitable children's games markings and the necessary portable goal posts and bases, with huts for storage.

"(*e*) *Clothing.*—It is pleasing to record that, in the Junior and Infants' Schools, real progress has been made in the adoption of a more rational form of dress, enabling movements to be carried out with the necessary vigour and precision. The recommendation in our last report that senior children should be encouraged to change into special gymnasium clothing has been generally put into effect, in spite of the lack of suitable changing and storage accommodation. The present practice of supplying a limited number of shoes to each Department means, in practice, that several children share the use of one pair of shoes. This is highly undesirable and the only satisfactory solution appears to be that proper gymnastic shoes should be considered part of every child's necessary school equipment. The storage of clothing in Senior Schools is receiving our immediate attention. In the Junior and Infants' Schools specially designed classroom store cupboards, as used in other areas, would prove satisfactory.

(NOTE BY S.M.O.—Your Committee is giving consideration to the question of providing additional plimsolls, and instructions have been given that, if shared, socks should be worn.)

"(*f*) *Apparatus.*—The Junior and Infants' Schools have now been equipped with a reasonable supply of physical training and games material, but more portable playground games posts are required. In the Senior Schools much of the portable gymnastic apparatus needs overhauling and some repairs and replacements needed.

"(*g*) *Staffing.*—There is still a shortage of qualified teachers of physical training in the Senior Schools. We are, however, very

grateful for all that has been done during the past year, and realise that it is very difficult to solve this problem without creating fresh difficulties with regard to the claims of other subjects. In one or two cases younger teachers are also required to relieve older members of the staff in the Junior Schools.

"3. **Teachers' Courses.**—We acknowledge with thanks the continued permission to hold these classes during school hours. These classes often demand strenuous physical effort from teachers unaccustomed to regular vigorous activity and would lose much of the value if undertaken by tired and jaded teachers during the evening. It has been a real pleasure to conduct classes for such enthusiastic and responsive teachers. We much appreciate the readiness of the Committee in granting teachers leave of absence to attend special courses. In order to make safe and effective use of the extended facilities provided in a fully equipped gymnasium, the teacher will require a high degree of technical training, impossible to provide by means of local courses. Last year, 14 teachers attended vacation courses in physical training, an indication of the growing interest in, and enthusiasm for, this subject.

"4. **Swimming.**—We realise that the Committee is fully aware of the urgent necessity for making extra provision for swimming instruction. Swimming is an excellent form of exercise and is rightly regarded as an important part of the child's physical education. Under ideal conditions every child from the age of 10 would be given a regular weekly swimming lesson throughout the school year. In Walthamstow this would involve making provision for 5,500 children per week. At present, excellent use is made of the two days on which the bath is available, but with the most carefully planned time-table it is impossible to accommodate more than 600 girls and 600 boys per week. These children are allowed 20 minutes in the water, but in actual practice, owing to unavoidable delays and limited changing accommodation, this period is often seriously reduced. Under the present difficult conditions attendance is wisely restricted to non-swimmers, but it is quite impossible for the one specialist teacher to deal effectively with 50 beginners. The majority of teachers attending the bath with the children are keen and capable swimmers, but with a better knowledge of the recognised class-methods of instruction they could give much more effective assistance to the specialist teacher. Every minute of the very limited time at the bath should be devoted to progressive water practices, and the necessary 'land drill' should be carried out as part of the normal physical training at school. More emphasis should be given to acquiring style and correct movement rather than speed or distance.

(NOTE BY S.M.O.—Your Committee is giving consideration to the question of providing a swimming bath for the use of children attending Public Elementary Schools.)

"Many teachers gave excellent service out of school hours to the further coaching of swimmers, and they must have felt very gratified at the splendid results achieved. We should like to congratulate the Swimming Committee on the very efficient organisation of this important function.

"5. **Playground Play Centres.**—Visits to these play centres only served to confirm the unanimous testimony of playground workers with practical experience of this problem, viz., that it is not sufficient to provide space for play alone. As an experiment, two play leaders were appointed to the Wood Street and Blackhorse Road Centres for the last six weeks of the summer period. This experiment formed the subject of a special report to the Committee last November, and was so successful that we had no hesitation in recommending its extension to other play centres, including certain Parks.

"6. **Out-of-School Activities.**—It gives us great pleasure to pay tribute to the fine work of officials and enthusiastic supporters of the Walthamstow Schools' Cricket and Football Association, the Athletic Association, and the Swimming Association. The splendid voluntary service rendered by members of these Associations deserves commendation and support. The effective organisation and control of competitions, particularly the inter-school competitions in the major field games and athletics, does much to stimulate healthy rivalry between the schools, fosters the development of individual school spirit and generally raises the standard of play. We particularly congratulate the teachers concerned on their determination to resist any undue emphasis on the competitive element, with its attendant evils, and their keen desire to set a high standard of true sportsmanship in the conduct of all their activities.

"7. **Physical Training for Adults.**—From the generous support given to the Juvenile Organisations Committee it is obvious that the Committee is very interested in the provision of good facilities for the healthy recreation of adolescents and adults. We have been pleased to co-operate with such an enthusiastic body as the local J.O.C., but this branch of the work, although requiring special and urgent consideration, is at present beyond the scope of our official duty. Demonstrations of physical training for clubs and short courses for club leaders have been given. More clubs now include physical training in their programmes, and judging from the recent display given at the Baths Hall, the standard of work shows real improvement. Spacious, clean and well-equipped gymnasia are urgently required for the extension of this work in our young people's clubs.

"The demand on the part of the women and girls in Walthamstow for recreative physical education has been partly met by the organisation of 10 Keep-Fit classes. An admission fee of 2d. is

charged. The amounts received from each class are put into a common fund, from which teachers receive 7s. 6d. for one hour's instruction, or 10s. for 2 hours, and pianists 2s. 6d. per hour. On this basis the classes have remained self-supporting, mainly due to the generosity of the Education Committee, who have lent the school halls used for this purpose free of charge. This fact has been greatly appreciated by the members, many of whom could not afford more than the present fee of 2d. Two teachers and one pianist are also generously giving their services freely.

"Although these Keep-Fit classes are meeting the needs of older women who have not enjoyed the modern methods of physical education whilst at school, as the physical training develops in the schools there will almost certainly arise a demand for recreative work of a more advanced stage for the young adolescents. For such classes, gymnasia and trained paid teachers will be necessary.

"Much of the success of these classes has been due to the efficiency of the teachers concerned, all of whom have had additional training in Recreative Physical Education. A Leaders' course in Recreative Physical Training for women has been running since November, in order that a further supply of teachers trained in this branch may be at hand as the work expands.

"A demonstration of Keep-Fit work has been arranged for February 18th at the Baths Hall. It is hoped that this will encourage others to partake in some form of Recreative Physical Training.

"8. **The School Medical Service.**—The continued support of our work by the Schools Medical Staff is extremely valuable. The health value of good posture has been stressed and many teachers have received encouragement by this interest in the corrective aspect of their physical training work.

"In concluding this report, we wish to express our sincere thanks to the Director of Education for his valuable advice and the careful and sympathetic consideration he has always given to our proposals during the past year. No progress, however, could be made without the active co-operation of the teaching staff, and we have much appreciated their cheerful and willing response to our suggestions."

11. PROVISION OF MEALS.

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

The feeding centres at Joseph Barrett School, at High Street and at Higham Hill School were continued.

The numbers of meals were as follows:—

Year.	Number of Children.	Number of Meals.	Average Meals per Child.
1937	801	93,791	117.1
1936	732	91,133	124.5
1935	758	79,923	105.4
1934	772	87,161	112.9

Supervision of Meals at Special Schools and Canteens.—Your Committee resolved in March that the School Medical Officer be asked to submit a report on the menus at present in use at the various school and canteen centres. Visits were paid to each and the menus in use were carefully considered, together with the menus introduced by the two dietitians formerly in the Council's service. Enquiries were also made from adjoining areas.

The following report was then presented to the Canteens Committee:—

"Generally speaking, there appeared to be considerable variation in the menus now being followed at the different centres in Walthamstow, but the meals served to the children appeared to be well cooked, adequate and appetising. There was very little residue.

"If a central kitchen is to be set up on the lines of the report of the Director of Education dated December, 1936, one effect will be that the same meal will be provided at all centres except at the Nursery and Open-Air Schools. I am in entire agreement with this proposal and suggest that this end be anticipated by adopting a standard menu as soon as possible.

"I beg to recommend as follows:—

"1. That a standard list of menus applicable to all centres be adopted.

"2. That, if possible, the menus and general arrangements at all feeding centres be supervised by routine visits, say quarterly, to be paid by one of the Committee's teachers possessing the necessary qualifications and experience."

Your Committee adopted new menus for summer months and for winter months for use at all feeding centres, with the exception of the Open-Air and Nursery Schools. It was also agreed that the menus and general arrangements at all feeding centres be supervised by routine visits by one of the Committee's Domestic Subjects Teachers possessing the necessary qualifications and experience.

