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ESSEX EDUCATION COMMITTEE

BOROUGH OF WALTHAMSTOW
Committee for Education

REPORT

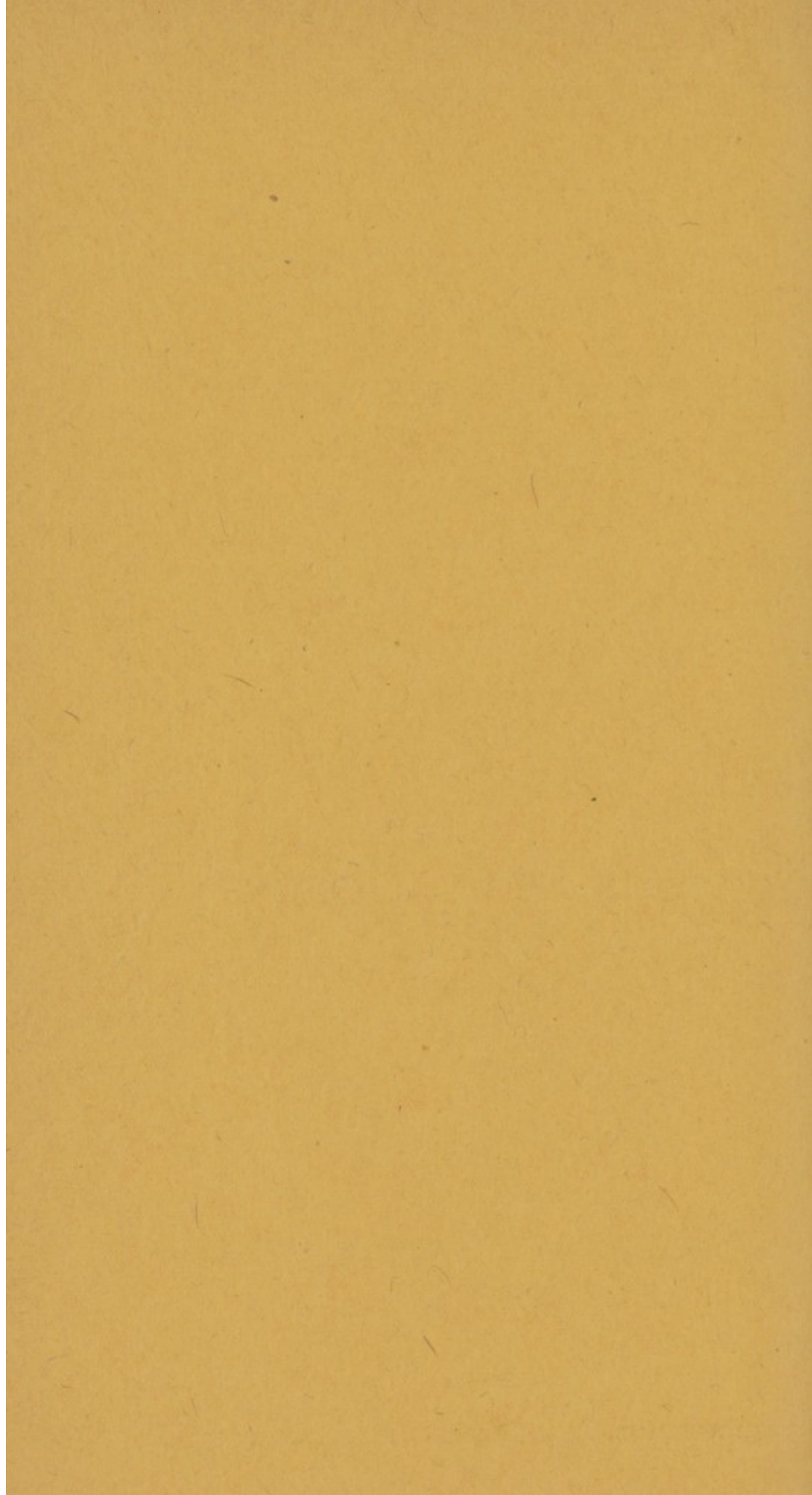
of the

BOROUGH
SCHOOL MEDICAL OFFICER

for the year

1946

A. T. W. POWELL, M.C., M.B., B.S., D.P.H.
BOROUGH SCHOOL MEDICAL OFFICER



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SEX EDUCATION COMMITTEE

BOROUGH OF WALTHAMSTOW

Committee for Education

REPORT

1907-1908

SCHOOL MEDICAL OFFICER

1908

WALTHAMSTOW BOROUGH

WALTHAMSTOW BOROUGH

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WALTHAMSTOW COMMITTEE FOR EDUCATION
1945-1946

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Borough Education Officer :

E. T. POTTER, B.Sc.

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

LADIES AND GENTLEMEN,

Following the inaugural meeting of your Committee in February I was nominated as Borough School Medical Officer and I beg to present herewith a Report on the work of the School Health Service in Walthamstow during 1946.

I am glad to be able to report that the nutritional condition of children attending school appears to be well maintained.

During the year your Committee agreed in principle to the increase in the scope of dental and child guidance facilities.

The resignation of Dr. Wilfrid Sheldon who inaugurated the Cardiac and Rheumatism Clinic 16 years ago was received with great regret.

I have again to thank you for your consideration and to acknowledge the good work put in by the staff concerned with the School Health Service.

As in previous years, friendly and helpful co-operation has been received from the Borough Education Officer and all his staff.

I am,

Your obedient Servant,

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

SCHOOL CLINICS		
<i>Aural—</i>		
Monday	2—4.30 p.m.	Town Hall.
<i>Child Guidance—</i>		
Wednesday	{ 10 a.m.—1 p.m.	High Street.
Thursday	{ 2—4 p.m.	
<i>Dental Clinic—</i>		
Monday	{ 9 a.m.—4.30 p.m.	Town Hall.
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday	9 a.m.—12 noon	Town Hall.
<i>*Minor Ailments—</i>		
Monday	{ 9 a.m.—12 noon	Town Hall.
Wednesday		
Friday		
Saturday		
Tuesday	{ 9 a.m.—11 a.m.	Sidney Burnell
Friday	{ 1.30 p.m.—2.30 p.m.	School.
Thursday	9 a.m.—11 a.m.	Low Hall Lane.
<i>Ophthalmic—</i>		
Monday	{ 9 a.m.—12 noon	Town Hall.
Tuesday		
Thursday		
Saturday		
<i>Orthopædic—</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.	Open Air School.
Tuesday		
Wednesday		
Thursday		
Friday		
<i>Orthoptic—</i>		
Monday	1.30 p.m.—4.30 p.m.	Town Hall.
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>		
Held monthly	2 p.m.—4 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. M. WATKINS, Deputy School Medical Officer. H.M. Forces, 20.3.42 ; resumed duty, 1.6.46.
- Mrs. W. R. THORNE, Dental Surgeon. Appointed, 1.11.19 ; resigned, 31.12.46.
- Mr. G. P. L. TAYLOR, Dental Surgeon. H.M. Forces, 2.6.41 ; resumed duty, 1.7.46.
- Mr. R. V. TAIT, Dental Surgeon. Appointed, 3.9.45 ; resigned, 17.10.46.
- Mrs. D. LAMBERT, Health Visitor/School Nurse. Appointed, 21.10.35 ; resigned, 12.8.46.
- Miss I. M. MITCHELL, Health Visitor/School Nurse. Appointed, 28.1.46.
- Miss PROCOPIOU, (Temporary) Health Visitor/School Nurse, Appointed, 11.2.46 ; resigned, 30.4.46.

