

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

Contributors

Walthamstow (England). Borough Council.

Publication/Creation

[1956?]

Persistent URL

<https://wellcomecollection.org/works/k56m359d>

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>

C 4411 (1) WALTHAMSTOW

Essex

WAL 42

BOROUGH OF WALTHAMSTOW
Committee for Education

REPORT

of the

BOROUGH

SCHOOL MEDICAL OFFICER

for the year

1955

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

BOROUGH SCHOOL MEDICAL OFFICER



Acc'd 31.5.56.

MBZ

BOROUGH OF WALTHAMSTOW

Committee for Education

REPORT

of the

BOROUGH

SCHOOL MEDICAL OFFICER

for the year

1955

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

BOROUGH SCHOOL MEDICAL OFFICER

INDEX

Section 1 — Staff	7
Section 2 — School Clinics	8
Section 3 — Co-ordination	9
Section 4 — School Hygiene and Accommodation	10
Section 5 — Medical Inspection	12
Section 6 — Review of the Facts disclosed by Medical Inspection	12
Section 7 — Follow-up	15
Section 8 — Arrangements for Treatment (Specialist Clinics)	15
Section 9 — Protection of School Children against Tuberculosis	32
Section 10 — Infectious Diseases	35
Section 11 — Vaccination and Immunisation	36
Section 12 — Open Air Boarding School Education	37
Section 13 — Physical Training	37
Section 14 — Provision of Meals	37
Section 15 — Co-operation	38
Section 16 — Handicapped Children and Special Schools	41
Section 17 — Full-time Courses of Higher Education for Blind, Deaf, Defective and Epileptic Students	47
Section 18 — Nursery School	47
Section 19 — Miscellaneous	47
Section 20 — Statistical Summary	50
Audiometric Survey	21
Accommodation	10
" Better Health "	47
Boarding School Education	37
B.C.G. Trials	33
B.C.G. Trials—Press Release	33
B.C.G. at Schools	34
Cardiac Clinic	24
Child Guidance	24
Clinics	8
Committee Members	4
Convalescent Home	
Treatment	32
Dental Defects	14
Dental Hygiene	16
Dental Treatment	16
Diphtheria Immunisation	36
Ear Disease	14
Ear, Nose & Throat Clinic	18
Employment of Children	49
Enquiry Officers	39
Epidemic Nausea and Vomiting	36
Eye Clinic	18
Eye Disease	13
Follow-up	15
Good Grooming	47
Handicapped Children	41
Health Education Lectures	47
Heart Disease	14
Hygiene	10
Invalid Children's Aid Association	39
Infectious Diseases	35
Liaison with Hospital Services	9
Mass Radiography	32
Meals, Provision of	37
Medical Inspection	12
Medical Treatment	15
Milk in Schools Scheme	38
Minor Ailments	15
Mothercraft Lectures	47
N.S.P.C.C.	41
Nursery School	47
Nutrition	12
Open Air Education	37
Orthopaedic Treatment	22
Orthoptic Treatment	18
Paediatric Clinic	29
Parents, Co-operation of	38
Physical Training	37
Poliomyelitis	36
Pre-Nursing Course	48
Prevention of Accidents	49
Re-inspection	12
School Hygiene	10
Skin Diseases	15
Special Schools	42
School for the—	
Deaf	42
Educationally Sub-normal	43
Partially Sighted	44
Physically Handicapped	45
Specialist Clinics—	
Cardiac	24
Child Guidance	24
Ear, Nose and Throat	18
Ophthalmic	18
Orthoptic	18
Paediatric	29
Speech Therapy	30
Squint	13
Staff	7
Teachers, Co-operation of	39
Tonics	15
Tuberculosis	32
Ultra Violet Light Treatment	32
Uncleanliness	13
Vaccination	37
Visit of German Workers	26
Voluntary Bodies	39
Whooping Cough Immunisation	37

WALTHAMSTOW COMMITTEE FOR EDUCATION

1955 - 1956

Chairman :

Alderman S. N. CHAPLIN, J.P.

Deputy Chairman :

Alderman W. H. SHAW (deceased)

Ex-Officio :

The Worshipful the Mayor : Alderman Lady C. McENTEE, O.B.E., J.P.

The Deputy Mayor : Councillor Mrs. S. CANDY

Chairman of the Finance and General Purposes Committee :

Alderman ROSS WYLD, O.B.E., J.P.

Ald. Mrs. L. P. BAILEY, J.P.

Ald. G. S. MACE

Ald. W. B. FITT, O.B.E.

Ald. A. E. MANNING

Ald. H. FULTON

Ald. E. C. REDHEAD, M.P., J.P.

Ald. T. SMITH

Coun. A. W. ELLIS, M.B.E.

Coun. Mrs. W. M. PALETHORPE

Coun. Mrs. E. M. MILLER

Coun. J. W. PRINGLE

Coun. W. F. SAVILL

Mrs. H. A. CHRISTY

Mr. L. V. HEAD

Rev. Canon K. H. DRUITT,

Mr. R. LAMB

M.A., R.D. Rev. Canon PRENDERGAST

Rev. R. WATERS

Borough Education Officer :

E. T. POTTER, B.Sc., J.P.

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

I present herewith a report for the year 1955 on the School Health Service in the Excepted District of Walthamstow and offer the following comments.

Again there were several changes in medical staffing, and notably the departure of Dr. Melville Watkins to take up duties as Medical Officer of Health, Divisional School Medical Officer and Area Medical Officer to the Borough of Leyton. Dr. Watkins had served Walthamstow, and especially its children, most faithfully for nearly 15 years. For my own part I can only acknowledge his loyalty and support during this period.

The Architect's report refers to the improvements in the sanitary accommodation at three schools with work in progress at others at the end of the year. Much remains to be done, especially if the schools are to be fully adequate for the teaching of personal hygiene. It is imperative that proper hand-washing facilities should be provided in all cases.

Uncleanliness again reached a new low record. Dental inspections at schools were nearly doubled and the services of a specialist anaesthetist provided by the Regional Hospital Board were much appreciated. The incidence of tuberculosis amongst children continued at a low level, and a further audiometric survey was completed and is reported upon.

The report records the visit of several German Child Guidance Workers to the Clinic. There was a large reduction in the number of children recommended for convalescence.

Early in 1956 the Medical Research Council issued the first report of the B.C.G. trials in which Walthamstow participated. The report affords complete proof of the value of B.C.G. vaccination and vindicates the policy of extending it to school leavers now in the third year of operation.

The recorded percentage of children vaccinated against smallpox remains far too low at 29.8 and stresses the need to increase the rate of infant vaccination. It is at this age that it is done with the least risk and discomfort and it is very necessary in view of the increasing risk of introduction of smallpox from air travel. There is also the need for vaccination in adult life on account of National Service and foreign travel.

The Specialist Clinics and the Special Schools have contributed to the completeness of the School Health Services in Walthamstow and have again done good work.

It is particularly pleasing to commemorate my predecessor, the late J. J. Clarke, by naming after him the School for the Partially Sighted. Dr. Clarke commenced duty as part-time Medical Officer of Health to the then Walthamstow Urban District Council in January, 1898, and became the first whole-time Medical Officer of Health on the 1st July, 1906, retiring on pension in March, 1930, after thirty-two years' service to the people of Walthamstow.

The late Dr. Clarke had much to do with the provision of the four special schools in Walthamstow. The special schools for the partially deaf and the partially sighted were amongst the earliest provided in the country by Local Education Authorities.

I wish again to record my appreciation of the help afforded by the Chairman and Members of the Committee, the Borough Education Officer and his staff, and all the staff of the School Health Service whose work is recorded in the following pages.

I am,

Your obedient Servant,

A. T. W. POWELL,

Borough School Medical Officer.

1. STAFF OF THE SCHOOL MEDICAL DEPARTMENT

Appointments in the School Health Service remain delegated to the Health Area Sub-Committee, subject to review from time to time by the Committee for Education.

Dr. Melville Watkins left on July 31st to take up the appointment of Medical Officer of Health, Divisional School Medical Officer and Area Medical Officer, Leyton. He commenced duty in Walthamstow as Deputy Medical Officer of Health on the 18th August, 1941.

Appreciation of his services is expressed in the introductory letter.

Dr. Geoffrey H. G. Poole was appointed on promotion to succeed Dr. Watkins as Deputy Medical Officer of Health and as Senior Assistant County Medical Officer of Health, in which capacity he deputises in regard to duties in the School Health Service.

Appointments.		Date Appointed
Dr. Marjorie Bell, M.B., B.S., D.C.H.	P/T. Asst. Cty. Medical Officer	2.3.55
Dr. Margaret Clay, M.B., CH.B., D.C.H.	P/T. Asst. Cty. Medical Officer	19.9.55
Dr. Margaret Edwards, M.B., B.CH., C.P.H.	P/T. Asst. Cty. Medical Officer	19.9.55
Mrs. E. Geary, S.R.N., S.C.M., H.V.CERT.	Health Visitor/School Nurse	1.4.55
Mrs. J. Hunter	P/T. Dental Attendant	7.12.55
Miss H. Kelsey	Clinic Clerk	24.10.55
Mr. W. Mulkis, L.D.S., R.C.S.	Tempy. P/T. Dental Officer	29.8.55
Dr. Joycelyn Newman, M.B., CH.B., D.R.C.O.G., D.P.H.	P/T. Asst. Cty. Medical Officer	14.2.55
Mr. P. Pearce, B.D.S.	Dental Officer	29.11.55
Dr. G. Poole, M.B., B.S., D.R.C.O.G., D.P.H.	Snr. Asst. Cty. Medical Officer	1.12.55
Miss M. Waghorn, S.R.N., S.C.M., H.V.CERT., R.S.C.N., Q.I.D.N.S.	Health Visitor/School Nurse	8.8.55

Resignations.		Date Resigned
Dr. Philippa Carter, M.B., B.S.	Asst. Cty. Medical Officer	4.3.55
Dr. Margaret Clay, M.B., CH.B., D.C.H.	P/T. Asst. Cty. Medical Officer	30.11.55
Dr. Margaret Edwards, M.B., B.CH.	P/T. Asst. Cty. Medical Officer	30.11.55
Mrs. A. Howe, S.R.N., S.C.M., H.V.CERT.	Health Visitor/School Nurse	13.3.55
Mrs. N. Lewin	Clinic Clerk	11.9.55
Mr. W. Mulkis, L.D.S., R.C.S.	Tempy. P/T. Dental Officer	28.12.55
Miss B. Smith	Dental Attendant	11.12.55
Dr. M. Watkins, M.R.C.S., L.R.C.P., D.P.H.	Deputy Medical Officer of Health	31.7.55
Mr. R. Woolf, B.D.S., L.D.S., R.C.S.	Dental Officer	31.5.55

In addition Dr. M. Ercolani, M.B., Ch.B., and Dr. C. L. Williams, B.Sc., M.R.C.S., L.R.C.P., D.P.H., have done occasional relief work.

2. SCHOOL CLINICS

Aural—

Monday 2 p.m.—4.30 p.m. Town Hall.