Miss M. Reading later visited the various centres and commented on the fact that, although the women cooks were untrained, they were doing their best. Suggestions were made with regard to the importance of starch in a crisp form, not over-cooking vegetables and the avoidance of excessive use of condiments. The existing menus were criticised as being unsuitable with regard to the development and preservation of teeth.

Alternative three-weekly menus were submitted by Miss Reading, who allocated approximately one half-day per week to the supervision of feeding centres.

Some difficulty has been met with in securing that the children wash their hands adequately before taking meals.

(2) **Milk Meals.**—Milk was supplied on medical grounds to 4,168 children on the recommendation of the medical staff after the examination of children either at school or clinics, the total number of meals being 1,079,039. The number of children supplied during the preceding year was 3,257, and the number of meals 741,121.

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

Children receiving "official" 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 former reports were continued in 1937, 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, 1937.

School.	Dept.	No. on Roll.		Free.		For Payment.		Total.		% receiving Milk.	
		Mar.	Oct.	Mar.	Oct.	Mar.	Oct.	Mar.	Oct.	Mar.	Oct.
Blackhorse Road	Girls ..	238	267	57	98	65	53	122	151	51.2	56.5
	Mixed ..	331	349	29	43	195	162	224	205	67.6	58.7
	Infants ..	256	224	37	35	181	137	218	172	84.1	76.7
Wm. Elliott Whittingham	Boys ..	271	277	66	61	42	58	108	119	39.8	42.9
Higham Hill	Boys ..	316	286	69	74	98	108	167	182	52.8	63.6
	Girls ..	312	297	117	112	131	108	248	220	79.4	74.0
	Infants ..	315	246	102	74	155	116	257	190	81.5	77.2
Pretoria Avenue	Mixed ..	265	242	44	50	126	110	170	160	64.1	66.1
	Infants ..	238	—	42	—	140	—	182	—	76.4	—
William Morris Central ..	Boys ..	293	301	41	47	131	140	172	187	58.7	62.1
	Girls ..	332	341	42	54	96	119	138	173	41.5	50.7
Coppermill Lane	Boys ..	210	238	39	47	61	65	100	112	47.6	47.0
	Girls ..	240	249	46	57	114	104	160	161	66.6	64.6
	Infants ..	321	271	51	30	214	190	265	220	82.5	81.1
	Mixed ..	343	347	46	118	130	162	176	280	51.3	80.6
Wood Street	Boys ..	210	246	82	83	55	87	137	170	65.2	69.1
	Girls ..	257	244	80	69	78	80	158	149	61.4	61.0
	Infants ..	232	204	43	70	93	117	136	187	58.6	91.6
Joseph Barrett	Boys ..	243	285	55	72	75	95	130	169	53.4	59.3
	Girls ..	186	212	38	99	35	53	73	152	39.2	61.7
Open Air School	Mixed ..	—	161	—	150	—	—	—	150	—	93.1
Maynard Road	Boys ..	391	343	65	67	140	132	205	199	52.4	58.0
	Girls ..	300	303	74	90	139	101	213	191	71.0	63.0
	Infants ..	352	313	22	22	146	173	168	195	47.7	62.3
St. Mary's	Girls ..	269	248	31	32	93	112	124	144	46.0	58.0
	Infants ..	180	157	10	15	105	94	115	109	63.8	69.4
St. George's	Mixed ..	205	148	29	34	68	97	57	131	47.3	88.5
Shernhall Special	Mixed ..	—	55	—	28	—	22	—	50	—	90.0
William McGuffie	Boys ..	205	238	28	23	54	73	82	106	40.0	44.5
	Girls ..	215	213	42	40	50	46	92	86	42.7	40.3
Mission Grove	Mixed ..	259	259	80	98	130	119	210	217	81.0	83.7
	Infants ..	204	179	55	30	135	128	190	158	93.1	88.2
Deaf Centre	Mixed ..	—	16	—	9	—	5	—	14	—	87.5
Edinburgh Road	Girls ..	197	221	56	94	81	61	137	155	69.5	70.1

MILK IN SCHOOLS.—SUMMARY.—*continued.*

School.	Dept.	No. on Roll.		Free.		For Payment.		Total.		% receiving Milk.	
		Mar.	Oct.	Mar.	Oct.	Mar.	Oct.	Mar.	Oct.	Mar.	Oct.
Markhouse Road	Boys ..	206	220	24	42	119	84	143	126	69.4	57.2
	Infants ..	198	158	68	61	122	90	190	151	95.9	95.5
	Mixed ..	309	278	77	85	95	110	172	195	55.6	70.1
St. Patrick's	Mixed ..	257	237	57	53	96	106	153	159	59.5	67.0
St. Saviour's	Boys ..	156	148	52	40	64	45	116	85	74.3	57.4
	Girls ..	119	112	27	36	71	63	98	99	82.3	88.4
	Infants ..	142	132	41	30	87	94	128	124	90.1	93.9
Forest Road	Boys ..	282	262	35	60	127	129	162	209	57.4	79.7
	Girls ..	257	241	42	36	123	122	165	158	64.2	65.5
	Infants ..	290	254	20	14	211	177	231	191	79.6	75.1
Winn's Avenue	Boys ..	244	262	36	71	76	75	112	146	45.9	55.7
	Girls ..	285	305	59	76	86	73	145	149	50.8	48.8
	Infants ..	265	240	16	11	206	198	222	209	83.7	87.0
	Mixed ..	398	390	45	74	226	226	271	300	68.0	76.9
Chapel End	Boys ..	218	261	37	52	37	50	74	102	33.9	39.0
	Girls ..	198	234	38	54	52	52	90	106	45.4	45.3
	Infants ..	358	374	48	53	213	271	261	324	72.9	86.6
	Mixed ..	386	374	46	61	129	173	175	234	45.3	62.5
Selwyn Avenue	Boys ..	400	407	42	50	105	150	147	200	36.7	49.1
	Girls ..	386	421	41	47	130	140	171	187	44.3	44.4
	Infants ..	437	403	25	21	240	258	265	279	60.6	69.2
Gamuel Road	Boys ..	278	267	47	40	167	148	214	118	76.9	70.4
	Girls ..	266	250	34	42	149	153	183	195	68.7	78.0
	Infants ..	307	260	38	27	199	202	237	229	77.2	87.4
Geo. Gascoigne Central ..	Boys ..	288	294	30	21	119	100	149	121	51.7	41.1
	Girls ..	294	307	42	43	85	82	127	125	43.2	40.7
Roger Ascham	Mixed ..	411	380	84	82	90	90	174	172	42.3	45.2
	Infants ..	304	270	52	36	165	180	217	216	71.3	80.0
St. Mary's R.C.	Mixed ..	301	310	70	70	220	214	290	284	96.3	91.6
Myope Centre	Mixed ..	—	63	—	6	—	53	—	59	—	93.6
Nursery School	Mixed ..	—	138	—	97	—	40	—	137	—	99.2
Thorpe Hall	Infants ..	334	292	27	23	142	266	169	289	50.5	98.9
Totals		16,760	16,526	2,918	3,549	7,307	7,463	10,225	11,012	61.0	66.6

The progress of the scheme since 1934 may be seen from the following table:—

	Number on Roll.	Receiving Free Milk.	Available for Voluntary 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
March, 1937	16,760	2,918	13,842	7,307	43.59	10,225	61.0
October, 1937 ..	16,526	3,549	12,977	7,463	46.3	11,102	66.63

The scheme has again been operated in every Department in Walthamstow, and generous acknowledgment must be made to Head Teachers and their staffs generally.

The continued co-operation of the teaching staff is earnestly sought, particularly to try and reach the ideal, 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 "safe" milk, *i.e.*, efficiently pasteurised milk.

It is a local requirement of the scheme that only pasteurised milk sold under licence shall be supplied.

Vacation Scheme.—Five schools were selected as distribution centres on 11 days during the Christmas vacation. The number of meals served is shown below:—

	Voluntary.	Official.	Total.
Markhouse Road School ..	1732	3214	4946
Maynard Road School ..	614	2039	2653
Pretoria Avenue School ..	1508	1974	3482
Thorpe Hall School	595	1159	1754
Winn's Avenue School ..	1103	2532	3635
Grand Totals	5552	10918	16470

12. (a) CO-OPERATION OF PARENTS.

The following table shows the attendance of parents during 1937:—

Boys.	Number Inspected.	Number of Parents.	Per cent. 1937.	Per cent. 1936.
Entrants	765	696	92.0	90.1
2nd Age Group	810	616	76.0	80.9
3rd Age Group	902	331	36.6	45.1
Totals	2,477	1,643	66.5	69.1
Girls.				
Entrants	920	838	91.0	91.6
2nd Age Group	839	665	79.2	82.3
3rd Age Group	847	442	52.1	54.5
Totals	2,606	1,945	74.6	76.0
Grand Total ..	5,083	3,588	70.7	72.4

(b) CO-OPERATION OF TEACHERS.

