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

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BOROUGH OF WALTHAMSTOW

Committee for Education

REPORT

of the

DIVISIONAL

SCHOOL MEDICAL OFFICER

for the year

1960

MELVILLE WATKINS, M.R.C.S., L.R.C.P., D.P.H.

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I N D E X

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1960 - 1961

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Borough Education Officer:

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

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

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual School Health Report for 1960. It has a slightly different format from that of previous years. The first section is a narrative report of a few activities of the School Health Service and the remainder statistical. Where there is no appreciable change in the extent and nature of the work of the department to that of previous years then it is included in the statistical section. For those with a flair for reading statistics this section is a mine of information. It tabulates the enormous amount of work carried out during the year. If any aspect is not reported upon it does not indicate that it is not worthy of comment or unimportant, but merely that there has been no change from that of previous years, thus avoiding repetition of the legend.

A total of 8,938 medical inspections was carried out during the year and in spite of the interference with the programme caused by the diphtheria outbreak this figure is only a little below that for a normal year. The proportion of children whose physical condition or development were unsatisfactory continued to fall. Apart from specific defects the percentage classified as unsatisfactory was only 0.4 per cent of the total examined. This maintains the trend of recent years (1957 - 1.8%; 1958 - 0.9%; 1959 - 0.7%) and reflects the continued improvement in the physical health of our children.

Attendances at the school clinics have been somewhat reduced in numbers but, as Dr. Poole points out under Mental Health, a large proportion of the children seen are suffering from nervous and emotional disorders and require much longer consultations than is usual with purely physical defects. All the Specialist Clinics have continued to do excellent work and, with the exception of the Child Guidance Clinic, there is no waiting list at any of them.

The position is not so satisfactory with the School Dental Service, however. During the year we lost the services of two full-time Dental Officers, leaving only two, and it has proved impossible to recruit full-time officers to replace them. We have the equivalent of approximately three full-time against an establishment of nine whole-time officers.

It was therefore possible to undertake only limited routine dental inspections at schools, the aim being to examine as many children as possible commensurate with the capacity of the available dental staff to treat them within a reasonable period. Since the end of sugar and sweet rationing there has been a gradual increase in the incidence of dental decay. It is now agreed that it is possible to arrest this trend by attention to preventive measures. To foster good dental habits through oral hygiene instruction at an early age can do much towards this end. Because of the difficulty of recruiting adequate staff to undertake conservative treatment we must therefore concentrate more and more on prevention.

Years of patient campaigning regarding the protective value of immunisation saw the steady decline of diphtheria to almost vanishing point. This, in its turn, created apathy and to a reduction in immunisation rates. The result - 5 cases, 1 death and 74 carriers. This speaks for itself. The infection was fortunately confined to two schools, but only these schools know what havoc the effort to contain its spread can cause to scheduled time-tables. This small epidemic, described in brief in the report, is a salutary reminder of the need for constant vigilance.

We were more fortunate with other epidemic diseases. These showed slight reductions from previous years.

The report has an account of the use of Freeze Dried B.C.G. Vaccine, which is now used as a routine for the vaccination of school-children, and the end of our participation in the Tuberculosis Vaccine Trials by the Medical Research Council. The latter shows quite clearly the benefits of B.C.G. Vaccination.

I am,

Your obedient Servant,

M. WATKINS,

Borough School Medical Officer.

STAFF CHANGES

Appointments -		*From*
Miss G. Munns, S.R.N., S.C.M.	School Nurse	1. 3.60.
Miss I. Turner, S.R.N.	" "	14. 11.60
Mrs. J. Gwilliams, S.R.N., N.N.E.B.	Clinic Nurse	28. 11.60

Resignations -		
Miss G. Munns, S.R.N., S.C.M.	School Nurse	18. 9.60
Mr. J.C. Timmis, L.D.S., R.C.S.	Dental Officer	31. 3.60
Mrs. M. Saywell, S.R.N.	School Nurse	18. 9.60
Miss D. Anklesaria, L.D.S., R.C.S.,	Dental Officer	30. 9.60

SCHOOL CLINICS

Aural -

Monday	2 p.m. - 4 p.m.	Town Hall.

Child Guidance -

Monday to Friday	9 a.m. - 5 p.m.	Child Guidance Clinic, 263, High Street, E.17.

Dental -

Monday to Friday	9 a.m. - 4.30 p.m.	Town Hall.
Saturday	9 a.m. - 12 noon	Town Hall.
Monday to Wed.	9 a.m. - 4.30 p.m.	Priory Court.
Thursday & Friday	9 a.m. - 4.30 p.m.	Silverdale Road
Monday & Tuesday	9 a.m. - 4.30 p.m.	West Avenue
Wed. to Friday	9 a.m. - 12 noon	West Avenue.

Chiropody -

Tuesday	By appointment	Town Hall, Low Hall Lane, Priory Court, West Avenue and Silverdale Road.

Minor Ailments -

Monday, Wednesday, Friday, Saturday	9 a.m. - 12 noon	Town Hall
Tuesday	9 a.m. - 11 a.m.	Silverdale Road
Monday, Thursday	9 a.m. - 11 a.m.	Low Hall Lane

Massage & Sunlight -

Monday to Friday	9 a.m. - 5 p.m.	Wingfield House School.

Ophthalmic -

Tuesday	9 a.m. - 12 noon 2 p.m. - 4 p.m.	Town Hall
Wednesday (Alt.)	9 a.m. - 12 noon	Town Hall
Thursday	2 p.m. - 4 p.m.	Town Hall
Friday	2 p.m. - 4 p.m.	Town Hall
Saturday (Alt.)	9 a.m. - 12 noon	Town Hall

Orthopaedic -

Monthly (Tuesday)	1.30 p.m. - 4 p.m.	Wingfield House School

Orthoptic -

Monday	9 a.m. - 12 noon	Town Hall
Tuesday	9 a.m. - 12 noon	Town Hall
Wednesday	9 a.m. - 12 noon 2 p.m. - 4 p.m.	Town Hall
Thursday	2 p.m. - 4 p.m.	Town Hall
Friday	9 a.m. - 12 noon	Town Hall

Paediatric -

Thursday (Alt.)	9 a.m. - 12 noon	Town Hall

Speech Therapy -

By appointment	Old Monoux School and Wingfield House School

Immunisation -

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

SCHOOL ACCOMMODATION

	Boys	*Girls*	*Mixed*	*Infants*	*Nursery*
County Secondary Grammar	1	2	-	-	-
County Secondary Technical	-	-	2	-	-
County Secondary Modern	1	2	8	-	-
County Primary Junior	2	2	12	-	-
County Primary Infants	-	-	-	16	-
Voluntary Secondary Modern	-	-	1	-	-
Voluntary Primary	-	-	3	4	-
County Nursery	-	-	-	-	1
Special Schools for -					
Deaf	-	-	1	-	-
Educationally Subnormal	-	-	1	-	-
Partially Sighted	-	-	1	-	-
Physically Handicapped	-	-	1	-	-

	1960	*1959*	*1958*	*1957*	*1956*
Number of children on Register 31st Dec.	18,493	18,920	19,743	20,182	20,224
Average attendance	16,993.1	16,689.3	17,716.0	17,552.3	18,328.2
Percentage attendance	88.8	89.4	92.2	87.2	90.6

1. INFECTIOUS DISEASES

DIPHTHERIA.

