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BOROUGH OF WALTHAMSTOW

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R E P O R T

of the

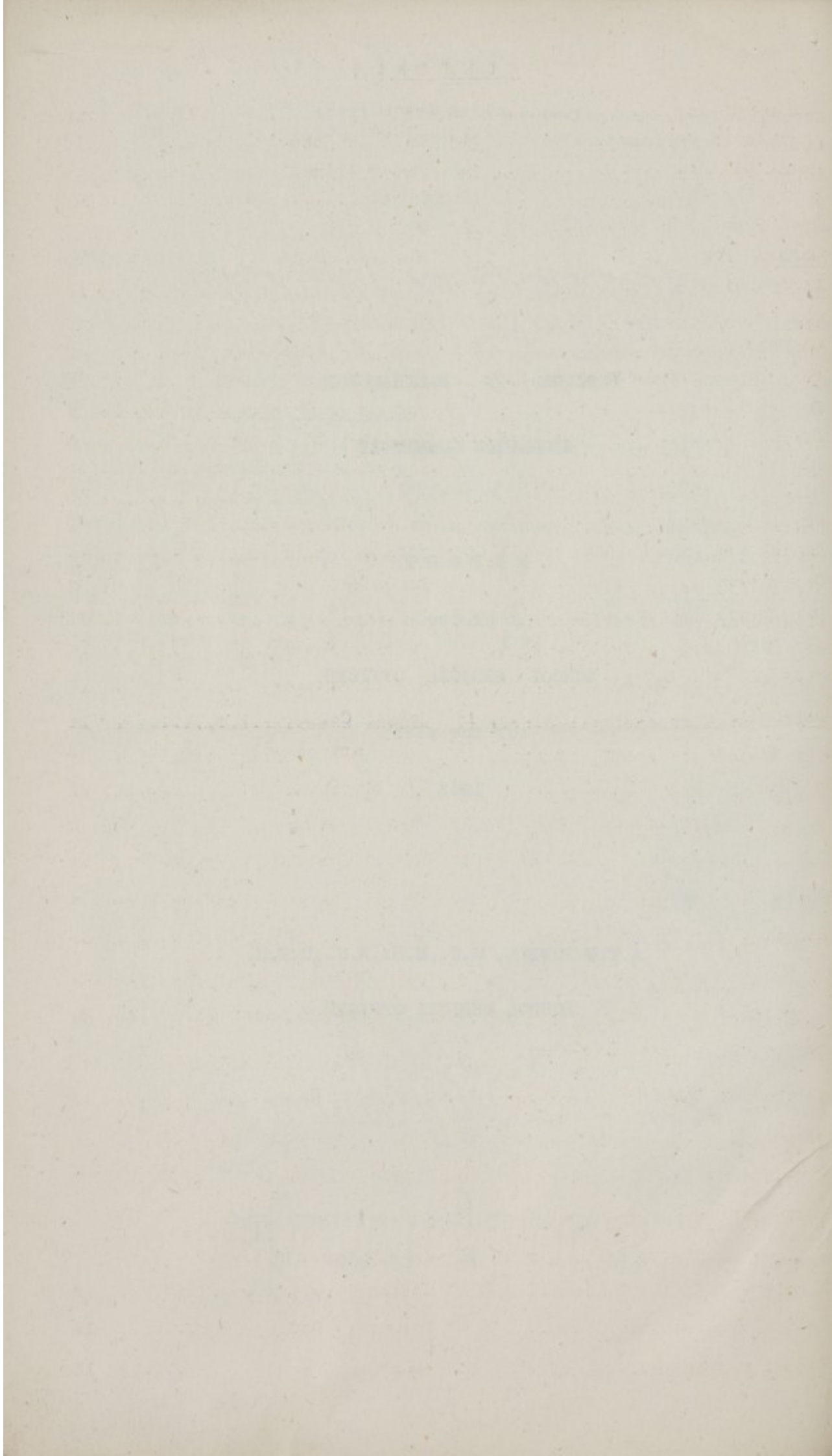
SCHOOL MEDICAL OFFICER

for the year

1943

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

SCHOOL MEDICAL OFFICER



C O N T E N T S

Accommodation.....	5	Milk Meals.....	16
Attendance Officers.....	16	Milk in School Scheme.....	16
Aural Clinic.....	10	Minor Ailments.....	6, 8
Blind School.....	18	Mumps.....	13
Boot Fund.....	17	N.S.P.C.C.....	17
Chicken Pox.....	13	Nursery School.....	25
Child Guidance.....	20	Nutrition	8, 8, 26
Clinics.....	4	Open Air Education.....	14
Committee.....	2	Open Air School.....	19
Convalescent Home Treatment....	25	Orthopaedic Treatment	6, 12, 19
Co-ordination.....	5	Orthoptic Clinic.....	9
Crippling.....	7, 19	Parents, Co-operation of....	16
Deaf School.....	18	Parents, Payments by.....	26
Defective Children.....	18	Physical Training..	16
Dental Defects.....	7, 11	Re-inspections.....	6, 8
Dental Treatment.....	7, 11	Rheumatism.....	7, 8, 12
Diphtheria.....	12	Ringworm.....	8, 13
Diphtheria Immunisation.....	13	Scabies.....	8, 13
Ear Disease.....	7, 8, 10	Scarlet Fever.....	12
Employment of Children.....	31	School Journeys.....	14
Exclusions.....	8, 14	School Camps.....	14
Eye Disease.....	7, 9	Secondary Schools.....	25
Following-up.....	6	Sex Education.....	31
Health Education.....	26	Skin Diseases.....	6, 8
Hearing.....	7, 10	Speech Therapy.....	24
Heart Disease.....	7, 12	Staff.....	5
Hospital Treatment.....	10	Special Enquiries.....	26
Hygiene.....	5	Statistical tables.....	31
Impetigo.....	8, 13	Sunlight Treatment.....	12, 20
Invalid Children's Aid Asso:	16	Swimming.....	14
Infectious Diseases.....	12	Teachers, Co-operation of...	16
Introduction.....	3	Tonsils & Adenoids.....	7, 8, 10
Meals, Provision of.....	15	Tuberculosis.....	7, 12, 28
Medical Inspection.....	6	Uncleanliness.....	6, 8
Medical Examinations.....	31	Vaccination.	13
Measles.....	13	Vision.....	7, 8, 9
Medical Treatment.....	8	Voluntary Bodies.....	16
Mental Deficiency.....	20	Whooping Cough.....	13

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To the Chairman and Members of the

WALTHAMSTOW EDUCATION COMMITTEE

Ladies and Gentlemen,

I beg to present herewith a report on the work of the School Medical Department for 1943.

Once more the physical and mental well-being of the children shows no obvious deterioration. The continued expansion of the school meals scheme has contributed materially to this end.

Two special nutritional investigations were carried out and are referred to in section 19 of the report. The findings of these two clinical and biochemical investigations support the claim made in previous reports to the effect that the nutritional condition of the children showed no obvious deterioration. Further evidence in support is contained in Dr. Francis Clarke's report on the work of the Ear clinic.

Section 19 also contains a report with regard to a special investigation in regard to Tuberculosis among school children.

There was some increase in the number of unclean heads but a decrease in the number of cases of scabies.

During the year child guidance facilities were provided, a most useful addition to the School Medical Service.

Your Committee reached certain conclusions in regard to sex education in schools, and these are set out in the report.

The number of children on the Register on December 31st was nearly double that on the Register at the end of 1940.

It is my pleasure to record once again your consideration and the good work of the staff generally.

I am,

Your obedient servant

A.T.W. POWELL

School Medical Officer.

SCHOOL CLINICS

Aural	Monday. 2 - 4.30 p.m.	Town Hall
Child Guidance	Tuesday. 2 p.m.	Old Education Offices
Minor Ailments	Monday) Wednesday) Friday) Saturday)	9 a.m. - 12 noon Town Hall
	Tuesday 9 a.m. - 12 noon.	Handsworth Ave: School
	Thursday 9 a.m. - 12 noon.	Low Hall Lane
Ophthalmic - Retinoscopy	Tuesday) Thursday) Saturday)	9 a.m. - 12 noon Town Hall
Orthopaedic -		
(a) Consultant	Third Thursday in each month. 9.30 a.m. - 12.30 p.m.	Open Air School
(b) Massage. and Sunlight	Monday) Tuesday) Wednesday) Friday) Thursday 9.30 a.m. - 12.30 p.m.	1.30 - 4.30 p.m. Open Air School Open Air School
Orthoptic	Tuesday) Friday)	9.30 a.m. - 4.30 p.m. Town Hall
Speech	By appointment.	Old Education Offices.
Rheumatism	Alternative Thursdays 2 - 4.30 p.m.	Town Hall
Immunisation	Tuesday 2 p.m.	Town Hall
Scabies	Wednesday 2 p.m.	Town Hall
Infectious Disease	Wednesday 3 p.m.	Town Hall

1. STAFF OF SCHOOL MEDICAL DEPARTMENT.

Resignations and Appointments :-

Dr. Utting	Temporary Assistant School Medical Officer.	Assumed duty	25. 1.43
		Resigned	30. 6.43
Dr. Cardwell	Temporary Assistant School Medical Officer	Assumed duty	1. 7.43
		Resigned	15.10.43
Dr. Highet	Temporary Assistant School Medical Officer.	Assumed duty	6.12.43

2. CO-ORDINATION. As given in report for 1938.

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 available during 1943 :-

	<u>Boys.</u>	<u>Girls.</u>	<u>Infants.</u>	<u>Mixed.</u>
Provided.....	5	6	17	16
Non-provided.....	-	1	2	4
Special Schools -				
Mentally Defective....	-	-	-	1
Myope Centre.....	-	-	-	1
Open Air School.....	-	-	-	1
Deaf Centre.....	-	-	-	1
Totals	5	7	19	24
	<u>1943</u>	<u>1942</u>	<u>1941</u>	<u>1940</u> <u>1939</u>

Number of children on Register, Dec. 31st.....	12185	11675	9445	6270	15794
Average attendance.....	10106.7	9610.2	6659.1	4707.2	13943.4
Percentage Attendance.....	84.1	83.4	84.5	75.6	88.5

Mr. Frank H. Heaven, A.R.I.B.A., Architect to the Education Committee contributes the following :-

Sites and Properties - A War Time Day Nursery to accommodate 50 children has been completed at Handsworth Avenue.