2. CO-ORDINATION

Co-ordination is secured by the fact that all the school medical staff also carry out duties for other health services. The school nursing staff is equivalent to five whole time nurses.

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

School Hygiene and Accommodation.—The following table shows the number of schools in the Borough at the 31st December, 1946.

	Boys.	Girls.	Mixed.	Infants.	Nursery.
County Secondary Grammar	1	2	—	—	—
County Secondary Technical	—	—	1	—	—
County Secondary Modern	3	3	6	—	—
County Primary Junior	2	2	12	—	—
County Primary Infants	—	—	—	15	—
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	—	—

	1946.	1945.	1944.	1943.	1942.
Number of Children on Register, 31.12.46	15,776	12,753	9,236	12,185	11,675
Average Attendance	14,004.6	10,189.2	8,488.5	10,106.7	9,610.2
Percentage Attendance	86.0	80.0	78.4	84.1	83.4

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

Heating.—Heating defects have been remedied, including replacement of boilers where beyond repair. Supplementary heating has been installed where the “back ground” heating has proved to be insufficient and pumps added to increase efficiency. Emergency fuel bunkers have been set up to hold emergency stocks of fuel.

Sanitation.—Improvement to hot water supplies to lavatory basins have been provided. Drinking fountains have been repaired and installed.

Provision of Milk and Meals.—These services have continued to expand and the additional needs have been met by extra facilities at eleven schools.

Central Kitchens.—The existing have been maintained and additional equipment has been provided at three of the Kitchens.

Other works approved by the Committee for Education but waiting Ministry of Education sanction or for other reasons include—

Conversion of trough closets into individual flushing systems.

Renovation of school canteen sculleries and the installation of refrigerators and erection of vegetable stores.

Installation of space heaters at the Hale End Open Air School.

Replacement of unsound heating boilers and expansion of heating systems.

4. MEDICAL INSPECTION

The following gives a summary of the returns :—

A. Routine Medical Inspection :—

Entrants	1,092
Second Age Group	1,143
Third Age Group	1,906
Total	4,141
Other Routine Inspections	51
Grand Total	4,192

B. Special Inspections and Re-inspections 18,149

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 Sub-normal.		" D " Bad.	
Entrants	1,092	306	28.0	760	69.5	26	2.3	—	—
2nd Age Group	1,143	367	32.1	751	67.5	24	2.1	1	0.08
3rd Age Group	1,906	757	39.7	1,110	58.2	39	2.0	—	—
Totals	4,141	1,430	34.5	2,621	63.2	89	2.1	1	0.02
Other Routine Inspections.....	51	17	33.3	34	66.6	—	—	—	—

The findings may be shown comparatively as follows :—

	A and B.		C.	D.
1946		97.8	2.1	0.02
1945		96.7	3.2	—

(b) **Uncleanliness.**—The following table gives comparative figures for the past two years :—

	1946.	1945.
Average number of visits to schools	4	4
Total examinations	27,739	25,317
Number of individual children found unclean	314	910
Percentage uncleanliness of average attendance	2.2	8.9

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

	1946.	1945.
Ringworm—Head	3	10
Body	24	24
Scabies	158	395
Impetigo	135	137
Other skin diseases	319	273

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

	1946.		1945.	
	Treat-ment.	Obser-vation.	Treat-ment.	Obser-vation.
Visual defects	166	196	256	325
Squint	77	70	59	67
External Eye Diseases	202	6	199	8

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

	1946.		1945.	
	Treat- ment.	Obser- vation.	Treat- ment.	Obser- vation.
Chronic Tonsillitis	114	317	210	369
Adenoids	12	6	34	18
Chronic Tonsillitis and Adenoids	22	13	39	11
Other conditions	252	10	194	23

The 252 cases of "other conditions" are made up of sore throat and defects requiring diastello treatment.

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

	1946.	1945.
Defective Hearing	29	57
Otitis Media	34	38
Other Ear Disease	103	60

(g) **Orthopædic and Postural Defects.**—A total of 231 deformities was found to require treatment.

(h) **Dental Defects.**—

	Inspect- tion.	Requiring Treat- ment.	Per Cent.	Actually treated.	Fill- ings.	Extrac- tions.	General Anæst- hetics.	Other Opera- tions.
1946	5,613	3,218	57.3	4,218	5,564	5,233	2,870	4,557
1945	6,347	5,461	86.0	3,525	5,267	3,596	2,133	2,833

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

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

	1946.		1945.	
	Treat- ment.	Obser- vation.	Treat- ment.	Obser- vation.
Heart Disease—Organic	15	15	30	8
Functional	12	6	35	14
Anæmia	77	4	68	6

(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	60	Speech	27
Bronchitis	84	Epilepsy	2
Chorea	4	Other defects	1,227

Number of children seen at first inspection	5,292
Number of children sent by Attendance Officers and Attendance Committees	56
Number of attendances made by children	15,449
Number of children sent by Head Teachers	5,236
Number of swabs taken	398
Number of specimens of hair examined for Ringworm	2
Number operated on for Tonsils and Adenoids	107
Number of children X-rayed	—
Number of children seen by Ophthalmic Surgeon—New cases	384
“ “ “ “ Prescribed for	549
Total Inspections	2,822

First attendances number 5,292 against 4,301 in 1945, and re-attendances 10,257 against 8,514, the total attendances being 15,449 against 12,815.

(d) **Visual Defects and External Eye Diseases.**—Dr. Sheppard has kindly contributed the following account of the work done during 1946 :—

There were 516 new cases seen at the Eye Clinic during 1946 and these, as well as the ordinary periodical inspections, made 2,856 attendances. The following tables summarise the defects found in the new cases :—

Defect.	Under 7 years.		7-11 years.		Over 11 years.		Secondary Schools.		Total.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Hypermetropia ..	3	5	9	5	8	14	2	—	22	24
Hypermetropic Astigmatism ..	1	2	9	13	9	10	3	8	22	33
Myopic Astigmatism ..	—	1	3	4	3	4	5	10	11	19
Mixed Astigmatism ..	—	—	6	6	5	8	3	3	14	17
Myopia ..	2	3	3	12	17	32	17	21	39	68
Various ..	33	30	33	48	31	53	7	12	104	143
Totals ..	39	41	63	88	73	121	37	54	212	304

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

Defects.	Boys.	Girls.	Totals.
Squint	45	54	99
Headaches, anæmia, styes, debility, amblyopia, etc.	33	50	83
No visual defects	25	41	66

(e) **Orthoptic Clinic.**—Mrs. K. S. Box, S.R.N., S.C.M., has contributed the following report on the work done at the clinic :—

Cases treated for squint, heterophonia and Amblyopia	72
Cases cured of squint and heterophonia	25
Cases cured of amblyopia	16
Improved	10
Operations for squint	3
Awaiting operation	25
New cases	134
Total number of attendances	1,051

(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.
1946	107	1	108
1945	38	4	42

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

There has been a steady increase in the number of children seen at the Ear, Nose and Throat sessions during the past year. There were 61 cases more than in 1945. The attendances for the various treatment prescribed and carried out at the "Treatment Sessions" during the year, were also greater and more regular than in previous years. This is naturally due to the more normal conditions prevailing now than in the war years, to the more settled normal routine in the schools which was very much interrupted during the war.