A serious outbreak of diphtheria occurred in January, serious not only because one child lost her life and four others contracted the disease, but because a total of 74 carriers were found whose indentification and surveillance involved a tremendous amount of work and disruption of school programmes.

Three schools were affected; Sidney Chaplin Secondary Modern, and Roger Ascham Junior and Infants Schools, and over ten thousand swabs were taken involving nineteen sessions at the schools and hundreds of home visits.

All the child carriers (66) were admitted to hospital for treatment and lost many weeks schooling while absenteeism amounted at one time to 40%, some parents urging school closure because of fear of infection.

In fact, the epidemic, which is fully described in my report as Medical Officer of Health, was well controlled and confined to the two departments of Roger Ascham School and to families living in the vicinity. (No school spread occurred from the single case at Sidney Chaplin School.)

It was usual to find four, five or even six members of a family infected and it is clear that most of the spread occurred in the homes rather than at the schools, both of which had an immunity index of about 70%.

The following tables show, however, that such spread as occurred in the schools was related to the presence of cases, rather than carriers in the class affected. This was to be expected since the concentration of diphtheria bacilli is enormously higher in the vicinity of a case where the germs are actively multiplying in the nose and throat.

Junior School

Class	1	4	5	6	7	8	9	10
Cases	0	0	0	0	2	0	0	0
Carriers	1	0	1	4	11	0	3	0

Infants School

Class	1	2	3	4	5	6	J3*	J4*
Cases	0	0	1	0	0	0	0	0
Carriers	3	0	6	10	0	5	1	1

* Junior School classes accommodated in Infant building.

This emphasises the great value of immunisation in protecting the community as well as the individual. Had it not been for the fact that the carriers were themselves immune many of them would have developed the disease and infected a high proportion of their contacts before they became recognisably ill.

In a community where there is now little if any endemic diphtheria practically all unimmunised children are very susceptible and unless a high percentage of immunisation is maintained by constant efforts we are inviting an explosive epidemic such as now occurs from time to time with measles or chicken pox but with infinitely graver results since the average proportion (case fatality ratio 1955/60) of unimmunised or incompletely immunised children dying from the disease is more than one in ten of those affected.

2. B.C.G. VACCINATION

The number of children invited to partake in this scheme was a thousand down from last year. This was due to the diversion of medical and nursing staff to deal with the diphtheria outbreak.

The percentage of positive reactors was slightly up on that of 1959, but the variation is too small to be significant. In fact, the number of notified cases of tuberculosis amongst school-children dropped from seven to two.

The efficiency of B.C.G. is now well established. As indicated in the report below of the clinical trials carried out by the Medical Research Council in which Walthamstow participated, a very substantial protection is attained throughout adolescence.

Tuberculosis Vaccine Clinical Trials -

During 1950 an approach was made by the Medical Research Council for co-operation in carrying out trials of Anti-Tuberculosis vaccine in order to try to obtain evidence of the value of B.C.G. Vaccine in persons exposed to the ordinary conditions of life in this country, and to decide ultimately whether a vaccine can be used for general immunisation.

The proposals were approved and the Medical Research Council's team began in Walthamstow in November 1950. The trials related to children about to leave Secondary Modern Schools at the age of 15 years. Circulars explaining the scheme and inviting volunteers were sent at the beginning of each term to parents of children due to leave at the end of the following term. The routine followed was that during the penultimate school term, the volunteers were x-rayed and tuberculin tested, and of those who were negative (i.e. those who had never been infected with tuberculosis) one half received B.C.G. and the other half did not (constituting the control group). All these groups have since been x-rayed and tuberculin tested at regular intervals and follow-up visits made by the Health Visitor/School Nurses.

The final visit to Walthamstow was made by the Medical Research Council's team in July 1960 and of the 609 participants then living in Walthamstow, no less than 415 (69%) either attended for x-ray during the previous visit to Walthamstow or came when invited this time. A special effort was made to induce most of the volunteers to attend this last session and a voluntary car service was organised amongst the staff. As a result of this the Medical Research Council informed me that 80 persons who would otherwise have been 'lost' were brought to the session.

Although there will be no further follow-up of these volunteers, the Medical Research Council still continue their investigations by means of the register of tuberculosis notifications and will eventually report on the trials.

Two interim reports have already been published and these have shown quite clearly the effectiveness of the vaccine. During the first five years of the trials the incidence of tuberculosis in the vaccinated group was only 0.38 per thousand, whereas it was 2.30 per thousand in the unvaccinated control group. This means that the risk of infection in the unvaccinated was six times greater than in the vaccinated. Similar results were shown in the 5 to 7½ year period of the trials. Thus we confidently expect a great degree of protection for at least 7½ years subsequent upon vaccination, these also being the most valuable years of adolescence.

Freeze-Dried B.C.G. -

A trial of the British Freeze-Dried B.C.G. Vaccine was undertaken at the request of the County Medical Officer, and Dr. G.H.G. Poole has contributed the following report -

" It was unfortunate that the bulk of the B.C.G. programme for the year had already been completed so that relatively few children were available to take part in the trial. However, a comparison has been made between the results obtained from the Danish Liquid Vaccine in 349 children, with those of Freeze Dried in 291.

" The following table gives the conversion to the post-vaccination Heaf Test.

TABLE I

	Heaf I		Heaf II		Heaf III		Heaf IV		Neg.		Abs.	Total
	No.	%	No.	%	No.	%	No.	%	No.	%		
Liquid (at 6/52)	183	62.3	101	34.3	7	2.4	-	-	3	1.0	55	349
Freeze (at 6/52)	121	92.4	10	7.6	-	-	-	-	-	-	23	154
Dried (at 5/12)	15	11.8	82	64.6	30	23.6	-	-	-	-	10	137
TOTAL	136	52.7	92	35.7	30	11.6	-	-	-	-	33	291

" Because of the local diphtheria outbreak the 137 in line 3 above were not post-B.C.G. Heaf tested until five months after vaccination instead of the normal six weeks and this delay appears to have been associated with an increased reaction to tuberculin, e.g. at six weeks over 90 per cent gave a Stage I response only, while at five months two thirds of a similar group gave a Stage II and nearly a quarter a Stage III response.