Maintenance - Educational properties have been maintained in repair within restricted limits of expenditure.

War Damage - Most of the war damage has been repaired.

Renovations - All annual painting has been deferred except to essential rooms and renovations to playgrounds in order to keep them in a safe condition.

Heating and Lighting - Bunkers for reserve stocks of fuel have been provided at 4 schools. Nine heating boilers have been repaired or reconditioned. Some defective lighting services have been renewed and improved.

Sanitation - Hot water supplies to lavatory basins have been provided at 3 schools, and some defective main services replaced.

Provision of Meals and Milk - Dining centres with equipment have been provided at 7 schools and 4 others provided with additional equipment.

Central Kitchens - The 5 existing kitchens have been maintained at full capacity. Work is now in hand on a new kitchen at Selwyn Avenue, a new central kitchen at Higham Hill, and to increase the capacity of the Wood Street and Pretoria Avenue Central kitchens.

4. MEDICAL INSPECTION.

The following gives a summary of the returns :-

A. Routine medical Inspection -

Entrants.....	1906
Second Age Group.....	1155
Third Age Group.....	1201

Total 4262

Other routine inspections..... 203

Grand Total 4465

B. Special inspections and Re-inspections..... 20361.

5. REVIEW OF THE FACTS DISCLOSED BY INSPECTIONS

(a) Classification of the Nutrition of Children inspected during the year in the routine age groups :-

	No. of Children	"A" Excellent	"B" Normal	"C" slightly Subnormal	
Entrants	1906	769 40.34	1016 53.30	120 6.24	1 0.
2nd Age Group	1155	406 35.16	680 58.86	69 5.97	- -
3rd Age Group	1201	471 39.21	652 54.28	78 6.49	- -
Totals	4262	1646 38.62	2346 55.09	267 6.26	1 0.
Other routine inspections	203	64 31.52	124 61.08	15 7.39	- -

The findings may be shown comparatively as follows : A note as to a special enquiry in regard to nutrition will be found under section 19.

	A & B	C	D
1943	93.71	6.26	0.02
1942	93.79	6.21	-

(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 :-

	1943	1942
Average number of visits to schools.....	5	5
Total examinations.....	32802	33899
Number of individual children found unclean.....	1093	609
Percentage uncleanliness of average attendance ...	10.8	6.3

Cases of chronic uncleanliness are followed up in the home and as set out in section 7 (b).

(c) Minor Ailments and Skin Defects :- The following is the number of skin defects found to require treatment -

	1943	1942
Ringworm - Head.....	4	2
Body.....	24	9
Scabies.....	205	300
Impetigo.....	120	162
Other skin diseases.....	256	451

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

	<u>1943</u>		<u>1942</u>	
	<u>Treat</u> <u>ment.</u>	<u>Obser-</u> <u>vation</u>	<u>Treat</u> <u>ment.</u>	<u>Obser-</u> <u>vation</u>
Visual defects.....	195	40	215	42
Squint.....	62	7	114	8
External Eye Diseases	51	2	72	4

(e) Nose and Throat defects - The number of patients requiring treatment and observation was as follows :-

	<u>1943</u>		<u>1942</u>	
	<u>Treat</u> <u>ment.</u>	<u>Obser-</u> <u>vation.</u>	<u>Treat</u> <u>ment.</u>	<u>Obser-</u> <u>vation.</u>
Chronic Tonsillitis.....	249	176	256	225
Adenoids only.....	17	10	4	3
Chronic Tonsillitis & Adenoids..	45	29	41	21
Other conditions.....	321	8	294	90

The 321 cases of other conditions are made up of sore throat and defects requiring diastello treatment.

(f) Ear Disease and Defective Hearing - Patients requiring treatment :-

	<u>1943</u>	<u>1942</u>
Defective Hearing.....	39	28
Otitis Media.....	120	75
Other ear diseases.....	161	114

(g) Orthopaedic and Postural Defects - A total of 175 deformities was found to require treatment.

(h) Dental Defects -

	<u>Inspec</u> <u>tion.</u>	<u>Requiring</u> <u>Treatment</u>	<u>Per</u> <u>Cent</u>	<u>Actually</u> <u>treated</u>	<u>Fill</u> <u>ings</u>	<u>Extrac</u> <u>tions.</u>	<u>General</u> <u>Anaesthetics</u>	<u>Other</u> <u>Oprtns</u>
1943	8051	6842	84.9	3943	5521	4473	2608	2246
1942	7730	5851	75.6	3210	5670	3962	2213	1572

Reference to dental inspection and treatment at Secondary Schools and Technical Schools is made in section 16.

(i) Heart Disease and Rheumatism - The findings were as follows -

	<u>1943</u>		<u>1942</u>	
	<u>Treat</u> <u>ment.</u>	<u>Obserw</u> <u>vation</u>	<u>Treat</u> <u>ment.</u>	<u>Obeer-</u> <u>vation</u>
Heart Disease - Organic	22	13	6	3
Functional	19	7	7	11
Anaemia.....	50	-	38	10

(j) Tuberculosis - The same arrangements as for 1938.

(k) Other defects and diseases - The following table shows the numbers of various other defects which were found to require treatment :-

Enlarged Glands.....	163	Speech.....	27
Bronchitis.....	60	Epilepsy.....	3
Chorea.....	3	Other defects	1284

6. FOLLOWING UP.

The school nurses paid a total of 2983 home visits during 1943.

7. ARRANGEMENTS FOR TREATMENT.

(a) Nutrition - Treatment facilities as in 1939. The following shows the quantities of tonics supplied during 1943 :-

<u>Cod Liver Oil.</u>	<u>Parrish's Food</u>	<u>Syrup Lacto Phosphate</u>	<u>Cod Liver Oil and Malt.</u>	<u>Cod Liver Oil & Malt & Parrish's</u>
19½ lbs	163 lbs	32 lbs	345 lbs	337 lbs

(b) Uncleanliness - Infestation by Head Lice. During the year the new Lethane treatment was tried out extensively with very successful results. Advice and treatment is now available at all clinics and welfare centres. The various homes have been classified with regard to cleanliness as suggested in Circulars issued by the Ministry of Health and special supervision given where necessary.

Great difficulty occurs in some homes on account of mothers being at work and in consequence the work of the Health Visitors and School Nurses has increased considerably.

(c) Minor Ailments and Diseases of the Skin. Treatment facilities as for 1938.

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

Conditions	FIRST INSPECTIONS				Re-inspections	
	Number excluded under Art. 20 B		Number not Excluded			
	Boys	Girls	Boys	Girls	Boys	Girls
Ringworm.....	6	8	-	1	24	32
Scabies.....	53	75	1	11	337	428
Rheumatism.....	3	3	40	54	98	140
Impetigo, Sores etc...	146	73	152	103	1568	765
Skin.....	73	71	125	197	469	515
Verminous Head etc...	20	95	31	221	169	677
Sore Throat.....	62	51	76	75	209	140
Discharging Ears.....	-	2	228	181	484	452
Defective Vision.....	-	-	71	58	-	-
Mumps.	19	13	-	-	12	13
External Eye Diseases	68	90	92	88	614	444
Tonsils and Adenoids..	-	-	45	38	-	-
Various.....	167	179	485	582	2355	2549
Totals	617	660	1346	1609	6339	6155

Number of children seen at first inspection.....	4232
Number of children sent by Attendance Officers.....	125
Number of attendances made by children.....	16726
Number of children sent by Head Teachers.....	4308
Number of swabs taken.....	219
Number of specimens of hair examined for Ringworm.....	1
Number operated on for Tonsils and Adenoids.....	59
Number of children seen by Ophthalmic Surgeon - New cases....	268
Prescribed for	355
Total inspections	2152

First attendances number 4232 against 3748 in 1942 and re-attendances 12494 against 9547, the total attendances being 16726 against 13295.

(d) Visual Defects & External Eye Diseases. Provision of Contact Lens. Following an accident a boy aged 14 was advised at a local hospital to obtain a contact lens. Application for financial assistance was made to your Committee and later was approved by the Board of Education, the total cost being £6. The lens was supplied and a follow up examination at the end of the year showed that the boy had no trouble in fitting, nor in getting used to the lens. Growth from 5' 8" to 5' 10½" has not interfered with the fit of the lens.

