

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

Contributors

Walthamstow (England). Borough Council.

Publication/Creation

[1946?]

Persistent URL

<https://wellcomecollection.org/works/taz6d79p>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution, Non-commercial license.

Non-commercial use includes private study, academic research, teaching, and other activities that are not primarily intended for, or directed towards, commercial advantage or private monetary compensation. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

2.
C4411(V) WALTHAMSTOW
WALTS
Borough of Walthamstow

EDUCATION COMMITTEE

REPORT

of the

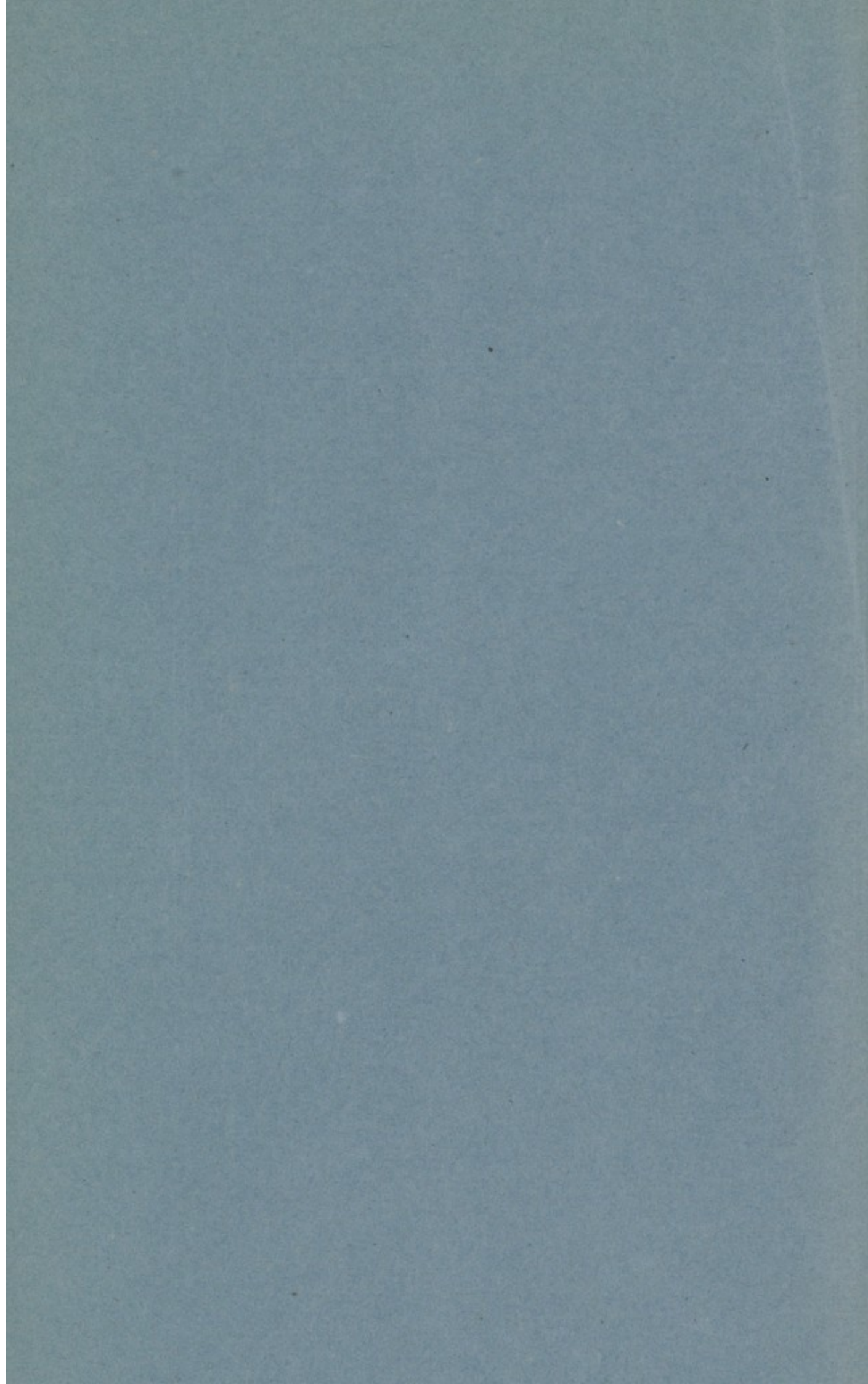
SCHOOL MEDICAL OFFICER

for the year

1945

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

SCHOOL MEDICAL OFFICER



Borough of Walthamstow

EDUCATION COMMITTEE

REPORT

of the

SCHOOL MEDICAL OFFICER

for the year

1945

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

SCHOOL MEDICAL OFFICER

Board of Education

EDUCATION COMMITTEE

REPORT

School Medical Officer

1947

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

SCHOOL MEDICAL OFFICER

CONTENTS.

Accommodation	5	Medical Examinations	34
Attendance Officers	20	Mental Deficiency	26
Aural Clinic	11-13	Milk in School Scheme	20
Blind School	22	Milk Meals	20
Boot Fund	22	Minor Ailments	7, 9
Chicken Fox	15	Mumps	9
Child Guidance	27, 31	N.S.P.C.C.	22
Clinics	4	Nutrition	7, 9
Committee	2	Nursery School	32
Convalescent Home Treatment ...	32	Open Air Education	17
Co-ordination	5	Open Air School	24
Crippling	8, 14, 24	Orthopaedic Treatment	8, 14, 24
Deaf School	23	Orthoptic Clinic	11
Defective Children	22	Parents, Co-operation of	20
Dental Defects	8, 14	Physical Training	17
Dental Treatment	8, 14	Re-inspections	6, 9
Diphtheria	15	Rheumatism	8, 9, 14
Diphtheria Immunisation	16	Ringworm	9
Ear Disease	8, 9, 11	Scabies	9
Employment of Children	34	Scarlet Fever	15
Exclusions	9, 15	School Camps	17
Eye Disease	7, 9, 10	Secondary Schools	33
Following up	9	Skin Disease	7, 9
Health Education	34	Speech Therapy	31
Hearing	8, 11	Staff	5
Heart Disease	8, 14	Statistical Tables	34-36
Hospital Treatment	11	Sunlight Treatment	14
Hygiene	5	Swimming	17, 19
Impetigo	9	Teachers, Co-operation of	20
Invalid Children's Aid Assoc. ...	20, 21	Tonsils and Adenoids	8, 9
Infectious Diseases	15	Tuberculosis	8, 14
Introduction	3	Uncleanliness	7, 9
Meals, Provision of	19	Vaccination	16
Medical Inspection	6	Vision	7, 9, 10
Measles	15	Voluntary Bodies	20
Medical Treatment	9	Whooping Cough	15

EDUCATION COMMITTEE.

Chairman:

Alderman S. N. CHAPLIN.

Deputy Chairman:

Councillor J. H. WILLIAMS.

The Worshipful the Mayor, Councillor Mrs. E. A. SMITH, J.P.

The Deputy Mayor, Alderman A. E. MANNING, J.P.

The Chairman, Finance Committee, Alderman ROSS WYLD,
O.B.E., J.P.

Ald. Mrs. L. P. BAILEY, J.P. Coun. F. W. GENTLE.

Ald. A. G. BOTTOMLEY, O.B.E., Coun. A. J. LLEWELLYN.
M.P., J.P.

Ald. Mrs. C. McENTEE, J.P. Coun. A. E. MALLETT.

Ald. Mrs. E. M. MILLER. Coun. W. F. SAVILL.

Ald. W. B. FITT. Ald. W. H. SHAW.

Co-optative Members:

P. ASTINS, Esq., J.P. Mrs. E. A. LOWTON.

Rev. CLIFFORD BARRETT. Rev. J. E. McKINLEY.

C. S. GARRETT, Esq. Rt. Rev. Mgr. W. O'GRADY, V.G.

S. G. HASKINS, Esq. E. C. REDHEAD, Esq.

Mrs. M. JARMAN.

Director of Education and Chief Executive Officer:

E. GWYN THOMAS, B.A., Ph.D.

*To The Chairman and Members of the
Walthamstow Education Committee.*

LADIES AND GENTLEMEN,

I beg to present in the following pages a report on the work of the School Medical Service during 1945.

The most significant feature of the year was the operation in April of the Education Act, 1944. Your Committee then became "interim" and later, as an "Excepted Area" under the Walthamstow Education Scheme, 1945, the Committee for Education.

The volume and quality of the work done have, I believe, shown no reduction.

All available evidence appears to show that nutrition is well maintained. The increase of school meals to over 5,000 per day and the high level of milk meals has unquestionably contributed very largely to this end.

Innovations during the year included an arrangement with the London County Council for squint operations; for an additional weekly psychiatric session at the Child Guidance Clinic and participation in the Itchingfield School Camp.

Once again it is my pleasure to thank you for your consideration and to acknowledge the good work of the staff concerned with the School Medical Services.

I am,

Your obedient servant,

A. T. W. POWELL.

School Medical Officer.

SCHOOL CLINICS.

<i>Aural—</i>		
Monday	2—4.30 p.m.	Town Hall.
<i>Child Guidance—</i>		
Monday	10 a.m.—1 p.m.	High Street.
Thursday	2—7 p.m.	
	10 a.m.—1 p.m.	
<i>*Minor Ailments—</i>		
Monday	}	9 a.m.—12 noon
Wednesday		
Friday		
Saturday		
Tuesday	9—11 a.m.	Handsworth Ave. School.
Thursday	9—11 a.m.	Low Hall Lane.
<i>Ophthalmic—</i>		
Tuesday	}	9 a.m.—12 noon
Thursday		
Saturday		
<i>Orthopaedic—</i>		
Third Thursday in each month:		
	9.30 a.m.—12.30 p.m.	Open Air School
<i>Massage and Sunlight—</i>		
Monday	}	9 a.m.—5 p.m.
Tuesday		
Wednesday		
Thursday		
Friday		
<i>Orthoptic—</i>		
Monday	1.30—4.30 p.m.	
Tuesday	}	9.30 a.m.—4.30 p.m.
Thursday		
Friday	1.30 p.m.—4.30 p.m.	
<i>Speech Therapy—</i>		
By appointment		High Street.
<i>Rheumatism—</i>		
Alternate Thursdays, 2—4.30 p.m.		Town Hall.
<i>*Immunisation—</i>		
Tuesday	2 p.m.	Town Hall.
<i>*Scabies—</i>		
Wednesday	2 p.m.	Town Hall.
<i>*Infectious Disease—</i>		
Wednesday	3 p.m.	Town Hall.
All clinics, except those marked “*” are “Appointment” clinics.		