Cardiac and Rheumatism—

Quarterly 2 p.m.—4 p.m. Town Hall.
(Friday)

Child Guidance—

Monday } 10 a.m.—1 p.m. Child Guidance Clinic
to } 2 p.m.—5 p.m. 263, High Street, E.17.
Friday }

Dental Clinics—

Monday } 9 a.m.—4.30 p.m. Town Hall.
to }
Friday }

Saturday 9 a.m.—12 noon Town Hall.

Monday } 9 a.m.—4.30 p.m. 1, Guildsway.
to }
Friday }

Saturday 9 a.m.—12 noon 1, Guildsway.

Monday } 9 a.m.—4.30 p.m. Silverdale Road.
Wednesday }
Friday }

Monday } 9 a.m.—4.30 p.m. West Avenue.
to }
Friday }

**Minor Ailments—*

Monday }
Wednesday } 9 a.m.—12 noon Town Hall.
Friday }
Saturday }

Tuesday 9 a.m.—12 noon Silverdale Road.

Monday } 9 a.m.—11 a.m. Low Hall Lane.
Thursday }

Massage and Sunlight—

Monday } 9 a.m.—5 p.m. Open Air School.
to }
Friday }

Ophthalmic—

Tuesday	9 a.m.—12 noon	} Town Hall.
Thursday	2 p.m.—4 p.m.	
Friday	9 a.m.—12 noon	
	2 p.m.—4 p.m.	
Saturday	9 a.m.—12 noon	

Orthopaedic—

Monthly (Wednesday)	9 a.m.—12 noon	Open Air School.
------------------------	----------------	------------------

Orthoptic—

Wednesday	9 a.m.—4.30 p.m.	} Town Hall.
Friday	2 p.m.—4.30 p.m.	

Paediatric—

Alternate Thursdays	9 a.m.—12 noon	Town Hall.
------------------------	----------------	------------

Speech Therapy—

By appointment	263 High Street and Open Air School.
-------------------	---

**Immunisation—*

Wednesday	2 p.m.—4 p.m.	Town Hall.
-----------	---------------	------------

All clinics except those marked * are appointment clinics.

3. CO-ORDINATION

(a) *Staff.*—Co-ordination was secured by the fact that all the school health staff also carried out duties for other health services. The school nursing staff was equivalent to seven whole time nurses.

(b) *Family Doctors.*—Family doctors were informed as to the findings of specialists in regard to children referred for specialist diagnosis and treatment.

A "two-way" printed letter was introduced to facilitate communication with family doctors.

(c) *Reports from Hospitals.*—Few hospitals sent a summary on discharge of children from their wards. When such summaries were received they were of great value and were attached to the appropriate medical files.

(d) *Liaison with Hospital Services.*—The medical and nursing staff continued to visit in turn the ward rounds of Dr. Hinden, Paediatrician, at Whipps Cross Hospital.

4. SCHOOL HYGIENE AND ACCOMMODATION

Accommodation.—The following table shows the number of schools in the Borough at the 31st December :—

	Boys	Girls	Mixed	Infants	Nursery
County Secondary Grammar	1	2	—	—	—
County Secondary Technical	—	—	2	—	—
County Secondary Modern	2	2	6	—	—
County Primary Junior	2	2	12	—	—
County Primary Infants	—	—	—	15	—
Voluntary Secondary Modern	—	—	1	—	—
Voluntary Primary	—	—	3	2	—
County Nursery	—	—	—	—	1
Special Schools for :—					
Deaf	—	—	1	—	—
Educationally Subnormal	—	—	1	—	—
Partially Sighted	—	—	1	—	—
Physically Handicapped	—	—	1	—	—
	1955	1954	1953	1952	1951
Number of Children on					
Register, 31st December	20072	20157	20174	19975	18970
Average attendance	18014.0	18139.6	17936.9	16587.8	16561.6
Percentage attendance	89.7	90.0	88.9	82.9	87.3

The increase in the number of children on the school registers over the last nine years amounts to 3,609, i.e. 21.9% of the 1947 roll.

Mr. Frank H. Heaven, A.R.I.B.A., A.R.I.C.S., Architect to the Committee for Education for nearly twenty years, retired during the year, and appreciation must be expressed of his continued co-operation and help during this period. The following report is contributed by Mr T. L. Rampton, A.R.I.B.A., A.R.I.C.S., Architect to the Committee for Education.

Sites and Properties.—Additional land has been acquired for Mission Grove School, the demolition of the old buildings and the fencing to the site is being carried out.

Additional land for Maynard Road School in Evelyn and Rosslyn Road has been purchased, fencing to the site has been completed.

New Buildings.—One Classroom and one Craftroom are in course of erection at Blackhorse Road Secondary School and also an additional Craftroom at Wm. McGuffie Secondary School.

An additional Craftroom has been completed at Chapel End Secondary School and two prefabricated classrooms erected at Higham Hill J.M. School.

Additions and Alterations.—Alterations have been carried out at Pretoria Avenue School for the accommodation of partially sighted and educationally sub-normal pupils. The first instalment for improving the ventilation to Classrooms 1 and 2 at St. Mary's Church of England Infants' School has been completed.

Central Kitchens.—The buildings and apparatus have been maintained in good order and sundry improvements made at Pretoria Avenue Kitchen. The William Morris Technical School Dining Room and Kitchen has been completed during the year.

Heating.—The remodelling of heating at Mission Grove J.M. & Infants' School has been completed. Schemes for the remodelling of heating system at Chapel End Secondary and J.M. are in course of preparation and also supplementary heating for Maynard Road Infants' School. Existing systems have been maintained including the provision of several new boilers.

Lighting.—Improvements in lighting have been carried out at various schools. The remainder of the remodelling of lighting and power at Woodford High School for Girls is in hand.

Maintenance.—Education properties have been maintained in a good condition of repair. Vacuum cleaning has been carried out at all schools and the cleaning of windows four times during the year.

Renovation of schools both Interior and Exterior have been carried out on a rota basis.

The renovations of the external cement work at Woodford High School for Girls has been completed.

Galleries at various schools have been removed.

Playfields.—These are maintained by the Ground Staff. Special works, such as land drains (1), levelling and seeding (2), and renewal of fences (1), have been carried out by contract.

Playgrounds.—These have been repaired and re-surfaced, as well as entrance drives and footway approaches.

The extension of the playground at Hale End Special School has been completed.

Provision of Meals and Milk.—The canteens at schools are maintained in good condition. Improvements, such as additional hot cupboards, fish fryers, rinsing sinks, glazed sinks, etc., have been effected at seven schools.

The Canteen and Store at Coppermill Road Junior School has been completed during the year.

Sanitation.—The conversion from automatic flushing to individual w.c. suites has been carried out at two schools (Chapel End Infants' School and St. Mary's Church of England Infants' School).

The new lavatories at Woodford Green Primary School have been completed and are in use.

Two automatic flushing tanks have been installed at Coppermill Road Schools to prevent silting up of the surface water drains. New lavatory basins with hot and cold water supplies are in hand at various schools.

All the external lavatories have been distempered.

Routine inspections have been made by the Sanitary Inspectorate and minor defects reported and remedied.

5. MEDICAL INSPECTION

The following gives a summary of the returns :—

A. Periodic Medical Inspections—

Entrants	.....	.....	.....	1,863
Second Age Group	.....	.....	.....	2,961
Third Age Group	.....	.....	.....	2,178
Others	.....	.....	.....	548
Total	.....	.....	.....	7,550

B. Other Inspections—

Special Inspections	.....	.....	.....	2,374
Re-inspections	.....	.....	.....	2,947
Total	.....	.....	.....	5,321

Owing to the increase in the number of children on the school rolls (21.9%) since 1947 and the consequent overcrowding of accommodation it was not always possible for medical inspection to take place under satisfactory conditions. Special facilities have been provided in the newer schools.

6. REVIEW OF THE FACTS DISCLOSED BY MEDICAL INSPECTION

(N.B.—The numbers given below refer to medical and special inspection at schools and do not include other examinations at clinics).

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

	Number Inspected	" A " (Good) No. %		" B " (Fair) No. %		" C " (Bad) No. %	
Entrants	1,863	1,552	83.31	305	16.37	6	0.32
Second Age Group	2,961	2,455	82.91	496	16.75	10	0.34
Third Age Group	2,178	1,728	79.34	440	20.20	10	0.46
Others	548	418	76.28	122	22.26	8	1.46
Totals	7,550	6,153	81.50	1,363	18.05	34	0.45

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

	1955	1954
Average visits to schools	4	4
Total examinations	28,666	34,547
No. of individual pupils found unclean	106	235
Percentage uncleanliness of average attendance	0.6	1.29

The highest and lowest percentages since 1947 were 6.2 in 1949 and 0.6 in 1955. Although the percentage found unclean in 1955 was the lowest ever recorded, the presence of even 106 unclean children in the schools leaves no room for complacency.

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

	Treatment	Observation
Ringworm—Head	—	—
Body	—	—
Scabies	—	—
Impetigo	—	—
Other skin diseases	136	109

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

	Treatment	Observation
Visual Defects	807	330
Squint	91	37
External Eye Diseases	52	41

Squint.—The totals of children requiring treatment or observation for squint during the past two years, and the totals of medical inspections and re-inspections were :—

	1955	1954
Treatment or observation	128	87
Medical inspections and re-inspec- tions at school	8,754	8,332

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

	Treatment	Observation
Enlarged Tonsils	37	186
Adenoids	5	14
Enlarged tonsils and adenoids	37	83
Other conditions	71	42

(f) **Ear Disease and Defective Hearing.**—The number of patients requiring treatment or observation was as follows :—

			Treatment	Observation
Defective Hearing	.....	.....	55	79
Otitis Media	.....	.....	33	36
Other Ear Disease	.....	.....	14	13

(g) **Orthopaedic and Postural Defects.**—A total of 297 defects were found to require treatment.

(h) **Dental Defects :—**

Inspection at Schools			Children		General			Other
Requiring			actually	Fill-	Extrac-	Anaes-	Oper-	
Inspected	Treatment	Per cent.	treated	ings	tions	thetics	ations	
12,703	6,340	49.9	6,806	7,781	8,880	4,221	5,851	

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

				Treatment	Observation
Heart disease—Organic	.....	.....		14	12
	Functional	.....		2	57
Anaemia	.....	.....		9	9

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

The notifications of tuberculosis in the age group 5—15 years have been as follows :—

	1950	1951	1952	1953	1954	1955
Pulmonary	5	9	5	3	—	1
Non-pulmonary	2	4	4	4	—	1
Total	7	13	9	7	—	2

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

Enlarged Glands	.....	4
Bronchitis	.....	39
Speech	.....	61
Epilepsy	.....	7
Other defects	.....	217

7. FOLLOW-UP

The School Nurses paid a total of 678 home visits during 1955.

8. ARRANGEMENTS FOR TREATMENT

(a) **Tonics.**—The following shows the quantity of tonics issued during 1955 :—

Cod Liver Oil	Parrish's Food	Syrup Lacto Phosphate	Cod Liver Oil and Malt	Cod Liver Oil and Malt and Parrish's Food
28 lbs	112½ lbs	21 lbs.	306 lbs.	1,586 lbs.

(b) **Uncleanliness.**—Treatment with Suleo was carried out with satisfactory results, and advice and treatment is available at all clinics and welfares. Steel combs are supplied at the various centres at cost price, and on loan in cases of necessity. Special treatment is available at the Hackney Borough Council's Cleansing Centre.