The boy was then employed as a plumbers mate and found that the the lens helped him at his work. He was wearing the lens for three hours in the morning and in the evening.

The provision of the contact lens in this case appears to have been successful.

Dr. Sheppard has kindly contributed the following account of the work done during 1943 :-

"There were 394 new cases seen at the Eye clinic during 1943 and these, as well as the ordinary periodical inspections, made 2232 attendances. The following tables summarise the defects found in the new cases. There were no alterations made in the clinic routine during the year"

	Under 7 yrs		7-11 yrs		Over 11 yrs		Secondary Schools		Total	
	Bys	Gls	Bys	Gls	Bys	Gls	Bys	Gls	Boys	Girls
Hypermetropia..	7	1	14	6	8	4	3	5	32	16
Hypermetropic Astigmatism...	1	2	8	14	12	13	3	3	24	32
Myopic Astigmatism...	-	-	-	6	1	4	8	4	9	14
Mixed Astigmatism...	1	-	4	5	9	6	-	2	14	13
Myopia.....	-	2	5	8	23	27	5	16	33	53
Various.....	13	22	25	21	24	28	7	14	69	85
Totals	22	27	56	60	77	82	26	44	181	213

The details of the group described as various are as follows :-

Defects	Boys	Girls	Total
Squint.....	21	25	46
Headaches, anaemia, styes, debility etc....	15	15	30
No visual defects.....	35	43	78

The Orthoptist has continued her work during the year with excellent results".

The following report on the work of the Orthoptic clinic has been given by Miss G.H.Montague Smith, Orthoptist :-

New cases.....70. Old cases.....69. No. of attendances 1387.

Cases attending for tests only.....58
 Failure to attend regularly..... 2
 Unsuitable for treatment..... 4
 Left school, evacuated, moved or transferred..... 5
 Waiting list (See also cases treated for Amblyopia).....13

Cases treated for Amblyopia...17. Of these 17 cases, 9 are now ready for orthoptics and therefore on waiting list, 6 are still on treatment and 2 were unresponsive.

Treated with orthoptic exercises.....40. Of these, 11 are still on treatment, 1 waiting for operation, 12 resting from treatment and 16 were discharged. Of the 16 cases discharged 9 were cured, 2 almost cured and 5 improved.

(e) Nose and Throat Defects - The scheme for treatment remained the same as detailed in previous reports.

The following table gives the number of cases treated:-

<u>Year</u>	<u>At Connaught Hospital.</u>	<u>Privately.</u>	<u>Total</u>
1943	46	7	53
1942	54	9	63

(f) Ear Disease and Defective Hearing - Ear Clinic:- Dr. Francis Clarke reports as follows :-

"The number of attendances at the regular weekly session of Aural clinic during the year 1943 was equal, on an average, to those of pre-war years. This increased and more regularised attendance was due to the large number of children returned from evacuation and the more regular, normal routine medical inspection of the schools which had been somewhat disorganised during the first two years of the war. The clinic is mainly supplied from the routine medical inspection of the schools, where children found suffering from any defects of Ear, Nose and Throat are referred to the clinic for examination and any appropriate treatment required, or other recommendation.

"The special new detailed Table of Returns used in pre-war years is not considered necessary at present, as a number of children could not complete the full course of prescribed treatment and the heavy extra calls made on the Hospitals considerably delayed certain operations such as tonsillectomy, nasal operations etc., so that many unavoidable circumstances, inevitable under war time conditions make such a statistical table extremely difficult to compile from a purely clinical point of view. The total number of attendances, the totals of various defects for which they have been treated, and the attendances at the treatment clinic have been shown in the ordinary yearly statistical school medical report.

"There has been no noticeable increase in the number of any of the particular defects usually found at the Ear, Nose and Throat clinic. Chronic otorrhoea which used to be one of the commonest and most intractable conditions in school children, is now very infrequently met with. Two factors are mainly responsible for this very satisfactory and gratifying improvement. Zinc ionisation which we regularly employ in all cases of chronic otorrhoea affords the most rapid and certain method of permanent cure. Two or three applications are all that an average case requires and it is applied at the clinic as against the one time method of depending on the parents to thoroughly cleanse the child's ear and instil various "antiseptic drops" two or three times a day for weeks. Such a procedure was unscientific and impracticable and the results were usually a failure. The second important factor is early recognition and treatment of acute otorrhoea, particularly amongst pre-school children. An increasing number of such cases is now being dealt with at the clinic and, in passing, special attention is paid to any nasal defects amongst these children, as these untreated defects are frequently the precursors to later serious ear complications.

About forty children were treated during the year for "enlarged" or diseased tonsils by the Tonsil Suction method. The results have been very satisfactory and confirm our previous reports on the value of this new treatment.

The attendances for this special treatment have been remarkably good, practically all the cases completing the full course of about twelve applications. With improvement in technique and practice it is possible to treat any average child of 5 years old upwards, and some even younger. In suitable cases it has many advantages over tonsillectomy. There is no risk or undue after effect: no hospitalisation. The child retains the valuable physiological functions of the tonsil tissues. The tendency to post nasal and aural infections and intractable post nasal catarrh so common after tonsillectomy is entirely eliminated.

"Tonsillectomy in certain pathological conditions and, surgically, correctly performed (and we stress this point) can have the most beneficial results, but far too often these presumed conditions are only a pious ideal. We must emphasize here that the successful treatment of tonsillar disease is bound up with the treatment of co-existent nasal disease in the form of Sinusitis, Rhinitis etc.,. It will be quite surprising to anybody who has not hitherto given the necessary attention to these correlated conditions to find how frequently they co-exist.

"Sinusitis is far more frequently present in children than is supposed and is, we hold, the exciting cause in a very large proportion of cases of tonsillar disease. The difficulties of diagnosis of this affection in children are now largely removed by the 'Displacement' method of Proetz, when the smallest trace of muco-pus or pus, the true indication of sinus disease, can be readily detected. We use this method regularly at the clinic and nearly every case for tonsil treatment is first examined as to a possible sinus affection, by Proetz 'Displacement'. It is equally an ideal form of treatment for such cases.

"The French Diastolisation treatment for Rhinitis, nasal catarrh, nasal 'obstruction' and nasal respiratory insufficiency has been carried out regularly during the year at two sessions a week at the treatment clinic.

"As eye, ear, nose and throat affections form the main bulk of the defects usually found amongst school and pre-school children, it is very important that these defects should receive early recognition and treatment with particular attention to the pre-school child. The increased extension of careful medical inspection to the latter class is showing excellent results in preventing what might be regarded as minor, passing 'ailments', and let go unheeded, from slowly progressing into chronic, intractable, and frequently permanent disabilities.

"This important aspect of child medical inspection and arrangement for clinical treatment for children of any age is a progressive step in the right direction.

"The general health, physique, nutrition of the children attending the clinic during the year was well up to pre-war standards. The usual tonics, cod liver oil and malt, lactophosphates, Parrish's food and supplementary nourishment advised in certain cases have been available, and materially assisted the prescribed treatments."

(g) Dental Defects - Treatment of Secondary and Technical Pupils- The work done for the Essex County Council is shown below and is not included in Table IV at the end of the report.

Inspections										No. offered Treatment.	% Requiring Treatment
10 yrs.	11 yrs.	12 yrs.	13 yrs.	14 yrs.	15 yrs.	16 yrs.	17 yrs.	18 yrs.			
8	141	148	137	132	95	59	4	3	391	53.7	

Treatment

No. of Child- ren.	Attend ances.	Extractions		Anaesthetics.		Fillings Permanent Teeth.	Other Operating	
		Temp. Teeth	Perm. Teeth	Local	General		Permanent	Teeth
537	1365	110	192	12	201	1120	207	

(h) Orthopaedic and Postural Defects. Details of the work done under the scheme are given in the section dealing with Defective Children.

(i) Heart Disease and Rheumatism. Dr. Sheldon reports that two children (aged 13 and 10 years) both had patent ductus arteriosus, a form of congenital heart. Both had the ductus ligated with immediate return of the heart to normal and disappearance of murmur. Subsequent history showed acceleration in growth rate and improvement in learning capacity at school. One child (W.B. aged 10 years) showed an improvement in intelligence quotient from 110 to 131.

These operations were amongst the earliest of their kind in this country.

Rheumatism Clinic. The following is a report on the work of the Rheumatism clinic during 1943:-

Number of sessions.....	22
" " new cases.....	100
" " old cases.....	138
" discharged.....	78
" still under treatment.....	29
" of new cases with rheumatism or cardiac defect.....	10
" number excluded from school.....	6
" excluded half time school.....	1
" " from games and exercises.....	2
" to begin games and exercises.....	4
" referred for convalescent home treatment.....	6
" sent away.....	6
" referred to Open Air School.....	1

(j) Tuberculosis. The number of school children examined during the year was - boys 112 and girls 102 - of which 27 boys and 16 girls were referred by the school medical staff. 56 of the cases were sent by private practitioners, and 115 were examined as contacts.

At the end of the year the live register of notified cases of school age was - Pulmonary 31, Non-pulmonary 27.