The Clinic has worked along the lines much as in previous years, with some minor additions or changes in details of certain treatments. A greatly increased use has been made of the newer drugs, Penicillin and Sulphacetamide-Albucid, in the treatment of acute infections, with very satisfactory results. A number of cases of acute otorrhœa (running ear) has been treated with Penicillin in conjunction with "suction" as referred to in previous reports, and practically all these cases healed up rapidly. Similar results were obtained with Sulphacetamide-Albucid (10% sol.). In connection with the use of these drugs and acute discharging ears, we must again emphasise the important role of "suction" in keeping the perforation in the drum-membrane open to allow free drainage, and filling the infected middle ear with the medicament.

It is very satisfactory to be able to report that out of a total of 558 new cases of school and pre-school children suffering from ear, nose and throat affections, seen during the year there were only twenty cases of chronic otorrhœa (running ears). This is a remarkably small number for such a large school population when we realise that at one time this condition constituted a considerable number of the patients seen at school clinics. We employ ionisation in the treatment of these cases and are quite satisfied that it remains so far (provided that the case is suitable and the technique correct) the most rapid, effective and lasting cure for chronic otorrhœa.

By far the greater proportion of cases seen at the clinic were those with nose and throat defects. There were in all 386 such cases during the year. These range from a serious infection of the nasal sinuses to a mild "nasal catarrh," and from very greatly hypertrophied septic tonsils with accompanying masses of adenoids, to a moderate enlargement of the tonsil, mostly due to infection from the nose. As described in our previous reports, we employ in these sinus cases Proetz nasal "displacement" and by this method we can introduce into the infected areas certain medicaments, such as Penicillin, Albucid and colloidal silver, all of which are very effective.

In the case of "enlarged tonsils and adenoids" we maintain a conservative attitude towards treatment, employing "tonsil suction" for the older children and one of the tonsil "paints" for the younger, pre-school age group. "Enlarged tonsils" are so intimately associated in a large proportion of cases with diseased or unhealthy conditions of the nasal sinuses, that due consideration must be given to the treatment of both affections, for the removal of the tonsils alone, in such instances will not bring any improvement. The "enlargement" of the tonsils is so frequently due to a descending infection from the sinuses, that the "enlargement" is a sign, not a disease, and the failure of the operation for removal to effect a cure is obvious when it is realised that one is treating the sign and not the disease. Sinus infections in children are quite common and we pay special attention to this probability in our investigations of diseased tonsils. There are definite clinical indications for the removal of tonsils and adenoids and in these instances the operation is very satisfactory. It will be seen from the returns that during the year we have referred a certain number for operation but it is a small number relative to the number of patients seen at the clinic. A certain proportion of those "referred" in the "returns" had already made arrangements for the operation with their private doctor and the hospital, so that the total number showing was not actually advised operation from the clinic. Tonsil "suction" in conjunction with nasal sinus treatment has proved very satisfactory in a very large number of cases.

Nasal diastolisation is employed very largely for children suffering from nasal catarrh, rhinitis, mouth-breathing, deafness due to catarrhal conditions, etc. The improvement in hearing is very often quite remarkable after a course of diastolisation and vibration.

Affections of the ear, nose and throat, like many other diseases, are greatly influenced by the general standard of health, bodily resistance, suitable diet, exercise, climate, sunlight, fresh air, etc. The better the general health and other conditions the less liable to nose and throat complaints, and when they do arise they are much more responsive to treatment.

Description		Quantity		Value	
No.	Description	Unit	Quantity	Unit Price	Total Value
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TABLE "C"

NOSE AND THROAT CONDITIONS
SCHOOL CHILDREN

WALTHAMSTOW 1946

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	20	Operation before Clinic	6	1	—	—	—	2	6	4	—	—	3	2	1	—	—	—
		No Operation	14	1	—	—	6	1	12	7	—	1	7	2	1	3	1	—
Nasal Obstruction: Rhinitis	121	Operation before Clinic	24	1	7	—	—	16	14	1	—	—	14	5	2	—	1	2
		No Operation	97	4	6	—	34	48	55	—	19	—	57	8	6	12	—	14
Nasal Catarrh	112	Operation before Clinic	17	—	2	—	—	11	7	—	—	—	12	1	—	2	—	2
		No Operation	95	—	12	—	13	58	35	—	11	—	69	3	—	7	1	15
Enlarged Tonsils and Adenoids	119	Operation before Clinic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		No Operation	119	1	2	37	—	6	29	—	64	—	34	6	8	12	48	11
TOTALS (School)	372			8	29	37	53	142	158	12	94	1	196	27	18	36	51	44
PRE-SCHOOL CHILDREN																		
Nasal Conditions: Sinusitis: Rhinitis	8	Operation before Clinic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		No Operation	8	—	—	—	—	6	3	—	—	—	6	—	1	—	—	1
Enlarged Tonsils and Adenoids	5	Operation before Clinic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		No Operation	5	—	—	—	—	—	—	—	1	—	1	—	—	—	4	—
Enlarged Tonsils and Adenoids with Nasal Conditions	1	Operation before Clinic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		No Operation	1	—	—	—	—	—	1	—	1	—	—	—	—	1	—	—
TOTALS (Pre-school)	14			—	—	—	—	6	4	—	2	—	7	—	1	1	4	1
GRAND TOTALS	386			8	29	37	53	148	162	12	96	1	203	27	19	37	55	45