Renewed and grateful acknowledgment for the co-operation of Head Teachers and their staffs must be made. Generous help and co-operation has invariably been experienced.

(c) CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

The Superintendent Attendance Officer and his staff have again co-operated with the work of the School Medical Service, and there is almost daily proof of the advantage resulting from it. A great deal of extra work has resulted from the full operation of the Open-Air School.

(d) CO-OPERATION OF VOLUNTARY BODIES.

(*a*) **The Invalid Children's Aid Association.**—The Association, and especially its Secretary, Miss D. A. Lewis, has yet again rendered very valuable help, notably at the rheumatism clinic, in arranging for convalescent home treatment and in connection with the after-care of 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 1937:—

"The number of children referred to us in 1937 dropped back to the figure for 1931, and not since that year until 1937 has there been any decrease in the number sent away for convalescent home treatment. It is satisfactory to report that we sent away 89 fewer children than last year. More children under 5 were referred to us.

"An outstanding feature of our statistics is that we have dealt with about 50 fewer children suffering from anaemia and debility. This may be partly due to the fact that many such children have been admitted to the Open-Air School, but a study of our figures over the last few years indicates that they appear to have been largely affected by industrial conditions. It should be noted that fewer children have been referred by Hospitals, etc., as well as school medical officers.

"A drop in the cases referred from the rheumatism clinic has to be recorded. Only 36 went away, as against 60 in 1936.

"There were more orthopaedic cases last year, both over and under five. There were many less chest cases under five. The excess in 1936 was due, I think, to the measles epidemic, when so many children had pneumonia with it.

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

	Over 5 years.	Under 5 years.	Total.
Medical men, Hospitals and Dispensaries ..	93	34	127
Tuberculosis Dispensaries and Tuberculosis Care Committees	3	—	3
Education Committees and School Medical Officers	35	1	36
Public Assistance Committees	—	—	—
Local Authorities under schemes for—			
(i) Rheumatism	33	—	33
(ii) Orthopaedic Care	68	115	183
Medical Officer of Health and Infant Welfare Centres	5	6	11
Invalid Children's Aid Association	5	1	6
Voluntary Agencies	2	—	2
Parents	5	—	5
Totals	249	157	406

"Classification of New Cases:—

Tuberculosis—Glands	1	—	1
,, —Joints	3	—	3
Anaemia and Debility	27	7	34
After effects of acute illnesses	19	4	23
Marasmus and Malnutrition	11	4	15
Rheumatism, Chorea and Heart	30	1	31
Heart (Congenital)	4	1	5
Diseases of Lungs (Non-T.B.)—			
(*a*) Bronchitis, Pneumonia, etc. ..	33	5	38
(*b*) Asthma	6	—	6
Glands (Non-T.B.)	8	3	11
Diseases of Bones (Non-T.B.)	30	76	106
Diseases of Digestive Organs	2	—	2
Paralysis	5	5	10
Nervous Conditions	18	—	18
Congenital Deformities	11	34	45
Hernia	1	2	3
Diseases of—Ears	5	1	6
Eyes	4	—	4
Nose and Throat	9	1	10
Accidents	2	—	2
Various	20	13	33
Totals	249	157	406

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

	Old.	New.
Sent to Special Hospitals and Convalescent Homes	45	177
Extensions from previous years	63	—
Provided with Surgical Boots and Appliances ..	111	30
Provided with Massage and Exercises	—	5
Referred for visiting and advice	166	43
Referred by I.C.A.A. to other Agencies	—	5
Clothes	2	6
Hospital Letters	—	2
Totals	387	268

"Number of visits paid, 1,199.

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

"36 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 Walthamstow during 1937 is reported by Inspector Luff:—

Nature of Offence.		How dealt with.	
Neglect	60	Warned and advised ..	89
Assault and ill-treatment	13	Otherwise dealt with ..	1
Advice sought ..	17	Convicted	1
Various	1		
Total	91	Total	91

Number of children dealt with over 5 years of age—Boys, 88; Girls, 84.

Number of children dealt with under 5 years of age, 63.

304 supervisory visits were made during the year, and in addition 140 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 1937:—

"The distribution of footwear for the year ended 31st December, 1937, was slightly lower than for the previous year, 1,024 pairs being distributed at a cost of approximately £313. A feature of the year's work was the decision of the Committee to supply shoes to boys, instead of boots, where the parents so desire."

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

"Not the least important of the Association's work is the supervision of those defectives placed by the Essex County Council under Statutory supervision, and of others, often indistinguishable in type from those who are under voluntary supervision; much of this work is carried out in Walthamstow through members of the Mental and After-Care Committee, to whom the Association acknowledges a debt of gratitude.

"Included in supervision work is the running of two Training Centres, as follows:—

"*Occupation and Training Centre.*—Supervisor, Miss Barbara Drury.

"This Centre, held in the Settlement, Greenleaf Road, provides training and occupation for defective children, excluded from the Special School, and for older girls who, having left the Special School, are unable to find work. Boys on reaching 14 years of age are transferred to the woodwork class for senior boys, where they can be given more vigorous work to do.

"Training at the Centre is directed towards developing the ability of each child so that he acquires some measure of independence and becomes a happy and, perhaps, even useful member in the family. By means of apparatus the younger children are trained to distinguish colours, sizes, shapes, etc., and by their simple handwork learn to use the finer muscles of their hands and fingers. The

elder girls assist with the preparation of the mid-day meal, and according to their ability are taught the more advanced types of handicrafts. All children participate in the physical work, music, and speech training.

"In the autumn of 1937 a Guide Company was formed in the Centre, and the children look forward with interest to their Guide meeting. We are grateful for the generous help of the Guides of Walthamstow in providing equipment for the company.

"The Mental and After-Care Committee were again responsible for arranging an outing for the children in the summer and a party at Christmas. These occasions provide a great deal of happiness and do much to maintain the happy social life of the Centre.

"Public interest in the work of the Centre is increasing, and we are always pleased to welcome visitors and friends, whose encouragement are much appreciated.

"*Woodwork Class for Senior Boys.*—Supervisor, Miss Carol Wood.

"This class is held in the mornings in St. Stephen's Hall, Copeland Road. There are now 18 boys attending, and during the past year several left to go to work. Gardening has taken a larger part in the work of the class, and the lads are learning how to trench and prepare the soil for plants, erect fencing, etc. In the woodwork section a variety of useful articles have been made and sold during the year.

"The summer outing was held in July, and the usual treat at the Walthamstow pantomime in January, 1938. The Mental and After-Care Committee made all arrangements and paid most of the cost of these outings.

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

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

"Miss Turner's report given above covers a great deal of our work in Walthamstow. The members of the Committee have worked enthusiastically, and in addition to the visiting, they arranged the annual re-union social held in May and the Christmas party in December, to which all those on our after-care list were invited.

"Thanks to the financial aid we get from the Essex County Council (Sunday Cinema Fund) we are able to do a lot more for these defectives than would otherwise be possible. Everyone received a gift at Christmas and in special cases clothing and invalid chairs have been purchased. Grants are made to the Essex Voluntary Association to assist necessitous cases attending the Occupation Centre, thus ensuring that they receive a mid-day meal.

"The members of the Committee spent a day at the Royal Eastern Counties Institution, Colchester, and its branches, in September. Here they were able to see many of the defectives they had visited in Walthamstow prior to their admission to the Institution and to observe their progress.

"We are very grateful to all those who assist us in our work, and to the Local Authority for their co-operation in our efforts on behalf of the mentally defective."

(*f*) **The "Youth Centre."**—An interesting social experiment of much promise was initiated at the end of November by the opening of the new headquarters provided by the Juvenile Organisations Committee with the sympathetic help of your own Authority. A disused school provides accommodation on the ground floor for the Schools Library already referred to in Section 3 of the report. The first floor provides accommodation comprising a lounge and reading room, cafeteria, a large hall for badminton, lectures and other functions, a committee room, secretary's office and cloak-rooms. The annexe provides a well-equipped gymnasium on the ground floor and a large room for table tennis and possibly billiards later on the first floor.

The "Aims and Objects" of the Juvenile Organisations Committee, which was founded eleven years ago to bring together representatives of all youth organisations, social workers and others concerned with welfare work among young people, includes the following:—

1. To act as a meeting ground for representatives of youth and juvenile organisations and for all persons engaged in the welfare of young people, in which common problems and common action can be discussed. Common action may take the form of:—

(*a*) Making a survey of existing work, from which can be seen where the greatest need for further development exists, and what kind of work is particularly called for.

(*b*) Conducting investigations into any matter of common interest.

(*c*) Arranging such functions as combined displays, sports days, table tennis, exhibitions, swimming, football, cricket, competitions, leaders' training courses, and so on.

2. To act as a body representative of all young people's organisations, and to express the collective opinion of the organisations on matters on which they can speak with one voice.