1. STAFF OF SCHOOL MEDICAL DEPARTMENT.

Resignations and Appointments:—

Dr. C. G. F. CHADWICK, Assistant School Medical Officer. Assumed duty 1.1.45.

Mr. M. MARKS, Dental Surgeon. Assumed duty 1.3.45; resigned 29.5.45.

Mr. R. V. TAIT, Dental Surgeon. Assumed duty 3.9.45.

Mrs. M. HOLLOWAY, Orthoptist. Resigned 23.10.45.

Mrs. BOX, Orthoptist. Assumed duty 25.10.45.

Miss S. SNOWDEN, Dental Attendant. Assumed duty 12.2.45.

Miss G. M. HUTCHINS, Dental Attendant. Assumed duty 9.4.45.

Miss WOODS, Dental Clerk/Receptionist. Assumed duty 11.4.44; resigned 6.3.45.

Miss N. WATERMAN, Dental Attendant. Assumed duty 12.8.35; granted leave of absence for two years from 8.7.45.

Miss G. BAKER, Junior Clerk. Assumed duty 8.10.45.

2. CO-ORDINATION.

As given in report for 1938.

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

The following table shows the number of schools in the Borough at the 31st December, 1945.

	Boys.	Girls.	Mixed.	Infants.	Nursery.
County Secondary Modern ..	3	3	6	—	—
County Primary Junior ..	2	2	10	—	—
County Primary Infants ..	—	—	—	16	—
Voluntary Secondary Modern ..	—	—	1	—	—
Voluntary Primary	—	1	3	2	—
County Nursery	—	—	—	—	1
Special schools for:—					
Educationally sub-normal ..	—	—	1	—	—
Myope Centre	—	—	1	—	—
Open Air School	—	—	1	—	—
Deaf	—	—	1	—	—
	1945.	1944.	1943.	1942.	1941.
Number of children on Register, Dec., 31st.	12,753	9,236	12,185	11,675	9,445
Average Attendance ..	10,189.2	8,488.5	10,106.7	9,610.2	6,659.1
Percentage Attendance	80.0	78.4	84.1	83.4	84.5

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

Properties.—Additional rooms returned from Civil Defence and N.F.S. occupation have been made available at various schools to accommodate increased numbers of scholars.

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

War Damage.—Considerable repairs have been carried out but much remains to be done at many of the schools which were seriously damaged by flying bomb and rocket incidents.

Renovation.—The Residential Nursery School at Farnham Common has returned to Walthamstow and the school premises at Low Hall Lane were renovated and re-opened for the children.

Heating.—Heating boilers have been repaired and replaced at various schools.

Sanitation.—Improvements to hot water supplies to lavatory basins have been provided. Drinking fountains have been repaired or replaced at various schools.

Domestic Subjects.—Two Domestic Science rooms made available for use as Central Kitchens have been renovated and returned to their normal use.

Provision of Milk and Meals.—Additional dining room facilities have been provided at seven schools.

Central Kitchens.—Additional facilities have been provided at the Pretoria Avenue, Selwyn Avenue and Wood Street Kitchens.

Deprotection.—The A.R.P. protective works erected at schools are being removed as quickly as labour permits.

4. MEDICAL INSPECTION.

The following gives a summary of the returns:—

A. Routine Medical Inspection:—

Entrants	..	..	..	1,419
Second Age Group	..	..	..	922
Third Age Group	..	..	..	1,322
Total				3,663
Other Routine Inspections	..	..	..	304
Grand Total				3,967

B. Special Inspections and Re-inspections 15,445

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”		“B”		“C”		“D”
		Excellent.		Normal.		Slightly Subnormal.		Bad.
Entrants ..	1,419	535	37.7	835	58.8	49	3.4	—
2nd Age Group ..	922	267	28.9	622	67.4	33	3.5	—
3rd Age Group ..	1,322	597	45.1	689	51.9	36	2.7	—
Totals ..	3,663	1,399	38.1	2,146	58.5	118	3.2	—
Other Routine Inspections..	304	109	35.8	185	60.8	10	3.2	

The findings may be shown comparatively as follows:—

	A and B.		C.	D.
1945	96.77		3.2	—
1944	96.97		2.98	0.02

(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:—

	1945.	1944.
Average number of visits to schools ..	4	3
Total examinations	25,317	20,346
Number of individual children found		
unclean	910	726
Percentage uncleanliness of average attendance	8.9	8.5

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:—

	1945.	1944.
Ringworm—Head	10	8
Body	24	38
Scabies	395	364
Impetigo	137	79
Other skin diseases	273	426

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

	1945.		1944.	
	Treat-ment.	Obser-vation.	Treat-ment.	Obser-vation.
Visual defects	256	325	391	93
Squint	59	67	91	32
External Eye Diseases ..	199	8	237	8

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

		1945.		1944.	
		Treat- ment.	Obser- vation.	Treat- ment.	Obser- vation.
Chronic Tonsillitis	..	210	369	261	419
Adenoids only	..	34	18	19	42
Chronic Tonsillitis and Adenoids	..	39	11	29	7
Other conditions	..	194	23	340	8

The 194 cases of 'other conditions' are made up of sore throat and defects requiring diastello treatment.

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

		1945.	1944.
Defective Hearing	..	57	33
Otitis Media	..	38	129
Other Ear Diseases	..	60	127

(g) **Orthopaedic and Postural Defects.**—A total of 181 deformities was found to require treatment.

(h) **Dental Defects.**—

		Requiring						General	Other
		Inspec- tion.	treat- ment.	Per Cent.	Actually treated.	Fill- ings.	Extrac- tions.	Anaes- thetics.	Opera- tions.
1945	..	6,347	5,461	86.0	3,525	5,267	3,596	2,133	2,833
1944	..	6,736	4,169	61.8	3,207	3,983	2,760	1,628	2,303

Reference to dental inspection and treatment at Secondary Schools and Technical Schools is made in Section 7H.

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

		1945.		1944.	
		Treat- ment.	Obser- vation.	Treat- ment.	Obser- vation.
Heart Disease—Organic	..	30	8	33	10
Functional	..	35	14	31	40
Anaemia	..	68	6	92	12

(j) **Tuberculosis.**—All children suspected either of pulmonary or glandular tuberculosis are referred to the Tuberculosis Officer for final diagnosis.

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

Enlarged Glands	..	134	Speech	..	18
Bronchitis	..	83	Epilepsy	..	6
Chorea	..	7	Other defects	..	1,539

6. FOLLOWING UP.

The school nurses paid a total of 2,164 home visits during 1945.

7. ARRANGEMENTS FOR TREATMENT.

(a) **Nutrition.**—The following shows the quantities of tonics supplied during 1945:—

Cod Liver Oil.	Parrish's Food.	Syrup Lacto Phosphate.	Cod Liver Oil and Malt.	Cod Liver Oil & Malt & Parrish's Food.
14½ lbs.	152 lbs.	6½ lbs.	518 lbs.	765 lbs.

(b) **Uncleanliness.**—Treatment with lethane was carried out extensively with satisfactory results and advice and treatment is now available at all clinics and welfares. Steel combs are supplied at the various centres at cost price and on loan in cases of necessity. 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		Number not Excluded.			
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Ringworm	18	10	6	20	32	80
Scabies	128	149	78	119	336	329
Rheumatism	2	1	22	48	14	26
Impetigo, Sores, etc. ..	46	28	122	101	399	310
Skin	22	9	83	81	148	120
Verminous Head, etc. ..	25	98	52	200	105	574
Sore Throat	19	17	17	12	21	12
Discharging Ears	9	7	105	81	222	147
Defective Vision	—	3	123	161	389	418
Mumps	3	3	—	1	1	2
External Eye Diseases ..	19	11	61	62	200	271
Tonsils & Adenoids	3	6	165	180	169	225
Various	89	83	795	798	2,029	1,935
Totals	383	425	1,629	1,864	4,065	4,449

Number of children seen at first inspection	4,301
Number of children sent by Attendance Officers	23
Number of attendances made by children	12,815
Number of children sent by Head Teachers	4,278
Number of swabs taken	204
Number of specimens of hair examined for Ringworm	4
Number operated on for Tonsils and Adenoids	38
Number of children X-rayed	2
Number of children seen by Ophthalmic Surgeon—New cases ..	317
“ “ “ “ “ Prescribed for ..	390
Total Inspections ..	2,181

First attendances number 4,301 against 3,215 in 1944 and re-attendances 8,514 against 9,594, the total attendances being 12,815 against 12,809.

(d) **Visual Defects and External Eye Diseases.**—Dr. Shepard has kindly contributed the following account of the work done during 1945:—

“There were 408 new cases seen at the Eye Clinic during 1945 and these, as well as the ordinary periodical inspections, made 2,369 attendances. The following tables summarise the defects found in the new cases. There were no alterations made in the clinic routine during the year.”