" I do not know whether this progressive response would occur with the liquid vaccine also since our tests on this were all at the six weeks interval. If this effect occurs only in freeze dried vaccine it may be due to the depot effect resulting from aggregations of undispersed bacilli unless there is some antigenic difference between the strains or some mutant effect induced by the freeze drying process.

"Unfortunately the numbers available are unsufficient to even out chance variations in susceptibility or technique. Thus the liquid vaccine, with 34 per cent Stage II conversions against less than 8 per cent Stage II conversions (at six weeks) by the freeze dried, would appear to be the stronger vaccine, yet it gave three failures (approx. 1 per cent) against none for the freeze dried. If lines 1 and 3 are compared the freeze dried gives a higher degree of response in all cases but, as explained above, this may be due to the longer interval since vaccination.

" As a check on the homogenity of the suspension a note was kept of the response to each successive dose from each ampoule. The result is given below and appears to indicate a uniform suspension of viable bacilli.

TABLE II

Dose No. -	1	2	3	4	5	6	7	8	9	10
Heaf I	17	20	18	22	16	18	13	8	2	2
II	13	16	12	12	11	7	9	9	3	-
III	6	2	5	2	7	5	3	-	-	-
Absent	5	2	5	4	4	3	4	2	4	-

"Certain practical difficulties were experienced with the new vaccine. It was rarely possible to obtain ten doses from one ampoule (Danish vaccine gives ten plus) and requirements were based on an estimated 7-8 doses per ampoule. The vaccine, due to the contained dextran, is sticky and less pleasant to use. It leaves a sooty deposit on the platinum needle after flaming. Frothing does occur but if the estimated quantity of vaccine is pre-mixed before the session begins settlement soon occurs and re-mixing in the syringe prior to use does not cause frothing if carefully done.

" The sooting up and frequent change of needles is the chief drawback to this vaccine in my experience and I consider this is easily out-weighed by the advantage of having vaccine always available so that the programme of B.C.G. vaccination is made so much more flexible."

3. MENTAL HEALTH

The continuing improvement in the bodily health of schoolchildren and the welcome (If in places slow) improvement in their physical environment is giving greater prominence to mental and emotional difficulties which constitute an increasing challenge to the School Health Service.

It is not surprising that this should be so when it is known that nearly one half of all the hospital beds in England are occupied by the mentally ill and one third of all the prescriptions written are for tranquillisers or pep pills. Children of psychiatrically disturbed parents are especially liable to be similarly affected, if not through the inheritance of a similar mental and emotional constitution, then through the effect of their environment.

While little can be done to modify the effect of inherited predisposition to mental or emotional instability a great deal can be done to ameliorate the effect of environment. Early recognition of symptoms of maladjustment, guidance to parents in their handling, removal of precipitating causes, careful choice of schools, advice and support, can all help to prevent breakdowns and every year the proportion of such cases seen at the School Clinics continues to grow. Children are seen at the request of parents or referred by Heads of schools or by general practitioners and the great majority of them can be helped by advice and by treatment in conjunction with the family doctor. The Health Visitor/School Nurse can give valuable help in the home environment besides maintaining close liaison with the school staff in their care of the child.

The most severe and resistant cases are referred to the Child Guidance Clinic which is now handling a greater volume of work than ever before. Despite the provision of new premises and the increase this year to eleven psychiatric sessions a week the case load is such that there is still a wait of several months for a diagnostic interview.

Because of the need to avoid a crushing overload on the Child Guidance Clinic, already embarrassed by frequent Juvenile Court referrals, which have to be given priority at the expense of other urgent cases, it is necessary for School Medical Officers to be able to select critically those cases where trained psychiatric help is imperative and to treat themselves those which can be dealt with by doctors with some paediatric experience and knowledge of child psychology.

In furtherance of this all the Medical Staff have attended a short in-service training course on Mental Health arranged by the Central Council for Health Education on behalf of the Essex County Council and have, in addition, attended a number of meetings with the psychiatrists at the Child Guidance Clinic to discuss methods of diagnosis and treatment.

These meetings continue to be most profitable and it is hoped to take advantage of any further short courses which may be arranged, some of which have already been attended by members of the Health Visiting staff.

It is within the schools themselves, however, that the greatest opportunity occurs for help to be given to children handicapped by mental and emotional defects. Apart from the Margaret Brearley School where the specially trained staff and small classes are able to contain, and to produce some excellent results in, children too backward or too disturbed to attend a normal school the Remedial Special Classes at Blackhorse Junior School, at Mission Grove and Woodside, are proving their worth as a method of educating (in the true sense of bringing out) less severely affected children who have failed in normal schools, often because of excessive timidity and inhibition. Children for these classes are carefully selected on the advice of the Educational Psychologist, Miss E.M. Smith, and often show two or three years' advance in a single year. The teachers in these classes and at the Margaret Brearley Special School show, to an exceptional degree a sense of vocation and it is impossible to compute the final benefit to these children of being encouraged and guided to achieve instead of being left to develop an increasing sense of failure and frustration in their efforts to keep up with an ordinary class. The expenditure in space and manpower of these small classes will, I believe, prove to be a most profitable investment in reducing the number of potential misfits and delinquents.

It is said that the proper way to grow asparagus is to go out three years ago to prepare the bed and the same is true of the prevention and treatment of maladjustment in children. Dr. Gillespie is anxious to see and treat disturbed children whenever possible before their fifth birthday and toddlers clinics are held at which the

mothers of pre-school children are specifically asked about behaviour disorders so that the school doctor carrying out the medical examination may be able to assess the emotional fitness, as well as the physical fitness, of the child to enter school and can give advice or refer to the specialist where necessary.

At the other end of the scale there is close liaison with the Youth Employment Officer and with the County Welfare Authorities over the employment and subsequent care of the mentally and emotionally handicapped school-leaver.

For the care of those unfortunate children who cannot be accommodated in either the Special Class or the Margaret Brearley School we are indebted to the Superintendents and Head Teachers of various residential schools. Lingfield Hospital School (Epileptics) and Nazeing Park School (Maladjusted) were both visited during the year and, as always, were most willing to help with specially difficult cases. Close liaison was maintained with Mrs. Knight, Superintendent of the Junior Training Centre at Wanstead which is now accommodating forty of our ineducable children. I sometimes suspect that this Centre has elastic walls since, despite the general shortage of accommodation for retarded children, Mrs. Knight has never failed to offer prompt admission to a child from Walthamstow.

Children so severly defective that they are unsuitable even for the training centre are visited in their homes by officers of the County Medical Officer's Mental Health staff and by health visitors and for a number of them advantage has been taken of the Essex County Council's scheme for short term care for mental defectives. This permits a defective child to be placed, without charge, in a suitable home for a period (normally of four weeks) to allow the parents some respite from the strain of constantly caring for it where this is seriously affecting their own health or to tide the family over some period of special difficulty such as the illness or confinement of the mother. Dr. Hinden of Whipps Cross Hospital and Dr. E. M. Creak of the Hospital for Sick Children, Great Ormond Street, have also generously admitted defective children to ease situations of acute difficulty.