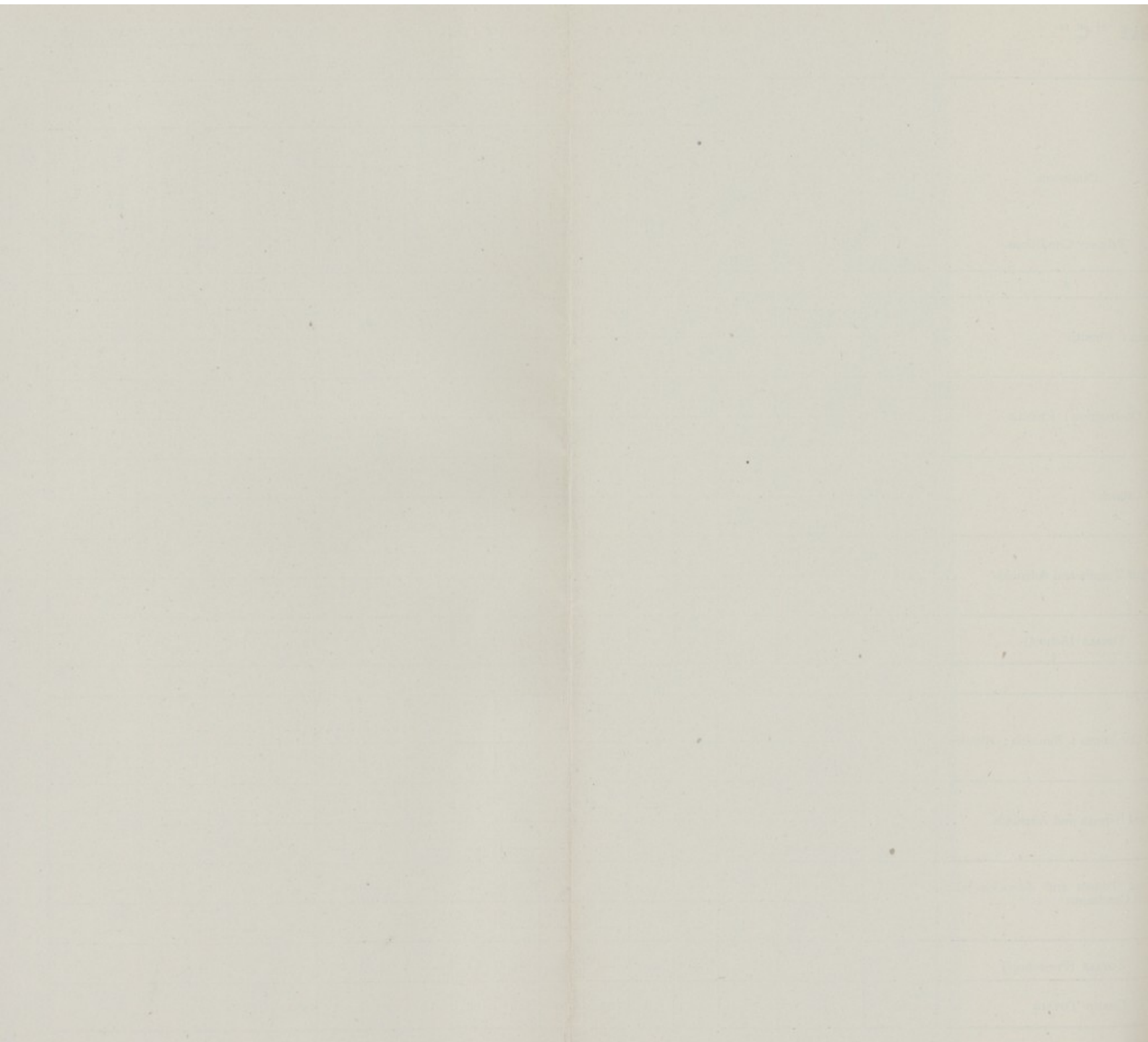


TABLE " D " MISCELLANEOUS CASES

<i>Examined for :—</i>			
Affections of the Ear, Nose and Throat :			Advised,
Special cases of Deafness for admission to			Recommendations
special classes, or Deaf School :			and Reports made.
Colds, and other conditions	.....	77	Clinic treatment
			not required.
Special examination of cases at the Deaf			Treatment at
School	.....	13	Clinic as re-
			quired.
Pharngomycosis of tonsils	.....	1	Treated.
Foreign body in ear	.....	1	Removed.
Epistaxis (nose bleeding)	.....	3	Treated.
Wax in ears, only	.....	4	Removed.
		—	
Total	.....	99	
		—	
Tonsils and Adenoids already removed			
in above cases	.....	14	

TABLE 1. PHYSICAL PROPERTIES OF THE POLYMER

Property	Value
Inherent Viscosity (dl/g)	0.45
Intrinsic Viscosity (dl/g)	0.35
Number-average Molecular Weight (M_n)	15,000
Weight-average Molecular Weight (M_w)	25,000
Polydispersity Index (M_w/M_n)	1.67
Softening Point (°C)	180
Glass Transition Temperature (T_g) (°C)	120
Thermal Stability (°C)	250
Chemical Stability	Good

During the year periodical E.N.T. examinations were carried out at the School for the Deaf and when cases requiring special treatment were discovered, these were treated at the clinic. The progress of the children at the Deaf School has been very satisfactory. In addition to the regular methods of teaching, lip-reading, etc., electrical hearing aids are supplied which are a great advantage in suitable cases.

Owing to the dislocation of the schools and shortage of staff during the war years, it has not been possible to do an audiometric (hearing tests) survey of the school children, as in pre-war years, but it is hoped that, presently, with more settled routine conditions, we will be able to resume this useful procedure.

Generally speaking and taking all circumstances into account, we are pleased to be able to report that the average health of the children seen at the clinic has been very well maintained and only a very small number could be considered as suffering from debility, or malnutrition or lack of attention. The provision of such adjuncts as tonics, cod liver oil and malt, Parrish's Food, vitamins, and school meals has been exceedingly helpful.

The appended Table of Returns shows the numbers of school and pre-school children seen and treated for the various conditions, the nature of the treatments given, and the results.

(h) **Dental Treatment.**—In May your Committee agreed to an enlargement of the School Dental Service by increasing the staff from four to seven Dental teams, by the provision of three out-lying treatment centres and by participating in the facilities available at the Dental Workshop set up under the Borough Council's Municipal Dental Scheme.

The treatment of Secondary and Technical Pupils is shown below and is not included in Table IV at the end of the report.

No. of Children.	Attendances.	TREATMENT					
		Extractions.		Anaesthetics.		Fillings.	Other Operations.
		Temp. Teeth.	Perm. Teeth.	Local.	General.	Perm. Teeth.	Perm. Teeth.
245	632	44	168	35	137	518	131

(i) **Orthopædic 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 done at the Rheumatism Clinic during 1946 :—

Number of sessions	.....	.....	.....	.....	.....	8
„ „ new cases	.....	.....	.....	.....	.....	79
„ „ old cases	.....	.....	.....	.....	.....	63
„ „ attendances	.....	.....	.....	.....	.....	142
„ discharged	.....	.....	.....	.....	.....	40
„ still under treatment	.....	.....	.....	.....	.....	44
„ of new cases with rheumatism or cardiac defect	.....	.....	.....	.....	.....	7
„ referred for tonsils and adenoids	.....	.....	.....	.....	.....	5
„ excluded from games and exercises	.....	.....	.....	.....	.....	2
„ to begin games and exercises	.....	.....	.....	.....	.....	2
„ referred for convalescent home treatment	.....	.....	.....	.....	.....	2

In October Dr. Wilfrid Sheldon, who inaugurated the Rheumatism Clinic in 1931, was compelled, owing to pressure of work, to resign.

The resignation was received with very great regret in view of Dr. Sheldon's long and happy association with the Borough Health Services.

Dr. Sheldon has frequently expressed his appreciation of the services provided in the Borough. In return it must be recorded that his work at the cardiac clinic has helped produce a very marked reduction in the permanent disabilities resulting from heart disease and rheumatism.

Dr. Mary Wilmers was appointed to succeed Dr. Sheldon.

(k) **Tuberculosis.**—The number of school children examined during the year was 182 boys and 159 girls, of which 56 boys and 41 girls were referred by the school medical staff. 91 of the cases were sent by private practitioners and 153 were examined as contacts.

Two cases of tuberculosis occurred at a senior school and the usual investigations were made by the Tuberculosis Officer who examined all staff and close contacts. This included X-ray examinations and a skin test.

(l) **Artificial Sunlight Treatment.**—The number of children treated was 273, making 2,776 attendances.

8. INFECTIOUS DISEASES

Notification in the 5-15 years age group during 1946 was as follows, 1945 cases shown in parenthesis:—Scarlet Fever, 125 (188); Diphtheria, 18 (8); Pneumonia, 12 (10); Erysipelas, nil (1); Cerebro-spinal Meningitis, 2 (nil); Measles, 171 (242); Whooping Cough, 46 (41); Dysentery, 9 (26); Anterior Poliomyelitis, nil (1).

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

		Exclusions.	Chicken Pox.	Measles & G.M.	Whooping Cough	Sore Throat.	Influenza.	Diarrhoea.	Mumps.	Scabies.	Ringworm.	Various.	Total.
1946	.. ..	25	46	32	40	46	45	4	41	2	10	471	762
1945	.. ..	32	44	19	15	31	27	5	6	2	18	385	584

Typhoid Fever.—A boy of eleven years was admitted to Hospital in January for investigation and treatment. Shortly afterwards he was transferred to an Infectious Diseases Hospital as a possible case of Typhoid Fever. The usual enquiries were carried out.