Defect.	Under 7 years.		7–11 years.		Over 11 years.		Secondary Schools.		Total.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Hypermetropia ..	12	8	9	10	3	7	4	9	28	34
Hypermetropic Astigmatism	4	2	12	11	7	18	7	5	30	36
Myopic Astigmatism	—	—	1	4	3	7	2	7	6	18
Mixed Astigmatism	—	1	2	4	2	7	2	3	6	15
Myopia	1	2	11	13	20	29	14	8	46	52
Various	18	16	26	31	14	22	5	5	63	74
Totals ..	35	29	61	73	49	90	34	37	179	229

The details of the group described as “various” are as follows:—

Defects.	Boys	Girls.	Total.
Squint	18	22	40
Headaches, anaemia, styes, debility, etc.	20	24	44
No visual defects	25	27	52

(e) **Orthoptic Clinic.**—Mrs. Holloway who initiated the Orthoptic Scheme in Walthamstow resigned during 1945 and was succeeded by Mrs. K. S. Box, S.R.N., S.C.M. who contributes the following report on the work done:—

New Cases	..	..	..	..	..	58
Old Cases	..	..	..	..	..	125
Number of Attendances	..	..	..	..	..	1,454
Cases treated with orthoptic exercises and for amblyopia	..	..	..	..	..	175
Cured of amblyopia	..	..	..	..	..	4
Awaiting operation	..	..	..	..	..	16
Discharged—Cured	..	..	..	..	..	9
Improved	..	..	..	..	..	2
Unresponsive	..	..	..	..	..	1
Still under treatment	..	..	..	..	..	84
Under observation attending for “tests” only	..	..	..	..	..	38
Unsuitable for treatment	..	..	..	..	..	1
Operations for Squint	..	..	..	..	..	2

During the year two cases of squint were admitted through the kindness of Sir Allen Daley, Medical Officer of Health, County of London, to Lambeth Hospital for operative treatment.

(f) **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:—

Year.	At Connaught Hospital.	Privately.	Total.
1945	38	4	42
1944	27	1	28

(g) **Ear Disease and Defective Hearing.**—*Ear Clinic.*—Dr. Francis Clarke reports as follows:—

The usual weekly sessions for the Ear, Nose and Throat Clinic were held regularly throughout the year. Unfortunately the children's attendances during the first three or four months of the year were very much dislocated by the V-1 and V-2 bombings, as this area was one of the most heavily bombed. Later in the year with the conclusion of hostilities and the return of most of the evacuees, conditions at the clinics became much more normal and attendances were much more regular. The above circumstances account for a large number of children shown in the “Returns” as having “Left” or “Treatment Lapsed” or “Did not attend.”

The great majority of the children seen at the clinics were for affections of the nose and throat. The number of cases of chronic otitis media is very small for this large area and most of the very chronic cases are those who have had a mastoid operation of some years standing. They are the most difficult of all middle ear conditions to “cure” permanently.

The treatment of acute otitis media in its early stages, both in school and pre-school children has been very successful. We find the "suction" treatment for acute purulent otitis gives rapid and excellent results. There is an accompanying rhinitis present in many of these cases and demands prompt and efficient treatment simultaneously with the otorrhoea treatment.

We wish that all otorrhoea cases as far as possible be treated at the daily clinics, where every facility is available for the purpose, and a thorough cleaning out of the ear can be done both by suction and cotton wool mopping out and the regular instillation of the prescribed medicament. It is quite impossible to do this with any efficiency in the average home and the results obtained by daily treatment at the clinic as against those where home treatment is carried out are remarkably better. The early and efficient treatment of acute otitis is of the utmost importance, firstly to prevent any permanent damage to the hearing and secondly to prevent the condition becoming chronic.

A large proportion of the children referred to the clinic as "nose and throat defects" from the school inspections and minor ailments clinics was on account of "enlarged tonsils and adenoids." 145 children were seen for this condition alone. In addition a number of others had "enlarged tonsils and adenoids" in association with ear and nose affections. Of the 145, only 34 were referred to hospital for operation. Of these about a dozen had already made arrangements through their private doctor for hospital operative treatment, and in these cases we advise leaving the arrangements as they stand.

On the subject of enlarged tonsils and adenoids, we wish only to emphasise our recommendations set out fully in previous Reports to the effect that mere enlargement—unless gross and becoming obstructive, or large masses of adenoids—is not in itself a clinical condition for the removal of tonsils. A number of factors have to be taken into account and of these the most important is the condition of the nasal accessory sinuses, before deciding on the removal of the tonsils.

The conservative methods of treatment of tonsils in association with treatment of any accompanying nasal affection is quite satisfactory. Usually, for children of seven and over "tonsil suction" is the treatment we practise and advise. For very young children, suction is difficult and a course of painting, daily with Mandl's or other suitable "paint" gives a very satisfactory result, never forgetting to treat any nasal defect present.

There were during the year about a dozen very chronic sinusitis cases. A good proportion of sinusitis cases clear up fairly quickly

TABLE "A"

ACUTE OTITIS MEDIA
SCHOOL CHILDREN.

DIAGNOSIS.	Total (Ears).	Tonsils and Adenoids.		TREATMENT.				RESULT.					
				Zinc Ionisation.	Antiseptic Treatment.	Tonsils & Adenoids Treatment: Nasal Treatment etc.	Tonsils & Adenoids Operation.	Cured.	Improved.	Still under Treatment or Observation.	Left School or Treat- ment Lapsed.	Referred to Hospital for Operation.	Did not Attend or Declined Treatment.
	A	B		C	D	E	F	G	H	I	J	K	L
Acute Non-Suppurative Otitis Media ..	8	3	Operation before Clinic	—	3	—	—	3	—	—	—	—	—
		5	No Operation	—	5	—	—	5	—	—	—	—	—
Acute Non-Suppurative Otitis Media with Nasal Conditions: Enlarged Tonsils and Adenoids.	1	—	Operation before Clinic	—	—	—	—	—	—	—	—	—	—
		1	No Operation	—	1	1	—	1	—	—	—	—	—
Acute Suppurative Otitis Media	13 *(2)	1	Operation before Clinic	—	1	—	—	1	—	—	—	—	—
		12	No Operation	—	12	—	—	12	—	—	—	—	—
Acute Suppurative Otitis Media with Nasal conditions: Enlarged Tonsils and Adenoids	8 *(1)	—	Operation before Clinic	—	—	—	—	—	—	—	—	—	—
		8	No Operation	—	8	6	—	5	—	—	3	—	—
TOTALS	30			—	30	7	—	27	—	—	3	—	—
PRE-SCHOOL CHILDREN.													
Acute Non-Suppurative Otitis Media ..	4	—	Operation before Clinic	—	—	—	—	—	—	—	—	—	—
		4	No Operation	—	4	—	—	4	—	—	—	—	—
Acute Suppurative Otitis Media	3	—	Operation before Clinic	—	—	—	—	—	—	—	—	—	—
		3	No Operation	—	3	—	—	1	—	1	1	—	—
Acute Suppurative Otitis Media with Nasal Conditions: Enlarged Tonsils and Adenoids	—	—	Operation before Clinic	—	—	—	—	—	—	—	—	—	—
		—	No Operation	—	—	—	—	—	—	—	—	—	—
TOTALS	7			—	7	—	—	5	—	1	1	—	—
GRAND TOTALS	37			—	37	7	—	32	—	1	4	—	—

* The figures in brackets indicate the number of cases with Bi-lateral Otorrhoea.

TABLE "B" CHRONIC SUPPURATIVE OTITIS MEDIA

SCHOOL CHILDREN.

DIAGNOSIS.		Totals (Ears).	DIAGNOSIS.					Tonsils and Adenoids.	TREATMENT.					RESULTS.						
Chronic Tympanic Sepsis, Complicated by:—			Granulations: Simple Polypii.	Mastoid Disease.		Enlarged Tonsils and Adenoids.	Nasal Catarrh: Rhinitis: Sinusitis.		External Otitis, Eczema.	Primary (Ear).			Collateral (Nose and Throat).		Cured.	Improved.	Still under Treatment: Observation.	Left School or Treatment Lapsed.	Referred to Hospital for Operation.	Did not attend for or Declined Treatment.
				Old Operation.	No Operation.					Ionisation.	Antiseptic Treat- ment. Caution, etc.	Mastoid Operation.	Tonsils/Adenoids. Conservative Treat- ment. Nasal Treatm.	Tonsils and Adenoids Operation.						
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P					
A	Granulations: Simple Polypii ..	11 *(4)	—	6	—	—	—	Operation before Clinic	5	6	—	—	—	3	3	—	—	—	—	
			—	4	—	—	1	—	No Operation	1	3	—	—	—	—	2	—	1	2	—
B	Mastoid Disease		—	—	—	—	—	Operation before Clinic	—	—	—	—	—	—	—	—	—	—	—	
			—	—	—	—	—	—	No Operation	—	—	—	—	—	—	—	—	—	—	
C	Enlarged Tonsils and Adenoids ..	1	—	—	—	—	—	Operation before Clinic	—	—	—	—	—	—	—	—	—	—	—	
			—	—	—	1	—	—	No Operation	—	1	—	1	—	—	—	—	1	—	—
D	Nasal Catarrh: Rhinitis: Sinusitis ..	7 *(2)	—	1	—	—	5	Operation before Clinic	3	6	—	4	—	2	—	2	2	—	—	
			—	—	—	1	—	—	No Operation	—	1	—	—	—	1	—	—	—	—	—
E	External Otitis: Eczema	5 *(1)	—	—	—	—	—	3	Operation before Clinic	—	3	—	—	—	3	—	—	—	—	
			—	—	—	—	—	2	No Operation	—	2	—	—	—	2	—	—	—	—	—
Chronic Suppurative Otitis Media, solely ..		4						Operation before Clinic	—	—	—	—	—	—	—	—	—	—		
								4	No Operation	3	2	—	—	—	2	1	1	—	—	—
TOTALS (SCHOOL)		28	—	11	—	2	6	9	12	24	—	5	—	13	6	3	4	2	—	
PRE-SCHOOL CHILDREN.																				
PRE-SCHOOL.	Chronic Suppurative Otitis Media, solely ..		3						Operation before Clinic	—	—	—	—	—	—	—	—	—	—	
						3	No Operation	—	3	—	—	—	2	—	1	—	—	—		
	Chronic Suppurative Otitis Media, with Nasal Conditions: Tonsils/Adenoids ..	1	—	—	—	—	—	Operation before Clinic	—	—	—	—	—	—	—	—	—	—	—	
			—	—	—	—	1	—	No Operation	—	1	—	—	—	1	—	—	—	—	
	TOTALS (PRE-SCHOOL) ..		4	—	—	—	—	1	3	—	4	—	—	—	3	—	1	—	—	—
GRAND TOTALS		32	—	11	—	2	7	12	12	28	—	5	—	16	6	4	4	2	—	

* Figures in Brackets—Cases of Bi-Lateral Otorrhoea or Mastoid.