(c) **Minor Ailments and Diseases of the Skin.**—Treatment of minor ailments is carried out at the seven sessions of the school clinics, all of which are in charge of a medical officer. The number of cases of skin diseases is shown in the following table detailing the work done at the school clinics :—

			First Inspections		Re-inspections	
			Boys	Girls	Boys	Girls
Ringworm—Scalp	.....	.....	—	—	—	—
Body	.....	.....	2	—	3	—
Scabies	.....	.....	—	1	—	—
Impetigo	.....	.....	10	8	26	14
Other Skin Defects	.....	.....	39	62	90	88
Verminous Head	.....	.....	9	16	7	155
Tonsils and Adenoids	.....	.....	6	23	21	26
Other E.N.T. conditions	.....	.....	147	132	332	191
Defective Vision (including squint)	.....	.....	65	70	17	26
External Eye Disease	.....	.....	45	41	47	24
Sores	.....	.....	4	2	—	1
Various	.....	.....	779	556	1,436	1276
Totals	.....	.....	1,106	911	1,979	1,801

First attendances number 2,017 against 1,782 in 1954, and re-attendances 3,780 against 5,237, the total attendances being 5,797 against 7,019.

The following table shows the new cases and attendances at Minor Ailment Clinics since the "appointed day" in July, 1948. The decrease reflects the tendency for children to be taken to family doctors.

	1948	1949	1950	1951	1952	1953	1954	1955
New cases	5,086	3,757	3,356	3,106	2,990	2,397	1,782	2,017
Attendances	16,490	14,112	11,515	10,000	10,634	8,544	7,019	5,797

(d) **Dental Treatment.**—Mr. L. W. Elmer, Senior Dental Surgeon, submits the following report :—

“ During 1955, in accordance with the suggestion of the Ministry of Education, the number of dental inspections at schools has been increased from 6,435 to 12,703. This figure represents almost a four-fold increase on the number in 1953.

“ A further dental resignation occurred during the year and this, combined with somewhat prolonged sickness and the absence of one dental officer during part of the year on study leave in America, has resulted in fewer sessions being worked. However, the average of fillings and extractions for each session has again shown an increase. An important feature enabling this average to be increased, has been the invaluable assistance given as specialist anaesthetist by Dr. Churchill. During the year under review he has administered very skilfully no fewer than 1,275 dental anaesthetics. Mr. Timmis has, as in the past, administered the majority of the remaining general anaesthetics, nearly 3,000 in number, and without complication.

“ Of 12,703 children inspected at schools, 6,340 were found to require treatment, and of these some 5,541 were offered treatment. Of these cases 4,713 accepted it, indicating an acceptance rate of 85 per cent.

“ It should again be noted that, of the 2,003 sessions referred to as ‘ treatment ’ sessions, 137 were carried out by the visiting orthodontist and 152 sessions were occupied by a dental surgeon acting as anaesthetist. These sessions must, of course, be taken into account in the evaluation of work done on any ‘ points ’ system.

“ In addition to work listed in the statistical table, 59 dentures were supplied to children. These were, in practically every case, replacements of incisors fractured or dislodged in accidents. 220 removable orthodontic appliances were supplied, 12 crowns were fitted to fractured incisors, 3 inlays were inserted, and 50 appliances and dentures were repaired.

“ **Dental Hygiene.**—During the year under review the dental hygienist, Miss Watts, devoted four sessions weekly to work with school children, mothers and pre-school children.

“ With regard to the former, her work continues to tend rather to the educative than to the practical. This is, of course, because the grossly unclean mouth has practically disappeared in the younger generation. This fact is, in itself, evidence that the efforts in dental education during the past years are bearing fruit. It is evidently far from true that ‘ a clean tooth does not decay,’ but it is clear that a greater attention to oral hygiene and a greater appreciation and use of the dental services generally does at least avoid some of the worst consequences of dental caries.

"As the 1954 Annual Report of the Ministry points out, the precise relationship of dental caries to modern diets has still to be worked out, and, until then, there would appear little chance of its elimination."

The following report has been submitted by Mr. R. V. Tait, the visiting orthodontist :—

"In most orthodontic conditions for which appliance treatment is necessary there is a choice between fixed and removable appliances. This year, the policy of using removable appliances as far as possible has been continued, as these require less surgery time for their construction and adjustment. Recent advances in the design of removable appliances have greatly increased their scope ; and their use for intermaxillary traction has brought about a great reduction in the number of fixed appliances required, thereby enabling a larger number of children to receive treatment.

"During the year 90 removable appliances were fitted and 6 fixed appliances. Orthodontic treatment was satisfactorily completed for 76 children, of whom 39 had worn appliances. In addition, 162 children were examined in consultation with school dental officers, and advice given regarding their treatment.

"The following figures show the work done during 1955."

Total number of sessions	.....	.....	.....	.....	.....	137
Appointments—Made	.....	.....	.....	.....	.....	1,328
Kept	.....	.....	.....	.....	.....	1,118
Cases brought forward from previous years	.....	.....	.....	.....	.....	233
New cases commenced during the year	.....	.....	.....	.....	.....	113
Cases completed during the year	.....	.....	.....	.....	.....	76
Cases for which treatment was completed with appliances	.....	.....	.....	.....	.....	39
Cases discontinued	.....	.....	.....	.....	.....	20
Removable appliances fitted	.....	.....	.....	.....	.....	90
Fixed appliances fitted	.....	.....	.....	.....	.....	6
Cases seen in consultation with School Dental Officers	.....	.....	.....	.....	.....	162

SPECIALIST CLINICS

(All Specialist Clinics are staffed as to Consultants by the Regional Hospital Board. Day to day administration has continued unaltered.)

(a) **Eye Clinic.**—The following table shows the work done in 1955 :—

	Under 7 years.		7-11 years.		Over 11 years.		Total	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Hypermetropia	26	26	35	23	45	48	106	97
Hypermetropic Astigmatism	12	15	20	21	19	33	51	69
Myopic Astigmatism	—	—	11	7	16	28	27	35
Mixed Astigmatism	—	2	7	8	12	11	19	21
Myopia	—	2	12	18	34	34	46	54
Other Eye Defects	1	3	—	2	2	—	3	5
Totals	39	48	85	79	128	154	252	281

Number of children for whom glasses were—

Prescribed	967
Obtained	905
Number of re-inspections	4,788
Total attendances	5,321

Supply of Spectacles.—The attendance at Eye Clinics of the dispensing optician provided by the Hospital Management Committee was of very great advantage to all concerned. There was no compulsion to obtain spectacles through official sources and parents were free to go to their own opticians if they preferred.

(b) **Orthoptic Clinic.**—The following shows the work done at the clinic :—

Number of cases investigated	78
Number of cases treated	233
Number referred to hospital for operation	15
Number operated on	4
Number discharged	2
Total attendances during the year	838

(c) **Ear, Nose and Throat Clinic.**—Dr. Francis Clarke reports as follows :—

“ During 1955, the usual periodic audiometric survey for the testing of the school children's hearing and the detection of any deafness was carried out in Junior and Secondary schools in the Borough. This was completed by the end of the year. Any children found with defective hearing were referred for investigation and first seen by the school medical officer for the purpose of getting a ‘ history ’ as to the possible causes and duration of the defect, and for examination of the ears for any local cause such as

wax (which was removed and the child re-tested). If after this examination and local treatment, the child still "failed to pass" the repeat hearing test he was referred to the E.N.T. clinic for detailed examination and treatment. A number were still waiting to be seen, at the end of the year, many have been discharged and others are still under treatment.

"As the examination and treatment of all cases could not be completed by the end of the year a full account of the survey is not possible for this year's Report.

"The detection of defective hearing among pre-school and school children is a very urgent problem for it is here that the greater majority of cases of acquired deafness found among the adult population originate.

"It is estimated that from a number of similar hearing surveys carried out in different areas that an average of from 4 to 6 per cent. of those tested have a hearing deficiency. These cases in a fairly large area amount to a considerable number. When it is realised that this amount of deafness, if undetected and untreated becomes progressive and permanent in most cases it becomes an economic as well as a social problem.

"An audiometric survey properly carried out at regular intervals among the school population is the quickest and most accurate means of detecting the amount of hearing loss in a school population. Often the individual loss is small and could easily pass unnoticed by parents or teachers, and even by the school medical officers with only the usual methods of testing at their disposal such as the watch-tick, tuning fork, or 'voice' tests which are so variable. The audiometer will on the other hand detect the slightest loss.

"Deafness in children as well as adults may be due to various causes. Neglected or improperly treated ear discharge is one of the most frequent. It is vitally important that any recurring attacks of earache or the presence of ear discharge or slight sign of deafness in a child or infant should receive immediate attention and appropriate treatment and be kept under careful observation until one is satisfied that the hearing is fully recovered. Unhealthy nasopharyngeal and any other predisposing conditions should, of course, be promptly attended to for their detrimental effect on the auditory mechanism is always important.

"It is estimated that with proper care, early detection and suitable treatment 80 per cent. of acquired deafness is avoidable and that an average of 70 to 80 per cent. of the impaired hearing found in school children by audiometric survey can be cured and the hearing restored to normal by diagnosis of the causes and suitable treatment.

"The ear, nose and throat clinic at the Town Hall, which has a weekly session, is fully equipped for diagnosis and treatment except the occasional one that requires operation in hospital. The results in those already treated are very satisfying. In the majority of cases the parents are very co-operative in regard to treatment and in the after care. There are, of course, the very few who still believe that 'he will grow out of it' and prefer to do nothing.

"The varying conditions affecting the ear, nose and throat among new patients followed much the same pattern as those of previous years. There has been a very noticeable decline in the incidence of chronic otorrhoea and only five cases were found among all the new cases seen during the year. These discharging ears dried up quickly with two or three applications of zinc ionization.

"Experience has shown that the only quick and successful way of curing an early discharging ear is daily treatment at the clinics. This is insisted on as successful home treatment is out of the question for the majority of parents who lack the necessary skill and facilities.

"The presence of sinusitis in children deserves much more attention than it usually receives. The condition is far commoner than is generally recognised, even in very young children and in its early stages it is easily missed. Many cases who showed very little in the way of physical signs such as nasal discharge, etc., were found on washing out the sinuses to have profuse latent purulent discharge. Sinusitis in children can produce serious symptoms of ill health, frequent headaches, nasal discharge, affections of the ears, defective hearing, nasal obstruction, recurring colds, tonsillitis, and gastro intestinal troubles. The cases found at the clinic have been treated by Proetz sinus displacement method. Some were given additional treatment by Dowling nasal argyrol packs. The pack method is very useful where there is much oedema and congestion of the nasal membrane and turbinates. The results on the whole have been very good. The cessation of symptoms on clearing up the sinus infection produces a very noticeable change and improvement in the child's general health and well being. Parents frequently comment on this alteration.

"For other nasal conditions, obstruction, mouth-breathing, rhinitis, etc., nasal diastolization has been employed. Very many cases were treated by this means during the year. For these particular kinds of defect there is no other line of treatment available at present which gives so much relief, with amelioration of symptoms and lasting results as diastolization. The principle is sound because it is directed to treating the cause, not the effect.