3. To act as a link between the affiliated units and the Education Authorities (and other statutory bodies interested), working with them to promote the welfare of young people.

4. To assist voluntary organisations in the recruitment of leaders and helpers and to act as a clearing house, finding suitable opportunities in youth organisations for all persons whose services as leaders are made available.

5. In general, to carry on activities which are beyond the scope of any single organisation.

6. To assist any affiliated unit financially or otherwise in the furtherance of the above purposes or any of them.

Although intended primarily for the adolescent and the young adult, the activities of the Centre can be appropriately referred to in this report because children attending the elementary schools may participate provided they are members of one of the numerous affiliated clubs and organisations.

The J.O.C. has succeeded in obtaining the following facilities for affiliated organisations:—

1. Through the co-operation of the Walthamstow Borough Council and the Education Committee, the free use of rooms, tennis courts, netball pitches, and at reduced fees, the use of football pitches and the Walthamstow Swimming Baths. The local Education Authority also make a grant of £25 per annum.

2. Through the assistance of the Essex County Council, a grant of £30 per year for administrative expenses and the granting of free Evening Classes in Dramatics, Photography, Music, Elocution and Gymnastics.

3. By voluntary contributions it has been possible to grant financial assistance for Camps and equipment for Clubs.

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 1937, and has been supplied by the Head Teacher, Miss Balls:—

	Blind.		Partially Blind.	
	Walthamstow.	Other Authorities.	Walthamstow.	Other Authorities.
Boys	2	4	18	5
Girls	2	2	25	8
Totals	4	6	43	13

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:—

"The number of children attending the Myope School last year was 66. Of these, 39 were suffering from High Myopia or Myopic Astigmatism only, and 2 from High Hypermetropic Astigmatism with sub-normal vision. The remainder had defective vision in varying degrees, as the result of congenital or acquired disease of the eyes.

"The full classified list is as follows:—

	Boys.	Girls.
High Myopia	26	13
Hyper Astigmatism	1	1
Congenital Cataract	4	2
Bilateral Optic Atrophy	—	1
Photophobia	—	1
Ophthalmia (post measles)	—	1
Deep infiltration of Cornea	1	—
Nystagmus	2	2
Albino	—	2
Left eye enucleated	—	1
Macular Dystrophy	1	—
Choroiditis	1	—
Corneal Opacity	1	1
Glioma (Left eye enucleated)	—	1
R. leucoma; L. enucleated	1	—
Nystagmus (partial albinoid)	—	1
Choroidal pigmentation (mirror writing)	1	—
Total	39	27

"Miss Balls and her assistants have shown their usual admirable care of the children throughout the year, with gratifying results."

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

"The school accommodates 85 children, but during the past year the number on roll has never exceeded 66.

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

"The children form two groups:—(1) Those who are partially blind; (2) those who are 'Blind within the meaning of the Act.'

"On the 31st December, 1937, the first group numbered 56 and the second group numbered 10.

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

"Those children who are 'Blind within the meaning of the Act' are taught the Braille system of reading and writing, and the Taylor frame is used in the working out of arithmetic. In addition to the ordinary school curriculum, various forms of manual work are undertaken by all the children.

"For those children who travel a long distance to school the Authority generously provides a two-course hot meal at mid-day at a nominal cost.

"About 80 per cent. of the children in attendance at the school availed themselves of the Milk Marketing Board's scheme for the purchase of milk daily.

"During the year one blind girl and four partially blind pupils left the centre. Of these, the blind girl went to the Workshops for the Blind, for further training.

"One girl was transferred back to an elementary school, her eye condition having benefited during her stay here, so that she was able to return to normal work.

"One girl is employed in a small hotel as a chambermaid.

"One girl is employed at an art depot in framing pictures with passe-partout.

"One boy is employed at a cabinet maker's works in staining and polishing.

(ii) **Deaf School.**—As in previous years, following an assessment of each child's hearing by means of the Audiometer, all children in attendance were examined by Dr. Friel, your Aural Surgeon. 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 20 children on the register at the end of 1937. The children are classified as follows:—

	Deaf. Within the meaning of the Act.	Partially Deaf.	Aphasic.	Cleft Palate.
Boys	5	—	6	—
Girls	5	2	1	1

"During the year six children have left school. Two aphasic children whose speech is now normal have been transferred to the Open Air School and a Junior School respectively. One child has left the district and another has been sent to a Residential Institution for the Deaf. Two senior deaf girls have been found satisfactory work as embroideresses, one of these having had the advantage of two terms at the Leyton Art School.

"A grant has been made enabling one of our deaf boys to attend the Trade Schools for the Deaf at Margate for a three-years' course in bootmaking and repairing.

"Three new children have been admitted during the year.

"One of our senior girls continues to make satisfactory progress at the North Central School.

"The work of the school continues along the lines described in the reports of 1935 and 1936. The curriculum includes—besides speech, lip-reading and general subjects—woodwork, gardening, football, cricket, swimming, cookery and laundry, boot repairing and brush making, some of these being taken with hearing children in other schools.

"The deaf children continue to derive much benefit from work with the multitone apparatus."

(iii) **Open Air School.**—The accommodation of the school was recognised during the year by the Board of Education as 170.

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

"During the year the school has taken shape after some re-arrangements found to be necessary or advisable.

"The older orthopaedic cases were set apart in a classroom of their own together with the cardiac cases that were in the former Joseph Barrett Physically Defective Centre. Here the normal work of an elementary school goes on and children leave only when ready to go to a training school or to paid employment.

"One boy was sent to Stanmore Training College, 10 left for paid employment, while 7 went to hospital for brief periods.

"The main part of the school is devoted to the treatment of malnutrition and debility, of which there are approximately 100 cases on roll. Weekly medical inspections were carried on throughout the year with the Head Teacher and school nurse present. Roboleine, cod liver oil and Parrish's food are ordered for specific cases in addition to the daily dinner and milk.

"During the summer months when weather conditions were particularly favourable, school was carried on almost entirely out of doors, and in the resting period the beds were placed on the grass until the sun became too hot. Gardening became a most popular occupation. Balance sheets were made and some profits were quite high. A landscape garden is planned which may require two or three summers in developing.

"The Inspectors of the Board of Education inspected the school with regard to the medical and dietetic arrangements in June, and again in September for the educational side. Their suggestion that children should be classified on an age basis rather than attainment has been put into effect.

"Wherever possible, subjects are treated from the practical standpoint so as to encourage outdoor occupation. Meteorological instruments have been set up and chartings of temperatures, etc., are carried on by the Senior class.

"During the year, 20 children were discharged by the medical officer as being fit to return to ordinary elementary schools. The majority of children show marked improvement in general appearance.

"The classification on December 22nd, 1937, was as follows:—

Orthopaedic.		Cardiac.		Epileptic.		Debilitated.		
Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Total.
18	18	12	10	2	2	46	46	154

(iv) **Orthopaedic Scheme.**—

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 1937.

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

"The transfer of the orthopaedic clinic and Open Air School to Hale End Road has proved a great success.

"The increased accommodation for all purposes has very definitely improved the health of the cripples and increased the popularity of the clinic. The statistical returns show that it was necessary to admit a large number of cases, namely 17, into the Brookfield Orthopaedic Hospital for specialised treatment and operation.

"The treatment of these and the out-patients has been very ably carried out by the orthopaedic staff under Miss Garratt, Miss Taylor and Miss Hill, to whom, with Miss Lewis, the cripples of the Borough owe much."

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..	12	2	4	9	3	11
Scoliosis, Kyphosis and Lordosis	7	2	—	13	2	2
Surgical Tuberculosis ..	7	—	1	6	—	2
Rickets—						
(*a*) Genu Varum ..	5	51	—	1	30	—
(*b*) Genu Valgum ..	16	23	—	17	23	—
Pes Plano Valgus ..	47	16	2	36	22	—
Spastic Paralysis ..	8	6	—	4	3	—
Arthritis	2	—	—	2	—	2
Talipes—						
(*a*) Equino Varus ..	6	3	1	1	2	—
(*b*) Calcaneo Valgus..	—	4	—	—	3	—
(*c*) Pes Cavus ..	—	—	—	1	—	—
(*d*) Equino Valgus ..	—	2	1	—	2	—
(*e*) Mid-tarsal Varus..	1	2	—	—	—	—
Torticollis	3	13	—	9	6	—
Congenital Dislocation— Hip	—	—	—	5	3	—
Osteomyelitis	1	—	2	1	—	—
Congenital Defects ..	6	2	—	2	2	—
Amputation—Leg ..	—	—	—	2	—	—
Ataxia	1	—	—	2	—	—
Hammer Toe	3	—	—	7	—	—
Spina Bifida	1	—	—	2	1	—
Schlatters Disease ..	—	—	—	1	—	—
Erb's Paralysis ..	—	—	—	—	2	—
Tibial and Flexion Deformity of Toes ..	1	—	—	4	1	—
Bakers Cyst	—	—	—	1	—	—
Bursae	1	—	—	1	—	—
Fractures	1	—	—	—	—	—
Hemihypertrophy ..	1	—	—	1	—	—
Hallux Valgus	4	—	—	5	—	—
Ganglion..	—	—	—	1	—	—
Dislocation of Coccyx ..	—	—	—	1	—	—
Sprengels Shoulder ..	—	—	—	—	1	—
Bifid Thumb	—	—	—	1	—	—
Epiphysitis	1	—	—	1	—	—
Perthe's Disease ..	1	—	—	1	—	—
Heart Disease	12	—	—	11	—	—
Debility	46	—	—	46	—	—
Miscellaneous	6	6	—	5	9	—
Totals	200	132	11	200	115	17