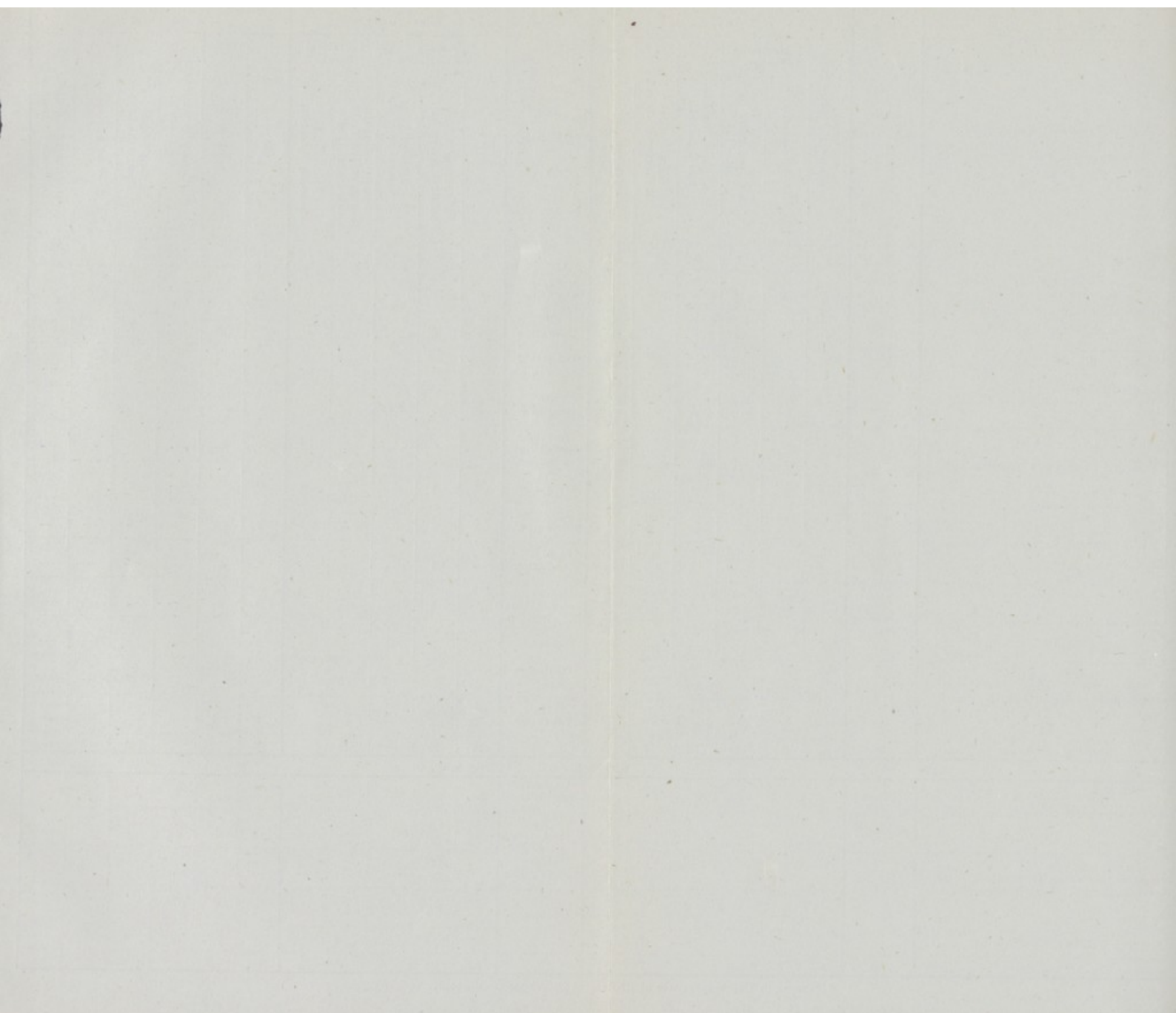


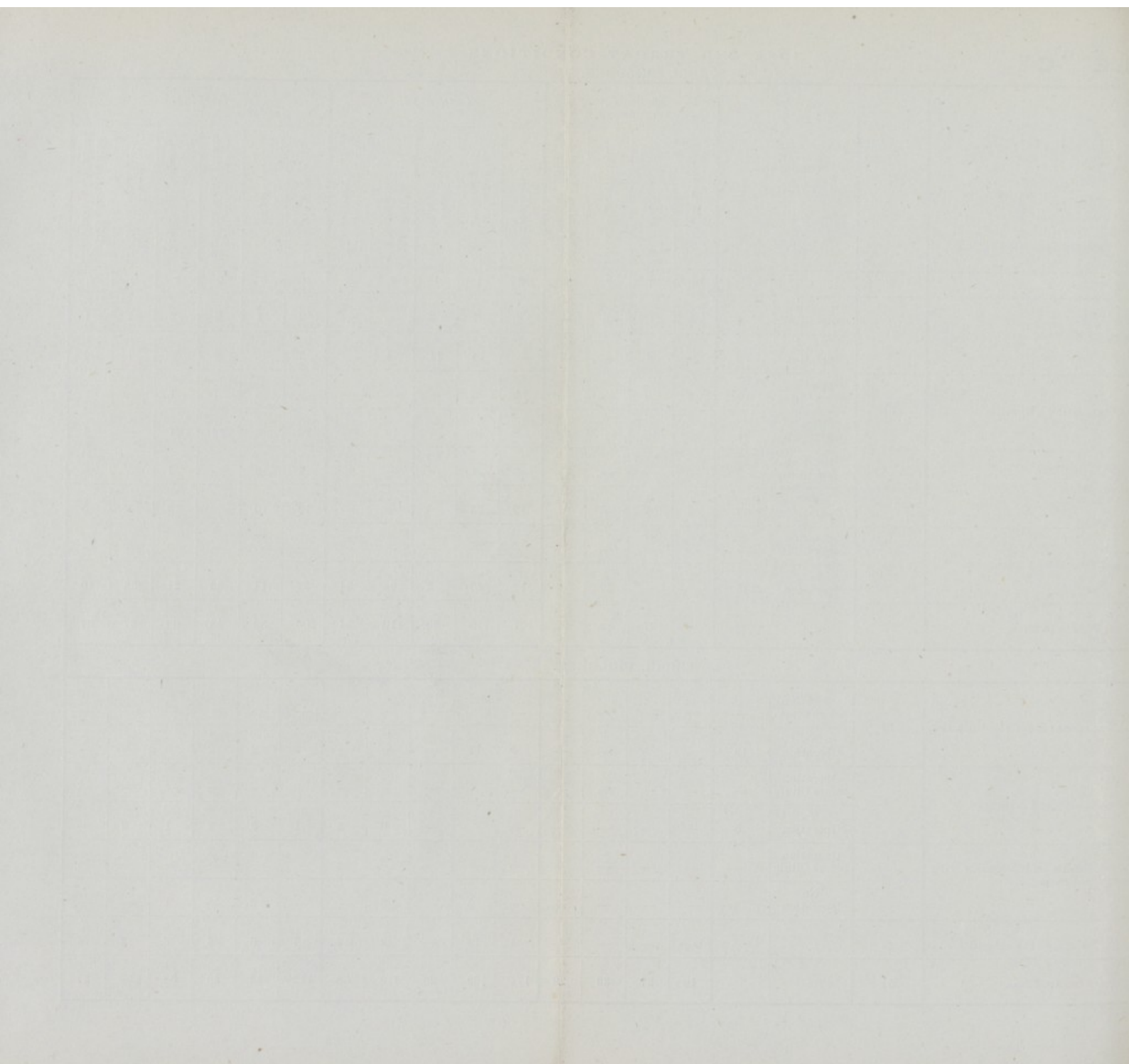
TABLE "C"

NOSE AND THROAT CONDITIONS
SCHOOL CHILDREN.

DIAGNOSIS. Primary Conditions.	Totals.	Tonsils and Adenoids.		SECONDARY CONDITIONS.				TREATMENT.					RESULTS.					
				Otitis Media.	Deafness.	Nasal Catarrh, etc.	Enlarged Tonsils and Adenoids.	Diastolisation.	Antiseptic Treatment.	Proetz Displacement.	Tonsils and Adenoids.		Cured.	Improved.	Still under Treat- ment or Observation	Left school or Treatment Lapsed.	Referred Hospital for Operation.	Did not attend or Declined Treatment.
											Conservative Treatment.	Operative Treatment.						
A	B	C		D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
Sinusitis: Rhinitis	24	Operation before Clinic	8	—	—	—	—	2	7	7	—	—	2	1	1	2	1	1
		No Operation	16	—	1	—	1	—	14	11	1	—	2	—	6	3	1	4
Nasal Obstruction: Rhinitis ..	110	Operation before Clinic	19	2	9	—	—	16	5	—	—	—	9	6	1	1	—	2
		No Operation	91	1	10	—	20	58	40	—	15	—	39	9	16	21	—	6
Nasal Catarrh	48	Operation before Clinic	5	—	—	—	—	—	4	—	—	—	1	2	—	2	—	—
		No Operation	43	4	7	—	1	19	23	—	—	—	18	10	—	10	—	5
Enlarged Tonsils and Adenoids ..	145	Operation before Clinic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		No Operation	145	3	—	39	—	12	26	2	94	34	37	11	22	21	35	19
TOTALS (school)	327			10	27	39	22	107	119	20	110	34	108	39	46	60	37	37

PRE-SCHOOL CHILDREN.