"In some patients where nasal obstruction and mouth-breathing have been present for a long time they will continue breathing through the mouth even after the nasal airway obstruction has been relieved. It is necessary to re-educate these patients into the correct way of breathing through the nose. A course of special breathing exercises is required and among these, Plescher's method has been used at the clinic and after a short time the child learns to breathe naturally through the nose, and the parents notice a decided improvement. The method is simple and consists in emptying, by forced nasal inspiration, and expiration by mouth a Winchester size bottle filled with water and inverted in a large bowl partly filled with water so that the mouth of the bottle is under water. Only two cases required hospital operative treatment.

"The usual annual clinical session was held at the School for the Deaf and those cases which required ear and nasal attention were referred to and treated at the E.N.T. clinic. There was only one case of ear discharge in the school—a recurrence of discharge in a case of chronic otorrhoea which had been 'dry' for a couple of years after treatment by zinc ionization. Zinc ionization was repeated and the discharge ceased in a few days. The head teacher of the Deaf School is very keenly on the look out for any ear, nose or throat signs which may require attention and promptly reports these cases."

"The numbers of cases who attended the clinic during the year and the total attendances are shown in the statistical summary at the end of this report."

Audiometry Survey.—Mrs. M. Dodd, the County Audiometrician, commenced an audiometry survey of children attending secondary modern and junior schools in the Borough at the beginning of February.

9,226 children had their hearing tested at school, and of these 288 were referred to the medical staff for further investigation. The following table gives details of the cases seen by the medical staff.

	Primary Schools	Secondary Schools	Total
No. invited to attend clinic	197	91	288
No. seen at clinic	158	66	224
No. preferring to attend own doctor or hospital	25	20	45
No. failed to attend	14	5	19
No. with unilateral hearing loss	112	51	163
" bilateral hearing loss	50	21	71
" severe unilateral hearing loss of 30 D or over	26	17	43
" severe bilateral hearing loss of 30 D or over	9	2	11

146 cases were referred to Dr. F. Clarke at the E.N.T. Clinic, and at the end of the year 49 had yet to be seen and 66 were still under treatment.

Causation of Deafness.—It is often difficult to diagnose the specific cause of deafness, but an attempt has been made below to list the causes under the more obvious presenting symptoms and signs.

	Primary Schols				Secondary Schools		
	Passed Retest	No Improve- ment	Did not Attend Retest	Waiting Retest	Passed Retest	No Improve- ment	Did not Attend Retest
Wax	15	1	5	1	8	3	3
Past otitis media	1	5	2	1	2	2	3
Catarrh	5	1	2	—	4	2	1
Rhinitis	6	—	—	—	3	—	—
Old perforations	2	1	—	1	2	1	—
Nasal obstruction	3	2	—	—	—	—	—
Cold at time of test	3	1	—	—	2	—	—
Eustachian tube block	1	—	—	—	1	—	—
Foreign body	—	—	—	—	1	—	—
Boil in ear	1	—	—	—	—	—	—
Enlarged tonsils and adenoids	—	—	—	2	—	—	—
Old mastoid	—	1	—	—	—	—	—
Conductive deafness	—	1	—	—	—	—	—
Congenital	—	1	—	—	—	1	—
N.A.D.	2	—	—	—	1	—	2
Totals	39	14	9	5	24	9	9
		67				42	
Awaiting diagnosis or treatment		91				24	
Attending own doctor or hospital		25				20	
Failed to attend		14				5	
		197				91	

(d) **Orthopaedic and Physiotherapy Clinic.**—The clinic is under the clinical charge of Mr. G. Rigby Jones, M.C., F.R.C.S., Consultant Orthopaedic Surgeon to the Connaught Hospital, who has kindly contributed the following :—

“ The Orthopaedic Clinic at Hale End School has continued satisfactorily during the year. At last permanent arrangements are being made for a Consultant to attend the clinic, and I hope that, as soon as the new Orthopaedic Surgeon of the Forest Group is appointed, as a result of the re-allocation of duties I shall be able to continue at Hale End.”

The following tables compiled by Miss Garratt, C.S.P., Physio-therapist, shows the work done at the clinic :—

	Boys			Girls		
	5-16 yrs.	Under 5 yrs.	16-18 yrs.	5-16 yrs.	Under 5 yrs.	16-18 yrs.
Anterior Poliomyelitis	11	2	1	10	2	1
Surgical Tuberculosis	—	—	—	—	1	—
Arthritis	1	—	—	1	—	—
Scoliosis, Lordosis, Kyphosis	61	5	—	62	3	—
Genu Valgum	7	16	—	9	6	—
Genu Varum	1	4	—	—	—	—
Pes Valgus and Valgus ankles	72	13	—	35	6	—
Spastic paralysis	12	—	—	9	—	1
Schlatters disease	1	—	—	1	—	—
Progressive muscular atrophy	1	—	—	—	—	—
Osteogenesis imperfecta	1	—	—	1	—	—
Talipes—(a) Equino varus	11	—	1	2	—	—
(b) Calcaneo valgus	—	—	—	—	2	—
(c) Pes cavus	2	—	—	2	—	—
(d) Metatarsus varus	3	2	—	1	3	—
Torticollis	4	1	—	2	—	—
Congenital dislocation of hip	—	—	—	1	1	2
Hallux rigidus	—	—	—	4	—	—
Hallux valgus	—	—	—	10	—	—
Spina bifida	2	—	—	1	—	—
Perthes disease	—	1	—	2	—	—
Achondroplasia	—	—	—	1	—	—
Diaphyseal aclasis	2	—	1	—	—	—
Digitus varus	2	1	—	5	—	—
Overlapping toes	4	2	—	1	5	—
Hammer toe	1	—	2	2	—	—
Claw toes	2	—	—	6	—	—
Arthrogryposis multiplex congenitae	—	1	—	—	—	—
Slipped epiphysis	—	—	—	1	—	—
Transverse myelitis	—	—	—	1	—	—
Other congenital defects	5	2	—	8	1	—
Miscellaneous (including chest conditions)	77	4	—	57	2	—
Totals	283	54	5	235	32	4

New cases seen by Surgeon—

School age	104
Under school age	37
Total	141

Number of cases seen by Surgeon—

From Physically Defective School	31
From other schools	327
Under school age	70
Over school age	5
Total	433

Total number of examinations made by the Surgeon	574
Total number of cases discharged by the Surgeon	75
Average number of examinations per session	44.2
Number of treatments given	7,209
Number of attendances for after care	2,022
Number of sessions held—Inspection	13
Treatment	443
Number of visits by instrument maker	29
Admissions to hospital	18
Operated on in out-patient departments	3
Operations performed	19
Children transferred from Connaught Hospital	26

(e) **Cardiac Clinic.**—The Specialist Clinic in the charge of Dr. Mary Wilmers has continued. The reduction in sessions is a reflection on the fewer cases of these defects now found in children.

The following shows the work done at the clinic during 1955 :—

Number of sessions	5
„ „ attendances	45
„ „ new cases	13
„ „ old cases	32
„ discharged	7
„ referred to hospital—Out-patient	2
In-patient	—

(f) **Child Guidance Clinic.**—The Consultant Psychiatrist, Dr. Helen Gillespie, reports as follows :—

“ In April last Miss L. Folkart joined the staff of the clinic as Lay Psychotherapist, working two sessions per week. The total number of these lay psychotherapy sessions is now eight per week. In addition, two extra sessions per month were worked by the Psychiatrist between September and December, so as to relieve the waiting list of children referred for an assessment. These were later discontinued, as in the time at the disposal of the rest of the team we were unable to take on for treatment the extra cases diagnosed, and it is against the policy of the clinic to keep patients waiting for treatment after a diagnostic interview.

“ The clinic clerical staff appear to be working under great pressure. It has been felt throughout that they were unable to cope with the enormous demands made on their time. The appointment of a third clerical assistant would be very much appreciated by the Child Guidance teams.”

The following tables show the work of the clinic during the year. Figures for Walthamstow cases only are shown :—

TABLE I

Analysis of Figures for 1955

Number of cases referred to the clinic	.....	.....	83
Number of cases diagnosed at the clinic	.....	.....	65
(a) <i>Psychiatrists</i>			
Diagnostic interviews	.....	.....	65
Cases taken on for treatment	.....	.....	20
Treatment interviews	.....	.....	317
Other interviews	.....	.....	3
No. of psychiatric sessions per week	.....	.....	4
(b) <i>Psychologists</i>			
Clinic cases tested	.....	.....	68
Cases given remedial education	.....	.....	14
Treatment interviews (remedial education)	.....	.....	172
School visits on behalf of clinic cases	.....	.....	24
Other interviews at clinic	.....	.....	30
(c) <i>School Psychological Service</i>			
Individual cases seen	.....	.....	288
Number referred to clinic	.....	.....	5
(d) <i>Play Therapists</i>			
Cases treated	.....	.....	16
Treatment interviews	.....	.....	343
(e) <i>Psychiatric Social Workers</i>			
Interviews at clinic	.....	.....	694
Interviews elsewhere	.....	.....	6
(f) <i>Waiting List</i>			
Cases for diagnosis	.....	.....	33
Awaiting treatment	.....	.....	7
(g) Total cases treated during the year			
	.....	.....	106

TABLES II and III

Analysis of Problems referred and Cases Diagnosed

	Referred	Diagnosed
I. Nervous disorders, e.g. fears, depressions, apathy, excitability	17	24
II. Habit disorders and physical symptoms, enuresis, speech disorders, sleep disturbances, tics, fits, etc.	18	11
III. Behaviour disorders, e.g. unmanageable, tempers, stealing, lying, sex problems, etc.	39	16
IV. Educational, e.g. backwardness, failure to concentrate	8	8

	Referred	Diagnosed
V. No basic disturbance of child, i.e. mainly parental over-anxiety	—	6
	—	—
	82	65
	—	—

TABLE IV

Analysis of Cases Closed during the Year

(Including cases referred in previous years.)

Improved and recovered after treatment	46
Diagnosis and advice only	9
Interrupted, e.g. on parents' initiative	33
Closed for miscellaneous causes (removed from area, placement in E.S.N. School, etc)	11
	—
	99
	—

Visit of German Child Guidance Workers.—In September the Local Education Authority was requested by the Foreign Office to arrange a day's programme for a group of seven German workers and to include a visit to a Child Guidance Clinic. A morning session was held at the Walthamstow clinic when a memorandum was handed out in regard to the history of the Child Guidance Service in Walthamstow and its administration. Extracts are quoted below :—

"The Education Committee of the Walthamstow Borough Council decided in 1943 to initiate a Child Guidance Service for Walthamstow and a full time Psychologist began a survey of the schools in June in order to investigate the nature and the extent of the work to be done. The survey showed that there were at least 120 children to be studied including 68 educationally retarded children.

"A part-time social worker also commenced duty in June and regular psychiatric sessions were commenced in September, at first fortnightly and then weekly.

"Three rooms in the premises now in use were made available.

"The number of weekly sessions and the staffing were progressively increased up to 1946 when three weekly psychiatric sessions were held.

"In 1946 and following the operation of the Education Act, 1944, the Borough Council became an 'Excepted District' for education purposes, the County Council becoming 'the Local Education Authority'.