Number of cases seen by Surgeon:—	
From Physically Defective Centre	77
From other schools	192
Over school age	31
Under school age	182
Total	482
New cases seen:—	
School age	64
Under school age	119
Over school age	1
Total	184
Total number of examinations by Surgeon	666
Total number of cases discharged by Surgeon	183
Average number of examinations made per session	44.4
Cases discharged by Surgeon and for after-care by Masseuse:—	
School age	34
Under school age	46
Total	80
Cases over school age away for training	5
Number of attendances for orthopaedic and massage treatment (all ages)	3,862
Average number of attendances per session	19.9
Number of sessions held:—	
Medical inspection	15
Treatments	194
Total number of visits by Instrument Maker	23

(v) **Brookfield Orthopaedic Hospital.**—The orthopaedic scheme continues to depend for a great deal of its success on Brookfield Hospital, which is administered 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 and Mr. Whitchurch Howell is the Orthopaedic Consultant in charge.

Miss Garratt, C.S.M.M.G., has kindly summarised the admissions and operations done during 1937 as follows:—

Admissions (Walthamstow cases only):—

Under 5 years of age	8
5 years and over	9
Total	17
Number of children already in hospital 1st January, 1937	7

Classification of Defects.	Under 5 years.	5 years and over.
Anterior Poliomyelitis	2	3
Torticollis	2	2
Spastic Paralysis	1	1
Ganglion	—	1
Bakers Cyst	—	1
Talipes Equinus (Accident)	1	—
Congenital Dislocation hip	3	—
Hallux Valgus	—	1
Foreign Body in Knee	—	1
Hammer Toe	—	1
Polyarthritis	—	1
Spina Bifida	—	1
Genu Valgum	1	—
Cerebral Tumour	—	1

Classification of Operations.	Under 5 years.	5 years and over.
Tenotomy—		
(*a*) Sterno Mastoid	2	2
(*b*) Tendo Achillis	2	1
Arthrodesis—		
(*a*) Knee	—	2
(*b*) Toe	—	2
Removal of Bakers Cyst	—	1
Removal of Ganglion	—	1
Open Elongation of Tendo Achillis	1	2
Congenital Dislocation of Hip—		
(*a*) Open Reduction	1	—
(*b*) Closed Reduction	3	—
Blood Transfusion	1	—
Cuneiform, Osteotomy, Toe	—	1
Removal Foreign Body—Knee	—	1

Plaster of Paris—Plaster Spica (Hip)	6
Splints (Various)—(*a*) Following operation by Surgeon ..	12
(*b*) By Masseuses	19

(vi) **Mental Deficiency—Ascertainment.**—Ascertainment has proceeded along the lines detailed in previous years. A summary of the 76 intelligence quotient examinations is given below. Of the 52 children not mentally deficient, 2 had intelligence quotients of more than 100, 15 of or above 90, and 24 were 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 two years is given below:—

	1937.	1936.
Not Mentally Defective or Dull and Backward	37	36
Physically Defective	4	—
Border-line Mentally Defective	15	11
Mentally Defective	14	14
Mentally Defective (Ineducable)	3	—
Imbeciles	3	6
Idiots	—	1
Totals	76	68

Dull and Backward Children.—The following extract is taken from a circular issued by the Director of Education in April, 1937:—

"*Junior Schools.*—It is in the Junior Schools that work, in separate groups, with the children classified as 'Dull and Backward' should be carried out. With the application of the School grading test to the ascertainment of the mental aptitude of 7-year-old children, it is now possible to obtain a general idea as to (*a*) children who would be better dealt with at the Special (M.D.) School, and (*b*) those who should form a 'Dull and Backward' group in the Junior School. For this purpose the following criteria should be applied:—

"(*a*) Children whose I.Q.'s in the Grading Test fall below 75 should be referred to the School Medical Officer for further examination. Any other children who show signs of backwardness in school work together with bad personal habits of definite anti-social traits should also be sent for further examination by the School Medical Officer.

"(*b*) Children whose I.Q.'s in the Grading Test fall between 75 and 85 should be organised in 'Dull and Backward' classes in the Junior Schools. Such classes should not consist of more than 30 children, who will be classified according to mental age rather than chronological age."

Correlation of Grading Test and Binet Simon Intelligence Quotients.—Assessment of intelligence quotients on the Binet Simon system were carried out in 12 children aged between 6 years and 11 months and 8 years and 4 months who had given Grading Test intelligence quotients of 70 or under. The comparative results and the classifications adopted were as follows:—

	Grading Test I.Q.	Binet Simon I.Q.	Classification.
1 ..	—	55	Mentally Defective.
2 ..	—	95	Average.
3 ..	69	93	Average.
4 ..	67	80	Dull and Backward.
5 ..	69	85	Dull and Backward.
6 ..	67	69	Mentally Defective.
7 ..	—	91	Dull and Backward.
8 ..	65	87	Dull and Backward.
9 ..	69	90	Dull and Backward.
10 ..	69	76	Mentally Defective.
11 ..	—	56	Mentally ,,
12 ..	—	—	Aphasic.

In view of the classification as mentally defective of 4 out of the 11 children tested in 1937, the routine use of the Grading Test appears to be of definite value in the preliminary ascertainment of the mentally defective.

The correlations of 1937 may be compared with that of similar tests in 1935 (page 67, School Medical Officer's report) as follows:—

Binet Simon I.Q.'s.	1937.	1935.
90 to 99	4	4
80 to 89	3	7
70 to 79	1	—
60 to 69	1	—
50 to 59	2	—

School for Mentally Defective Children.—Your Authority provides a special school with accommodation for 130 children.

At the end of 1937 the classification, according to the latest available intelligence quotients, was as follows:—

	1937.	1936.	1935.	1934.
Intelligence Quotient 80 to 89 ..	2	3	4	4
,, ,, 70 to 79 ..	5	8	11	22
,, ,, 60 to 69 ..	20	28	29	20
,, ,, 50 to 59 ..	16	16	10	12
,, ,, 40 to 49 ..	4	1	5	8
,, ,, 30 to 39 ..	—	—	1	—
Not recently tested	2	3	1	1
Totals	49	59	61	67

A special visit is paid to the school 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 following table shows the number of children who have either left or been excluded during the past two years, and includes those directly notified to the County Council:—

	1937.	1936.
Decertified	2	3
Attaining the age of 16 years..	2	4
Allowed to leave for employment	10	8
Notified to the County Council as—		
Feeble-minded	2	2
Imbecile	—	2
Idiot	—	—
To Residential Institution by order of the justices at Juvenile Court	1	—
Transferred to Open Air Special School ..	2	—
Left Walthamstow	4	—
Totals	23	19

(vii) **Child Guidance.**—The reference of children requiring guidance to the London Child Guidance Clinic continued during 1937. The fee for initial consultation is 15s., and for subsequent treatment 5s. per visit. Your Committee decided to recover up to a maximum of 2s. 6d. per attendance.

Four of the cases first referred in 1936 continued to attend the clinic. These were referred to in the 1936 report under the following initials and for the reason stated:—R.H. (rectal incontinence), M.M. (anxiety neurosis), W.S. (uncontrollable temper), and W.T. (aggressiveness).

Eight new cases were referred for the following reasons:—Neurosis (2), specific learning disability (2), vocational guidance (1), delinquency (2), night terrors (1).

A total of 112 attendances were made by these 12 patients at a cost of £27 7s. 6d., against which certain recoveries were made.

(viii) **Speech Therapy.**—The following report (which is slightly abridged) was presented to your Committee in July by the Director of Education and the School Medical Officer:—

"In order to assess the results obtained, certain cases considered to be fit for discharge were seen by the School Medical Officer, and a questionnaire was sent to the Head Teachers in respect of most of the children remaining under treatment in June, 1937. The replies to the questionnaire are tabulated below:—

"*Cases Discharged.*—

"(*a*) *Seen by School Medical Officer, Easter,* 1937.—Eight children (5 with speech defects, 3 with stammer) were examined by School Medical Officer for discharge from the Speech Class. The

mothers of 5 of these children were present and agreed as to the improvement effected. Head Teachers' reports were available in 6 of the cases and were all satisfactory.

"(*b*) *Discharged December*, 1936.—Two children (1 each with speech defect and stammer). Head Teachers reported respectively 'completely cured' and 'great improvement.'