For many of these unfortunates institutional placement is the only real solution but this is sadly deficient. Requests have been made to the County Medical Officer of Health to obtain institutional placement in cases where it appears essential, such as when the violent uncontrolled behaviour of the mentally disordered child is constituting a real physical danger to the rest of the family. Dr. Stewart has made every effort but the Regional Hospital Board reply that the institutional beds are just not available and the name will be added to a waiting list. In hospitals of all types there were vacancies for 21,000 nurses, and 10,417 beds (1,019 in this R.H.B. area) could not be used because of staff shortage.

This problem is quite general throughout the country; even if suitable institutions were built it would be extremely difficult to find nurses to staff them. Many of the severely defective are doubly incontinent and some need to be watched continually, often they need to be fed like babies so that it is almost one person's work to look after each of them.

Dr. Watkins considers that the best solution would be for all hospitals to allocate a small proportion of their beds to this type of case so as to spread the burden more evenly both on hospital accommodation and on the nurses themselves since the normal rotation of duties in a general hospital would ensure that a nurse was not obliged to spend more than a few months on this particularly arduous and unrewarding work.

The Mental Health Act of 1959 which came into force in November repeals the Lunacy and Mental Treatment Acts of 1890 to 1930 and the Mental Deficiency Acts of 1913 to 1938 and it has been generally welcomed as a concrete expression of the improved attitude towards mental illness and mental defect which has been growing up in the profession concerned and among the public generally over the past ten or fifteen years. The social stigma and sense of guilt which used to be associated with these conditions is gradually disappearing. The old descriptions " being of unsound mind ", " idiot ", "imbecile" and " feeble-minded " have been abolished and replaced by the comprehensive term " mentally disordered ". Mental defectives become " subnormal " or " severely subnormal" and children below the level of educability are now deemed

" unsuitable" for education at school instead of ineducable. Informal admission to and discharge from a mental hospital (or any other hospital or home for mental treatment) are facilitated and the sections of the Education Act 1944 dealing with the examination and classification of children with defects of mind are repealed and replaced by a schedule to the ACT which contains sections allowing of more flexible arrangements and providing for re-examination at the parents' request of children who have been ascertained as unsuitable for education at school.

1960 was World Mental Health Year and it is appropriate that it should mark the establishment in Walthamstow of a branch of the National Association for Mental Health. A meeting was held in October 1959 with an open invitation to all having an interest in Mental Health and Welfare. Councillor J.W. Pringle took the chair and the meeting (which was very well attended) was addressed by Dr. Pippard, Consultant Psychiatrist at Claybury Hospital. From this was formed the Walthamstow and District Association for Mental Health with the object of enlisting public support for the mentally disturbed, disseminating information and, in particular, founding a club where ex-patients and out-patients can meet and be helped in social adjustment and in other ways. This club is now meeting at the Shern Hall Methodist Institute on Wednesday evening.

The long established Walthamstow Committee for Care and After-care continued to assist severely retarded children (and adults now that some of them have grown up). Financial help was given in several cases and the usual summer outing (to Thorpe Bay) and the Christmas party gave much pleasure.

Mental and emotional disorders are common; so common that at least one in ten of the population will at some time need treatment for them and one in fifteen will require psychiatric treatment in hospital. The quantity of barbiturates prescribed annually by general practitioners (in Great Britain) has increased from 90,000 lbs in 1951 to 162,000 lbs in 1959. The latter figure would represent, for example, over eleven hundred million one grain doses of pheno-barbitone - a truly staggering total. At least one child in every hundred is mentally affected to such a degree as to be unsuitable for normal schooling while the number showing emotional disturbance evidenced by behaviour disorders, bedwetting, truancy, lying, stealing and speech defects appears to be increasing.

How much of this apparent increase is real has never been reliably estimated. Certainly many of the psychological disorders we are now plagued with were rarely seen (or, perhaps, recognised) a generation or two ago and are still quite unknown among primitive communities today. The more highly civilised (possibly) and certainly more materially wealthy American States appear to have an even higher incidence of mental and emotional instability and psycho-somatic illness (insomnia, ulcers, etc.) than we do. It is tempting to speculate whether we have, to invert the Scriptural text, cast out the seven devils of overcrowding, dirt, poverty, unemployment, malnutrition, physical illness, and neglect, only to make room for a psychological devil worse than all the others.

A stable family life founded on actively shared interests with firm but good natured discipline and the company of congenial companions of one's own age are surely the best safeguards against becoming " queer" and the best soil in which to grow a sound personality which will stand up to the inevitable nervous strain of modern life. Unfortunately present social trends in this age of equal pay do nothing to encourage this. Many mothers, even of young children, are in full-time work and come home too tired or too busy to give enough attention to their childrén's psychological needs. Too often the only common focus in family life is the " " Telly". As one who has, so far, resisted the lure of the " goggle box" I regard television as a potentially dangerous and habit forming drug which should be given to children in small doses only.

Those members of the teaching staff, of religious bodies and youth movements who give up their leisure time to organise extra-mural activities where children can learn to work and play together and develop a sense of social adjustment are making a splended contribution to the cause of Mental Health but I feel that if the problem is to be tackled realistically a conscious and sustained effort is required from all who are concerned with the health and welfare of children.

Child Guidance Clinic. -

Dr. Helen Gillespie, Consultant Psychiatrist, comments as follows on the work of the Clinic.

" The Clinic removed to its new premises at Monoux Building on April 20th. These are much more convenient and spacious than the old ones, and the staff all appreciate the improved amenities.

" There are now eleven psychiatric sessions worked per week. These have been kept at a steady level since January 1960, when we were granted two additional sessions on a temporary basis. This increase has led to gratifying results in the general turnover of cases diagnosed and treated.

" As in the previous year, Miss Laquer has given two lectures on the function and organisation of the Child Guidance Centre from the P.S.W's point of view, to the student health visitors at Dagenham Training College.

" There have been some reductions in the time given by the psychotherapists, but Miss Seccombe joined the staff on November 10th for two sessions per week, and this has partially compensated the sessions given up by Miss Carr and Miss Salzberger. Seven sessions only are being worked now out of an establishment of ten.

" In July 1960 the clinic was approached by the Tutor and Organiser of the Mental Health Course held at the London School of Economics, with a view to placing two students for six months practical training in Child Guidance work. Miss Laquer was asked to undertake supervision of their case work and to select suitable patients for this. This entails a weekly supervision period for each of these students. As the students in question are already workers experienced in the field of social work, we find their services helpful to the clinic team.

" The first two students will be followed by two others for the second half of the academic year.

" This is the first time that Mental Health Course students have been attached to a Local Health Authority clinic.