(k) Artificial Sunlight Treatment. The number of children treated was 42, making 696 attendances.

8. INFECTIOUS DISEASES.

Notification in the 5-15 years age group during 1943 was as follows :- (1942 cases shown in parenthesis) - scarlet fever 553 (224) diphtheria 15 (4), pneumonia 19 (12), erysipelas Nil (4), cerebro spinal meningitis Nil (Nil), measles 245 (418), whooping cough 27 (46) Dysentery 37 (nil), Anterior Poliomyelitis 1 (nil).

Six cases of scarlet fever and 9 cases of non-clinical diphtheria were discovered by the medical staff.

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	Chicken Pox	Ringworm & Scabies	Impetigo Sores etc.
January	-	13	-	3	14	1	5
February	-	20	2	8	26	3	2
March	2	120	-	5	52	3	3
April	1	133	-	-	14	1	2
May	2	37	8	3	42	-	5
June	1	7	9	2	79	1	-
July	6	4	-	2	10	2	1
August	-	-	-	-	5	-	3
September	3	2	5	-	6	-	1
October	5	-	10	-	1	1	3
November	3	1	27	1	3	1	2
December	1	3	12	-	6	1	-
Totals	26	340	73	24	258	14	27

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	Diar.	Mps.	Scabies	Ringworm	Various	Total
1943	96	53	40	23	48	105	7	11	24	2	525	937
1942	43	47	60	34	30	33	5	86	25	1	412	776

Immunisation and Infectious Disease Clinic. Follow-up arrangements were as detailed in the 1939 report.

The following table shows the work done at the infectious disease clinic:-

No. of clinics held in connection with Infectious Diseases.....	52
No. of attendances made.....	1276
Average attendance per session.....	24.5
No. of children recommended to Rheumatism Clinic.....	17
No. of children recommended to Ear Clinic.....	15
No. of clinics held in connection with immunisation.....	52
No. of attendances	2088
Average attendances per session.....	40.1

The following summarises the work done -

Number of children completing immunisation at school -

School age	790)	-	826
Pre school age.....	36)		

Number of children already immunised who received an extra dose..	320		
Number immunised by General Practitioners.....	58		
Number of schick tests - Positive.....	4)	-	14
Negative.....	10)		

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	955	193	20.2
Girls	951	187	19.6
2nd Age Group..Boys	590	118	20.0
Girls	565	79	13.9
3rd Age Group..Boys	571	141	24.6
Girls	630	166	26.3
	4262	884	20.7

Action under Article 20(B). (exclusion of individual children)

At medical inspection..... 14

At school clinics.....1277

Action under Article 22 (School Closure)..... Nil

Action under Article 23(B) (i.e., attendance below 60% of number on Register).....Not operative.

9. OPEN AIR EDUCATION.

School Journeys and Camps. There were none during the year.

Swimming. Swimming instruction was given throughout the season to boys and girls.

10. PHYSICAL TRAINING.

The following extracts are taken from a report on Physical Education in the schools compiled by the Organisers of Physical Education, and already submitted to your Committee -

"The post of Woman Organiser of Physical Education which had been vacant since Miss Hawkes was granted leave of absence in August 1941 was filled in May by the appointment of Miss K.M.Couper.

"Vital capacity tests using a Spirometer were carried out at the Central and at some of the senior schools. These tests aroused considerable interest in the importance and functioning of the respiratory system and the results compared very favourably with similar tests carried out in other areas. Cases of faulty breathing habits were discovered and remedial exercises recommended. Considerable interest was also shown in the use of a special "posture recorder" hired from the Ling Physical Education Association and a similar piece of apparatus has since been made at one of the senior schools. The recorder graphically revealed the influence of continued sitting upon the maintenance of good posture and demonstrated the consequent effect on normal skeletal growth and correct physiological functioning of the vital organs resulting in a lowering of vitality and a heightening of stupidity. During the course of these respiratory and postural tests it was encouraging to note the very beneficial effects of the expansion of the milk and meals scheme upon general nutrition.

Clothing and shoes - The good quality of gymnastic shoe in use before the war had a life of about two and a half years, but some of the very inadequate supply of utility shoes allocated to us during the past year have not lasted three months. It has become necessary to revert to the undesirable practice of making one pair of shoes serve the needs of two or three children and even so, there is already a serious shortage in the most popular sizes. One senior girls school has experimented in making rope soled shoes and has produced a very attractive and, we hope, useful pattern.

It is quite unnecessary to stress the obvious difficulties concerning the supply of special physical training clothing, and in many cases the inability to continue the pre-war hygienic habits with regard to the changing of clothes has in itself done much to lower the standard and detract from the value and enjoyment of the work. It should be noted however that where shower baths are provided, as at the Central schools, an excellent hygienic standard has been maintained in spite of the added difficulty of providing towels.

Teachers' Class - A successful class for women teachers in Junior schools was conducted by Miss K.M.Couper at the Chapel End School during the Autumn Term.

Use of playing fields - The fortunate retention of the playing fields at Salisbury Hall and Billet Road, the provision of adequate shelter accommodation together with the granting of increased facilities in the public parks and the part time use of the Walthamstow Lawn Tennis and Cricket Club ground, have made it almost possible to restore the pre-war playing field programme. This programme gave all children from 10 to 14 years the opportunity of enjoying a weekly games period on grass. Whilst it is true that the service and facilities available at the parks cannot compare with the conditions provided at the Education Committee's own playing fields, the pitches at Lloyd Park and St. James Park provide for large numbers of children who cannot be accommodated elsewhere owing to wartime transport difficulties. The chief factors militating against regular attendance are the time taken by travelling and the acute war time difficulty of providing children with suitable clothing and footgear particularly essential for winter games. Some improvement has been made in the standard of play in the major field games, but the effects of the lack of training and coaching of our present senior school children during the early years of the war are still very obvious.

The formation of desirable cleanly habits are an important aspect of the hygiene of games training but the Billet Road field is the only one possessing facilities for a complete change of clothing and showers. This field is once more proving a very popular and valuable centre for out-of-school activities and the groundsman deserves credit for the excellent maintenance of the playing pitches in spite of the very full programme of school visits.

Salisbury Hall is now firmly established as the Centre for Youth Service open air activities. The experiment of providing the services of games and athletic coaches for the summer evenings resulted in a freer, yet more controlled, use of the field by the younger members of the Youth Organisations and particularly by the girls. The filling in of the trenches would make possible a more economical planning of the ground and the provision of extra playing pitches.

Swimming - For many years the Board of Education have made it clear that this health promoting and recreative exercise must be regarded as an integral part of any well balanced scheme of physical education. At present the baths are only available during the summer months but owing to the co-operation of the Baths Committee the accommodation has been increased from 1,900 pupil places weekly in 1938 to 2,250 in 1943. This provides places for about 50 per cent of the children eligible for swimming instruction between the ages of 10 and 14 years. The average weekly attendance for the past season was seventy three per cent for boys and seventy one per cent for girls, and assuming that fifteen per cent failed to learn to swim it is computed that approximately seventy two per cent of the Walthamstow children between the ages of ten to fourteen must be classed as non-swimmers.

Experience in this war of the lamentable losses in man and women power through inability to keep afloat in an emergency emphasises the desirability for everyone to know how to swim and swim well."

11. PROVISION OF MEALS

(i) The Director of Education has kindly supplied the following -

"At the commencement of the year 1943, approximately 4,000 meals were being supplied daily to school children from six kitchens and by the end of the year the figure had risen to nearly 5,000.

The meals are cooked at the kitchens and distributed in vacuum containers to each school department where they are served to the children.

It is anticipated that the demand for meals will increase and plans are being considered for the opening of additional kitchens.

The quality of food supplied and the standard of cooking have been maintained at a high level, and it is felt that the school meals have helped to keep the health of the children at a good standard.

The co-operation of the teachers in carrying out the voluntary supervision of the feeding of the children is much appreciated by the Authority, and the good work of the kitchen staffs, under the supervision of the Supervisor of School Meals, has helped to make the scheme a success."

(2) Milk Meals - 213,390 milk meals were supplied to children on medical grounds on the recommendation of the medical staff. The number of meals supplied during the preceding year was 402,652.

(3) Milk in school scheme - The arrangements detailed in former reports were continued in 1942, all the milk supplied being pasteurised milk sold under license.

During the school vacations, Centres were opened for the supply of milk meals. The number supplied was as follows :-

Easter.....	11978	Summer.....	21125
Whitsun.....	8184	Mid Term.....	19308
Christmas.....	20502		

12. (a) CO-OPERATION OF PARENTS

The following table shows the attendance of parents during 1943 :-

		Number Inspected.	No. of Parents.	Per Cent 1943	Per Cent 1942
Entrants	Boys	955	779	81.5	87.5
	Girls	951	796	83.3	87.3
2nd Age Group	Boys	590	370	62.7	78.4
	Girls	565	431	76.2	79.4
3rd Age Group	Boys	571	87	15.2	30.0
	Girls	630	213	33.8	36.5
Total		4262	2676	62.7	70.1

(b) CO-OPERATION OF TEACHERS

Renewed and grateful acknowledgement 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.