Later the same day the District Attendance Officer reported that another boy living in the same locality was at another Hospital as a suspected case of Typhoid.

Since the two children attended the same class at school, absentees were followed up with the result that a third child who had been ill at home for some three weeks was considered to be a further possible case of Typhoid. The position was complicated by the fact that a sister had suffered from Paratyphoid in 1938. The first blood test result was not diagnostic but the rectal swab was later reported to be positive to Typhoid.

Information as to the position was circulated to all Medical Practitioners pointing out that the only two common factors were attendance at the same Sunday school and the same day school class.

The onsets in the three cases were 3rd, 6th and 13th January.

The most suggestive feature was a party at school just before Christmas to which food was largely contributed by the parents. A detailed list was prepared for each scholar as to (a) food contributed to the party and (b) food consumed. In spite of the closest investigation no definite cause could be found.

Consultation was made with the Medical Staff of the Ministry of Health one of whom carried out further enquiries and visits—again unfortunately with no definite result.

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

The following table shows the work done at the Infectious Disease Clinic :—

Total number of immunisations completed during 1946	2,623
(a) School age	882
(b) Pre-school age	1,730
(c) Over school age	11
Number already immunised given a re-inforcing dose.....	1,840
The above total includes 180 children immunised at "Brookcroft" and 225 by Private Practitioners.	
Number Schick tested for first time	4
Negative (including pseudo and negative)	1
Positive (including pseudo and positive)	3
Number of Schick tests following immunisation	79
Number positive	3
Number negative	73
Not seen	3
Number of clinics held	52
Number of attendances made	2,008
Average attendance per session	38.6

Immunisation at Schools (included in above figures):—

Number completely immunised	792
Number partly immunised	71
Number already immunised given an extra dose	1,655
Number of clinics held in connection with Infectious Diseases	50
Number of attendances made	373
Average attendance per session	7.4
Number of children recommended to Rheumatism Clinic	1
Number of children recommended to Ear Clinic	3

At the end of 1946 the position in regard to the immunisation of children aged 5 to 14 years was:—

	5-9 years.	10-14 years.	Total estimated 5-14 years.	Percentage immunised.
Number protected	5,257	6,398	15,040	77.4

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

	Number examined.	Number found to be vaccinated.	Percentage vaccinated.
Entrants			
Boys	538	127	23.6
Girls	554	132	24.0
2nd Age Group			
Boys	578	117	20.2
Girls	565	92	16.2
3rd Age Group			
Boys	955	146	15.2
Girls	951	133	13.9
Totals	4,141	747	18.0

9. OPEN AIR EDUCATION

From March onwards arrangements were made for the medical examination of parties of 40 boys and 40 girls each four weeks, before proceeding to the permanent school camp at Itchingfield, Sussex.

10. PHYSICAL TRAINING

Your Committee share the services of two whole time Organisers with a neighbouring area. Co-operation has continued along the lines of previous years.

11. PROVISION OF MEALS

The average number of meals supplied daily to school children in December, 1946, was 7,581. The quality of the food supplied and the standard of cooking have been maintained at the previous high level.

Milk in Schools Scheme.—The arrangements detailed in former reports were continued in 1946, 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 1946 :—

		Number Inspected.	Number of Parents.	Per cent. 1946.	Per cent. 1945.
Entrants—	Boys	538	470	87.3	87.3
	Girls	554	470	84.8	89.2
2nd Age Group—	Boys	578	426	73.7	77.7
	Girls	565	449	79.4	82.8
3rd Age Group—	Boys	955	291	30.4	28.6
	Girls	951	396	41.6	41.9

(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 O. M. Barnard, Secretary of the local branch has kindly contributed the following report :—

Number of new cases	217
Number of old cases	37
	254

Help was also given to 9 adult cases.

Weeks of convalescence	1,530
Home visits paid	548

Cases Referred by :—

	Over 5 years.	Under 5 years.
Voluntary Hospitals and Private Practitioners	78	30
Public Authorities, General Hospitals	13	—
School Medical Authorities	57	7
Local Authorities under schemes for :—		
Rheumatism and Heart	2	—
Orthopaedic Care	25	18

Voluntary Agencies	1	—
I.C.A.A. visitors and others	4	9
Transferred from I.C.A.A. Branches	2	—
Parents	7	—
T.B. Dispensary	1	—
	190	64

Suffering from :—

Anæmia, debility, malnutrition	42	13
After acute or infectious illness or operation	20	6
Bronchitis and pneumonia	23	11
Asthma	8	—
Rheumatism, chorea and heart	18	—
Other crippling defects (non-T.B.)	30	—
Nervous conditions including enuresis	18	—
Ears, nose and throat	9	1
Skin	3	—
Accidents	4	—
Hilar Adenitis	6	2
T.B. various	5	—
Bone disease (non-T.B.)	—	11
Congenital deformities	—	14
Various	4	6
	190	64

Help given to old and new cases :—

Children sent to Convalescent Homes, Residential		
Open Air Schools and Nurseries	122	19
Provided with surgical boots and appliances	12	14
Referred for visiting and advice	21	12
Transferred to other agencies	6	5
	161	50

(b) **National Society for the Prevention of Cruelty to Children.**—The following is a summary of the work done in Walthamstow during 1946 :—

<i>Nature of Offence</i>		<i>How dealt with</i>	
Neglect	27	Warned	31
Ill-treatment	4	Advised	16
Advice sought	16		
	47		47

Number of children dealt with over 5 years of age: Boys, 43 ; Girls, 34. Number of children dealt with under 5 years of age: Boys, 22 ; Girls, 23.

139 supervisory visits were made during the year and 123 miscellaneous visits were made.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN

(i) **Blind School.**—The following table shows the classification of children attending the school at the end of 1946 :—

	Walthamstow Pupils.		Out of District Pupils.	
	Myope.	Blind.	Myope	Blind
Boys	11	—	8	—
Girls	9	—	8	1

Miss M. L. Balls, the Head Teacher, reports as follows :—

Life at the Myope Centre during the year 1946, has been uneventful. Work has gone on from day to day with little variation except for changes in the time tables caused by bad light, which prevents all lessons requiring the use of sight.

Dr. Sheppard visited us in April and September in order to make her usual careful examination of the children's eyes.

Dental Extractions and medical treatment for minor ailments took place at the School Clinic, by special appointment.

Parents, children and teachers are all very grateful for the kindness and consideration shown them there by the whole of the Medical Staff.

Those who have occasion to visit the Attendance Department at the Town Hall, also remark on the cheerful helpfulness of the Attendance Officers, and other officials.

Visitors to the Myope Centre during the year, included a Medical Officer from the Tottenham Medical Department, parties of students preparing for Public Health Examinations, parties of older children from the Girls' County School, who intended to enter the Nursing Profession.

During the past twelve months, five children have been admitted to the Myope Centre, and seven children have left. Of the latter :—

Three have been decertified and returned to an ordinary Elementary School.

One blind girl went to an Institution for Blind Girls.

One boy is an apprentice in a large Outfitter's Stores.

One girl is a shop assistant in a Drapery Store.

One boy is learning to make Leather goods in a small factory.

On 31st December, 1946, there were thirty-seven children on the Register.