"(*c*) *Still under Treatment* (*replies to Questionnaire*).—Ninety-eight replies have been received, and the following are the replies to the specific question, 'Do you consider that Speech Therapy has been helpful?'—

Yes, 81; No, 10; Indefinite, 7.

"In addition, replies had previously been obtained from Head Teachers with regard to 8 other children, and of these 7 were improved.

"Summarising groups (*a*), (*b*) and (*c*), the position is as follows:—

Improved, 98; Indefinite, 10; No improvement, 8; Total, 116.

"Following consideration of the recommendation made, your Committee decided to make the appointment of Speech Therapist permanent."

Extracts from report of Speech Therapist (Miss I. M. S. Knight):—

"There are in attendance 53 Stammerers and 63 Speech Defects. The latter include articulation cases, nasal speech, Rhinolalia (excessive nasal speech) and 6 cases of cleft palatal speech. Of the total number of cases treated, these vary from time to time, 12 were discharged cured and 11 have either left school to commence work, or left the district. I am confident in saying not one left without having benefited in some degree from the treatment received at the Clinic. It is at this period that much good can be accomplished by an evening continuation class, and the importance of this cannot be too strongly urged.

"Stammering is caused by nervous tension due to various causes and not, as many people suppose, a defect of the speech organs. Very often stammerers find it impossible to commence speech and will stand without uttering a single sound for several moments. The more tense they become, the more difficult and terrifying speech is to them as the tension increases.

"All stammerers are afraid of something, although many will deny the existence of this, and we have met the stammerer who appears so full of confidence in his own ability as to make this statement seem impossible. Yet even this type, although rebelling against treatment at first, realises that relaxation, which is the foundation of treatment in stammering speech, is re-adjusting, giving power through repose, to do the maximum amount of work with the minimum amount of effort. As his energy output is lessened, so speech becomes a quieter, easier thing. He no longer finds it necessary to wear a cloak to hide his fears, confidence is gained with ease, and proof of this is not necessary.

"An interesting factor which has presented itself in many cases is the addition of Enuresis, or clothes wetting, proving that this can be a purely nervous condition. I have two cases in particular where the condition persisted every night and also during the day-time. Both cases have cleared completely during the day, and one child has improved so much as to be able to bring me a report of six dry nights out of a possible seven in the week. The other child is improving and presented me with his report of four dry nights only last week.

"Speech is not always the first factor to improve, as stammering is not a defect of the actual speech organs, but a disturbance of the Nervous System. It is interesting to note such things as stability, muscular control, self-confidence, school work, reading, etc. If these conditions improve *before* speech, we know that the treatment is at work and that speech will follow easily and will not be attended by mannerisms which very often, if allowed to develop, prove worse than the malady.

"There are five classes of stammerers attending twice a week, in groups of eight to ten children, for fifty-minute sessions, and one group of Infant stammerers with eight children attending once a week; this is also a fifty-minute session.

"Each child attends class for as long as he needs treatment, and it is quite impossible to quote a satisfactory average of time needed for this treatment, as each child varies so enormously in his individual need. Stammering is definitely curable and must not be given up, in spite of the length of time taken in certain cases.

"The group work falls, roughly, into three parts:—

(*a*) Preparing or leading up to Relaxation.

(*b*) Relaxation.

(*c*) Testing of Relaxation and the following up of speech.

"(*a*) This first part consists of rhythmic exercises, stretching, breathing exercises and movements to prepare for complete muscular relaxation. A short period may be spent to explain the meaning of relaxation; this explanation varies with the age and intelligence of the children. Suggestions are given out to help them to a deeper sense of ease, building up of confidence and the dispelling of fear, and the benefit they will gain from it.

"(*b*) Here the children lie on their mattresses and practice the complete muscular 'let go,' gradually getting deeper into the feeling of ease, and are helped to put into practice the thought or suggestion given them in the first part of the lesson. The length of time that a child will relax varies considerably; at first he may only rest a very few minutes, but with gradual practice this time increases until some will fall asleep. At a given time the suggestion is made that those who feel ready may move, thus leaving the children who need a little longer time the opportunity to do so. During this period, easy rhythmic breathing is practised, the chest muscles being completely relaxed.

"(*c*) This is the period for testing speech, also to help the children to build up confidence in their speech without drawing unnecessary attention to speech as such. In this part of the lesson the children are able to renew their feeling of ease and to test it when attempting speech. Much confidence is gained with each successful attempt.

"There are nine Speech Defect classes meeting every week. These classes should not have more than three pupils in each class, but to alleviate the stress of new cases and to allow for absentees, there are sometimes six in attendance. There are twenty-three classes for speech, meeting every week.

"As time goes on, I think it would be of assistance if we could call parents' meetings at the Clinic, in order to discuss the problems of their children with regard to speech. As far as possible in the short time allotted, I visit the schools and, as often as possible, the homes of some of the more difficult cases. This is of great assistance, but it cannot be too strongly stressed that we must have co-operation of both parent and teacher in this work, in order to obtain best results. I had great difficulty at first in helping the parents to realise the importance of the work and the necessity of regular attendance, particularly with regard to the parents of the Infant and Junior scholars needing a responsible person to accompany them. I am sure, as the work progresses, this difficulty will be overcome. In cases where parents are quite unable to attend with their children, there are two mornings partially set aside for these children to be transported by the School Omnibus. This arrangement has helped considerably.

"There have been difficulties to overcome, foreseen and unforeseen, in this first year, as one might expect, but still I feel the seeds are sown and ultimately the result should be good."

It is an interesting point that out of the 108 pupils now attending, only 32 are girls, and this includes both organic and functional disorders of speech.

It is a pleasure to note that cases are being admitted while still in the infant stage, so avoiding possibility of complications such as self-consciousness and lack of self-confidence to which this type of child is very disposed.

I find with some particularly bad stammerers an inclination to worry at first over loss of time at school, particularly in the case of the older scholars. This is often due to the conditions accompanying a stammer, but once these children commence on the work the benefit gained so outweighs the worry that school work progresses rather than depreciates.

I should like to see a class or classes begun for adults and for those who, unfortunately, need further assistance after leaving school.

May I add my appreciation for the co-operation and help given me by those in Authority and to the Heads of Departments. This has been unstinted and sincere.

TABLE OF RESULTS.

(SEPTEMBER, 1936, TO DECEMBER, 1937.)

Defect.	Discharged Cured.	With-drawn.	Left School.	Left District.
Stammer	11	—	9	4
Defective Articulation ..	14	—	2	6
Lisp	4	1	—	—
Cleft Palate	1	—	1	1
Totals	30	1	12	11

All the children ceasing treatment at leaving school had made good progress, but further treatment would have been beneficial for those children transferring to other districts.

Two children with defective articulation were transferred to the Deaf Centre.

Convalescent Home Treatment.—206 children were sent away for convalescent home treatment during 1937. Included in this number was 1 sent away in conjunction with the Walthamstow Association of Tuberculosis Care Helpers. There were 56 children remaining in convalescent homes and hospital schools on December 31st, 1937.

The conditions for which children were sent included the following:—Debility, 33; Heart, 16; Rheumatism, 16; Chest, 48; Anaemia, 14; Malnutrition, 10; Nervousness, 13; after infectious illness, 11; Surgical, 24; Ear Disease, 3; Various, 18.

A total of 36 children were sent to the convalescent homes or heart homes from the rheumatism clinic. The average length of stay in all homes has been 12 weeks 5 days.

The beds reserved at St. Catherine's Home, Ventnor, were reduced by 6.

This reduction in the reservation of beds prompts an examination of the suggestion that the full operation of the Open Air School has helped materially to reduce the amount of convalescent home treatment required. The Open Air School was opened in September, 1936.

Year.	(*a*) Referred from Rheumatism Clinic.	(*b*) Total referred including (*a*).	(*c*) Away at 31st Dec.	(*d*) Average Stay.
1937 ..	36	206	56	12 weeks 5 days.
1936 ..	60	311	73	12 weeks 4 days.
1935 ..	64	318	79	12 weeks 5 days.
1934 ..	65	321	84	17 weeks 1 day.
1933 ..	72	249	77	17 weeks 5 days.
1932 ..	73	284	79	17 weeks 1 day.
Average 1932-6 ..	66.8	296.6	78.4	15 weeks 3 days.

Comparing the year 1935 with 1937, *i.e.*, the first complete years before and after the opening of the Open Air School, there is a difference of 112 cases, roughly equivalent to a saving of 35 per cent. on the expenditure on convalescent home treatment during 1937.

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 (*b*) and (*c*).

Miss Richards, Head Teacher, contributes the following report:—

"As far as infectious disease is concerned, there is very little to record, with the exception of an outbreak of diarrhoea which occurred in June. No less than 24 children actually attending the Nursery School were affected with diarrhoea, and to prevent a widespread occurrence of dysentery the school was closed during a short period—June 25th to July 12th—and in the meanwhile the building was completely disinfected and cleaned, and the outside repainted.