(d) CO-OPERATION OF VOLUNTARY BODIES

(a) The Invalid Children's Aid Association - Miss Russell, Secretary of the local branch, has kindly contributed the following report :-

"The number of applications for convalescence is a decrease on the previous year, and in days of rationing it is pleasing to note that cases indicating malnutrition are so few.

"The difficulty of placing children continues, due to war time staff depletion, which has affected the available accommodation, and unfortunately quite often children still have to wait two months for a bed.

"We have only included the Orthopaedic cases which have actually been referred to this Association, and it is generally recognised that last year less following up of such cases was necessary.

"The social work in connection with the Child Guidance clinic has been the feature of the year. Here visits are necessarily long and the following up is considerable. "

Table of cases - Referred by -

Tuberculosis Dispensary	2	Local Authorities under schemes	
Medical men, Hospitals and		for - (i) Rheumatism.....	10
Dispensaries.....	83	(ii) Orthopaedic care...	48
Education Committee and		Others.....	15
School Medical Officers...	57		

Classification of cases -

Tubercular Glands.....	1	Disease of Bones (Non T.B.)...	32
Anaemia and debility.....	29	Paralysis.....	1
After infectious illness.....	10	Nervous condition.....	1
After acute illness.....	10	Congenital deformities.....	35
Marasmus and Malnutrition.....	6	Hernia.....	4
Rheumatism, Chorea and Heart..	9	Diseases of Skin.....	2
Heart (Congenital).....	2	Ear.....	4
Diseases of Lungs (Non T.B.)..		Eyes.....	2
(a) Bronchitis, Pneumonia etc	16	Nose and Throat...	2
(b) Asthma.....	1	Child Guidance.....	48

Help given to old & new cases - (all ages).

Referred for visiting and advice.....	85
Sent to Special Hospitals and Convalescent Homes.....	77
Extension from previous years.....	24
Provided with Surgical Boots and Appliances.....	21
Provided with massage and exercises.....	7
Average length of stay in convalescent homes.....	17 wks. 1 day
Children sent away from Rheumatism Clinic.....	6
Clothes.....	2

(b) National Society for the Prevention of Cruelty to Children -

The following is a summary of the work done in Walthamstow during 1943 -

<u>Nature of Offence</u>		<u>How dealt with</u>	
Neglect.....	37	Warned.....	38
Advice sought.....	8	Advised.....	10
Ill-treatment.....	2		
Other wrongs.....	1		
Total	48		48

Number of children dealt with over 5 years of age - Boys 38 Girls 39. Number of children under 5 years of age - Boys 19, Girls 16.

157 supervisory visits were made during the year, and 100 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 1943 :-

"During the 12 months ended 31st December 1943; 500 pairs of boots and shoes were distributed, at a cost of £310.

13. BLIND, DEAF, DEFECTIVE & EPILEPTIC CHILDREN

(i) Blind School - The following table shows the classification of children attending the school at the end of 1943 :-

	Walthamstow		Woodford		Tottenham		Hornsey		Total	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Blind	-	1	-	-	1	1	1	-	2	2
Partially Blind	17	14	1	-	2	5	1	2	21	21

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

"During the year ended 31st December 1943, the Blind and Myope School was still accommodated at Hale End Open Air School and continued its work there as far as conditions permitted. As the number of pupils increased another class was formed, and in November 1943 another assistant Teacher joined the staff. By 31st December 1943 the school numbered 46 children, 43 of whom were partially sighted and 3 of whom were "Blind within the meaning of the Act".

"During the year Dr. Sheppard made her periodic examination of the children's eyes; Dr. Clarke ascertained the degree of general health maintained by the children, and Mr. Elmer made regular dental inspections which were followed up by the necessary dental treatment. The school nurse was also assiduous in her attention to the personal health and cleanliness of the children.

"Our special thanks are due to all these representatives of the school medical service each of whom expressed satisfaction with the physical condition of the children during this, the fourth year of the war.

"Part of this well-being is undoubtedly due to the fact that all the children partake of the dinners supplied daily in the schools dining room, and also are supplied morning and afternoon with milk under the "Milk in Schools" scheme.

"During the year 2 girls and 1 boy left the Myope Centre. The boy went to a Boarding School in Norfolk and the girls have obtained suitable employment, 1 in a warehouse as a stock keeper and 1 as a typist and time keeper at a radio factory at Tottenham".

(ii) Deaf School - Miss V.K.Mitchell, the Head Teacher, reports as follows :-

"The school returned to Walthamstow on February 15th, 1943. It had been away since September 1st 1939 in Suffolk, South Wales and Sussex.

"The school opened with 14 children on the Register, classified as follows :-

<u>Deaf within the meaning of the Act</u>	<u>Partially Deaf</u>	<u>Aphasic</u>
8 (1 of these has normal language)	4	2

"Four children have been admitted since February, all under 7 years of age, and all Deaf within the meaning of the Act. Three children have left, two to return to a previous school and an Aphasic boy of fifteen to go to work in a factory where he is doing well.

"The children range in age from 3 to 15 years, therefore the teaching is mostly individual. The multitone is used for some children. Four elder boys go to the Wm. McGuffie School for wood work lessons and football. There are no elder girls. All the children stay at school for dinner.

(iii) Open Air School - Miss E. Thompson, the Head Teacher, reports-

"During the year the number attending the Open Air School increased by 27, so that at the end of the year there were 93 on Roll. The accommodation is very limited and only the low percentage of attendance allowed this number on the Roll.

"Thirty eight left during the year most of them being returned to the ordinary elementary school. One girl went to the Technical College to learn dressmaking and was top of her class at Christmas. One boy was able to enter a Central School in August.

"Only 18 are orthopaedic cases and all can walk at varying speeds. Asthma cases number 10, and some of these report no attacks for some months.

The great majority are generally classed as debilitated and this word could be applied to the mental state as well. There is often a slight quickening of the intelligence as the child becomes more robust. The staff was increased during the year by one, Miss Postans returned from evacuation in March.

(iv) Orthopaedic Scheme - The scheme is under the clinical charge of Mr. B. Whitchurch Howell, F.R.C.S., Consulting Orthopaedic Surgeon.

The following table shows the work done at this clinic :-

ORTHOPAEDIC SCHEME						
	Boys			Girls		
	5-15 yrs	Under 5 yrs	Over 16 yrs	5-16 yrs	Under 5 yrs	Over 16 yrs
Anterior Poliomyelitis.....	15	-	3	11	-	11
Scoliosis, Kyphosis, Lordosis.	18	-	-	38	2	-
Surgical Tuberculosis.....	5	-	-	1	-	-
Arthritis.....	3	-	1	4	-	2
Rickets - (a) Genu Varum....	1	34	-	2	11	-
(b) Genu Valgum...	25	21	-	29	23	-
Pes Planus Valgus	138	18	-	98	14	-
Hammer Toe.....	1	-	-	7	-	-
Perthe's Disease.....	-	-	-	1	-	-
Amputation of leg.....	-	-	-	-	-	1
Congenital dislocation of Hip	-	-	-	6	2	-
Spastic Paralysis.....	8	2	-	6	-	-
Talipes -						
(a) Equino Varus.....	9	2	1	4	2	-
(b) Pes cavus.....	3	-	-	2	-	-
(c) Calcane Valgus.....	1	3	-	-	3	-
Congenital defects.....	16	6	-	12	12	-
Hallux Valgus.....	-	-	-	9	-	-
Torticollis.....	4	8	-	5	6	-
Digitus Varus.....	-	-	-	2	-	-
Miscellaneous.....	8	5	2	15	5	-
Total....	255	99	7	252	80	14

Number of cases seen by Surgeon -

From Physically Defective School..... 57
 From other schools..... 245
 Over school age..... 35
 Under school age..... 147

Total.... 484

Now cases seen by Surgeon -

School age.....	147
Under school age.....	71
Total number of examinations by Surgeon.....	702
Total number of cases discharged by Surgeon.....	76
Average number of examinations made per session.....	50.1
Number of treatments given.....	2066
Number of attendances for after care.....	2655
Number of ultra violet light treatments.....	696
Total number of treatments.....	5417
Average number of attendances per session.....	10.9
Numbers of sessions held - Inspections.....	14
Treatment.....	435
Total number of visits by Instrument maker.....	11
Number of children known to be evacuated.....	79

(v) Mental Deficiency - Ascertainment. Ascertainment has proceeded along the lines detailed in previous years.

Certification - The school medical officer and one 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 year is given below :-

Merely dull and backward 6, Backward 1, Mentally Deficient (feeble minded) 5, Mentally Deficient 1, Border line cases 3, High Grade feeble minded 1, Imbecile 6, Release recommended 3, Released for work 1, To have trial at Mentally Defective School for six months 1, To be re-examined in six months 2, ? Institutional treatment 1, To await report on home life 1.

School for Mentally Defective Children - Miss R.T.A.Lock, the Teacher in Charge, reports as follows :-

"During the past year the school has average 30 pupils. Intelligence quotients range from 43 to 70.

"Seven boys have left in the last 12 months and of these, five are gainfully occupied. Owing to low intelligence quotient and general inadequacy two have failed to gain employment. The retention of scholars with I.Q. below 50 is unusual, but the staff is of the opinion that each of the children of 43 plus is educable to some degree.

"Miss Purcell, Head Teacher, retired after long service with the school."