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

In January, 1946, the school had 13 children on the roll, 11 boys and two girls. Eleven children were totally deaf within the meaning of the Act and two were partially deaf. During the year a partially deaf girl aged 11 years was sent to a hearing school

where she is doing well in spite of severe deafness and speech defects due to other causes. Two boys, totally deaf within the meaning of the Act, aged four and two years were admitted. A girl, aged two years, was admitted who is backward apart from her deafness, the severity of which cannot yet be determined but she has already improved in every way. It is very much to be regretted that a boy, aged 15 years, although he had easily passed the entrance examination of the Mary Hare Grammar School for the Deaf at Burgess Hill (the first and only Grammar School for the Deaf in the Country) was unable to go because of lack of accommodation.

In December, 1946, there were fifteen children on the roll ranging in age from two to fifteen years.

The hearing aid is used in school with children who benefit from it.

(iii) **Open Air School.**—Mr. Williams, the Head Teacher, reports :—

During the year the school has continued to utilise to the utmost the limited accommodation at Hale End and in spite of an adverse summer full advantage has been made of the Open Air facilities.

The continued decline in the number of orthopædic cases and the increase in the number of asthma cases as noted last year is still evident. Attention must be drawn to the decreasing age of admission, the bulk of the school is now in the infant and junior age ranges. The average age of entry during the year was 7 years, and the length of stay of the leavers was approximately 14 months.

During the year 40 children were admitted (including 3 re-admissions) and were discharged. The average number on roll was 63.9 and the average attendance was 59.2.

At the end of the year the classification of cases in the school was as follows :—Orthopædic 19, Debilitated 26, Minor Epilepsy 3, Cardiac 4, Asthma 18.

Before closing this report I must make mention of the retirement of Miss E. Thompson, who had been Head Teacher of this school since its inception in 1924.

I wish also to thank all the staff, teaching, welfare, and domestic for their valued and loyal co-operation in the work of the school.

(iv) **ORTHOPÆDIC SCHEME**

The Scheme is under the clinical charge of Mr. B. Whitchurch Howell, F.R.C.S., Consulting Orthopædic Surgeon.

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

Defects.	Boys.			Girls.		
	5-16 years.	Under 5 years.	Over 16 years.	5-16 years.	Under 5 years.	Over 16 years.
Anterior Poliomyelitis	10	—	6	11	—	12
Scoliosis—Lordosis Kyphosis .. .	9	1	—	28	1	1
Surgical Tuberculosis .. .	5	—	1	2	—	—
Arthritis .. .	2	—	1	1	—	3
Rickets—						
(a) Genu Varum .. .	4	26	—	9	16	—
(b) Genu Valgum .. .	20	36	—	27	37	—
Pes Plano Valgus .. .	118	13	2	75	7	—
Spastic Paralysis .. .	14	1	—	10	4	—
Talipes—						
(a) Equino Varus .. .	13	5	3	5	15	—
(b) Pes Cavus .. .	3	—	1	—	—	—
(c) Calcaneo Valgus .. .	—	5	—	—	10	—
Torticollis .. .	4	7	—	4	4	—
Osteomyelitis .. .	1	—	1	—	—	—
Congenital Dislocation of Hip .. .	—	—	—	5	1	1
Hallux Valgus .. .	2	—	—	10	—	1
Hammer Toe .. .	1	—	—	6	—	—
Perthes Disease .. .	—	—	—	2	—	—
Achondroplasia .. .	—	—	—	2	1	—
Digitus Varus .. .	1	—	—	5	—	—
Amputation Leg .. .	—	—	—	—	—	1
Congenital Defects .. .	18	5	3	9	10	2
Miscellaneous .. .	23	—	—	10	1	—
Totals .. .	248	99	18	221	107	21

Number of cases seen by Surgeon :—

From Physically Defective School	36
From other schools	294
Over school age	33
Under school age	166
Total	529

New cases seen by Surgeon :—

School age	84
Under school age	91
Total	175

Total examinations made by Surgeon	704
Total number of cases discharged by Surgeon	77
Average number of examinations made per session	54.2
Number of treatments given	1,570
Number of attendances for after care	2,422
Number of ultra-violet light treatments	2,776
Total number of treatments	6,768
Average number of attendances per session	15.8
Number of sessions held :—	
Inspections	13
Treatments	428
Total number of visits by instrument maker	9
Admissions to Queen Elizabeth Hospital for Children	8
Admission to Black Notley	1
Operations Performed	12

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

Rickets—	
(a) Genu Varum	42
(b) Genu Valgum	73
Scoliosis—Kyphosis and Lordosis	2
Pes Plano Valgus	20
Spastic Paralysis	5
Talipes—	
(a) Equino Varus	20
(b) Calcaneo Valgus	15
Torticollis	11
Congenital Dislocation of Hip	1
Achondroplasia	1
Congenital Defects	15
Miscellaneous	1
Total	206

(v) **Mental Deficiency.**—In June your Committee expressed concern at the delay in dealing with ineducable mentally sub-normal children.

Representations were to be made to the Ministry stressing the need for additional institutional accommodation.

Dr. Grace Chadwick attended a course of instruction in order to qualify as a Certifying Officer.

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

During the year 1946 the average number on roll was 40. Ages ranged from $6\frac{1}{2}$ to 16 and intelligence quotients from 41 to 75.

Seven boys left school during the year. Five are now gainfully employed. One proved to be incapable of earning his living and one was excluded by reason of unstable conduct.

One out County girl left at 16 years of age and is employed.

Most of the children admitted during the year were young. This is much more satisfactory from an educational point of view.

The health of the scholars generally was satisfactory.

(vi) **Child Guidance Clinic.**—In July your Committee agreed to the request of the Local Education Authority that the Walthamstow clinic be enlarged to serve a wider area and that staffing be on the basis of a psychiatrist, two psychologists, two social workers, one play therapist and one clerk—all whole time.

Dr. Elizabeth Whatley, Psychiatrist to the Child Guidance Clinic reports as follows :—

Staff Changes.

In September, 1946, Miss Russell was granted leave of absence for one year, in order to take the Mental Health Course in Edinburgh. We were very glad that Miss Russell was able to have this opportunity to take the full course for the Diploma in Mental Health.

In September, 1946, we were very glad to welcome Mrs. E. Kelly, Psychiatric Social Worker, who joined the staff in place of Miss Russell.

During 1946 the Psychiatric Sessions have been increased twice, from two to three sessions weekly in March, 1946, and again from three to four in October, 1946.

During November and December the Psychiatrist was granted leave of absence due to illness and Dr. Helen Gillespie, D.P.M., kindly acted as locum tenens during that time.

TABLE I.—Analysis of 1946 figures

Total cases dealt with in 1946.

Brought forward from 1945	54	
Cases referred in 1946	170	
Of these :—		224
Full diagnosis	147	
Partial Service	10	
Withdrawn	11	
Non co-operative	13	
Cleared up on Waiting List	8	
Referred to Enuresis Clinic	9	
Diagnostic Waiting List, December 31st	26	
		224

Of 147 cases diagnosed in 1946 :—

Diagnosis and Advice (closed after one interview)	69	
Supervision and Advice	15	
P.S.W.	12	
Remedial Coaching	4	
Regular Psychiatric Treatment (cases still open)	10	
Closed after Psychiatric Treatment	10	
Psychiatric Treatment waiting list, December 31st	27	
		147

Cases seen 1943/45 and dealt with in 1946.

Supervision and Advice	9	
P.S.W.	1	
Remedial Coaching	5	
Regular Psychiatric Treatment (cases still open)	5	
Closed after Psychiatric Treatment	7	
Closed after Remedial Coaching Treatment	1	
		28

Therefore total cases dealt with in 1946 175

Closed after Treatment during 1946

(10 (1946) cases + 8 carried over from previous years).