"It was agreed to enlarge the Clinic to serve a wider area to include the Leyton Excepted District and the Forest Division for

Education, i.e., two neighbouring Education Divisions, Staffing was to be on the basis of one Psychiatrist, two Educational Psychologists, two Psychiatric Social Workers, one Psycho-therapist (for Play Therapy) and one Clerk, all to be full time workers. Approval was finally received in 1947 for this scheme to serve a school population amounting to approximately 40,000 children. (The school population is now 66,000.)

" Extensive structural alterations and redecorations were carried out at the existing premises in order to provide a waiting room, office, consulting room, four rooms for the psychologists and the social workers and two rooms for play therapy, the smaller of which is supplied with water.

" During 1951 Dr. Gillespie began consultations for children under five years of age at a child welfare centre with a view to preventing emotional troubles in such children and educating young mothers in the handling of their infants. Cases were selected and referred by the medical and health visiting staff of the welfare centres.

" Staffing has been continuously increased and in 1955 weekly sessions amounted to 9 psychiatric and 8 lay psycho-therapeutic. In addition a fortnightly psychiatric session has been allowed for six months to reduce the waiting list. The permanent staff comprise—2 Educational Psychologists, 2 Psychiatric Social Workers and 2 Clerical Staff. The Psychiatrists are appointed and paid by the Regional Hospital Board.

" Children are referred to the Clinic from many sources, for example, Head Teachers (largely educational cases), School Medical Staff, Parents, Education Department, Speech Therapists, Family Doctors, Hospitals, Children's Officer and the Juvenile Court.

" An initial physical examination is always carried out by the School Medical Staff and/or the Family Doctor, to whom a copy of the Psychiatrist's report is always sent. This physical examination includes visual and auditory assessments and, in the case of enuresis, the result of a urine examination.

" A full time Speech Therapist also works in the same premises, but independently of the Child Guidance Clinic."

The work of the Clinic was described by Dr. Casimir, Psychiatrist, by the Educational Psychologists, the Psychotherapists, and the Psychiatric Social Workers. This was followed by a discussion on the School Psychological Service and the placement of children, followed again by a very interesting general discussion.

REPORT OF THE EDUCATIONAL PSYCHOLOGIST FOR 1955

Miss E. M. Smith, M.A., reports as follows :—

“ Still working in both Walthamstow and Chingford areas, during 1955 the Educational Psychologist made 114 visits to Walthamstow schools. These visits were made to test individual children, to make enquiries about children referred to the psychiatrist, to give group tests, or to give advice to Head Teachers or class teachers on particular problems. In the majority of cases visits were made at the invitation of Head Teachers. All types of schools were visited, but, as the following table indicates, Infant, Junior and Special Schools made the greatest use of the Psychologist.

School Visits			
Infants Schools	.....	.....	30 visits
Junior Schools	.....	.....	51 „
Secondary Modern Schools	.....	.....	6 „
Grammar and Technical Schools	.....	.....	3 „
Special Schools	.....	.....	24 „
			114

“ The Psychologist also paid six home visits during the year.

“ Group tests were given in three schools. Individual tests were given to 288 children. They were attending all types of schools, as shown below :—

Type of school	Number of children tested
Infant	48
Junior	126
Secondary Modern	24
Grammar and Technical	6
Special	65
Boarding and Private Schools	6

“ In addition seven children of pre-school age, and six children coming into the Borough from other areas and needing special assessment before school placement, were tested. 29 parents were also interviewed by the Psychologist.

“ The range of I.Q. among children tested was from ineducable (below I.Q. 50) to extremely intelligent (above I.Q. 130).

I.Q.	Number of Children	Per cent.
Below 75 (E.S.N.)	110	38.2
76-89 (Dull)	69	24
90-115 (Average)	74	25.7
116+ (Superior)	35	12.1

" These figures show a significant rise in the number of children seen whose I.Q.'s. were below 75. They include children already attending the E.S.N. School, where a systematic reviewing of all children has begun this year. A problem is revealed if these results are further analysed. It is rare to admit to the E.S.N. School any child with I.Q. above 70 because of lack of accommodation, and there is therefore the following situation in regard to the children needing E.S.N. schooling. Of the 110 children seen who came within this category, 32 are already attending the E.S.N. School. 43 have I.Q.'s. of 70 or less and have therefore been recommended and placed on the waiting list for the Special School. There remain 35 children in normal schools with I.Q. between 70 and 75 of whom some might benefit by special education.

" At the end of the summer term a further survey of the reading attainment of children aged seven was made at the request of the Education Committee.

" During the year the Psychologist gave a course of four lectures on the Teaching of Reading, four lectures on Adolescence, and talks were given to Parent-Teacher Groups of four schools."

(g) **Paediatric Clinic.**—The clinic was continued under the clinical charge of Dr. Elchon Hinden, Paediatrician to Whipps Cross Hospital, who reports as follows :—

" There has been no change in the pattern of diseases referred to the clinic. Acute illness of any sort is rare, and in general the majority of the patients are not suffering from organic disease at all ; but there are a few chronic illnesses of childhood which cause much anxiety. Epilepsy is such a one.

" As we lack precise diagnostic criteria, we cannot tell how common epilepsy is. Many babies throw a solitary fit, and it is impossible to say whether or no this is epilepsy. This difficulty in diagnosis is always encountered at the first fit, and I believe it cannot be overcome. It is not possible to say whether the first fit will remain the only one, or whether it is merely the start of a long series. Most observers have found that of all children who sustain a fit without overt cause, about 25% will continue to be subject to them. The recording of the electrical impulses set up by the brain—electroencephalography (abbreviated EEG)—will often provide great help in diagnosis, and I am indebted to the EEG Department at Goodmayes Hospital for their courtesy in performing the tests for me.

" Epilepsy, known for centuries as ' the sacred disease ' is still regarded with superstitious fear by the general public, and the epileptic is looked on as one set apart from his fellows. But in fact he is very much the same as the rest of us. All of us would convulse if given a strong enough stimulus ; the only difference is that the epileptic throws a fit for a stimulus which is too weak to be apparent

to our purblind senses. The difference is one of degree, not of kind. The outlook for epilepsy in childhood is good. With modern treatment, the average patient can look forward to the fits stopping, or to so few of them continuing that he can lead a perfectly normal life. An occasional fit occurring during school hours should be accepted as a matter of course. It looks very much worse than it is, for there is hardly any danger from it ; and when it is over the child should be encouraged to continue his normal routine.

"I should like to thank the Assistant School Medical Officers for referring the children to me, and the general practitioners for granting them permission to do so ; and my colleagues, the Pathologist and Radiologist at Whipps Cross Hospital for kindly offering me the facilities of their departments."

	Over 5 years	Under 5 years
New cases	54	32
Total attendances	104	47
<i>Physical Defects :</i>		
No. of cases	36	30
Referred to Hospital	26	9
Discharged	15	3
<i>Psychological Disorders :</i>		
(a) Enuresis	18	—
(b) Other	—	2
Referred to Hospital	13	—
Discharged	2	1

(h) **Speech Therapy.**—Treatment centres are provided at the Old Education Offices, High Street, and at the Open Air School.

The arrangements of previous years have continued in regard to the selection and reference of children for speech therapy. Cases are brought forward as a result of medical inspection and re-inspection and by reference through Head Teachers. In order to exclude any medical condition and in order to assess the degree of the speech defect to negative the possibility of deafness, partial deafness, or of a psychological cause of the defect, a full medical report is recorded on the case papers sent to the speech therapist. The school Medical Officers are invited to follow up their cases during the course of treatment and arrangements have been made for a review of the case, preferably by the School Medical Officer who referred the case, and before discharge from treatment.

Miss C. M. Borthwick, L.C.S.T., reports as follows :—

* Attendances at the clinic have increased again this year despite the allotting of more time to individual work. The latter was felt to be so much more satisfactory that forms were sent to all parents asking them to state whether or not they would be prepared to

bring the child to the clinic. The response to this was excellent, only thirteen parents being unable to comply. These thirteen children will continue to come by school bus, but the others will have the advantage of a longer period of individual treatment and greater co-operation of their parents.

"The tape recorder has proved very useful. It cannot, however, be used to record all types of articulatory defect as it does not produce sounds of the highest frequencies with any accuracy. Record keeping this year has been facilitated by the use of small reels of tape.

"During the year 35 school visits have been made and prospective cases have been interviewed and current cases discussed. Contact is kept with the school throughout treatment and a report is sent to the school when any new factor arises. My thanks are due to the Head Teachers of all the schools for their help and co-operation."

Miss A. M. Hemmings, L.C.S.T., reports as follows :—

"This year has been a good year in that two major improvements have been effected. In September I obtained the use of another treatment room, so that the clinic now has the use of two treatment rooms and one waiting room. This second room is particularly useful when the working student is in attendance.

"The second improvement concerns the recording machine. We now have small reels for individual children so that it is possible to play several recordings consecutively and thus note the improvement.

"During the past year I have been able to maintain weekly contact with my colleague Miss Borthwick to discuss cases.

"As in previous years, regular visits have been made to schools and I have found the Head Teachers most co-operative. In the Infants' schools in particular children with speech defects are often picked out after having been at school only a few days.

"In general, I feel that speech therapy is no longer regarded as a new service known only to a few people. Often of their own accord mothers seek treatment for their child when he is still quite young."

Annual Report and Clinical Analysis.

	High St. Clinic	Open Air School Clinic
Number of cases in attendance at beginning of year	60	64
New cases admitted during year	67	47
Transfers from other clinics	—	16
	127	127

	High St. Clinic	Open Air School Clinic
Cases ceasing attendance before cure or discharge	5	7
Cases discharged improved and incapable of benefit- ing by further treatment	2	1
Cases temporarily discharged before cure, to resume treatment later	7	5
Cases discharged cured	30	39
Transfers to other clinics	5	5
Cases still in attendance at end of year	78	70
Total attendances during year	2,527	2,601

No. of cases suffering from :—

1. Physiological or Psychological Defects :		
(a) Stammer	32	26
(b) Clutter	—	1
2. Voice Defects : Rhinophonia	8	5
3. Defects of Articulation :		
(a) Dysarthria	1	8
(b) Dyslalia—Multiple	56	60
Simple	25	23
4. Language Defects (delayed speech)	2	—
5. Probable mental deficiency	3	3
6. Other types of defect	—	1
	127	127

(i) **Convalescent Home Treatment.**—67 children were sent away for convalescence during 1955. There were six children remaining in convalescent homes and hospital schools on December 31st, 1955.

(j) **Tuberculosis.**—The number of school children examined for the first time during the year was 106 boys and 177 girls, of whom 23 boys and 37 girls were referred by the school medical staff and 49 boys and 65 girls by private practitioners. 34 boys and 75 girls were examined as contacts.

(k) **Ultra Violet Light Treatment.**—The total attendances for treatment were 1,480.

9. PROTECTION OF SCHOOL CHILDREN AGAINST TUBERCULOSIS

(a) Chest X-ray Examination of Teachers on Appointment.—

The position in regard to this matter was set out in the Report for 1951, including the reasons leading to the cessation of the former practice of requiring all newly appointed staff (except clerical) to undergo a chest X-ray examination.