(vi) Child Guidance Clinic - Miss G.M.Hammond, B.A.,A.B.Ps.S., Psychologist to the clinic contributes the following report :-

"On June 1st 1943 a full time Psychologist started work in Walthamstow.

"Three rooms were made available in the Old Education Offices, 263 High Street, Walthamstow, in which to establish a Child Guidance Clinic.

"The first duty of the Psychologist was to see that the clinic was equipped. The large ground floor room was equipped as a playroom to be used for diagnostic purposes. There was a large sandtray and small toys to be used in it, representing the world of objects encountered in the streets, on the river and in the fields; a sink with running water, a house with furniture, picture books etc.,

One of the upper rooms was equipped for a very important part of the Psychologist's work, the ascertainment of the child's intellectual abilities and disabilities, the nature and causes of his special defects, the devising and use of measures of remedial teaching to overcome his disabilities. In this room there are intelligence tests both verbal and performance. There are diagnostic tests of special disabilities in the school subjects and schemes of work for retarded children. There is also a sand-tray a screen house, some toys and scales. There will be measures as well as weights in due time.

"The third room upstairs was to be used by the Psychiatric Social Worker for interviewing the parents of the children brought to the clinic. It was foreseen that a Secretary would be needed when the work of the clinic grew.

"Finally there was the large Board room down-stairs which in summer could be made available for group play, a form of therapy used in the case of children whose major difficulties have been resolved but who still need to adapt themselves to a group.

"The Psychologist's second duty was to visit the schools and investigate the nature and extent of Psychological problems to be found there.

"These were investigated under the following headings :-
Agressiveness, Pilfering, Lying, Nervousness, Apathy, Enuresis, Retardation, Speech difficulties, Distractability, Wandering.

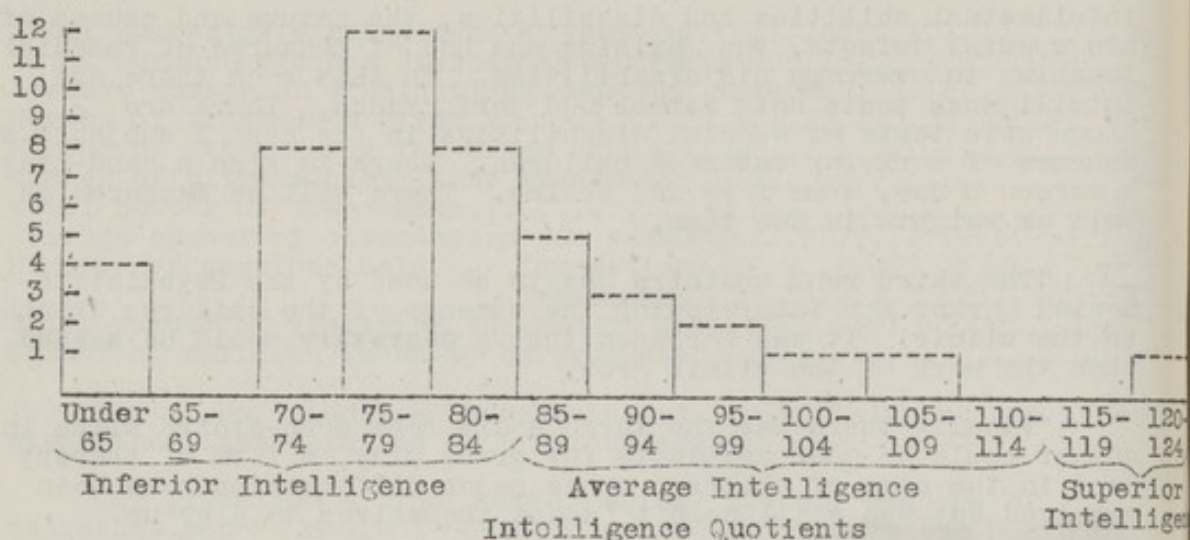
"In the two month period before the full clinic team was constituted, 120 children referred as problem children, were examined diagnostically, including the giving of intelligence and scholastic tests. An analysis of the material in relation to type of problem gives the following results.

<u>Problem.</u>	<u>No. of cases.</u>	<u>Per cent.</u>
Retardation.....	68	56.7
Aggression.....	14	11.7
Pilfering.....	6	5.0
Lying.....	3	2.5
Nervousness	14	11.7
Apathy.....	5	2.5
Distractability.....	6	5.0
Speech defects.....	2	1.6
Enuresis.....	1	0.8
Wandering.....	3	2.5
Total	<u>120</u>	<u>100.0</u>

Two things were immediately evident from the figures :-

(1) That there is a large problem of retardation in school work which must be tackled in the schools. An examination of the I.Q.'s of the retarded group shows that although the range of intelligence is great, from defective intelligence to superior intelligence (I.Q. 64 - 122) the great majority of backward children are intellectually dull, (I.Q. 75 - 84). The average (median) figure is I.Q. 79. See histogram below

No. of Backward children distributed according to Intelligence
children



(2) That there is abundant material to be worked upon in a Child Guidance Clinic by a full clinic team.

The Psychologist then concerned herself with remedial measures to deal with backwardness in school subjects. This included :-

(1) Grading of children according to attainment in school subjects, i.e., according to reading age etc., so as to make group teaching possible.

(2) Discussion of suitable teaching methods for dull, nervous and apathetic children, with the teachers concerned.

N.B. The progress of one such grades group is recorded in appendix.

"Meantime on June 30th 1943, Miss M. Russell was appointed part time Social Worker, and the work of investigating and modifying home environment could begin.

"The Psychologist was then able to deal with individual problems in afternoon sessions at the Clinic. She undertook remedial teaching in Reading and Arithmetic of completely non-reading children reported by their teachers as unteachable. The first two cases she undertook are now reading simple books. Some children were found to be so discouraged and undeveloped mentally that a direct attack on the foundations of reading and arithmetic was impossible, and confidence was nourished by free play sessions. This treatment was followed by a play-approach to reading and in every case positive results have been achieved.

"In the afternoon sessions at the clinic the Psychologist also gave tests of Intelligence to children so retarded scholastically as to warrant examination for mental deficiency.

"Finally on September 7th 1943, we were able to start our full time clinic sessions after the appointment of Dr. N.H. Bore, B.A., M.R.C.S., L.R.C.P., as Psychiatrist. At first these were held fortnightly and later, from November 23rd a full clinic session was held every week. Dr. Bore's work at first was entirely diagnostic and administrative but it quickly became evident that there were cases needing play therapy which she has now undertaken. A joint conference occurs at the end of every session in which we have welcomed the co-operation of the Director of Education, the School Medical Officer, the assistant School Medical Officers, the Probation Officer and others. A monthly assessment of cases takes place when the progress of treatment is considered and cases closed or considered for further treatment. At these sessions the Psychologist and Social

"The following figures refer to the cases examined and treated by the Psychiatrist and/or the Psychologist and the Social Worker since the establishment of the full clinic team on September 7th 1943. A separate report of the activities of the Social Worker is appended.

Total number of cases referred.	66	
No. of cases having received full diagnosis by Clinic Team.	23	
No. of cases under treatment.	16	(1 of these was diagnosed at Tavistock Clinic)
		(6 are reported very much improved by the Schools)
No. of cases awaiting treatment	2	
No. of cases treated and closed	8	
Re-adjusted.....	1	
Admitted to Approved School.....	2	
Admitted to Aldersbrooke Homes.....	2	
Returned to Foster Home (Reception Area) ..	1	
Unco-operative.....	1	
Transferred to B.T.D. (Out of District	1	
case)		

15 are being adjusted in the school situation.
13 are under observation or awaiting further examination.
15 are awaiting investigation.

Director of Education.....8	General Practitioners.....1
School Medical Officers6	Probation Officer.....1
Head Teachers.....6	(Out District case)
	Metropolitan Hospital.....1

Pilfering.....	6	Distractability.....	1
Temper-tantrums & Aggressiveness..	6	Night Terrors.....	1
Enuresis.....	4	Speech Defect (Aphasia)....	1
Anxiety.....	1	No Speech.....	1
Stubbornness.....	1	Nervousness & Retardation..	1

Record of Progress of a Retarded Group, graded and given remedial teaching with a view to raising the reading level

Each child was given a reading age on Burt's scale e.g., a child with a reading age of 6 years is equal in reading achievement to an average 6 year old child.

<u>Group</u>	<u>Reading Age</u>	<u>No. of cases</u>
1	Non-readers	8
2	5-6 yrs.	4
3	6-7 yrs.	6
4	7-8 yrs.	7

In January 1944, after a period of 5 months which included the Summer and Christmas holidays the children were tested again with the following result :-

<u>Group</u>	<u>Reading Age</u>	<u>No. of cases.</u>
1	Non-readers	-
2	5-6 yrs	2
3	6-7 yrs	10
4	7-8 yrs	7
5	8 plus	6

"Now there are no non-readers. There are only 2 in the next group. The majority are in group 3 approaching the quickening point in reading. Children in group 4 are no longer seriously retarded. Finally those in group 5 can work by themselves and are well on the way to becoming good readers."

The Social Worker, Miss M. Russell, reports as follows :-

Interviews at clinic.....27
Home visits.....99
Interviews with relatives, Ministers and
Youth leaders.....17
Visits to appropriate agencies and
Institutions..... 9

Some correspondence has been necessary in the follow up of individual cases, Home visits have tended to be lengthy and written reports have been made on each case.