Adjusted	7	
Improved	4	
Non co-operative	6	
Other reasons	1	
		18

P.S.W.

Interviews	554
Home Visits	140
Others	19

Psychiatrist.

Diagnostic Interviews	147
Psychiatric Treatment Interviews	187

TABLE II.—Comparison of 1945 with 1946

Clinic Staffing.	1945	1946
Full-time P.S.W.		
Educational Psychologist working part-time on Schools.		
Psychiatric Sessions—Jan./June 1 Session.		Jan./Feb. 2 Sessions
July/Dec. 2 „		Mar./Sep. 3 „
		Oct./Dec. 4 „
Cases referred	168	170
		Waiting list closed for approximately 3 months.
Cases diagnosed	64	147
Diagnostic waiting list, Dec. 31	54	26
Total number Treatment cases	17	15 } regular treatment, 24 } supervision and advice.
Cases closed after treatment.....	14	18
Treatment waiting list	23	27
Psychiatrist.		
Diagnostic	64	147
Treatments	92	187
P.S.W.		
Interviews	336	554
Home Visits	171	140
Others	30	19

TABLE III.—Sources of Referral

M.O.H. and S.M.O.	74
Head Teachers	53
Educational Psychologist	8
Speech Therapist	4
Education Department	8
Other Education Departments	3
Welfare	3
Private Doctors	4
Court	3
Other Hospitals and Child Guidance Clinics	4
Other agencies	6

170

Comment on Figures for 1945 and 1946.

The numbers referred were approximately equal in the two years, 168 in 1945 and 170 in 1946. The Diagnostic waiting lists were closed for approximately three months in 1946, owing to the pressure of work. Had this not been necessary the 1946 figures would probably have been in the region of 200.

There was a big increase in the amount of diagnostic work done during 1946.

An effort was made to deal with the large numbers awaiting diagnosis, and the waiting list by December, 1946, was considerably less than in December, 1945. Nearly three times as many new children were seen in 1946. This was largely due to the increased psychiatric time being used for diagnostic work.

Table II shows the figures for the two years.

One result of the increased diagnostic work has been that the treatment waiting list has grown, because as more children are seen, more are known to need treatment.

The treatment position is still unsatisfactory, as is seen from Table II, where 27 cases are still awaiting treatment on December 31st, 1946.

The Clinic is still understaffed, as far as treatment is concerned. So far it has not been possible to obtain a Play Therapist for the authorised five sessions per week, which would ease the position generally and assist those patients in need of such treatment. As long as the difficulty of staffing remains there is risk of these cases breaking down or of not being helped.

Cases should be taken on as soon as possible after being seen as if not the position changes, the child's condition deteriorates, the parents become dissatisfied, and the reputation of the Clinic suffers.

Many cases dealt with by supervision and advice or diagnosis and advice could have benefited from some form of treatment, but it was found impossible to give all the help that was needed. The figures therefore represent a compromise between the service needed and that available.

Closed Cases.

The state of closed cases, Table I, is, we feel, fairly satisfactory, considering that only the more serious cases are taken on for regular interviews.

The number of cases closed (eighteen during the whole year) is not so satisfactory. This is largely due to the lack of available treatment facilities.

TABLE IV.—Problems Referred

1. Nervous Disorders (e.g., Fears, depression, excitability, apathy, etc.)	18
2. Habit Disorders and Physical Symptoms (e.g., Bed-wetting, speech disorders, sleep disturbance, feeding difficulties, involuntary movements, fits)	76
3. Behaviour Disorders (e.g., Unmanageable, temper, aggressiveness, stealing, lying, truancy and sex difficulties)	56
4. Educational Problems (Failure to learn, lack of concentration)	15
5. Special Examinations (e.g., Court, placement in hostel, educational advice)	5

Habit disorders, physical symptoms and behaviour disorders form a large proportion of the problems as referred. This is, of course, mainly due to the frequency with which such troubles present themselves as a pointer to emotional or other maladjustments in children. There is also the fact that disturbances of this nature have often a very real nuisance value to those in contact with the child, and therefore such problems easily come to the notice of those referring a case.

Conditions in group I such as fears, apathy, depression, produced only eighteen of the one hundred and seventy cases referred. On investigation it was found that many of the children in this group are in fact seriously disturbed.

Group 4, Educational problems, appears as a very small proportion in the figures shown, it must be remembered that only in cases where social or emotional difficulties seriously complicate the education picture do such children come for complete examination. The main bulk of the educational problems is dealt with by Miss Hammond in her school work, and is reported by her separately.

Home Difficulties and Unusual Experiences.

It is often said that the main cause of many emotional disturbances in childhood, which can have such disastrous effects in later life, lies in home difficulties, especially parental mismanagement or unhappiness. Nearly every family has during the past years of war suffered from some form of disturbance, such as separation through war service, evacuation, housing difficulties, etc., and the peace and stability of the home and close family ties have suffered in consequence; it might be expected therefore that the histories of children referred to the Clinic for outstanding difficulties would show unusually severe upheavals in the family life and relationships.

An approximate estimate of the number of cases seen in 1946 gives :—

Family experiences and relationships—good	26
moderate	68
bad	53
	147

These figures have no statistical value, but they suggest that emotional damage to children is to some extent proportionate to the strains and stresses which the whole family and the child have experienced.

Speech Therapist.

We have been very glad to co-operate during the past year with Miss Gregory, the Speech Therapist. Several cases have been referred from the Speech Clinic and vice versa, and in some cases we are working jointly to help the child and his family with the handicap.

Court Cases.

Relatively few cases are referred from the Courts, but on several occasions we have been grateful for the co-operation and assistance of the Probation Officers.

Placement Cases.

These are often very difficult to deal with, as they involve serious disorders, and very complex family situations, and facilities for placement of maladjusted children are still woefully inadequate.

We should like to record our sincere appreciation of the often heroic efforts of Mr. Phillips, Chief Attendance Officer, to obtain suitable placings for children.

Proposed Expansion.

During the year, preliminary discussions have taken place with regard to the expansion of the present Clinic to serve a larger area in West Essex. This would involve a considerable increase in staffing, and a re-organisation and expansion of premises.

The volume of work would be more than doubled, as the school population would be in the region of 40,000 children instead of 15,000 as at present.

Clinic Premises.

The space at present available in the Old Education Offices is at present adequate, though not satisfactory for the purposes of the Clinic. Any increase in staff would, however, need an increase in available space, as there is no spare room at present.

Extensive re-organisation and re-equipment of the Clinic premises will be necessary before any increase in work or staff can be achieved.

General Comment.

The proportion of new cases referred, 170 during the year, to a school population of 15,000, indicates that the Clinic advice is asked for on behalf of many children, and from a variety of sources. This is a higher ratio than in some areas.

There is no evidence to suggest that Walthamstow has a higher proportion of difficult children than other areas, but rather that the Clinic is used extensively by those dealing with children, in particular the Head Teachers and School Medical Officers.

Practically all cases referred are suitable for Child Guidance investigation.

Miss Hammond, Educational Psychologist, contributes the following report :—

The great majority of the children seen by the Educational Psychologist were referred for backwardness, but as in 1945 there was a variety of attendant problems, e.g., nervousness, inattention, laziness, occasional truancy, spitefulness, contra-suggestibility, solitariness.

The educational problems include failure to learn in all subjects, or one special group of subjects, irregular attainments where intelligence is believed to be good, paucity of output, with difficulty in beginning work.