"On the re-opening of the school certain precautionary measures were introduced with a view to preventing any further outbreak.

"Fortunately, no further cases of dysentery have occurred since the re-opening of the school, and all those children in attendance are in good health.

"At the October examination Dr. Clarke, while she commented upon the children's good health, was impressed by the poor muscular development of some of the children in spite of the opportunities for free activity which are provided in the Nursery School, and advised that the opinion of Miss Hawkes, Physical Training Organiser, be obtained.

"Alongside this criticism came one from the Dietitian, Miss Reading, who expressed the opinion that the menu in use at the school was not suitable on the following grounds:—

"(*a*) There was an insufficiency of protein to counteract the excess of starchy foods which are given to the children at home (*e.g.*, bread, potato, sweets).

"(*b*) The food as a whole was too sloppy—too much gravy being served with the food, which was too finely minced, giving insufficient opportunity for encouraging mastication.

"(*c*) Too much starch being given (combined with the amount received at home). Too much sugar in cooking, too much potato and too much cereal in milk puddings."

The dietitian recommended that more milk be given in its natural state without the addition of cereals. The Medical Officer also recommended that the children be given more milk to drink, so that every child has 1-3rd pint bottle of milk three times a day (making a total consumption of a pint per child per day apart from any milk used in cooking).

Following Miss Reading's criticism, a new menu (on a fortnightly basis) was compiled by her and came into force two or three weeks before Christmas.

All the children were seen by the School Dental Surgeon in November, and although she did not criticise the formation and development of their teeth, she found that 49 children (nearly 50 per cent. of those seen) required dental treatment.

Children under 5 years of age.—The Superintendent of Attendance Officers kindly states that in December, 1937, there were 507 children on the registers born in the years 1933 and 1934, apart from children at the Nursery School. Every Infants' Department had such children on its register, the maximum number being 53, the average number per department being 28.1.

There were five Nursery classes, *i.e.*, Gamuel Road (2), and one each at Roger Ascham, St. Mary's R.C. and Thorpe Hall Schools.

16. SECONDARY SCHOOLS.

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

(*a*) *Dental Inspection and Treatment.*—Reference has been made in Section 7 (*a*) to the dental inspection and treatment of pupils attending Secondary and Technical Schools.

(*b*) *Medical Inspection and Treatment.*—During 1937 your Committee agreed to undertake the medical inspection and treatment of pupils attending the following schools from 1st October, 1937, at which date the approximate number on the register is shown:—

The Walthamstow High School for Girls ..	392
The Sir George Monoux Grammar School ..	519
The Commercial School for Girls	243
The Technical College for Boys	238

The following table shows the findings at medical inspection:—

	High School. (Girls.)	Sir Geo. Monoux Grammar. (Boys.)	Commercial School. (Girls.)	Technical School. (Boys.)
Number inspected:—				
Entrants	3	13	6	—
12 years old	—	—	—	81
15 years old	53	95	56	83
Total	56	108	62	164
Specials	123	29	25	31
Dates of Inspections	22.10.37	3.11.37	14.10.37	7.12.37
	25.10.37	4.11.37	15.10.37	8.12.37
	8.11.37	16.11.37		9.12.37
				10.12.37

	(Girls.)	(Boys.)	Girls.)	(Boys.)
Parents present	40	53	39	79
Number referred for treatment (excluding Dental and Uncleanliness)	33	24	24	20
Number referred for observation	3	5	2	10
Number referred for treatment (excluding Vision, Dental and Uncleanliness)	20	6	19	12
Nutrition—A.	20	48	22	33
B.	33	56	33	119
C.	3	4	7	12
D.	—	—	—	—
Defects:—				
Skin, requiring treatment ..	5	4	12	2
Blepharitis, requiring treatment	—	2	—	—
Conjunctivitis, requiring treatment	—	—	—	2
Defective Vision (excluding squint)—				
Requiring treatment ..	13	15	5	8
Requiring observation ..	—	3	—	3
Other Conditions of Eyes, requiring treatment ..	—	—	2	1
Defective Hearing, requiring treatment	—	1	1	—
Otitis Media—				
Requiring treatment ..	—	—	—	1
Requiring observation ..	—	—	—	2
Enlarged Tonsils—				
Requiring treatment ..	2	—	—	—
Requiring observation ..	3	1	2	—
Other Conditions of Nose and Throat, requiring treatment	—	—	3	1
Speech—				
Stammer, requiring treatment	—	1	—	—
Other forms, observation ..	—	—	—	1
Teeth, requiring treatment ..	—	—	—	2
Heart—				
Organic, requiring observation	—	—	—	1
Functional—				
Treatment	—	—	—	2
Observation	—	—	—	1
Anaemia, requiring treatment	—	—	2	—
Rheumatism, requiring treatment	2	1	—	—
Lungs, other Conditions (non-tubercular), observation	—	—	—	2
Deformities:—				
Spinal Curvature, requiring treatment	3	—	—	—
Other forms, requiring treatment	10	2	—	3
Other Defects and Diseases—				
Requiring treatment ..	9	4	8	1
Requiring observation ..	—	1	—	—

The number of pupils attending at the clinics for treatment is shown below:—

Clinic.	October.	November.	December.	Total.
Minor Ailments ..	2	5	10	17
Ophthalmic	6	11	10	27
Orthopaedic	—	4	5	9
Rheumatism	—	4	1	5
Aural	1	1	1	3

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.

Recovery is made in respect of Child Guidance and Artificial Sunlight treatment.

18. HEALTH EDUCATION.

(*a*) **Dental.**—Approximately 6,000 pamphlets, "The Story of a Tooth," supplied by the Dental Board of the United Kingdom were distributed early in 1937 to the Secondary and Senior Schools.

Copies of the Dental Board's leaflet, "What about your Teeth," were distributed to children at their last dental inspection before leaving school.

A dental film, "Smile if you dare," was exhibited on December 7th and 8th at Wm. McGuffie Senior School. The film was well received.

(*b*) **Other.**—The Royal Sanitary Institute has been granted permission to hold the Empire Health Week School Challenge Shields Essay Competition in the Schools at the discretion of Head Teachers.

19. SPECIAL ENQUIRIES.

(*a*) **Diphtheria Immunisation.**—The investigation into the efficiency of immunisation by Alum Precipitated Toxoid was continued and is discussed in Section 8 of the report.

(*b*) **Rheumatic Carditis following Infectious Disease.**—The report on the investigation into rheumatic carditis following infectious disease is included in the report of Dr. Sheldon, Physician in Charge of the Rheumatism Clinic.

(*c*) **Sore Throat Follow-up Scheme.**—A new scheme for the follow-up of children after sore throat was begun at the end of the year and is referred to in the report of Dr. Sheldon.

20. MISCELLANEOUS.

(i) **Employment of Children and Young Persons.**—Mr. R. Dempsey, the Juvenile Employment Officer, gives the following report on the work of the Bureau:—

"*School Conferences.*—As in previous years, the Vocational Guidance Officers visited the schools each term to advise school leavers as to suitable employment. In all, 138 visits were paid to Elementary Schools and 9 to Central Schools. The number of scholars interviewed was 2,146. It is interesting to note that the system introduced last year of inviting parents to be present at the Conferences has proved a success, as 674 parents found time to be present at the schools on the appointed days and discussed their children's welfare with the Committee's Officers.

"*School Leavers.*—The number of juveniles leaving the schools for employment during the year was 118 less than the previous year. There were 1,036 boys and 1,049 girls, compared with 1,098 boys and 1,105 girls the previous year. Of these, 1,097 registered for employment at the Bureau (1,242 the previous year).

"*Registrations at the Bureau.*—The total number of registrations at the Bureau during the year was 3,735, a decrease of 95 on the previous year's figures. There was actually an increase of 61 in the number of boys registered and a decrease of 156 in the number of girls.

"*Vacancies and Placings.*—The number of local vacancies notified to the Bureau during the year was approximately the same as the previous year on the boys' side (1,373), but there was a decrease of 234 on the girls' side (840). The total vacancies filled by the Bureau were 864 boys and 852 girls, an increase of 166 boys and 7 girls. Of these, 184 boys and 259 girls were placed in other districts, an increase of 51 boys and a decrease of 17 girls.

"Of the placings in other districts the greatest numbers went to the City (118 boys and 189 girls). These were placed with the co-operation of the City of London and Shoreditch Employment Exchanges. There was an unusual demand for boys in the City during the year.

"*Unemployment Insurance*.—Owing to the reduced amount of unemployment among juveniles during the year there was a reduction in the number of claims to Unemployment Benefit, and, as usual, the greatest number of claims were made by boys. Of the 818 claims, 596 were from boys and 222 from girls."

(ii) **Employment of Children.**—134 children were examined by the medical staff under the Employment of Children Bye-Laws, and all were passed as fit.