" Conferences at Lea Bridge School for Maladjusted Children were attended regularly by the Educational Psychologists and the Psychiatric Social Workers in the Leyton area, to discuss the children placed there from the clinic. Such contact is extremely valuable to us at the clinic and is also no doubt of value to the staff of the school in the absence of regular psychiatric advice in the school itself.

" Discussion groups for health visitors in Leyton started in October 1959 are continuing with mutual benefit of the participants.

" I am pleased to state that there has been substantial increase in the number of children under 5 referred to us for early diagnosis and treatment in the Walthamstow area, 14 as against only 2 in 1959."

Work of the Educational Psychologist. -

The Psychologist paid 150 visits to schools during the year, giving individual tests to 319 children, following requests from school medical officers or head-teachers. Ten children were referred to the Child Guidance Clinic by the psychologist who found them in need of psychiatric help, and 50 children already referred were also given tests.

There were substantially more children seen whose I.Qs. fell below average. This was due to the necessity of assessing those children placed in the three special classes, and to the beginning of a re-assessment of children attending the E.S.N. school.

The three special classes continue to justify their establishment. Many children show marked improvement, though some continue to need this kind of intimate education at the secondary level.

Eight children under school age were tested, two in their own homes, and 28 parents were given advice about the educational problems of their children.

The psychologist gave remedial education in reading to twelve children during the year, in 151 weekly sessions. The usual lectures on adolescence were given at Wansfell to the Home Office Refresher Course for House Parents. A series of lectures planned to be given in Walthamstow on " Problems of Handicapped Children in Ordinary Schools" was not sufficiently supported and had to be cancelled.

During the spring term a student psychologist from the Department of Child Study of Birmingham University spent three weeks helping and observing in the work of the Educational Psychologist.

4. PAEDIATRIC CLINIC.

Dr. Elchon Hinden, Paediatrician to Whipps Cross Hospital has kindly submitted the following report on the work of the Paediatric Clinic.

" One of the commonest causes for referral to the paediatric clinic is abdominal pain. This disorder, when met with in a " cold" school clinic, is likely to be different from what the family doctor sees in his surgery. He is bound to consider the acute inflammations - appendicitis, pyelitis, even acute tonsillitis. But by the time the child comes to a second opinion clinic, months, even years, may have passed, and this consideration greatly limits the diagnostic field.

" In fact, there are very few organic conditions that cause long-standing abdominal pain in this age group. Peptic ulcer, that sharp-toothed eroder of the adult's peace-of-belly, is hardly known in school-children; gallstones are even rarer; and abdominal tuberculosis, once a constant danger, went out as pasteurisation came in. Certain renal conditions, such as hydronephrosis, do still have to be considered, but they are far from common and usually declare themselves by disturbing micturition. Occasionally a severe attack especially when associated with vomiting will so simulate acute appendicitis that operation perforce is performed; but the appendix is found guiltless, and the attacks recur with unhindered rhythm. Looking back over our shoulder for the clue we may have missed, we call the disease 'functional' - only wishing somebody would explain the mechanics to us.

" I think that we can identify two groups of children among the sufferers from tummy-ache. In one of these groups, the attacks are regularly precipitated by emotional stress, by excitement, even by pleasurable excitement. This observation is an old one; we find in the Bible that the bowels were considered the seat of the emotions.

Most of us have experienced in our own persons the effect of worry and tension on appetite and bowel action – here we may truly speak of 'functional' disorder. But how this produces pain is still a mystery. It is impossible - even were it desirable - to bring up children without anxieties or exaltations: so the most we can do is to try antispasmodics such as belladonna and its derivatives, or the new anticholinergics such as merbentyl or probanthine; or we can use the specific psychic sedatives, of which chlorpromazine is probably best suited to children. It must be admitted at once that none of these is very effective.

" In the second group, the children are suffering from " the cyclical disease of childhood", here showing itself by abdominal pain. Other symptoms can present themselves - fever, headache, vomiting (perhaps the commonest), usually in more regular fashion than the emotion-triggered bellyache just discussed. Our ignorance of this illness is quite complete. We can often help by symptomatic treatment, but there is no suggestion of removing the cause or preventing recurrences.

" It remains to add, that although neither of these two sorts of pain have anything to do with appendicitis, yet of course this common disease of childhood can, and does, occur in children subject to bellyache. This can lead to confusion, and the doctor must be on his guard that he does not miss the major disease.

" I should like to thank my colleagues in the School Health Service for sending the children to me, and the family doctors for authorising the referral. I am grateful to Dr. P. Tettmar, radiologist, and Dr. W. Walther, pathologist, at Whipps Cross Hospital, for making me free of their services."

5. PHYSICALLY HANDICAPPED CHILDREN.

The numbers of physically handicapped children remained substantially the same in all categories as it has done for the past decade. The exceptions are the delicate child, where there has been a steady decline, and the maladjusted and educationally sub-normal where there has been a progressive increase.

Following is an account of the activities of the special schools submitted by their respective headmasters.

(a) Joseph Clarke School for the Partially Sighted - Mr. G.M. Williams, Headmaster, contributes the following report on the work of the school.

" At the end of the year the school had a roll of 52, there being a further extension of the catchment area to include Chigwell, Hornchurch and Harlow. The catchment area now covers the following districts:-

(i) Essex - Walthamstow, Leyton, Leytonstone, Chingford, Chigwell, Woodford, Loughton, Harlow, Romford, Ilford, Dagenham, Barking, Hutton, Hornchurch, S. Ockenden and Basildon;

(ii) Middlesex - Edmonton, Wood Green, Hornsey, Tottenham and Enfield.

" As in previous years, the ophthalmic supervision of the school has been well maintained. Dr. Gregory, M.B., D.O.M.S., made visits in May and November for the purpose of examination and has given much helpful advice. Dr. Ho and the Eye Clinic staff have made regular ophthalmic examinations and Mrs. Suckling has given ready and efficient service in the supply and repair of spectacles. The willing help of all at the Eye Clinic has been much appreciated. Four children were fitted with low visual acuity aids, three having telescopic aids and one boy a Keeler type aid. These have been on trial throughout the year.

" At the end of the year the visual acuity (Snellen) after correction was as follows:-

3	children	had	acuity	less than 6/60
14	"	"	"	of 6/60
13	"	"	"	" 6/36
12	"	"	"	" 6/24
10	"	"	"	" 6/18

" There were 21 children with monocular vision, four children with additional physical handicaps and 6 children with defective vision and poor intellectual capacity.

" In October Dr. Werren medically inspected all the children in the school. During the year three children were receiving speech therapy. Audiometry testing was carried out with selected new entrants.

" Visitors to the school during the year included Dr. Miller, County School Medical Officer, Miss Daines, Her Majesty's Inspector, Student Health Visitors from Essex and Middlesex, Student District Nurses, Student House Mothers from Dr. Barnardo's Staff Training College, and a teacher of the partially sighted from Canada.