Although the local Chest Clinic has been equipped with an Odelca miniature X-ray apparatus, it has so far not proved possible for staff to be referred as a routine.

Instead, every endeavour has been made to refer staff for chest X-ray examinations at the Mobile Mass Radiography Units and the static unit at Holloway Road, but the difficulties in such an arrangement are obvious when compared with local facilities.

(b) **Tuberculosis Vaccine Trials (Medical Research Council).**

Dr. T. M. Pollock has reported as follows :—

“The follow-up of the vaccinated and control groups begun in June, 1952, continued during 1955.

“Of the 175 invited to attend when the unit visited Walthamstow in January, 59 per cent. returned for their X-ray. 26 per cent. of defaulters from the previous visit attended on this occasion.

“When the Unit visited again in June, the proportion of defaulters from the previous session who attended showed a very marked improvement, i.e. 47 per cent.

The following extracts are taken from the press release issued by the Medical Research Council in February, 1956 :—

MEDICAL RESEARCH COUNCIL

B.C.G. AND VOLE BACILLUS VACCINES IN THE PREVENTION OF TUBERCULOSIS IN ADOLESCENTS

“The first report of the Medical Research Council's investigation into the value of vaccination against tuberculosis, published to-day in the British Medical Journal, shows that vaccination of children in their 15th year substantially reduces the risk of contracting tuberculosis in adolescence.

“The first report establishes beyond question the short term value of vaccination of young people in this country. Not all children are eligible for vaccination ; the percentage (as shown by skin test) varies in different places and at different ages. The present results show that a general vaccination scheme at the age of 14-15 in this country should reduce the number of cases of the disease developing between the ages of 14 and 17 years by about one half. This represents a valuable contribution to the prevention of tuberculosis.

“Continuation of the Investigation.

“The report includes complete results for the first 2½ years of the investigation, with supplementary information up to 4 years. Until the scheme has continued for a further period it will not be possible to say for **how long** the protection given by each vaccine will last, and whether those protected from tuberculosis in the first few years after vaccination will remain protected in later life. Until more is known of the duration of protection given by the vaccine it is also not possible to decide definitely the most suitable age at which it should be given.

“Finally, although the vaccines can make a substantial contribution to the prevention of tuberculosis, it should not be assumed that efforts to control the disease by other means can be relaxed.

The investigation is still in progress and further reports will appear later."

(c) **B.C.G. Vaccination of School Children.**

The scheme followed was fully described in the Report for 1954 and continued during the year under review.

Unfortunately it has been considered necessary by the Ministry of Health to supply the vaccine through the Local Health Authority at Chelmsford, instead of direct as previously, and on one occasion special arrangements had to be hurriedly improvised to obtain an alternative supply, since the regular supply had not arrived.

The Heaf multiple puncture apparatus has been used exclusively for testing during 1955 and with complete success. It will also be used for post-vaccinal tests.

All secondary schools have been visited during the year, and of the 1,654 children invited 857 accepted, giving an acceptance rate of 51.4 per cent.

	1955	1954
Number of Heaf positive	109	145 (Mantoux test)
Percentage positive	13.0	18.6
Number of Heaf negative	740	635 (Mantoux test)
Number absent	8	45
B.C.G. given	728	630
Absent or not done	12	5

By arrangement with the Chest Physician all the Heaf positive children were offered chest X-ray at the Chest Clinic. None of those accepting was found to have active disease.

No complications, as defined in Section 18 of the Ministry of Health Memo 324/BCG, have arisen, although many children have been seen with small ulcers which are a normal concomitant of successful vaccination. These children have been seen owing mainly to parental apprehension, although a fully explanatory note is given to each child vaccinated.

Arrangements have continued for family doctors to be notified when children on their lists in this age group are Heaf positive or have been vaccinated.

Dr. Watkins reports below on the result of Heaf Testing for conversion of school children in their 13th year who were given B.C.G. vaccination during 1954.

Heaf Result	Boys	Girls	Total
Grade I	17	28	45
Grade II	44	41	85
Grade III	38	35	73
Grade IV	12	8	20
	111	112	223

(These gradings are in increasing order of positivity.)

In addition to the above certain children were given both a T. J. Patch Test and a Heaf Test. The following tables show comparative findings.

**Comparative findings between T. J. Patch Test
and Heaf Test**

	Boys	Girls	Per cent.	Total
Total number	86	86		172
Heaf positive	86	85	99.9	171
Heaf negative	—	1		1
T.J.T. positive	63	42	61.0	105
T.J.T. negative	18	33	29.7	51
T.J.T. doubtful	5	11	9.3	16

Negative and Doubtful T.J.T. with Grade of Heaf Positive

	Heaf Grade				Neg.	Total
	1	2	3	4		
Heaf	35	65	57	14	1	172
T.J.T. negative or doubtful	21	24	18	3	1	67

It will be seen that whereas 99.9 per cent. of the children gave a positive reaction to the Heaf Test, only 61 per cent. were positive to the T.J. Patch Test.

There was no correlation between the grade of reaction of the Heaf Test and the degree of reaction of the T. J. Test, e.g. out of 14 of Grade IV, three were T.J.T. negative, and 18 were negative out of 57 with Grade III reactions.

The Tuberculin Jelly Test is therefore a very unreliable method of eliciting tuberculin sensitivity in 13-year-old children.

In addition to the children Heaf Tested, 149 were tested for conversion by means of the Mantoux Test. All of these were positive

10. INFECTIOUS DISEASES

Notifications from general practitioners of infectious diseases occurring in the 5-14 year age group were as follows : —

	1955	1954
Measles	577	489
Whooping Cough	45	180
Scarlet Fever	105	136
Pneumonia	7	11
Bacillary Dysentery	8	108
Tuberculosis	2	—
Food Poisoning	3	3
Poliomyelitis	9	—
Meningococcal Infection	—	2
Encephalitis	—	1
Paratyphoid	1	—
	757	930

Poliomyelitis.

Ten children of school age were notified as cases of Infantile Paralysis, but of these three only showed signs of paralysis on or after admission to hospital. Follow-up visits were paid by the school nursing staff with the following results :—

Case 1 (8 yrs.)—Residual weakness both legs. Continues under hospital treatment.

Case 2 (11 yrs.)—Residual weakness of hip and leg. Wearing caliper.

Case 3 (8 yrs.)—No residual paralysis.

School 'Outbreaks'.

The year produced an average number of 'Outbreaks' and brief particulars follow :—

March—at a Girls' Secondary School.

Twenty-nine cases of headache and nausea were reported, not connected with school meals and with no obvious common factor—probably epidemic nausea or 'Winter' vomiting.

June—at a non-maintained Boys' School.

Approximately 20 cases of nausea and vomiting including teachers, boarders and domestic staff. There was a quick recovery. Two specimens showed the presence of coagulase-positive staphylococci. Probably Winter vomiting.

September—(a) at an Infants' School.

A total of 21 cases between the 6th and 19th September and including 12 cases of sore throat, 3 of diarrhoea, and 2 each of headache and vomiting. Of those cases from whom throat swabs were taken four showed haemolytic streptococci. The cases were distributed all over the five classes and one teacher was affected.

(b) at another Infants' School.

Twenty-six cases between the 15th and 23rd September—19 with vomiting, 4 with sore throat, 2 with diarrhoea and vomiting and one with diarrhoea alone. All seven classes were affected. Probably Winter vomiting. There was no connection between the two schools.

October—at a Girls' Secondary School.

Two cases of nausea amongst children and two amongst staff—apparently Winter vomiting.

11. IMMUNISATION

(a) **Against Diphtheria.**—152 primary immunisations were done in children of school age and 1,292 "booster" doses were given in school immunising sessions.

(b) **Against Whooping Cough.**—Immunisation against whooping cough has been available for many years to children of pre-school age but in April 1953, immunisation was made available to children of all ages. Eight children over five years of age were immunised against whooping cough during 1955. It is stressed that the main effort was directed towards children of pre-school years, of whom 697 were immunised.

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

		Number inspected	Number found to be vaccinated	Percentage vaccinated
Entrants—	Boys	958	254	26.5
	Girls	905	223	24.6
Second Age Group—	Boys	1,495	493	32.9
	Girls	1,466	511	34.8
Third Age Group—	Boys	966	242	25.1
	Girls	1,212	334	27.5
Others—	Boys	230	92	40.0
	Girls	318	100	31.4
		7,550	2,249	29.8

The percentage in 1954 was 26.2.

12. OPEN AIR BOARDING SCHOOL EDUCATION

During the year three boys were medically examined prior to returning each term to Elmbridge Boys' School, Cranleigh, Surrey, and a further 10 boys and girls received examinations before proceeding to Kennylands Park School, Reading, Berks., for the Spring, Summer and Autumn terms.

Premises at the Jubilee Retreat have again been used by parties from most of the special schools.

13. PHYSICAL TRAINING

The Committee shares the services of two whole-time Organisers with two neighbouring areas. Co-operation has continued along the lines of previous years.

14. PROVISION OF MEALS

During October and November the daily number of meals exceeded 8,000 or some 40% of the numbers on the school roll.

During the same period the daily milk meals averaged over 15,000 per day, or some 75% of the total on the school roll.

Chinese Egg Products.—In September a salmonella (food poisoning organism) contaminated consignment of these products had been supplied to Walthamstow bakers. In November the School Meals Supervisor drew attention to deliveries of similar pro-

ducts to the school kitchens and it was at once agreed with the Borough Education Officer that none should be released, pending sampling. Salmonella were found in two out of twelve batches, the remainder being released. Subsequently the Committee for Education concurred in the prohibition of these products and the substitution of Danish egg products, which are also to be sampled regularly.

Inspection.—Visits were made by the medical and other staff to school canteens and kitchens, and suggestions were made from time to time in order to try to minimise food-borne infection.

The quality of the food supplied, and the standard of cooking has been maintained at the previous high level.

Routine inspections were carried out by the sanitary inspectorate. Improvements in the arrangements for drying crockery are gradually taking place, but cloth drying is still practised to a considerable extent and will continue until such time as it is possible to provide draining racks and adequate and modern sterilising sinks or rinsing sinks with very hot water supplies.

Milk in Schools Scheme.—The arrangements detailed in previous reports were continued in 1955, all the milk supplied being pasteurised milk sold under licence.

Twelve samples of pasteurised milk were taken by the sanitary staff for bacteriological examination during the year. All satisfied the methylene blue phosphatase tests.

Three of the above samples were taken at a school where the children had complained of objectionable taste. The bacteriologists stated that tasting revealed a "cooked taste"—apparently due to the the milk being overheated in the pasteurisation process. The milk was supplied by a dairyman outside the borough.

Sampling for biological tests has been carried out at two local dairies on delivery of milk from various farms with satisfactory results. These dairies supplied some of the milk to schools.

15. CO-OPERATION

(a) Co-operation of Parents.

The following table shows the attendance of parents during 1955 at the periodic medical inspections :—

			Number Inspected	No. of Parents	Per cent. 1954	Per cent. 1955
Entrants	Boys		958	893	92.9	93.2
	Girls		905	841	93.0	92.9
Second Age Group	Boys		1,495	1,247	67.1	83.4
	Girls		1,466	1,260	92.2	85.9
Third Age Group	Boys		966	184	20.8	19.0
	Girls		1,212	455	32.1	37.5
Others	Boys		230	162	60.8	70.4
	Girls		318	244	59.2	76.7

The importance of parental attendance at medical inspections cannot be overstressed. It is regrettable, but understandable, that the percentage should decrease with the increasing age of the child, and with the considerable employment of mothers.