Nasal Conditions: Sinusitis: Rhinitis.	13	Operation before Clinic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		No Operation	13	—	—	—	—	4	11	—	—	—	3	2	2	6	—	—
Enlarged Tonsils and Adenoids ..	8	Operation before Clinic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		No Operation	8	—	—	—	—	—	—	—	6	2	1	2	2	1	2	—
Enlarged Tonsils and Adenoids with Nasal Conditions	3	Operation before Clinic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		No Operation	3	—	—	—	—	—	3	—	3	—	—	2	—	1	—	—
TOTALS (Pre-school) ..	24			—	—	—	—	4	14	—	9	2	4	6	4	8	2	—
GRAND TOTALS ..	351			10	27	39	22	111	133	20	119	36	112	45	50	68	39	37

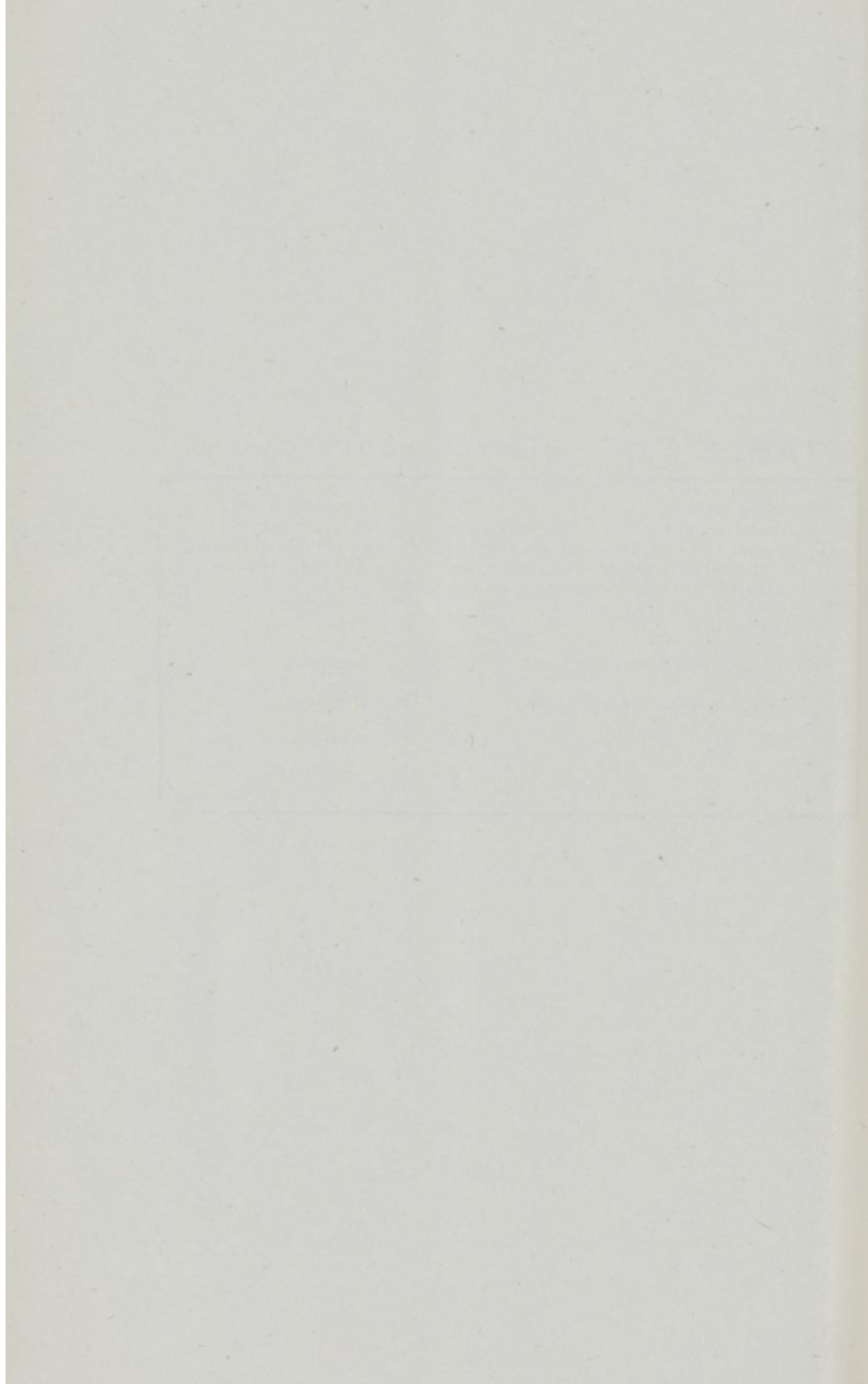


with a degree of "displacement". We are now using, immediately after the displacement with the aspirator, a 5 to 10 per cent alcohol solution. (Schering's) by the displacement method. The results so far obtained are very gratifying and we propose to extend this further. Hospital operation treatment is essential in some of the chronic instances and we referred those of them had cases to hospital where they were operated on.

Disarticulation has been held as in previous years in the majority of those affected by rhinitis or nasal attack and in those instances where deafness is an associated factor we find disarticulation with oscillation vibration of the pressure valve. It is important however, to stress the point that the correct technique of disarticulation is carried out. There is a definite technique to get the desired

TABLE "D" MISCELLANEOUS CASES.

<i>Examined for:—</i>					Advised, Recommendations and Reports made. No Clinic required.
Affections of the Ear, Nose and Throat:					
Special cases of Deafness for admission to special classes, or Deaf School:					
Colds and other conditions	..	..	..	66	
Epistaxis	..	..	..	3	Treated.
Foreign body in the ear	..	..	..	2	Removed.
Wax in the ear (hard mass)	..	..	..	10	Removed.
Furuncle	..	..	..	1	Treated.
Total	..	..	..	82	



with a course of "displacement." We are now using, immediately after the displacement with the usual Ephedrine sol., a 5 to 10 per cent Albucid solution, (Schering's) by the displacement method. The results so far obtained are very gratifying and we propose to extend this further. Hospital operative treatment is essential in some of the chronic instances and we referred three of these bad cases to hospital where they were operated on.

Diastolisation has been used as in previous years in the majority of those affected by rhinitis or nasal catarrh and in these instances where deafness is an associated factor, we find diastolisation with oscillation-vibration, of the greatest value. It is important, however, to stress the point that the correct technique of diastolisation be carried out. There is a definite technique to get the desired results remembering that diastolisation is a physiological and not a mechanical procedure.

For chronic otorrhoea and acute cases which do not respond quickly to "antiseptic treatment," zinc ionisation is in our experience the most efficient and rapid method for successful results, but our numbers of chronic otorrhoea are very limited.

Such adjuvants as cod liver oil and malt, tonics, etc., are provided wherever the children show any indication for their use.

The general standard of nutrition and average health of those children seen at Aural Clinics during the year was quite good, taking all circumstances into account. The provision of daily meals, milk, and suitable tonics has been a valuable factor in maintaining the good health of the school children.

(h) **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.

	Ages.								No. offered Treatment.	% requiring Treatment.
	11 yrs.	12 yrs.	13 yrs.	14 yrs.	15 yrs.	16 yrs.	17 yrs.	18 yrs.		
Total	54	123	219	218	225	82	7	1	657	70.7

TREATMENT.

No. of Children.	Attend- ances.	Extractions.		Anaesthetics.		Fillings.	Other Operations.
		Temp. Teeth.	Perm. Teeth.	Local.	General.	Perm. Teeth.	Perm. Teeth.
553	943	211	314	114	297	657	377

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

(j) **Heart Disease and Rheumatism.**—The following is a report on the work of the Rheumatism Clinic during 1945:—

Number of sessions	10
„ „ new cases	67
„ „ old cases	45
„ discharged	33
„ still under treatment	39
„ of new cases with rheumatism or cardiac defect ..	10
„ excluded from games and exercises	1
„ to begin games and exercises	1
„ referred to Open Air School	1

(k) **Tuberculosis.**—The number of school children examined during the year was: boys 145 and girls 134, of which 40 boys and 34 girls were referred by the school medical staff. 79 of the cases were sent by private practitioners, and 126 were examined as contacts.

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

(l) **Artificial Sunlight Treatment.**—The number of children treated was 269 making 2,622 attendances.

8. INFECTIOUS DISEASES.

Notification in the 5-15 years age group during 1945 was as follows, 1944 cases are shown in parenthesis:—Scarlet Fever 188 (124), Diphtheria 8 (9), Pneumonia 10 (15), Erysipelas 1 (Nil), Cerebro-spinal Meningitis Nil (1), Measles 242 (208), Whooping Cough 41 (55), Dysentery 26 (25), Anterior Poliomyelitis 1 (Nil).