" In January the dining room was vacated to the William Morris Technical School and the school meal is now served in the Hall. The school now consists of the bare minimal requirements of three classrooms and a hall.

" During the Whitsuntide holiday a party of children under the care of Mr. Crosbie spent a week at the Isle of Wight, in company with the Woodside School camp party. As in the past, this proved to be a worthwhile venture and the generosity and help given by Woodside School must be gratefully acknowledged.

" At the beginning of the spring term, Mrs. M. Harrington was appointed to the staff and has taken Class 3 throughout the year.

" For the second year the school participated in the London Partially Sighted Schools Sports at North House, Wimbledon. Performances improved on the previous year, two first and eight other places being obtained. In October the meeting of the Partially Sighted Association was held at the school. Apparatus and specimens of work were exhibited.

" During the autumn term, facilities were made available by Beaconsfield Secondary School for Woodwork for some of the senior boys. This offer was greatly appreciated and fulfils a long felt need.

" There are now twelve senior children who travel to school independently by public transport. Standards of punctuality and attendance of these children are high and independence and social poise has improved.

" The average number on roll during the year was 45 with an average attendance of 40.5.

" During the year 14 children were admitted and two were taken off roll. One (visual acuity 6/12) was transferred to E.S.N. school; one boy left to employment in a shop warehouse.

" I have to express my thanks to all my colleagues, teaching, welfare and transport for their continuing efforts on behalf of the children.

" The following table shows the principal ophthalmic defects of the children on the school roll - "

	Boys	*Girls*
Albinism	3	5
Anisometropia	1	-
Aniridia	-	1
Cataract	12	5
Cerebral defect	1	-
Choroiditis	-	1
Coloboma	1	1
Ectopia Lentis	-	2
Microphthalmus	1	-
Myopia	5	2
Nystagmus	2	-
Optic atrophy	3	3
Retinal defects	3	-

(b) The Margaret Brearley School for the Educationally Subnormal -

Mr. L.F. Green, B.Sc., who was appointed as Headmaster from September 1960 has kindly submitted the following report -

" Miss R.E.A. Lock retired in September 1960 after very loyal service in the interests of the children of the school.

" Mrs. Thomerson retired at Christmas 1960. Miss M. Redhead, M.A., succeeded her. Mrs. Whale was appointed in January as a teacher of domestic subjects.

" Several teachers have taken part in vacation and part-time courses.

" The number on roll has remained steady at the 110 mark throughout the year

" There have been seven school leavers. These have been placed as follows -

Shop assistant. Waitress in Lyons Cafe. Factory Hand. Assistant in Woolworths. Machinists (2) Shoe Factory Hand.

" There have been visits from students of Hockerill Training College, St. Osyths Training College, and students of the London University E.S.N. Diploma Course.

" Dr. Watkins and Dr. Miller visited the school in March.

" I have appreciated the assistance of all the medical services. Mrs. Leach, S.R.N., visits regularly. The administrative staff have been most helpful with the many queries which have arisen in my first few months as headmaster.

" At one period we were concerned over the number of girls needing treatment for their hair.

" Individual contact, as far as possible, has been kept with parents. A news letter has also been circulated. Sixty parents attended a meeting at which the aims of the special education were discussed."

(c) Wm. Morris School for the Deaf - Mr. K.S. Pegg, Headmaster, reports as follows:-

"The school re-opened in January 1960 with 53 children on roll. During the year ten children were admitted and five left. Two of the children who left were transferred to hearing schools and maintained their progress. Of the ten children admitted, four have failed in hearing schools.

" The roll at the end of the year was as follows:-

		Under 5	*5-11*	*Over 11*	*Totals*
Deaf	Boys	1	6	5	12
	Girls	-	2	7	9
Partially Deaf	Boys	-	8 (6)	12 (10)	20 (16)
	Girls	2	7 (1)	8 (4)	17 (5)
Totals		3	23 (7)	32 (14)	58 (21)

(Figures in brackets indicate those children who have been transferred from hearing schools)

Catchment Area -

Barking 3 (1)	Cheshunt...1 (1)	Ilford 14 (1)
Leyton 7 (3)	Middlesex 1	Mid-Essex .. 1
S.E. Essex ... 1	S. Essex ..1	Walthamstow . 7 (1)
Forest 13 (4)	Romford ...9 (2)	

(Figures in brackets indicate children travelling by public transport)

"During the year three loop induction amplifiers were installed, together with other items of specialist equipment. It is hoped that, in the near future, all classrooms will be fully equipped with powerful and selective amplifying equipment. Unfortunately the efficiency of this equipment will be impaired because of the impracticability of attempting the accoustic treatment of the existing classrooms.

" In January 1960 Mr. Head, the Peripatetic Teacher of the Deaf appointed by Essex but based on this school, took up his appointment. It soon became apparent that the amount of work involved was too much for one teacher, and Miss Hodges was appointed and commenced in December.

" Three hundred and twelve children attended the school for pure-tone audiometry tests and a number for speech audiometry. The pure-tone tests are very ably conducted by Mrs. Leach, S.R.N.

" In October and November Dr. Dooley conducted a full medical inspection.

" A total of 179 minor treatments have been given by Mrs. Leach, S.R.N.

" In May I visited a new school for the deaf in Bremen and met a number of otologists and educationalists. Whilst the children do not receive many of the benefits enjoyed by children in this country, the school buildings and equipment are of very high standard.

" During the year we have received our usual large number of visitors, and the children have visited museums, factories and places of interest.

" An approach was made to the Ministry of Health in the hope that more convenient arrangements could be made for the issue and maintainance of individual hearing aids. At present aids etc. are issued from a centre in London. Unfortunately the alternative arrangements which were offered would have proved to be just as inconvenient had they been accepted.

" I have to express my thanks to all my colleagues for their continuing efforts on behalf of the children."

(d) Wingfield House School for the Physically Handicapped - Mr. G.M. Williams, Headmaster, has kindly contributed the following -

" This year has seen a slight increase over the previous low numbers of the children on the roll of the school, the average number on roll during the year being 79 with an average attendance of 64.2. 34 children were admitted during the year, and 19 were discharged, of which 16 were transferred to other schools. The average length of stay of these children was 2 yrs. 1 month. Of the three children leaving to employment, two were registered under the Disabled Persons Act - all were placed satisfactorily and are working at the time of this report.

" Of the children on roll during the year, 27 were receiving regular treatment at the Orthopaedic Clinic and 12 were having speech therapy. There were 4 non-ambulant children on roll and 7 who were only partially ambulant.

" During the summer holiday period the school was kept open on a voluntary basis. 31 children attended and made a 66.5% attendance. Visits were arranged to Whipsnade Zoo, Shoeburyness and Epping Forest.