Employment of Children in Public Entertainments.—Licences were granted to 35 children for employment on production of satisfactory certificates from the medical staff.

Medical Examinations.—The following examinations were made during 1937 by the medical staff:—

	New Appointments.
Teachers	26
Others	17

21. STATISTICAL TABLES.

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

STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED DURING THE YEAR ENDED 31ST DECEMBER, 1937, BY THE LOCAL EDUCATION AUTHORITY TO THE LOCAL MENTAL DEFICIENCY AUTHORITY.

Total number of children notified, 18.

Analysis of the above Total.

Diagnosis.	Boys.	Girls.
1. (i) Children incapable of receiving benefit or further benefit from instruction in a Special School:—		
(*a*) Idiots	1	—
(*b*) Imbeciles	1	3
(*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	9	2
3. Feeble-minded children notified under Article 3, *i.e.*, "special circumstances" cases .. .. *Note*.—No child should be notified under Article 3 until the Board have issued a formal certificate (Form 308M) to the Authority.	—	—
4. Children who in addition to being mentally defective were blind or deaf .. .. *Note*.—No blind or deaf child should be notified without reference to the Board—see Article 2, proviso (ii).	—	—
Grand Total	12	6

TABLE I.

MEDICAL INSPECTIONS OF CHILDREN ATTENDING PUBLIC ELEMENTARY SCHOOLS.

A.—Routine Medical Inspections.

Number of Inspections in the prescribed Groups:—

Entrants	1,685
Second Age Group	1,649
Third Age Group	1,749
Total	5,083
Number of other Routine Inspections	299
Grand Total	5,382

B.—Other Inspections.

Number of Special Inspections	4,410
Number of Re-Inspections	30,714
Total	35,124

C.—Children found to require Treatment.

NUMBER OF *individual children* FOUND AT *Routine* MEDICAL INSPECTION TO REQUIRE TREATMENT (**excluding Defects of Nutrition, Uncleanliness 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. Similarly a child suffering from two defects other than defective vision should appear once only in column 3 and once in column 4.

Group. (1)	For defective vision (excluding squint). (2)	For all other conditions recorded in Table IIA. (3)	Total. (4)
Entrants	17	351	364
Second Age Group	89	265	343
Third Age Group	137	243	365
Total (Prescribed Groups) ..	243	859	1072
Other Routine Inspections ..	19	50	69
Grand Total	262	909	1141

TABLE II. A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1937.

Defect or Disease. (1)			Routine Inspections. No. of Defects. Requiring Treatment. (2)	Routine Inspections. No. of Defects. Requiring to be kept under observation, but *not* requiring Treatment. (3)	Special Inspections. No. of Defects. Requiring Treatment. (4)	Special Inspections. No. of Defects. Requiring to be kept under observation, but *not* requiring Treatment. (5)
Skin	1	Ringworm:— Scalp	—	—	4	—
	2	Body	1	—	28	—
	3	Scabies	—	—	31	—
	4	Impetigo	14	—	188	—
	5	Other Diseases (Non-Tuberculous)	60	2	256	—
		Total (Heads 1 to 5)	75	2	507	—
Eye	6	Blepharitis	36	2	68	—
	7	Conjunctivitis	9	—	166	—
	8	Keratitis	—	—	—	—
	9	Corneal Opacities	—	—	—	—
	10	Other Conditions (excluding Defective Vision and Squint)	14	—	91	—
		Total (Heads 6 to 10)	59	2	325	—
	11	Defective Vision (excluding Squint)	262	31	112	1
	12	Squint	18	3	30	1
Ear	13	Defective Hearing	23	3	8	—
	14	Otitis Media	28	10	125	—
	15	Other Ear Diseases	8	—	43	—
Nose and Throat	16	Chronic Tonsillitis only	95	209	37	4
	17	Adenoids only	7	5	—	2
	18	Chronic Tonsillitis and Adenoids	1	4	12	3
	19	Other Conditions	16	—	201	—
20		Enlarged Cervical Glands (Non-Tuberculous)	92	2	36	—
21		Defective Speech	27	12	23	—
Heart and Circulation	22	Heart Disease:— Organic	26	9	10	—
	23	Functional	30	16	5	—
	24	Anaemia	33	—	28	—
Lungs	25	Bronchitis	109	20	16	—
	26	Other Non-Tuberculous Diseases	8	—	15	—
Tuberculosis	27	Pulmonary:— Definite	—	—	—	—
	28	Suspected	—	2	—	—
		Non-Pulmonary:—				
	29	Glands	—	—	—	—
	30	Bones and Joints	—	—	—	—
	31	Skin	1	—	—	—
	32	Other Forms	—	—	—	—
		Total (Heads 29 to 32)	1	—	—	—
Nervous System	33	Epilepsy	8	2	1	—
	34	Chorea	2	3	10	—
	35	Other Conditions	1	—	—	—
Deformities	36	Rickets	6	2	—	—
	37	Spinal Curvature	3	—	4	—
	38	Other Forms	31	6	39	—
39		Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases	259	34	1,492	—
		Total number of defects	1,228	377	3,079	11

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	1,685	659	39.1	864	51.2	160	9.4	2	0.1
Second Age Group	1,649	484	29.3	968	58.7	194	11.7	3	0.1
Third Age Group..	1,749	554	31.6	1,028	58.7	167	9.5	—	—
Other Routine Inspections ..	299	87	29.1	180	60.2	31	10.3	1	0.3
Total ..	5,382	1,784	33.1	3,040	56.4	552	10.2	6	0.1

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.
6	—	—	—	6

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.
43	—	—	—	—	43

DEAF CHILDREN.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
11	—	—	—	11

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.
10 (7 Aphasic)	—	—	—	—	10

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.
47	—	—	—	47

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.
3	10	—	—	13

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	28	—	—	33

B.—Delicate Children.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
129	—	—	—	129

C.—Crippled Children.

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

D.—Children with Heart Disease.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
28	—	—	—	28

Children Suffering from Multiple Defects.

Combination of Defect.	At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total
Nil.	—	—	—	—	—

TABLE IV.—RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31ST DECEMBER, 1937.

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)
Skin:—			
Ringworm—Scalp:—			
(i) X-Ray Treatment. If none, indicate by dash	1	—	1
(ii) Other Treatment	4	—	4
Ringworm—Body	28	—	28
Scabies	32	3	35
Impetigo	189	—	189
Other skin disease	257	9	266
Minor Eye Defects .. .. (External and other, but excluding cases falling in Group II)	337	3	340
Minor Ear Defects	178	6	184
Miscellaneous .. .. (*e.g.*, minor injuries, bruises, sores, chilblains, etc.)	1,649	79	1,728
Total	2,675	100	2,775

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

	No. of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including squint) (Operations for squint should be recorded separately in the body of the School Medical Officer's Report.)	New 310 Old 114	6	430
Other defect or disease of the eyes (excluding those recorded in Group I)	34	—	34
Total	458	6	464

	Under the Authority's Scheme.	Otherwise.	Total.
No. of Children for whom spectacles were—			
(*a*) Prescribed	495	6	501
(*b*) Obtained	482	6	488

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

Received Operative Treatment.												Received other Forms of Treatment.	Total Number Treated.
Under the Authority's Scheme, in Clinic or Hospital. (1)				By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)				Total. (3)				(4)	(5)
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
—	103	—	—	3	—	—	—	3	103	—	—	56	162

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

Group IV.—Orthopaedic and Postural Defects.

	Under the Authority's Scheme. (1)			Otherwise. (2)			Total number treated.
	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	
Number of children treated	5	—	271	—	—	—	276

Table V.—Dental Inspection and Treatment.

(1) Number of Children who were:—

Inspected by the Dentist:

Aged:

(*a*) Routine Age Groups	Nursery Sch.	114			
	5	.. 1054			
	6	.. 807			
	7	.. 577			
	8	.. 716			
	9	.. 910		Total ..	9059
	10	.. 1000			
	11	.. 920			
	12	.. 1218			
	13	.. 1157			
	14	.. 586			
(*b*) Specials					1893
			Grand Total ..	..	10952

(2) Found to require treatment					9145
(3) Actually treated					6176
(4) Attendances made by children for treatment					9828
(5) Half-days devoted to:—					
Inspection	67				
Treatment	1194				
		Total			1261
(6) Fillings:—					
Permanent teeth ..	4135				
Temporary teeth ..	1825				
		Total			5960
(7) Extractions:—					
Permanent teeth ..	1557				
Temporary teeth ..	7002				
		Total			8559
(8) Administrations of general anaesthetics for extractions					3868
(9) Other operations:—					
Permanent teeth ..	1725				
Temporary teeth ..	1074				
		Total			2799

Table VI.—Uncleanliness and Verminous Conditions.

(i.) Average number of visits per school made during the year by the School Nurses	5
(ii.) Total number of examinations of children in the Schools by School Nurses	49615
(iii.) Number of individual children found unclean	1680
(iv.) Number of individual 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	—