Non-notifiable infectious diseases 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.	Ring-worm & Scabies.	Impetigo Sores, etc.	Sore Eyes.
January ..	—	2	—	—	8	—	—	—
February ..	2	46	—	—	7	—	3	—
March ..	1	65	26	1	18	1	1	—
April ..	3	—	—	1	8	2	6	—
May ..	—	42	—	—	4	—	—	—
June ..	—	—	—	—	23	1	—	—
July ..	—	1	1	18	4	—	1	—
August ..	—	—	—	—	—	—	—	—
September ..	—	8	1	1	2	1	1	—
October ..	—	19	—	3	13	—	—	—
November ..	—	6	12	1	2	—	3	—
December ..	—	10	6	1	3	—	1	—
Totals ..	6	199	46	26	92	5	16	—

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 & G.M.	Whooping Cough	Sore Throat.	Influenza.	Diarrhoea.	Mumps.	Scabies.	Ringworm.	Various.	Totals.
1945 ..	32	44	19	15	31	27	5	6	2	18	385	584
1944 ..	33	14	147	41	23	18	5	4	24	3	373	685

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:—

Number of clinics held in connection with Infectious Diseases	50
Number of attendances made	472
Average attendance per session	9.4
Number of children recommended to Rheumatism Clinic	—
Number of children recommended to Ear Clinic	1
Number of clinics held in connection with immunisation	50
Number of attendances	1,161
Average attendances per session	23.2
The following summarises the work done:—	
Number of children of school age completing immunisation during 1945 was	938
Number of children already immunised who received an extra dose	220
Percentage immunised December 31st, 1945, Age group 5/14 years	80.4
Number immunised by General Practitioners (included in Total)	144
Number Schick-tested for first time	29
Positive	15
Negative	14
Schick Tested after Immunisation	47
Positive	3
Negative	44

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	720	147	20.4
	..	Girls	699	150	21.4
2nd Age Group	..	Boys	414	91	21.7
	..	Girls	508	82	16.1
3rd Age Group	..	Boys	705	147	20.8
	..	Girls	617	145	23.5
Total			3,663	762	20.8

9. OPEN AIR EDUCATION.

School Camps.—The Walthamstow Committee for Education, at their Meeting in July, 1945, approved arrangements for the inclusion of Walthamstow school children in a School Camp at Itchingfield, Sussex, with accommodation for 120 boys and 120 girls, which had been reserved for scholars from Leyton, Walthamstow and the Forest Division.

The Camp is under the administration of the Leyton Committee for Education and is permanently staffed. Children are medically examined before proceeding to the Camp.

Selection is restricted to secondary school pupils and parents are assessed up to a maximum of 10s. a week in accordance with a scale approved by the Local Education Authority.

The first party of 40 boys and 40 girls was sent to the Camp on the 12th October, 1945 and a further party was sent on the 16th November, returning just before the Christmas vacation. The parties recommenced in April of this year and will continue until the Christmas vacation.

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

10. PHYSICAL TRAINING.

The following is a report made by the organisers of Physical Education:—

“The revival of hopes for the rapid development of pre-war plans which accompanied the general feeling of relief at the end of the war, were followed by the sobering realisation that owing to the continued shortage of labour and materials, the aftermath of six years of devastating destruction, recovery and reconstruction would, of necessity, prove slow and difficult.

Physical Education in the Schools.—The lack of stability in teaching conditions during the war years often involved the sacrifice of the principle that every infant child should receive a period of organised physical activity each session, and that every junior and secondary school child should enjoy a similar period on each day of the school week. The natural desire to restore pre-war academic standards has in some cases resulted in a neglect of the cause of health and the claims of physical education.

(a) **Primary Schools.**—The scheme should include four main types of activity, viz., normal syllabus lessons, dances, games, and for the 9-11 age groups swimming, but in too many schools the work is still restricted to the official syllabus lessons. The provision of strong but simple apparatus for such natural suspension exercises, as hanging and swinging would do much to eradicate postural defects due to poor shoulder girdle and upper back development. The welcome return of a few men teachers from H.M. Forces has already improved the virility, the work and the games training, in some of the boys' classes.

(b) **Secondary Schools.**—There is need here too for a more comprehensive scheme with more emphasis on exercise in the open air. Journeys and expeditions which should include camping, walking or cycling and a wider range of similar activities with a post-school appeal, would encourage a life in the open air. This, however, does not minimise the importance of providing sufficient gymnasia and staff adequately trained to make full use of the gymnasium equipment. Features of the work calling for special mention are:—

(1) **Dancing.**—This forms an important branch of physical education and should receive a place in all schemes of training, not only does it help to train the body, mind and spirit but it provides an outlet for free expression. All children love to dance and nearly all get satisfaction from their performance.

Music plays an important part in the teaching of dancing, and if we hope to obtain self-expression work from the children, we must have creative work from the pianist and the present use of a gramophone for teaching purposes is a very unsatisfactory substitute,

(2) **Games.**—Realising the educational, social and health promoting values of our national games we regret under war-time conditions so many children left the Walthamstow schools without acquiring sufficient games skill or pleasure in vigorous out-door exercise to desire to continue as active players.

A successful Games Course, conducted by Miss K. M. Couper, at the North Walthamstow Sports Field, included sound coaching in fundamental games skills of particular value to teachers in primary schools. This was followed by an enjoyable Rounders Rally which attracted a good entry of 48 teams from schools and Youth Clubs.

The restoration of better playing field facilities resulted in a marked improvement in the standard of winter games,

although the continued shortage of equipment and clothing proved a major difficulty particularly in the development of the girls' hockey. More children were, however, able to take part in regular organised school games and we thank those enthusiastic teachers responsible for such a large increase in the number of inter-school and district matches played out of school hours. The provision of transport would save much valuable educational time and relieve the anxieties of teachers now responsible for the safe conduct of school parties on the over-loaded public transport vehicles.

(3) **Swimming.**—Thousands of lives are lost annually by drowning and a great proportion of those losses would be prevented if everyone considered it a duty to learn to swim. Swimming also provides very valuable and enjoyable exercise for the promotion and preservation of health and needs far more emphasis in our schools. Attempts to maintain a full programme of school visits for winter swimming have proved very disappointing. Two of the major difficulties are the lack of transport and inability to organise school swimming on the normal basis because we have not yet accepted the principle that every pupil who is physically fit should be taught swimming and life saving.

(4) **Visual Aids.**—The use of the film in physical education has been somewhat neglected but during the year this method of study has been used with good results. Films dealing with the coaching and playing of the major games and the art of swimming proved very popular and some of the excellent films on general health education produced by the Central Council for Health Education were used with excellent results.

(5) **The School Medical Service.**—Total health, embodying the physical, psychological, nutritional, environmental and other aspects can only be achieved by bringing together and pooling the knowledge and experience of the medical and educational professions. We have been very pleased to co-operate with the School Medical Service in the correction of minor but often prevalent postural defects. We are particularly concerned at the large increase in the number of children with flat feet. Parents' meetings, called to demonstrate the use of simple correction exercises and to display films dealing with the correct use and development of the foot and the importance of good posture have been well attended and we look forward to an extension of this aspect of our work."

11. PROVISION OF MEALS.

The Director of Education has kindly supplied the following:—

Since the cessation of hostilities the number of meals supplied to school children has risen considerably and in December, 1945, over 5,000 meals were distributed daily from seven kitchens.

As may be imagined with such an increase in the number of meals there have been difficulties from time to time, particularly with regard to transport, but with the co-operation of the teaching staffs and the excellent work of the kitchen staff under the supervision of the Supervisor of School Meals these have been minimised to a very great extent. The quality of the food supplied and the standard of cooking have been maintained at the previous high level.

Milk Meals.—106,772 milk meals were supplied to children on medical grounds on the recommendation of the medical staff, a decrease of 15,585 meals on the previous year.

Milk in Schools Scheme.—The arrangements detailed in former reports were continued in 1945, all the milk supplied being pasteurised milk sold under licence.

12. (a) CO-OPERATION OF PARENTS.

The following table shows the attendance of parents during 1945:—

	Number Inspected.	Number of Parents.	Per cent. 1945.	Per cent. 1944.
Entrants—Boys	720	629	87.3	92.3
Girls	699	624	89.2	90.5
2nd Age Group—Boys ..	414	322	77.7	72.9
Girls	508	421	82.8	68.5
3rd Age Group—Boys ..	705	202	28.6	25.2
Girls	617	259	41.9	47.3
Totals	3,663	2,457	67.0	57.7

(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 D. E. Taylor, Secretary of the local branch, has kindly contributed the following report:—

New cases	131
Re-applications	59
	190

Help also given to 14 adult cases.

Weeks of convalescence	964
Home visits paid	602

<i>Cases Referred by:—</i>	Over 5 years.	Under 5 years.
Voluntary Hospitals and Private Practitioners ..	56	25
Public Authorities, General Hospitals ..	6	—
School Medical Authorities	35	—
Local Authorities under schemes for—		
Rheumatism and Heart	4	—
Orthopaedic Care	48	13
Voluntary Agencies	8	—
I.C.A.A. visitors and others	4	8
Transferred from I.C.A.A. Branches	6	—
Parents	23	—
	190	46

Suffering from:—

Anaemia, debility, malnutrition	31	7
After acute or infectious illness or operation ..	14	2
Bronchitis or pneumonia	9	3
Asthma	6	—
Rheumatism, chorea and heart	8	—
Other crippling defects (non-T.B.)	64	—
Nervous conditions including enuresis	22	—
Ears nose and throat	7	1
Eyes	12	—
Skin	5	4
Accidents	4	—
T.B. Contacts	1	—
T.B. Various	7	—
Bone Disease	—	13
Congenital deformities	—	11
Various	—	5
Totals	190	46

Help given to old and new cases.—

Children sent to Convalescent Homes	49	5
Provided with surgical boots and appliances ..	34	22
Transferred to other agencies by I.C.A.A. ..	15	—
Referred for visiting and advice	47	19
Totals	145	46

(b) **National Society for the Prevention of Cruelty to Children.**—The following is a summary of the work done in Walthamstow during 1945:—

<i>Nature of Offence.</i>				<i>How Dealt with.</i>			
Neglect	..	..	28	Warned	..	..	34
Advice sought	..	..	14	Advised	..	..	14
Immoral surroundings	..		1				
Ill-treatment	..	..	4				
Abandonment	..	..	1				
			—				—
			48				48
			—				—

Number of children dealt with over 5 years of age: boys, 28; girls, 41. Number of children dealt with under 5 years of age: boys, 16; girls, 27.

164 supervisory visits were made during the year, and 109 miscellaneous visits were made.

(c) **Central Boot Fund Committee.**—The Honorary Secretary, Mr. A. J. Blackhall reports:—"The functions of the Boot Fund have been suspended since the inception of the Education Act, 1944."

13. BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

(i) **Blind School.**—The following table shows the classification of children attending the school at the end of 1945:—

	Walthamstow		Out of District		Total	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Blind	—	1	1	1	1	2
Partially Blind ..	12	11	5	8	17	19

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

"Life in this school during the year 1945 has been marked by few outstanding events. Work continued as smoothly as conditions would allow, especially after the end of the war in Europe. Children, still of school age, who had been evacuated returned to the town and were re-admitted.