" Visitors to the school included post graduate medical students from Whipps Cross Hospital, Training College Students, District Nurses and Dr. Miller, Senior Assistant County School Medical Officer.

" The school enjoyed the valued co-operation of Miss Garratt of the Orthopaedic Clinic and of Miss Rasor of the Speech Clinic. Miss Smith the Educational Psychologist made four visits for the purpose of examination and advice, and Mr. Harvey and Miss Miller from the Youth Employment Service made termly visits to see school leavers.

" Dr. Poole has made regular weekly visits and his ready help at all times has been available for children, parents and staff alike. This has been much appreciated. Dr. Werren also made 5 visits for additional medical inspections.

" Mrs. Leach, S.R.N., has attended daily and has assisted in the general care and management of the children, and has done audiometry on selected children. A total of 539 minor treatments have been given.

" The children on roll at the end of the year were classified as follows -

Delicate (Category " J") ...	16
Physically Handicapped (Category " H")	66
Epileptic (Category " F") ...	3

" The table below shows the analysis of the principal defects of children at school during 1960 -

	Boys	*Girls*
Asthma	9	1
Other chest conditions	8	3
Cardiac conditions	2	4
Epilepsy	4	1
Central nervous system damage	4	3
Orthopaedic conditions	5	4
Cerebral palsy	2	13
Haemophiliacs	4	-
Miscellaneous	7	8
Muscular dystrophy	3	-

6. NURSERY SCHOOL.

Miss F.D. Harris, Headmistress, has kindly contributed the following report.

" Attendance throughout the year was good apart from November, when children were absent with mumps, whooping cough and measles.

" We held two Parents' Meetings. At one of these the speaker was a dental surgeon and at the other a school medical officer."

7. HYGIENE INSPECTION.

In these enlightened days it is a little disappointing to be still reporting a hard core of infestation amongst school children, even if the figures appear to be low. This fact is commented upon because in many quarters it is considered that head inspections should be dispensed with. Only by regular inspections can the infestation be kept down to its present numbers and transmission from persistent offenders to other children be prevented.

Concurrently with the above inspection, the Health Visitor/School Nurse now examines routinely each child's feet and footwear. Many cases of verrucca and fungus infection are brought to light and subsequently treated. This helps to remove sources of infection hitherto unsuspected. Many of the 507 new cases seen at the special chiropody sessions for children were referred from this source.

8. PRE-NURSING COURSES.

(a) Walthamstow County High School - Miss M.M. Burnett, M.A., Headmistress, reports that a small group of girls in the Sixth Form studied Human Biology and four were successful in passing at O Level in this subject of the University of London.

(b) William Morris Technical School - Mr. H.P. Williamson, M.Sc. (Educ.), B.Sc., reports as follows -

"Our pupils continue to work on the syllabus of the University of Cambridge Local Examinations in the subject "Human Biology", based on General Science and supported by other G.C.E. subjects to provide a good general education.

"Twelve girls were successful in the 1960 G.C.E. "Human Biology" Examination, two girls securing also G.C.E. General Science.

"Any of these girls who enter Nurse Training will be exempt from the Pre-Nursing Part I Examination.

"Visits during the year were as follows:- in April, the Lecture-Demonstration on 'Science in Food Canning' by Dr. Banfield at the Science Museum; in December, Pasteurising and Bottling of Milk at Radbourne's Dairy, Walthamstow.

"During 1960 the following pupils or ex-pupils started nursing or allied work -

East Ham Hospital	..	Pre Student Nurse (1)
London Hospital	..	Student Nurses (3)
Guy's Hospital	..	Student Nurse (1)
Guy's Hospital Medical School	..	Research Laboratory Technician (1)
Eastman's Dental Clinic	..	Trainee Chairside Assistant (1)"

STATISTICAL SUMMARY

MEDICAL INSPECTION

Periodic Medical Inspections -

5 years age group	...	1401
10-12 year age group	...	1725
14 years age group	...	1493
Others	...	809
	Total	5428

Other Inspections -

Special Inspections	...	1553
Re-inspections	...	1957
	Total	3510

(i) Individual Children found to require treatment -

Age Groups Inspected (by year of birth)	For defective vision (excluding squint)		For any of the other conditions recorded		Total	
1956 and later	2	(-)	7	(3)	7	(3)
1955	17	(10)	105	(51)	114	(57)
1954	42	(16)	171	(75)	197	(86)
1953	11	(8)	34	(15)	43	(23)
1952	19	(10)	20	(5)	34	(14)
1951	11	(10)	11	(4)	21	(13)
1950	111	(71)	128	(55)	215	(119)
1949	112	(76)	130	(44)	218	(112)
1948	47	(30)	64	(25)	97	(47)
1947	31	(21)	31	(16)	52	(32)
1946	19	(13)	19	(8)	32	(17)
1945 and earlier	290	(212)	220	(108)	461	(300)
Totals	712	(477)	940	(409)	1491	(823)

Figures in brackets indicate those children, included in the totals who were already under treatment.

(ii) Physical condition of children inspected -

Age Groups Inspected (by year of birth)	No. of pupils inspected	No. whose condition was classified Satisfactory	Unsatisfactory
1956 and later	67	67	-
1955	509	509	-
1954	825	823	2
1953	195	195	-
1952	118	116	2
1951	106	105	1
1950	748	745	3
1949	744	742	2
1948	341	341	-
1947	176	170	6
1946	106	105	1
1945 and earlier	1493	1485	8
Totals	5428	5403	25

(ii) Defects found at medical inspections -

	Entrants		Periodic Inspections: Leavers		Periodic Inspections: Others		Totals		Special Inspections	
	Treatm't	*Obs:*	*Treatm't*	*Obs:*	*Treatm't*	*Obs:*	*Treatm't*	*Obs:*	*Treatm't*	*Obs:*
Skin	30	22	74	67	104	50	208	139	33	12
Eyes - (a) Vision	61	48	290	57	361	77	712	182	69	7
(b) Squint	37	11	12	8	42	15	91	34	6	-
(c) Other	14	6	12	23	30	39	56	68	20	7
Ears - (a) Hearing	19	52	4	69	15	76	38	197	14	12
(b) Otitis Media ..	6	17	1	23	6	20	13	60	8	-
(c) Other	7	3	5	-	15	6	27	9	3	5
Nose and Throat	58	85	19	33	43	50	120	168	54	26
Speech	36	31	3	11	16	40	55	82	21	4
Lymphatic Glands	4	67	5	28	4	36	13	131	2	2
Heart	7	60	5	39	3	52	15	151	2	2
Lungs	24	38	9	33	31	49	64	120	8	13
Developmental - (a) Hernia	2	5	3	-	1	7	6	12	-	-
(b) Other	12	50	23	110	56	105	91	265	15	23
Orthopaedic - (a) Posture	-	39	14	133	36	175	50	347	5	-
(b) Feet	22	8	3	31	26	41	51	80	5	1
(c) Other	16	59	22	46	30	71	68	176	19	7
Nervous System - (a) Epilepsy	2	2	3	3	7	3	12	8	-	-
(b) Other	2	1	10	17	3	16	15	34	3	3
Psychological - (a) Development	7	29	-	14	11	39	18	82	7	1
(b) Stability	8	76	1	20	10	75	19	171	20	30
Abdomen	1	3	1	12	2	11	4	26	4	2
Other	2	4	4	-	2	4	8	8	114	58