The "leaver" inspections are of importance in regard to fitness for employment, and the attendance of parents at these inspections is to be encouraged. Tests for colour blindness are done at these inspections.

(b) Co-operation of Teachers.

Renewed and grateful acknowledgment for the co-operation of Head Teachers and their staffs must be made. Generous help and co-operation has invariably been experienced, especially in the use of their private and staff rooms for medical inspection—often at great inconvenience.

The circulars issued each week by the Borough Education Officer to Head Masters and Head Mistresses of schools in the Borough were, with his co-operation, utilised in disseminating information.

(c) Co-operation of School Enquiry Officers.

The Senior School Enquiry Officer and his staff have again co-operated most effectively with the work of the School Health Service.

(d) Co-operation of Voluntary Bodies.

The existing arrangements for the admission of pupils to holiday convalescent homes by arrangement with the local branch of the I.C.A.A. continued.

(i) **The Invalid Children's Aid Association.**—Mrs. Osora, Secretary to the local branch, has kindly contributed the following report :—

				Under 5 years	Over 5 years
Children referred by :—					
Hospitals	.....	.....	.....	1	20
School Health Services	.....	.....	.....	1	25
General Practitioners	.....	.....	.....	9	35
				—	—
				11	80
				—	—

	Under 5 years	Over 5 years
Classification of above cases :—		
Anaemia, debility	4	17
After effects of acute or infectious illness or operation	—	20
Bronchitis or pneumonia	—	11
Asthma	—	3
Rheumatism, chorea, heart	—	2
Nervous conditions	—	5
Accidents	—	2
Diseases of—Ear, Nose and Throat	4	14
Eyes	2	2
Skin	—	2
Bronchiectasis	—	1
Muscular dystrophy	—	1
Other defects	1	—
	—	—
	11	80
	—	—
Children sent for convalescence	5	67
Children sent to Regional Hospital Board Homes	1	—
Children sent to Residential Open Air Schools	—	3
	—	—
	6	70
	—	—
Children referred for visiting, advice, help or follow-up :—		
Hospitals	—	12
Local Authority under schemes for :—		
(a) Rheumatism	—	5
(b) Orthopaedic care	1	12
(c) Child Guidance	—	—
Voluntary bodies	1	11
General Practitioners	—	6
Parents	—	9
I.C.A.A. Branches	—	5
	—	—
	2	60
	—	—
Number of visits paid	776	

(ii) **National Society for the Prevention of Cruelty to Children.**—The following is a summary of the work done during 1955 :—

Nature of Offence			How dealt with		
Neglect	.....	19	Warned	.....	19
Ill-treatment	.....	7	Advised	.....	15
Beyond control	.....	1			
Advice sought	.....	7			
		—			—
Totals	.....	34			34
		—			—

Number of Children dealt with :—

Under 5 years		Over 5 years	
Boys	Girls	Boys	Girls
21	25	36	24

During the year a Woman Inspector was appointed to assist the Male Inspector in the area of the branch which embraces a large part of South West Essex. There appears to be an increase in the number of problem families which come to the knowledge of the Health Services. The comment during 1955 of a London Magistrate in regard to "latch-key" children focusses attention on one of the penalties of full employment.

16. HANDICAPPED CHILDREN.

The following number of special examinations were carried out by the medical staff in respect of the categories stated :—

(a) Blind	.....	.....	.....	.....	—
(b) Partially Sighted	.....	.....	.....	.....	1
(c) Deaf	.....	.....	.....	.....	—
(d) Partially Deaf	.....	.....	.....	.....	—
(e) Educationally Sub-normal	.....	.....	.....	.....	26
(f) Epileptic	.....	.....	.....	.....	—
(g) Maladjusted	.....	.....	.....	.....	1
(h) Physically Handicapped	.....	.....	.....	.....	11
(i) Speech	.....	.....	.....	.....	—
(j) Delicate	.....	.....	.....	.....	16

Walthamstow Special Schools.—The number of children at the special schools in Walthamstow at the end of 1955 were as follows :—

	Partially Sighted	E.S.N.	Physically Handicapped	Deaf	Total	Per- centage
Walthamstow	6	82	60	6	154	56.8
Forest	6	7	19	18	50	18.5
Middlesex	17	—	1	—	18	6.6
Romford	4	—	—	5	9	3.3
Leyton	1	—	13	5	19	7.0
Dagenham	4	—	—	2	6	2.2
Ilford	2	—	—	7	9	3.3
South Essex	3	—	—	1	4	1.5
Barking	—	—	—	2	2	0.8
Totals	43	89	93	46	271	100.0

The number of children in residential special schools and homes at the end of the year were as follows :—

Maladjusted	7
Delicate	6
Educationally Subnormal	4
Blind	4
Deaf	2
Epileptic	1
	—
	24
	—

(a) **School for the Deaf.**—Mrs. I. J. M. Burt, Headmistress, reports as follows :—

“When school re-opened on January 4th, 1955, there were 45 children on roll.

“There was much absence because of illness of all kinds in the Spring. It is the first time there has been anything even approaching an epidemic at this school, but in February the children had measles, chicken pox and gastric trouble of all kinds.

“In June the children went to see the film “Thursdays Children,” and were delighted to see other deaf children being educated in the same way as they are.

“In July, Dr. Watkins and Dr. Poole carried out a medical inspection of all the younger children.

“Our senior girls took part in the sports of the Joseph Barrett Secondary School, to which they go for much of their work. One girl won first place in four events ; we are very proud of her achievement. Our girls also won points for their houses at Joseph Barrett

in the swimming gala. This competition with hearing children is very good indeed for the morale of our girls.

"On September 5th, two classes went to occupy rooms at Thorpe Hall School at Hale End Road. They still assemble here and return for dinner, so that we may keep the school an entity. They have much more freedom of movement and more beautiful surroundings in their new premises and they are mixing with hearing children, but we do miss meeting them casually during the day. The teachers, too, miss the close fellowship which was perhaps even deepened by our being thrown together in so restricted a space. However, over all the move has been for the good of the children.

"On October 7th, Mr. Pierre Gorman, a deaf born Australian who has studied at Melbourne University and is now doing post-graduate research at Cambridge, visited the school for a short time and addressed the Parent Teacher Association in the evening. The fluency of his language, the quality of his speech, and the almost uncanny accuracy of his lip reading was a great source of comfort and hope to the parents of the young deaf children. He stressed the fact that one's handicap, of whatever nature, must be faced and accepted before it can be overcome. His wise replies to parents questions will long be remembered.

"Dr. Francis Clarke, Ear, Nose and Throat Consultant, examined the children in October.

"The entire staff attended a course of lectures in auditory training given at the Old Kent Road School during October. They made us very proud of our wonderful Western Electric Group Hearing Aid—"few London schools have so good a one," but they also depressed us by showing us the utter futility of trying to do really good auditory training without a sound-proof room, or even an ordinary room with solid walls. This is one of the few points where there is still room for improvement.

"Two partially-deaf girls have been sent back to normal schools this year and we are always glad when it is possible to do this. The one who left last year after two years of intensive language and speech training, is preparing to sit the General Entrance Examination to the Grammar School, so in her case the move has been justified. She remains steadily at the top of her class and visits us whenever possible.

"At the end of 1955 we had 46 children on the roll, 20 deaf and 26 partially deaf. Six of them live in Walthamstow."

(b) School for the Educationally Sub-normal.—The school was inspected by Her Majesty's Inspectors on the 19th and 20th May. They were informed that pupils received a physical inspection once a year, that a medical officer attends the clinic at Hale End each

week, and that a nurse usually visits once a week. Medical and nursing help is also available in any emergency.

Miss R. E. A. Lock, Headmistress, reports as follows :—

" At the end of the summer term the school was moved from Hale End to larger premises at Pretoria Avenue.

" More activities are now possible with regard to physical education, etc. in the spacious hall provided. In good weather we have easy access to a playing field, netball and football pitches and an excellent children's (nursery) playground.

" A full medical inspection was made in July.

" A School Nurse attends one half day each week to teach mothercraft to the senior girls. Immediate support was established and the girls appreciate the lessons.

" My grateful thanks are due to the Health Service for their ready co-operation at all times.

" Our school leavers have all obtained employment in local factories and workshops.

" The school is used by the Students attending E.S.N. Diploma Course (London University)."

(c) **School for the Partially Sighted.**—Mr. G. M. Williams, Headmaster, reports as follows :—

" The school re-opened at the beginning of the year at premises in the former Pretoria Avenue school, the girls section comprising four classrooms, hall, dining room and ancillary service rooms being entirely devoted to the sole needs of the school. The accommodation is much more spacious and provides better teaching facilities than at the Wood Street school, and has the advantage of not being shared with other children. The Committee decided that in future the school should be known as the Joseph J. Clarke School, in commemoration of a former Medical Officer of Health of the Borough.

" At the end of the school year there were 43 children on roll. Of these 6 came from Walthamstow, 20 from other Boroughs and Divisions in Essex, comprising Barking, Dagenham, Forest, Ilford, Leyton, Romford and S.E. Essex, and 17 out-County children from the Middlesex Boroughs of Edmonton, Enfield, Hornsey, Highgate, Tottenham and Wood Green.

The special ophthalmic sessions held at the school in December showed that the range of visual acuity (Snellen) after correction, was as follows :—

19 children with acuity of 6/60 or less,

14 with acuity 6/36,

5 with acuity 6/24,

5 with acuity 6/18 or more.

17 children had monocular vision only.

"One child was recommended for transfer to ordinary school, and there is one child awaiting placement in a school for the blind.

"As in previous years, the ophthalmic supervision has been well maintained. Dr. I. Gregory, M.B., D.O.M.S., has made two visits to the school for the purpose of examinations, and has given much helpful advice with certain selected cases. The medical staff at the Eye Clinic have also made regular ophthalmic examinations, whilst the optician (Mrs. Suckling) has assisted in a speedy supply and repair service of glasses. The ready and willing help of all staff at the Eye Clinic has been much appreciated.

"In the Spring term, Drs. Watkins and Poole made a full medical examination of each child, and in addition have examined all school leavers. Mr. Elmer, Senior Dental Surgeon, visited the school in the Spring term and examined the teeth of all children, eight being recommended for dental treatment.

"The Audiometrician visited the school during the year and tested selected children, including all newly admitted children, and several were referred for further examination at the E.N.T. Clinic. The school also provided facilities for medical examination of children attending St. Patrick's R.C. School. Miss Smith, the Educational Psychologist, has made two visits to the school to test selected children, one of whom was referred for Child Guidance.

"Visitors to the school included Her Majesty's Inspectors and medical, health visitor and training college students.

"At the beginning of the Autumn term Miss Hardy returned from her visit to Australia to take up teaching duties with Class 3, to replace Miss Coote who left on marriage.

"I have to acknowledge my appreciation of the efforts of the teaching and welfare staff on behalf of the children in the school. During the year the average number on roll was 44.5, with an average attendance of 59.7."