"Dr. Sheppard paid half-yearly visits to examine the children's eyes, and whenever necessary treatment was given at the School Clinic.

“Two or three parties of nurses preparing for Public Health examinations visited the school, and in December, a party of High School Girls came to see us before taking up their nursing training at the London Hospital.

“Two boys and three girls left school during the year and all are doing well as shop assistants. Two other boys were transferred to Blind Schools to receive suitable education and training.

“During the Autumn term, a third teacher was appointed, and Miss Ramage commenced her duties here on 1st November.”

Miss Balls has commented adversely on the lack of light and wall space in the present premises at Hale End and in marked contrast to the premises previously occupied at Wood Street and now taken over for the purpose of a school kitchen. In view of the pressure on the accommodation for the three special departments at Hale End it is to be hoped that suitable temporary accommodation, including additional dining accommodation, will be provided as soon as possible. Unfortunately, however, the site at Hale End is proving to be more and more noisy on account of the nearness of the railway and the factories. Both these factors result in considerable nuisance from particles of soot.

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

“In January 1945, the school had fourteen children on the roll, eleven deaf within the meaning of the Act and three partially deaf.

“During the year until December, 1945, two boys were admitted aged 5 and 6 years. Both were deaf within the meaning of the Act. Four children left, 1 boy to go to a residential school in the country because of the flying bombs, 1 partially deaf girl to return to a hearing school, 1 partially deaf boy to go to work and 1 boy who removed from the district.

“At the end of the year there were 12 children on the roll, 11 deaf within the meaning of the Act and 1 partially deaf.

“The ages of the children during the year ranged from 4 to 14. The teaching is individual. The multitone is used where suitable. The eldest boy, aged 14, is accepted for the new Mary Hove Grammar School for the Deaf at Burgess Hill, the first and only school of its kind in the country. Mrs. I. M. J. Burt was appointed Assistant Teacher in September.

(iii) **Open Air School.**—Miss E. Thompson, the Head Teacher reports:—

Since re-opening in 1940, the Open Air School has steadily filled the accommodation left to it. Each year, the children make good progress: medical attention, good food (all of which is eaten) and sensible but firm discipline in school, being the means to achieve this happy result.

Asthma cases appear to increase as parents as well as Staff feel they improve while at this school. The steady decrease in orthopaedic cases attending here is a gratifying comment on the value of treatment in early years.

The mid-day resting period has emphasised the limitation of accommodation: one of our "rest" rooms having been allocated to another school, while the other has also to be used as a classroom, necessitating the packing up of furniture each mid-day, and restoring it for the afternoon session.

The sharing of premises with two schools of different categories, also limits the chance of taking advantage of open-air activities when weather conditions are favourable.

At the end of 1945, the classification of cases in school was as follows:—

Orthopaedic, 6 boys, 6 girls; Debilitated, 18 boys, 19 girls; Cardiac, 1 boy, 4 girls; Epileptic, 1 boy, 1 girl; Asthma, 5 boys, 3 girls; Total, 31 boys, 33 girls.

(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.

Defects.	Boys.			Girls.		
	5-16 years.	Under 5 yrs.	Over 16 yrs.	5-16 years.	Under 5 yrs.	Over 16 yrs.
Anterior Poliomyelitis ..	10	—	4	10	—	12
Scoliosis, Kyphosis and Lordosis	15	—	—	15	3	2
Surgical Tuberculosis ..	3	—	2	2	—	—
Arthritis	3	—	1	2	—	4
Rickets—						
(a) Genu Varum ..	7	27	—	9	17	—
(b) Genu Valgum ..	26	25	—	33	35	—
Pes Planus Valgus ..	134	17	1	90	9	—
Hammer Toe	1	—	—	8	—	—
Perthe's Disease ..	—	—	—	2	—	—
Amputation of leg ..	—	—	—	—	—	1
Congenital dislocation of Hip	—	—	—	6	2	1
Spastic Paralysis ..	12	2	—	4	3	1
Talipes—						
(a) Equino Varus ..	11	6	2	6	5	—
(b) Pes cavus	2	—	1	—	—	—
(c) Calcaneo Valgus ..	1	2	—	—	6	—
Congenital defects ..	18	6	1	16	9	—
Hallux Valgus	1	—	—	16	—	—
Torticollis	1	8	—	4	4	—
Digitus Varus	1	—	—	2	1	—
Osteomyelitis	1	—	2	—	—	—
Achondroplasia	—	—	—	2	—	—
Miscellaneous	11	4	1	15	2	—
Totals	258	97	15	242	96	21

Number of cases seen by Surgeon:—

From Physically Defective School	39
From other schools	318
Over school age	37
Under school age	134
Total	528

New cases seen by Surgeon:—

School age	97
Under school age	79
Total	176

Total number of examinations by Surgeon	704
Total number of cases discharged by Surgeon	97
Average number of examinations made per session	54.2
Number of treatments given	1,368
Number of attendances for after-care	2,440
Number of ultra-violet light treatments	2,622

Total number of treatments	..	..	..	..	6,430
Average number of attendances per session	..	..	..	..	14.7
Number of sessions held:—					
Inspections	..	..	..	..	13
Treatment	..	..	..	..	437
Total number of visits by Instrument Maker	..	..	..	..	14
Admission to Orsett Hospital	..	..	..	..	1
Operation performed—Arthrodesis of Foot.					

Defects seen at Orthopaedic Clinic in Children under 5 years of age:—

Rickets—

Genu Varum	..	..	..	..	..	44
Genu Valgum	..	..	..	..	..	60
Pes Planus Valgus	..	..	..	..	..	26
Spastic Paralysis	..	..	..	..	..	5
Talipes—						
Equino Varus	..	..	..	..	..	11
Calcaneo Valgus	..	..	..	..	..	8
Scoliosis	..	..	..	..	..	3
Torticollis	..	..	..	..	..	12
Congenital Dislocation of Hip	..	..	..	..	..	2
Digitus Varus	..	..	..	..	..	1
Congenital Defects	..	..	..	..	..	15
Miscellaneous	..	..	..	..	..	6

(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:—

To remain at ordinary school	..	..	..	4
To attend special class in ordinary school	..	..	..	4
To remain in Open Air School	..	..	..	1
To attend Special School	..	..	..	6
Ineducable	..	..	..	5
Imbecile	..	..	..	3
To be seen again in six months	..	..	..	2
To go to Residential School	..	..	..	4
To leave school	..	..	..	4

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

During the current year the school has averaged 40 on roll. Ages range from 6 years to 15 years plus, and I.Q.'s from 46 to 78.

Six boys and three girls have left during the year and most are in full-time employment.

It has been noticeable that the children now being admitted come more into the "unstable" than into the "low grade feeble minded" category and the educational attainments are on a higher general level than hitherto.

(vi) **Child Guidance Clinic.**—Miss G. Hammond, B.Sc., Psychologist to the clinic contributes the following report:—

Owing to the increasing amount of work at the Clinic, the report has been compiled in two parts.

Part I.—Many of the children are referred through the schools to the Educational Psychologist for advice and help with educational difficulties such as backwardness, failure to make progress in a particular subject, etc.

An account of this aspect of the work carried out by the Educational Psychologist in the schools, forms the first part of this report.

170 children were referred to the Educational Psychologist for backwardness, nervousness, apathy, aggressiveness, lack of concentration and the innumerable behaviour problems which appear to impede a child's progress in school work, e.g., bad temper, thumb-sucking, antagonism to teachers, violence, aggressiveness, busy-bodying, lying, spitefulness, spitting, apathy, exciteability, timidity, tempers, toughness, occasional truanting.

Some of these cases were of special school grade and were recommended accordingly. Others were ineducable. Most, however, were helped by minor adjustments at school when the Head Teachers were given exact information as to the real abilities of the child. Though apparent failures at school work, many children were working up to or even beyond their mental age level.

In one case it was found advisable to transfer to another school. In another case it was recommended that a Candidate should be allowed to sit for the general entrance examination for the Secondary schools a second time on psychological grounds.

If it is deemed necessary for a home visit to be paid in order to throw light on the school problem, the Social Worker makes an investigation of the home situation and the child becomes a Clinic case for statistical purposes.

The following table gives the statistics:—

1.	Number of cases referred during year 1944-5	170
2.	„ „ children examined	110
3.	„ „ cases in which advice was given in school	77
4.	„ „ cases recommended for physical examination with a view to transference to Special school	17
5.	„ „ cases recommended for physical examination with view to transference to Open Air (P.D.) School	1
6.	„ „ children given remedial coaching	4
7.	„ „ Special school cases recommended to leave school	2
8.	„ „ cases recommended for Medical examination	3
9.	„ „ cases found ineducable	5
10.	„ „ cases transferred to other schools	1
11.	„ „ cases tested for progress	44
12.	„ „ cases awaiting examination	16

Part II.—This section deals with children who appear to need investigation of social and emotional factors before a satisfactory diagnosis and recommendations can be made. These cases are often referred from sources outside the schools, e.g., by School Medical Officers, Probation Officers, Private Doctors, Parents and others.

The following tables give a summary of the work done on cases requiring complete examination at the Child Guidance Clinic:—

Cases referred during 1945	168
Cases carried over from 1944	9
	177

Cases seen for partial service and advice
(Social, vocational and educational).

Non co-operative	13
Removed from district	2
Cleared up after partial service	44
	59

Cases seen for full diagnosis	64
Diagnostic waiting list	54
	177

Of full diagnostic cases:—

Diagnosis only	8	
Diagnosis and advice	26	
Diagnosis and referred for treatment.. .. .	30	64
Treatment cases 1945	..	59
Carried forward from 1944	29	
New cases 1945	30	
	—	59
Current treatment cases	17	
Treatment waiting list	23	
Closed during 1945	14	
Treatment recommended but not co-operative	5	
	—	59

Of the closed cases:—

Adjusted	3	
Improved	4	
Interrupted (non-co-operative but improved)	4	
Left district	3	
	—	14
Diagnostic waiting list	..	54
Treatment waiting list	..	23

The 59 cases referred to during 1945 as having only received partial treatment represent educational and vocational cases which did not call for a full diagnosis.