Scope covered by Home Visits :-

- (a) Interpretation within the home of the Psychiatrist's instructions, educating parents with regard to play therapy, and co-ordinating play room work with home management.
- (b) Personality problems of parents.
- (c) Marital maladjustments.
- (d) Behaviour problems in children.
- (e) Habit training
- (f) Evacuation and other war re-actions including problems arising from absence of father in Forces.
- (g) Inadequate home care due to mothers working.
- (h) Discussion of recreational activities and introduction of children to Youth Centre.

Only a minimum has been done due to lack of time, and it becomes increasingly obvious that a part time worker cannot meet the need.

(vii) Speech Therapy - Miss I.M.S.Knight, the Speech Therapist, reports as follows :-

"In January 1943 the speech clinic was transferred to the Old Education Offices, 263 High Street, Walthamstow, where all speech cases now attend. The number of cases on roll has steadily increased from 141 in January to 194 at the end of December. Through pressure of work, school and home visits have had to be neglected.

"New cases and parents have been seen on each school day after the close of treatment sessions up to approximately 5 p.m. Results have been more than satisfactory but I should like to give more time to the following up of difficult cases which pressure of work at the clinic does not allow. Discharges over the year were 22, Trial without treatment 1 (later discharged), Left school over the year 6, Evacuated 2, Left district 5.

"Cases for treatment include children with defects of Stammer,

Cleft Palate, Rhinaphonia, lisps, Articulation and Voice disturbances. Some children are naturally more responsive to treatment than others, but given time progress in the worst cases is usually possible. A regrettable fact is that some children, particularly the stammerer must leave school before a complete adjustment has been reached, but a class for the continuation of treatment does not appear to be practicable at present.

(viii) Convalescent Home treatment - 69 children were sent away for treatment during 1943. There were 33 remaining in convalescent homes and hospital schools on December 31st 1943.

The conditions for which children were sent included the following:- Debility and anaemia 23, Heart & Rheumatism 7, Bronchitis 6, Asthma 1, after infectious illness 15, Various 17.

A total of 6 children were sent to convalescent homes or heart homes from the Rheumatism clinic. The average length of stay in all homes has been 17 weeks, 1 day.

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

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

15. NURSERY SCHOOL.

This school has been evacuated since the outbreak of war.

16. SECONDARY SCHOOLS.

The Authority for the provision of Secondary Schools in Walthamstow is the Essex County Council, for which your Committee provide the following services :-

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

(b) The following table shows the findings at Medical Inspection -

Number inspected	-	Entrants.....	20		
		12 years old.....	66	-	143
		15 years old.....	57		
		Specials.....			97
Parents present.....					75
Number referred for treatment (excluding dental & uncleanness)					53
Number referred for observation.....					10
Number referred for treatment					
		(excluding vision, dental and uncleanness)....			39
Nutrition	-	A.....	63		
		B.....	77		
		C.....	3		
		D.....	-		

Defects -		Requiring Treatment	Requiring Observation
Skin.....		7	-
Eyes - Conjunctivitis.....		1	-
	Vision.....	14	2
	Other conditions.....	1	-
Ear Disease.....		2	1
Nose & Throat - Enlarged Tonsils.....		1	2
	Other conditions.....	1	-
Teeth.....		10	-
Heart - Organic.....		1	1
	Functional.....	-	2
Other forms of deformities.....		27	2
Other diseases and defects.....		3	-

17. PARENTS PAYMENTS

The approved scales for the recovery of fees in respect of treatment is the same as given in the 1938 report.

18. HEALTH EDUCATION. as for 1938.

19. SPECIAL ENQUIRIES

Nutrition.

(A) In January, at the request of the Ministry of Health and with the permission of your Committee a special investigation was carried out by medical specialists.

A total of 136 children was examined at three of the schools which were regarded as most likely to produce the worst cases of nutrition.

The findings were as follows :-

"School A. 59 children examined. Nutrition good or fair - 59. Poor - Nil. Generally speaking the state of nutrition appeared good and there was no evidence of possible riboflavin deficiency."

"School B. 62 children examined. Nutrition good or fair - 61. Poor - 1. Here again while we came to the conclusion that general nutrition was on the average good, there was evidence of some probable deficiency of riboflavin in a proportion of cases best exemplified by a brother and sister, members of a large family whose father is in the service."

"School C. 15 children examined. Nutrition good or fair - 15. Poor - Nil. This school is situated in the poorer part of Walthamstow. Again there is some evidence of minor deficiency probably of riboflavin."

Riboflavin (Vitamin B2) is chiefly contained in milk, eggs and cheese and little can be done to counteract any deficiency except to follow the usual nutritional principles and to consume a good and varied diet.

Dried skimmed milk is quite a good supplement to liquid milk. Liver and Kidney are also suitable.

(B) In July 1943, again at the request of the Ministry of Health and with the sanction of your Committee, a further investigation was carried out by a special team of investigators led by Captain Mila L. Fierce of the United States Army Medical Corps.

A total of 144 children was examined at three schools - two of which were Schools A and C of the previous investigation.

Detailed home enquiries were carried out in 85 cases by your School Nurses.

The findings were published in the "Proceedings of the Royal Society of Medicine" Vol. XXXVII No. 7 May 1944, and more fully in the report of the Oxford Nutrition Survey. A copy of the report has been supplied to me by courtesy of Dr. H.M. Sinclair, the Director of the Survey, and the following summary is taken from his report.

A NUTRITIONAL SURVEY OF SCHOOL CHILDREN IN OXFORDSHIRE
LONDON AND BIRMINGHAM

- i. Five schools in Oxfordshire towns were visited, and four in small villages. For a comparison, three schools were visited in Walthamstow and two in Birmingham.
 - ii. 684 children, aged between 5 and 14 years, were examined in May to July 1943. This included a clinical examination (including measurements of height and weight); analyses of haemoglobin in blood, and protein and vitamin C in serum; and a test of dark-adaptation. A dietist visited the homes of certain children.
 - iii. The general health rating of the children was best in Oxfordshire town schools. The Walthamstow schools rated second, the Oxfordshire village schools third, and the Birmingham schools rated lowest.
 - iv. The Oxfordshire children were taller and heavier than the L.C.C. standards for elementary school children (1938).
 - v. Vitamin C levels in serum were lower in children from Oxfordshire town, Birmingham and Walthamstow schools, than in those from the Oxfordshire village schools. The availability of new potatoes and garden food stuffs accounted primarily for the differences.
 - vi. The school meal, as served in the schools visited, did not raise the mean serum vitamin C level to that of the children who did not take the meal. In interpreting this, account must be taken of the home conditions of the two groups and also of the vitamin content of the food as served in the schools. The use of foodstuffs of high vitamin C content should be encouraged for both school and home meals.
 - vii. An interesting finding in respect of the serum protein levels was that the girls had significantly higher values than had the boys. The serum protein levels were lowest in the age groups 5-8 and highest in the age group 8-12 years. Small but insignificant differences were noted in favour of the group not taking the school meal. There was no evidence of protein deficiency.
 - viii. Haemoglobin levels were higher for the school children of Oxfordshire and Birmingham than those recently reported for London and Edinburgh.
 - ix. There was no significant difference, as judged by the clinical or the biochemical results, between the children who took school meals and those who did not. But the families of the children who took the meal were larger and also often depended upon the school dinner as the child's main meal of the day. Both these facts would tend to discount the beneficial effects of the meal on the nutriture of the children.
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Particular attention is drawn to item V of the summary and to the need for consumption of sufficient potatoes (new and old) and garden produce in order to increase the intake of Ascorbic Acid (Vitamin C).

Special Investigation - Tuberculosis amongst School Children.

The following report by Dr. Hugh Ramsay, Tuberculosis Officer in Walthamstow for the Essex County Council, is of the utmost interest and importance.

The investigation is possibly the first of its kind in the Country and was carried out by your Committee and the Essex County Council jointly.

(1) In November 1942, a school teacher at Public Elementary School "A" was found to be an open case of Pulmonary Tuberculosis.

(2) A certain number of children attending that school, who were to a varying degree in contact with the teacher, were in consequence examined at the County Tuberculosis Clinic in order to discover how many, if any, were infected with the disease.

Children attending another school "B", were examined as a control group.

Both groups of children were examined by X-ray screening, X-ray film, and the skin patch test.

(3) In assessing the results, a small number of children known to be contacts of cases in their homes have been eliminated.

(4) No child in either school was discovered to be definitely suffering from Tuberculosis in a recognisable clinical form, with the exception of one boy at school "A", already under observation. There is a history of home contact in this case. There was one doubtful case, a child attending school "A" in which Dr. Sheldon and I both felt that the X-ray evidence was conclusive of primary infection of the right lung. Further developments and a negative patch test on two occasions made it impossible for us to accept this case as proved. The case remains under observation at the Dispensary,

(5) A few children showed X-ray evidence of simple pulmonary catarrh. They were examined fully at the Dispensary and the benign nature of the condition confirmed. In one of these children I am of the opinion that there might be an underlying Bronchiectasis. The child is still under observation and further investigation will be arranged if necessary.