It was found that many children who were apparent failures in school work were actually working up to capacity. A few were ineducable. Some were of Special School grade. 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.

A few children were given remedial teaching at the Clinic. In one case it was recommended that the child should remain a further year in the Infants' School.

The following table gives the statistics :—

Total number referred (including those re-examined and those carried over from 1945)	155
102 new referrals	
37 re-examinations	
16 carried over from 1945.	
Total examined (including re-examinations)	145
Number in which advice given to school	73
Number recommended for physical examination for transfer to Special school (2 Leyton cases)	14
Number given remedial coaching	4
Special school cases recommended to leave school	3
Cases found ineducable	9
Cases recommended to remain a further year in Infants' school	1
Number passed on to Child Guidance Clinic for full diagnosis	8
Number awaiting examination	10

(vii) **Speech Therapy.**—Miss Knight, your Committee's first whole-time therapist, resigned in December, 1945, to take up a similar appointment near her home. Miss Knight has given conscientious service since her appointment.

Miss C. M. Gregory was appointed to succeed Miss Knight and commenced duty in April, 1946. The following is her report :—

When I took over the Clinic in April, 1946, I found a waiting list of 300. This list increased after September due to the influx of children into the Infant Schools, to approximately 360.

Many of the cases of stammerers had got worse during the lapse of time between Miss Knight leaving and my taking over, consequently a great deal of old ground had to be gone over again, which delayed the intake of new cases.

150 children are treated each week, 70 of these being stammerers divided up into 12 classes, three senior, seven junior, two infant.

Since September I have had the assistance of three students, and this enables me to increase the numbers in my classes, and have two classes running concurrently. Up to date there have been 42 discharges 13 of which were stammerers.

I would not have been able to cope with the number needing treatment in the Infant Schools without the help of the school omnibus which transports 13 infant classes every week.

Infant stammering has decreased slightly, but Junior cases have increased; these Junior cases being the Infants of 1945.

(viii) **Convalescent Home Treatment.**—139 children were sent away for treatment during 1946. There were 33 remaining in convalescent homes and hospital schools on December 31st, 1946.

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 :—

Apart from the first three months of the year, when there were 33 cases of measles, three of mumps and three of whooping cough, the children's health has been excellent.

Nowadays one of the chief reasons parents give for sending their children to the Nursery School is bad housing conditions. Many of our children come from crowded homes, where there is no garden and where neighbours complain if the children make a noise. It is generally recognised now that in order to develop into mature and happy adults, children must have an environment that allows for full all round development. This is specially necessary during the first few years of childhood. It is obvious from our long waiting list that many parents are unable to obtain the advantages of a Nursery School environment for their children. Therefore, we would urge that when labour and materials are made available for school buildings, the erection of another Nursery School in Walthamstow will have high priority.

16. SECONDARY, GRAMMAR & TECHNICAL SCHOOLS

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

(b) The following table shows the findings at Medical Inspections :—

Number inspected :—

Entrants	475
12 years old	362
15 years old	520
Total	1,357
Specials	109
Grand Total	1,466

Parents present 750

Number referred for treatment (excluding dental and uncleanliness) 392

Number referred for observation 232

Number referred for treatment (excluding vision, dental and uncleanliness) 265

Nutrition—

A	395
B	915
C	47
D	—

	Defects.	Requiring treatment.	Requiring observation.
Skin		19	5
Eyes—			
Blepharitis		8	7
Vision		105	93
Squint		2	2
Other conditions		7	—
Ear Disease		12	5
Nose and Throat—			
Enlarged Tonsils		6	18
Enlarged Tonsils and Adenoids		1	4
Other conditions		24	6
Glands (Non-T.B.)—			
Sub-maxillary		—	6
Cervical		1	11
Teeth		28	5
Heart—			
Organic		—	1
Functional		1	8

Defects.	Requiring treatment.	Requiring observation.
Speech—		
Stammer	1	1
Anæmia	4	2
Rheumatism	1	—
Lungs—		
Bronchitis	6	1
Other conditions (non-T.B.)	1	1
Deformities—		
Spinal Curvature	3	—
Other forms	157	35
Other diseases and defects	53	18

17. MISCELLANEOUS

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

(ii) **Employment of Children in Public Entertainments.**—Three children were examined under these regulations.

(iii) **Medical Examinations.**—The following examinations were made during 1946 by the medical staff : Teachers, 50 ; Others, 39.

Medical Examination of Kitchen and Dining Room Staff.—Your Committee decided that the examination of such staff should in future include a rectal swab in an endeavour to reduce the risk of employing disease carriers.

18. STATISTICAL TABLES

The statistical tables required by the Ministry of Education follow.

TABLE I
MEDICAL INSPECTION OF CHILDREN ATTENDING
ELEMENTARY SCHOOLS

A.—Routine Inspections

Number of Inspections in the prescribed Groups :—

Entrants	1,092
Second Age Group	1,143
Third Age Group	1,906
Total	4,141

Number of other Routine Inspections

51

Grand Total

4,192

B.—Other Routine Inspections

Number of Special Inspections and Re-Inspections

18,149

TABLE II
CLASSIFICATION OF THE NUTRITION OF PUPILS INSPECTED
DURING THE YEAR IN THE ROUTINE AGE GROUPS

Number of Pupils Inspected.	A (Excellent).		B (Normal).		C (Slightly subnormal).		D (Bad).	
	No.	%	No.	%	No.	%	No.	%
4,141	1,430	34.5	2,621	63.2	89	2.1	1	0.02

TABLE III

Group I.—Treatment for Minor Ailments (excluding uncleanliness for which see Table V).

Total number of defects treated or under treatment during the year under the Authority's scheme, 4,931.

Group II.—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.
615	149	559	559

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

Received Operative Treatment.	Received Other Forms of Treatment.	Total.
107	201	308

TABLE IV
DENTAL INSPECTION AND TREATMENT

(1) Number of children inspected by the Dentist—						
(a) Routine Age Groups	.....	.....	.....	.....	.....	5,613
(b) Specials	.....	.....	.....	.....	.....	724
(c) Total (Routine and Special)	.....	.....	.....	.....	.....	6,337
(2) Number found to require treatment	.....	.....	.....	.....	.....	3,218
(3) Number actually treated	.....	.....	.....	.....	.....	4,218
(4) Attendances made by pupils for treatment	.....	.....	.....	.....	.....	11,760
(5) Half days devoted to—						
Inspection	.....	.....	.....	.....	.....	41
Treatment	.....	.....	.....	.....	.....	1,774
(6) Fillings—						
Permanent teeth	.....	.....	.....	.....	.....	3,369
Temporary teeth	.....	.....	.....	.....	.....	2,195
Total	.....	.....	.....	.....	.....	5,564

(7) Extractions—					
Permanent teeth	.....	.....	.....	.....	889
Temporary teeth	.....	.....	.....	.....	4,344
Total	.....	.....	.....	.....	5,233
(8) Administrations of general anæsthetics for extraction				.....	2,870
(9) Other Operations—					
Permanent teeth	.....	.....	.....	.....	3,944
Temporary teeth	.....	.....	.....	.....	613
Total	.....	.....	.....	.....	4,557

TABLE V
VERMINOUS CONDITIONS

(i) Total number of examinations of pupils in the Schools by School Nurses or other authorised persons	.....	.....	.....	27,739
(ii) Number of individual pupils found unclean	.....	.....	.....	314