TABLE OF SOURCES OF REFERRAL.

Medical Officer of Health and School Medical Officers	73
Welfare Centres	3
Hospitals	4
Private Doctors	3
Magistrates and Probation Officers	6
Director of Education and Attendance Department	12
Out-district	6
Head Teachers	57
Other agencies	4
<i>Psychiatrist.</i>	
Number of Diagnostic interviews	64
Number of Treatments	92
<i>Social Worker.</i>	
Number of interviews	336
Number of Home visits	171
Visits to Institutions, Doctors, Ministers, etc. ..	30

Following up investigations on cases closed or advised at the first interview is a valuable aspect of the work. The Clinic is thereby enabled to assess the long-term results of treatment or advice, and the families concerned usually welcome the opportunity of further discussion. A timely follow-up visit may avert a possible relapse of a case considered adjusted, with consequent saving of time and money, and last, but not least, distress to the child and his relatives.

Under the present conditions it is impossible for a Social Worker with her heavy case load to undertake regular follow-up visiting on all cases.

The Staff would like to take this opportunity of commenting on the following:—

The need for greater diagnostic and treatment facilities as indicated by the number of cases waiting. Only one third of the referrals could be seen for full diagnosis.

Treatment waiting list on December 31st, 1944, was 22 and on December 31st, 1945, it was 54.

The present position is that cases are waiting up to four months after referral, before diagnosis is completed.

That after diagnosis children are waiting an average of three months before they can be taken on for psychiatric treatment (this does not apply to cases seen by the Psychologist who is usually able to take on children after a week or so). In view of these long waits the staff consider that unfortunately the Clinic is not at present fully meeting the needs of children referred, although every effort is made to do so.

To give a child or its parent an opportunity to relieve himself of anxieties, or to understand his personal handicaps in meeting difficulties may take a long time, sometimes many months of attendance, for half an hour or more each week. A quick cure is not always a lasting one in this work. The circumstances leading up to the reason for referring the child may have been operating for many years. With the present staffing a limited number of children can attend the Clinic at any given time, and in consequence the waiting list for treatment diminishes slowly.

Ideally speaking, a child in need of psychiatric help should be seen within a short time of referral and if treatment is necessary, be taken on for treatment almost immediately. This discrepancy

between ideal and actual is a general difficulty in Child Guidance Clinics and tends to reduce the value of the service to the community, but doubtless the Committee would wish to know the present position in the Walthamstow Child Guidance Clinic.

The large increase in referral through School Medical Officers compared with previous years' figures indicates that School Medical Officers are making increasing use of the facilities offered.

In this particular branch of children's work, the co-operation of other workers and agencies is essential. We do appreciate the very willing and generous way in which this has been given.

The outstanding events of the year, the rocket attacks till the end of March, cessation of hostilities in Europe and the return of families and children from evacuation, and, towards the end of the year, the return of many fathers from the Services, have been to some extent reflected in the problems dealt with by the Clinic.

In July of this year a second psychiatric session commenced, owing to the increasing number of children referred, whose problems required a complete examination. As before, throughout the year the Clinic has attempted to provide diagnostic, advisory and treatment facilities for the children of the Borough.

In 1946 facilities for a third psychiatric session have been granted and for this the staff are very grateful as it will enable the Clinic to come nearer achieving its purpose of providing advice and treatment for the problem children of the Borough.

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

“Speech defect cases rose in number during the first part of 1945 until there were 364 on roll. Forty-five cases were discharged before the summer holidays, 48 cases were discharged or left school between August and December leaving 271 cases on roll at the end of the year. During the year stammering increased particularly amongst infant children. In December there were 90 cases of infant stammerers, 36 junior and 12 senior cases. Pressure of work became so great that cases for treatment had to be refused except in very exceptional circumstances. The need for assistance became very apparent, and to my very great disappointment assistance was not available. Each child could only be treated once every fortnight in spite of the fact that classes were very large and the individual need of the child became difficult, but a fair amount of progress was maintained. I could not have achieved anything like success during the difficult war years and afterwards but for the

kind co-operation and sympathetic understanding received in the schools from Head Teachers and Teachers."

(viii) **Convalescent Home Treatment.**—65 children were sent away for treatment during 1945. There were 26 remaining in convalescent homes and hospital schools on December 31st, 1945. One child was sent to convalescent home from the Rheumatism Clinic.

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

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

15. NURSERY SCHOOL.

Miss F. D. Harris the Head Teacher of the Nursery School reports as follows:—

"The Walthamstow Nursery School returned from evacuation on July 7th, 1945, and re-opened at Low Hall Lane on September 10th, with eighteen children, rising to ninety children on roll in the early part of 1946.

During those first weeks in September we were struck by the healthy condition of the children as compared with the majority who attended the school in the years before 1939. It is now a very small minority who are suffering from neglect or ill-nourishment. I think this is due to the fact that most families have been having an increased and regular income during the war years. Also they have been influenced by the propaganda from the Ministry of Health, local medical authorities, the wireless and the press concerning the best way to ensure good health for their children. The Maternity and Child Welfare clinics have helped them to put this knowledge into practice, as well as supplying them with orange juice, cod-liver oil, etc.

At the Nursery School, arrangements for medical inspection are as follows:—A school nurse visits as far as possible each morning to give advice concerning the children's health, etc. The school doctor examines each new entrant and carries out an annual inspection of all children and a re-inspection once a term. If any emergency arises during the day the Superintendent Health Visitor and her staff at the adjoining Welfare Centre are always most willing to help. On Thursday mornings we normally take in several children to the school session at the clinic for treatment of minor ailments and diphtheria immunisation.

During the Autumn term we had one case of scarlet fever, one of chicken pox, four mumps and three dysentery. The usual precautions were taken with regard to the latter and we were fortunate not to have further cases."

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 Inspections:—

Number inspected:—

Entrants	..	..	..	77			
12 years old	..	..	..	156	..	..	422
15 years old	..	..	..	189			
Specials	..	..	..	—			

Parents present 234

Number referred for treatment (excluding dental and uncleanliness) 136

Number referred for observation 38

Number referred for treatment (excluding vision, dental and uncleanliness) 103

Nutrition:—

A	..	..	..	..	..	..	160
B	..	..	..	..	..	..	242
C	..	..	..	..	..	..	20
D	..	..	..	..	..	..	—

	Defects.	Requiring treatment.	Requiring observation.
Skin		12	—
Eyes—			
Conjunctivitis		2	—
Blepharitis		1	—
Vision		33	12
Other conditions		2	—
Ear Disease		1	—
Nose and Throat—			
Enlarged Tonsils		2	2
Adenoids		—	—
Enlarged Tonsils and Adenoids		1	1
Other conditions		9	1
Glands (Non-T. B.) Sub-maxillary		1	—
Cervical		—	1
Teeth		3	—
Heart—			
Organic		2	1
Functional		2	1

	Defects.	Requiring treatment,	Requiring observation.
Speech—			
Stammer		1	—
Anaemia		—	1
Rheumatism		1	3
Lungs—			
Bronchitis		1	1
Other conditions (Non-T.B.)		1	—
Deformities—			
Spinal Curvature		1	—
Other forms		60	7
Other diseases and defects		11	2

17. HEALTH EDUCATION.

As for 1938.

18. MISCELLANEOUS.

(i) **Employment of Children.**—Twenty children were examined by the medical staff.

(ii) **Employment of Children in Public Entertainments.**—One child was examined under these Regulations.

(iii) **Medical Examinations.**—The following examinations were made during 1945 by the medical staff: Teachers, 31; Others, 3.

19. 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	1,419
Second Age -Group	922
Third Age-Group	1,322
Total	3,663
Number of other Routine Inspections	304
Grand Total	3,967

B.—Other Inspections.

Number of Special Inspections and Re-Inspections 15,445

TABLE II.

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

Number of Children Inspected.	A (Excellent).		B (Normal).		C (Slightly subnormal).		D (Bad).	
	No.	%	No.	%	No.	%	No.	%
3,663	1,399	38.1	2,146	58.5	118	3.2	—	—

TABLE III.

Group I.—Treatment for 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 2,964

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

Errors of Refraction (including squint).	Other defects or diseases of the eyes.	Number of children for whom spectacles were:	
		Prescribed.	Obtained.
311	97	390	390

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

Received Operative Treatment.	Received Other Forms of Treatment.	Total.
38	124	162

TABLE IV.

DENTAL INSPECTION AND TREATMENT.

(1) Number of children inspected by the Dentist	6,347
(a) Routine Age-Groups:	
Age	
5	559
6	565
7	488
8	537
9	618
10	578
11	856
12	726
13	815
14	377
15	117
16	110
17	1
Total	6,347
(b) Specials	875
(c) Total (Routine and Specials)	7,222
(2) Number found to require treatment	5,461
(3) Number actually treated	3,525
(4) Attendances made by children for treatment	9,541
(5) Half days devoted to:—	
Inspection	51
Treatment	1,474
(6) Fillings:—	
Permanent	2,773
Temporary	2,494
(7) Extractions:—	
Permanent	454
Temporary	3,142
(8) Administrations of general anaesthetics for extractions	2,133
(9) Other Operations:—	
Permanent	2,195
Temporary	638

TABLE V.

VERMINOUS CONDITIONS.

Average number of visits per school made during the year by the school nurses	4
Total number of examinations of children in the schools by the school nurses	25,317
Number of individual children found unclean	910

TABLE VI.

BLIND AND DEAF CHILDREN.

Number of totally or almost totally blind and deaf children who are *not* at the present time receiving education suitable for their special needs:—

Blind	Nil.
Deaf	Nil.