(d) School for the Physically Handicapped.—Mr. G. M. Williams, Headmaster, reports as follows :—

"The high sunshine record of the year contributed materially to the better health of the children attending the school, as reflected in attendance figures. For almost nine months of the year the classrooms were opened to the benefits of sunshine and fresh air.

"From May to September, classes I and II went regularly to the Jubilee Retreat Field Centre, Chingford, and had the advantage of free activity in the forest.

"This year there has been an increase in the number of children attending the South-West Essex Technical College swimming bath, and thanks to the efforts of Mrs. Meyer and Miss Fuller the class continued throughout the year. Several asthmatics appear to have received considerable benefit therefrom.

" During the summer holidays the school was opened on a voluntary basis and an attendance of 92 per cent. was maintained throughout the period. Visits were made to London Airport, Thorpe Bay, Whipsnade Zoo and City of London.

" Miss Smith, the Educational Psychologist, made six visits to the school for the purposes of examination and advice on selected children. During the Autumn term a survey of children in the school showed an average intelligence quotient of 82.

" After the summer holiday the School for the E.S.N. which had been sharing the premises at Hale End, was transferred to Pretoria Avenue. This allowed additional accommodation to be allocated, and an extra class was added, giving 95 places in all.

" During the year the school was honoured by an official visit by the Mayor, Alderman the Lady McEntee, O.B.E., and visits were also paid by Her Majesty's Inspectors, by Mr. Wynne of the B.B.C. School Broadcasting Department and by students from training colleges and student health visitors. Mr. Berry, Youth Employment Officer, made two visits for the purpose of interviewing school leavers.

" Thirty-seven children were taken off roll during the year, of whom 22 were transferred to ordinary schools, 5 to the recently opened Cerebral Palsy Unit at Ilford, 2 to Residential schools; 3 children left the district and 2 died in hospital. Three children left at age 16 and all were placed satisfactorily in employment. There were 45 admissions (including five re-admissions) during the year.

" Dr. Watkins, Deputy School Medical Officer, made regular weekly visits to the school until his departure from the area in September. During his long association with the school he has endeared himself to pupils and staff alike. Dr. Poole, who took up duties in the Autumn term, has continued weekly medical inspections, one session being given exclusively to follow-up examinations of children now in ordinary schools who previously attended the Open Air School.

" A total of 1,809 minor treatments have been given at the school.

" The children on roll at the end of the year were classified as :—

Delicate (Ministry of Education category 'j')	.....	44
Physically Handicapped (Ministry of Education category 'h')	.....	49

" The average number on roll during the year was 82.8 with an average daily attendance of 63.1.

"I have to record my appreciation of all my colleagues on the staff, teaching, nursing, welfare, domestic and transport, for their valued co-operation in the work of the school."

Swimming Instruction for cases of Poliomyelitis.—This has been in operation in Walthamstow for some four or five years, and a weekly 'bus party is made up from the special schools.

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

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

18. NURSERY SCHOOL.

Miss F. D. Harris, the Headmistress, reports as follows :—

"Attendance was very low in January owing to an outbreak of measles just before school broke up at Christmas. For the rest of the year the children kept very well, and every advantage was taken of the good weather in the summer. The annual medical inspection was held in May. Eighty-five children were seen and only one eye and one dental appointment had to be made."

19. MISCELLANEOUS.

(a) Health Education.

(i) **Good Grooming.**—19 lectures on good grooming were given at schools during the year.

(ii) **Mothercraft Lectures.**—A series of Mothercraft lectures were given each term throughout the year at Markhouse Road and Sidney Burnell Schools by the Health Visitor/School Nurses.

These lectures have been extended this year to include other secondary schools, namely George Gascoigne, Wm. McGuffie and Coppermill Road Schools.

(iii) **Health Lectures.**—One of the Health Visitor/School Nurses gave a talk on "The Value of Rest and Relaxation in the Home" to the mothers of children attending the Nursery School.

The Walthamstow Education Group arranged a talk on "Health and the Teacher—Fitness in School and for Life" by Dr. A. Mearns, Medical Adviser to the Scottish Council for Health Education. The medical and nursing staff were invited to attend.

(iv) **"Better Health."**—This journal was circulated each

month by the Borough Education Officer to all schools except Infants' Schools.

(v) **Pre-Nursing Course.**—Mr. H. P. Williamson, M.Sc. (Educ.), B.Sc., Head Master, William Morris Technical School reports as follows :—

“ We have an officially organised Pre-Nursing Course at this school, now in its second year. This course is run in conjunction with the Social Services Course suitable also for pupils intending to enter Teacher Training Colleges. The total number of students in the course is :—

Nursing		5	Teaching		5
---------	-------	---	----------	-------	---

“ Our Pre-Nursing Courses—subsequent to this—are Social Review Courses including general subjects together with General Science, Human Biology, Cookery/Art, Needlework and Dress-making/Art.

“ Students taking these Courses obtain exemption from Preliminary Nursing Certificate—Part I on a General Certificate including Human Biology.”

All five nursing students had either started their nursing careers at hospital or had made application.

(vi) **“Prevent Food Poisoning.”**—In September a set of these posters issued by the Ministry of Health was sent to all schools for exhibition in canteens and sculleries. The set consists of four posters in colour, stressing :—

- (a) Protection of food from flies.
- (b) The washing of hands, using soap, water and a nailbrush before handling food and after using the water closet.
- (c) The need for handling food as little as possible with the fingers.
- (d) The need to cover all cuts and sores.

(vii) **Clean Food and Health Exhibition.**—The County and Borough Councils co-operated with the Walthamstow Chamber of Commerce during their shopping week by staging an exhibit in the hall of the Juvenile Employment Bureau in High Street. The Exhibition referred to the Clean Food Campaign of the Borough Council and the Personal Health Services of the Essex County Council, with special emphasis on the following :—

Immunisation against Diphtheria in Schools.
The work of the Health Visitor/School Nurse.
Tuberculosis—Prevention of.
Dental Hygiene.
Accidents in the Home.

The exhibition was open to the public daily between 1—5 p.m. from the 8th to the 15th October.

Details of the exhibition were circulated by the Borough Education Officer to the Heads of all secondary schools and some 625 children visited in organised school parties. Attendances on the part of the public were disappointing.

(viii) **Prevention of Accidents in the Home.**—In June a Circular was addressed by the Borough Education Officer to the Head Teachers of Secondary Schools pointing out that in ten years in England and Wales there were 60 thousand deaths from home accidents as compared with 48 thousand deaths from road accidents. There is unfortunately little information in regard to non-fatal accidents. The majority of home accidents are preventable, and it was felt that the schools could play an important part in drawing attention to the elementary precautions which could and should be taken in the home. A list of suggestions was therefore sent out to the Head Teachers of Secondary Schools with a view to their incorporation in the Housecraft Syllabus for Girls and in the Science Syllabus for Boys. In addition it was stated that there were a number of film strips available on the subject and that where necessary it would be possible to arrange for school nurses to give talks on the subject.

(ix) **First Aid Boxes.**—During the year the Borough Education Officer reminded Head Teachers of the need to renew the contents of First Aid boxes where necessary and in accordance with the list of minimal replacements which was circulated. It was also stressed that First Aid should, as far as possible, be given by a qualified person.

(b) **Employment of Children.**—301 children were examined by the medical staff.

(c) **Employment of Children in Public Entertainment.**—Two children were examined under these regulations.

(d) **Staff Appointments.**—66 teaching staff and 482 other staff were examined during the year.

(e) **Medical Examination of Prospective Teachers.**—59 candidates for admission to Training College were examined during the year.

(f) **Sanitary Towels in Schools.**—All schools have means of issuing sanitary towels on request. Supplies are held by Head Teachers and assistant teachers.

(g) The total numbers of the various items of consultation and treatment carried out in the School Health Service during 1955 have been extracted and are set out below :—

Head Inspections	28,666
Dental Inspections	15,148
Dental Treatment	14,856
Orthopaedic and Physiotherapy	11,285
Medical Inspections	7,550
Minor Ailments	5,797
Eye Treatments	5,321
Speech Therapy	5,128
Child Guidance	1,970
Other Inspections at Schools	1,204
Orthoptic	838
Home Visits	678
Aural Clinic	612
Paediatric Consultations	151
Cardiac Clinic	45
	99,249

20. STATISTICAL SUMMARY

I. Medical Inspection.

A. Routine Inspections	7,550
B. Special Inspections and Re-inspections	5,321
C. Pupils found to require treatment	1,736

II. Defects found at Medical Inspection.

Requiring treatment	1,988
For observation	1,899

Classification of General Condition of Pupils.

Nutrition 'A'—Good	6,153
„ 'B'—Fair	1,363
„ 'C'—Bad	34

III. Infestation with Vermin.

Total number of examinations	28,666
Individual pupils found to be infested	106

IV. Treatment.

(a) Minor Ailments—total defects treated	2,017
(b) Defective Vision and Squint.	
Cases treated for errors of refraction	1,440
Other defects	9
Pupils for whom spectacles—prescribed	967
obtained	905
Orthoptic clinic—cases treated	233

(c) *Nose and Throat Defects.*

Number treated	.....	.....	.....	.....	198
Total attendances	.....	.....	.....	.....	612

(d) *Orthopaedic and Postural Defects.*

Treated as in-patients	.....	.....	.....	.....	18
Treated otherwise	.....	.....	.....	.....	652

(e) *Child Guidance and Speech Therapy.*

Number treated under Child Guidance arrangements	.....	.....	.....	.....	238
Number treated under Speech Therapy arrangements	.....	.....	.....	.....	254

(f) *Dental Inspection and Treatment.*

		Periodic	Special
(a) Number of pupils inspected	.....	12,703	2,445
(b) Number found to require treatment		6,340	2,271
(c) Number referred for treatment	.....	5,541	2,271
(d) Number actually treated	.....	4,713	2,093
(e) Attendances made for treatment		9,084	5,772
(f) Half days devoted by :—			
(i) Dental Officers to—treatment		2,003*	
inspection		140	
(ii) Hygienists to—treatment	.....	50	
inspection.....		11	
(g) Fillings—Permanent teeth	.....	5,474	
Temporary teeth	.....	2,307	
(h) Number of teeth filled—			
Permanent teeth	.....	5,083	
Temporary teeth	.....	2,193	
(i) Extractions—Permanent teeth :			
(a) On account of caries	.....	1,351	
(b) For other purposes	.....	237	
Temporary teeth :			
(a) On account of caries	.....	6,275	
(b) For other purposes	.....	1,017	
(j) Anaesthetics—Local	.....	667	
General	.....	4,221	
(k) Other operations—			
Permanent teeth	.....	4,754	
Temporary teeth	.....	1,097	
(l) Number in (k) carried out by oral hygienists	.....		364

(m) Analysis of figures in (k)—

Orthodontic	.....	.....	.....	1,908
Silver Nitrate	.....	.....	.....	711
Scaling	.....	.....	.....	379
Syringing Sockets	.....	.....	.....	112
Dressings	.....	.....	.....	480
Other	.....	.....	.....	2,261

* Includes 137 sessions by visiting orthodontist and 152 sessions where a dental surgeon was acting as anaesthetist.