(6) Three school teachers accompanying the children were X-rayed. One, from School "B", was found to have early bilateral pulmonary Tuberculosis but was not an infectious type of case, and therefore the children at the school should not have suffered any risk of infection. The patient was examined at the dispensary, treatment was arranged and the patient has responded very well. This is another example of the vital importance of X-ray examination in the early diagnosis of pulmonary disease.

(7) As regards the actual results of the investigation of the children as a whole, the following points are of interest: A positive Patch Test, with X-ray evidence of a healed primary focus, or either event separately was taken as indicating infection. The Patch Test is not quite so accurate as the intradermal Mantoux test, and X-ray may show a definite calcified primary lesion in the lung without the Patch Test being necessarily positive. Also, the test may be positive without there being evidence of lung infection, there may be a primary focus not visible on ordinary X-ray of the chest or the focus may of course be situated elsewhere.

BOTH SCHOOLS

Total examined - 319 (Boys 165, Girls 154) less 9 in which
other contact was known.....310
Total infected - 69 Less 5 in which other contact was known..... 64
Proportion of total infected20.6%

SCHOOL "A"

Examined..... 125
Infected - 35 (Less 2 in which other contact was known)..... 33
Proportion of total infected.....26.4%

CLASS AT RISK (included in previous table)

Examined (total in class - 43) 26
Infected..... 6
Proportion of total infected..... 23.1%

SCHOOL "B"

Examined..... 185
Infected - 34. Less 3 in which other contact was known..... 31
Proportion of total infected.....16.8%

(8) In considering these figures it should be remember that the total numbers are small and that the Patch Test provides in practice a quite useful index of skin sensitivity, but it is not one hundred per cent accurate. I offer the following comments :-

(a) There would appear to be a significant difference in the proportion of children infected in the two schools. School "B" does however serve an area where the population is less dense and where conditions of housing are generally better. This may partially explain the difference. Taking the broad view of community risk of infection, however, I feel that a few infectious cases, more or less, in any one particular district of small size, may produce an appreciable difference in the proportion of childhood infection, when the numbers examined are comparatively few. Also School "A" was the school "at risk", the particular risk factor probably being present for some time. This point is certainly suggestive, but I would have felt more happy about assessing its importance if the control school had been of a similar character, serving an area where similar social conditions obtained. Nevertheless the fact remains that the contact school shows quite definitely a higher proportion of infection than the control school. On the other hand the class in School "A" subjected to the greatest degree of risk shows a slightly lower proportion of infection than the school as a whole.

(b) Comparing the results with a large survey carried out at the Brompton Hospital in 1931 (Lloyd, W.E. and Dow, Dorothy J. 1931, British Medical Journal 2.183).., we find the following. In that survey it was found that between the ages of 8 and 11 years, the proportion of children infected was 40% at the lower age, rising to 50% at the higher. It is likely that the figures of our own recent investigation would be lower for three reasons. Firstly, there has been a steady fall, apart from the war years, in the death notification figures for Tuberculosis, and in incidence figures. There are indications that, as a result, the proportion of the population infected in childhood and young adult life is now less than it was some years ago, the "community pool" of infection being smaller. Secondly, Lloyd and Dow were able to test the children more accurately by means of the Mantoux Intradermal Test. Thirdly, they were dealing with children from very crowded London Boroughs, where conditions are generally poorer than in Walthamstow, except in one or two areas. I think one can, however, say that the proportion found to be infected in our own survey does not indicate that conditions here are any worse than they should be in present circumstances. Our efforts are of course, directed toward the eradication of the disease altogether, at which point we would find

no evidence at all of infection in the childhood population.

(9) Arising from the whole investigation I would make the following recommendation :-

That one of the first groups of the population for whom evidence of the absence of Tuberculosis in an infectious form, or in a form likely to be infectious, should be made a condition of employment, should be school teachers. That your Education Authority, should proceed with this reform forthwith."

Your Committee after considering the foregoing report in conjunction with paragraph 72 of the Board's Memorandum on 'Closure of and Exclusion from School' decided to explore the possibility of carrying out further tests.

The following report was then presented :-

"The report presented by Dr. Ramsay in connection with the above investigation has been discussed at length with Dr. Sheldon and Dr. Ramsay and the following further observations are offered.

(1) The primary objective of the investigation was to assess the effect on the children attending certain classes in School "A" resulting from the discovery of a class teacher suffering from open tuberculosis. The findings were extremely favourable in view of the fact that no new case of Tuberculosis was discovered in these classes

(2) The secondary objective was to try and determine the rate of infection of Tuberculosis in school children and as stated in paragraph 8(b) of Dr. Ramsay's report the findings here again have been favourable. In this connection it should be stressed that an infected child does not necessarily mean a child actually suffering from Tuberculosis.

(3) In view of the fact that the primary, and the secondary objectives of the investigations have been secured it is felt that further investigations are not now necessary, since this investigation should be repeated in every future case when a school teacher is discovered to be suffering from open tuberculosis. If and when this becomes necessary it is possible that the assistance of a miniature mass radiography unit will be available to supplement the investigations.

In the meantime, however, it is not possible to suggest the use of the miniature radiography unit which is primarily required to detect adult cases of Tuberculosis which are the main infecting sources in the community.

(4) The recommendation contained in Item 9 of Dr. Ramsay's report i.e., that all teaching staff should receive a specialist examination to exclude Tuberculosis before employment is agreed. This is stressed because it does not follow that where similar circumstances arise in the future the result would necessarily be so favourable".

Your Committee then decided that the usual medical examination of all new teachers before entering the service should include a chest X-ray examination. This was subsequently arranged with the co-operation of the County Medical Officer and Dr. Ramsay. It was also decided to make enquiries from the existing staff as to willingness to undergo X-ray examination.

I would like to take this opportunity of thanking Dr. Bullough, County Medical Officer, and Dr. Ramsay, for their ready help and co-operation in regard to this investigation.

20. MISCELLANEOUS.

- (i) Employment of Children - Fifteen children were examined by the medical staff.
- (ii) Employment of children in Public Entertainments - Four children were examined under these Regulations.
- (iii) Medical Examinations. The following examinations were made during 1943 by the medical staff - Teachers 11 Others 2.
- (iv) Sex Education - Considerable attention was given to this matter by your Committee which appointed a sub-committee to consider the question of Health Education generally.

After consideration of the sub-committee's report and resolutions passed by the Walthamstow Head Teachers' Association it was resolved -

(i) That no special arrangements be made for sex education in the Committee's Schools, either in special groups or by special instructors or lecturers.

(ii) That the subject be dealt with under two heads :-

- (a) a long term policy, and
- (b) a short term policy

(iii) That, with regard to the long term policy, Biology be taught to all children in the Committee's Junior and Senior Schools, the syllabuses to be framed according to the capacity of the children.

(iv) That the resolutions submitted by the Walthamstow Head Teachers' Association, as amended and set out below, be adopted as the basis of the short term policy :-

(a) That the pamphlets on Health Education issued by the Central Council for Health Education be not distributed to children of the present school age.

(b) That some sex teaching be given in the Schools, but that such teaching be left to the discretion of Head Teachers, preferably to be given in groups as considered advisable, and that Head Teachers be informed that the Committee desire that the fullest advantage be taken of this discretion, which should be exercised in consultation with the parents.

(c) That courses in Health Education be arranged for Senior and Junior School Teachers, but that no action be taken at present, with regard to such courses for parents.

(v) That Head Teachers be asked to submit a report, after the expiration of twelve months, with regard to their experience of the operation of (iv)(b) above.

(vi) It was further resolved that, in connection with the long term policy, the question of advising the parents that instruction will be included in the Biology curriculum in the last year at School, be not considered until a later date.

21. STATISTICAL TABLES

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

TABLE I. Medical Inspection of Children attending Elementary Schools

A. ROUTINE INSPECTIONS

Number of inspections in the prescribed groups -

Entrants.....1906
Second age group.....1155
Third age group.....1201

Total 4262
Number of other
routine inspections..... 203

Grand Total 4465

B. OTHER INSPECTIONS

Number of special inspections and re-inspections.....20361

TABLE II Classification of the Nutrition of Children inspected during the year in the Routine Groups.

No. of children inspected	A		B		C		D	
	Excellent	%	Normal	%	Slightly subnormal	%	Bad	%
	No.		No.		No.		No.	
4262	1646	38.62	2348	55.09	267	6.26	1	0.02

TABLE III

Group 1. Treatment of Minor Ailments (excluding uncleanness, for which see Table V).

Total number of defects treated or under treatment during the year under the Authority's scheme..... 3865.

Group 2. Treatment of defective vision and squint (excluding Minor Eye defects treated as Minor Ailments - group 1).

Errors of Refraction (including squint)	Other Defects or diseases of the eyes.	Number of children for whom spectacles were	
		Prescribed	Obtained
286	108	357	357

Group 3. Treatment of Defects of Nose and Throat.

Received Operative Treatment	Received other forms of treatment	Total
46	213	259

TABLE IV Dental Inspection and Treatment.

(1) Number of children inspected by the Dentist.....8051

(a) Routine Age Groups -

Age yrs.	5	6	7	8	9	10	11	12	13	14	15	16	Total
	1105	846	956	916	881	895	616	764	737	276	58	1	8051