(iv) Pupils found to have undergone tonsillectomy -

Age Group	Number Inspected		No. found to have undergone tonsillectomy	
	Boys	*Girls*	*Boys*	*Girls*
5 years	713	688	46	39
10-12 years	807	918	110	139
14 years	633	860	107	148
Other	364	445	53	76
Totals	2517	2911	316	402

(v) Pupils found to have defects of colour vision -

	Intermediate inspections	Leaver inspections	Others
Tested for colour vision ..	1405	1329	461
Found to have defect of colour vision ..	64	30	14

(vi) Vaccinal condition of children inspected -

	Number inspected	Prophylaxis									
		S.P.		*Diph:*		*Wh.C.*		*Polio*		*B.C.G.*	
		No.	%	*No.*	%	*No.*	%	*No.*	%	*No.*	%
5 years Boys	713	341	47.8	600	84.1	507	71.1	553	77.5	41	5.7
Girls	688	343	49.8	581	84.4	481	69.9	533	77.4	32	4.6
10-12 years											
Boys	807	306	37.9	713	88.3	403	49.9	457	56.6	42	5.2
Girls	918	380	41.4	796	86.6	465	50.6	555	60.4	42	4.5
14 years											
Boys	633	299	47.2	547	86.4	153	24.1	358	56.5	267	42.2
Girls	860	426	49.5	695	80.8	229	26.6	552	64.2	405	47.1
Others Boys	364	157	43.1	287	78.8	177	48.6	217	64.6	17	4.7
Girls	445	209	46.9	373	83.8	224	50.3	317	71.2	34	7.6

(vii) Parents present at medical inspections -

		Number inspected	Number of parents present	Per Cent
5 years	Boys	713	661	92.7
	Girls	688	632	91.8
10-12 years	Boys	807	628	77.8
	Girls	918	759	82.6
14 years	Boys	633	73	11.5
	Girls	860	294	34.2
Others	Boys	364	235	64.5
	Girls	445	293	65.8

(viii) Employment of Children - No. of children examined ... 338

(ix) Employment of Children in Public entertainment ... Nil

(x) Infestation - Examinations in School by School Nurses ... 17412

Individual pupils found unclean... 38

TREATMENT

(i) Chiropody -

	1960	*1959*
New Cases	507	379
Attendances	2567	2647

(ii) Minor Ailments -

	New Cases		Re-attendances	
	Boys	*Girls*	*Boys*	*Girls*
Ringworm Head	-	-	-	-
Body	-	-	-	-
Scabies	-	-	2	-
Impetigo	4	8	2	12
Other skin diseases..	40	46	210	178
Defective vision and squint..	55	72	15	12
Other eye disease	26	23	9	2
Ear, Nose and Throat conditions	94	85	41	30
Speech	24	15	8	1
Lymphatic Glands	8	3	1	1
Heart and circulation	11	13	2	6
Respiratory diseases	19	13	8	9
Developmental defects	43	30	32	25
Postural defects	40	34	3	3
Flat foot	21	7	7	4
Other orthopaedic conditions	51	44	36	18
Nervous disorders	11	4	5	3
Psychological disorders.. ..	63	43	28	20
Various	196	214	358	375
Totals	706	654	767	699

Tonics -	Parrishes Food	Cod Liver Oil and Malt	C.L.O & Malt with Parishes Food
	219 lbs.	62 lbs.	509 lbs.

(iii) Dental Inspection and Treatment -

Number of pupils inspected - Periodic age groups	4990
Specials	1264
Found to require treatment	3249
Number actually treated	2624
Number offered treatment	2857
Attendances for treatment	8819
Half days devoted to inspection	38
- do - treatment	1595
Fillings - Permanent teeth	5417
Temporary teeth	1031
Teeth filled - Permanent teeth..	4733
Temporary teeth..	931
Extractions - Permanent teeth	836
Temporary teeth	2166
Anaesthetics - General	1259
Local	355
Pupils supplied with artificial dentures	25
Other operations - Permanent teeth	1886
Temporary teeth	437

Orthodontic treatment	*Orthodontic Surgeon*	*Dental Officers*
Cases commenced during year	123	71
Cases brought forward	261	227
Cases completed	94	16
Cases discontinued	35	1
Removable appliances fitted	104	36
Fixed appliances fitted	4	1
Number of sessions	134	57
Total attendances	1067	465
Cases seen in consultation with Dental Officers	96	

Oral Hygiene - Attendances	49
Scalings	39
Polishings	48
Gum treatments	9

(iv) Specialist Clinics -

(a) Eye Clinic -

New Cases	Under 7 yrs		7-11 yrs.		Over 11 yrs		Total	
	Boys	*Girls*	*Boys*	*Girls*	*Boys*	*Girls*	*Boys*	*Girls*
Hypermetropia ..	8	7	7	7	10	5	25	19
Astigmatism ..	6	4	20	18	17	34	43	56
Myopia ..	3	4	20	29	37	46	60	79
Other eye defects	28	25	21	15	17	26	66	66
Totals ..	45	40	68	69	81	111	194	220

Total attendances 3686

Number of children for whom glasses were prescribed 1022

Glasses obtained (a) through the Hospital Service Optician.. 981

(b) through outside opticians.. 43

(b) Orthoptic Clinic -

New cases 77

Total attendances 1285

(c) Ear, Nose and Throat Clinic -

New cases 93

Total attendances 279

Referred to Hospital - for tonsils and adenoids 46

x-ray sinuses 2

other 3

Audiometry Testing - Number tested 383

Referred to E.N.T. Specialist 67

(d) Orthopaedic Clinic -

	Boys			Girls		
	5-16 yrs	*Under 5 yrs*	*16-18 yrs*	*5-16 yrs*	*Under 5 yrs*	*16-18 yrs*
Anterior poliomyelitis ..	14	1	-	11	-	1
Surgical tuberculosis ..	-	-	-	1	-	-
Scoliosis, Lordosis, Kyphosis ..	85	1	1	105	-	2
Genu Valgum	7	1	-	8	1	-
Genu Varum	2	-	-	-	2	-
Pes Valgus and Valgus ankles	44	6	1	29	6	-
Cerebral palsy	9	3	-	14	1	-
Schlatters Disease	1	-	-	4	-	-
Progressive muscular atrophy	3	-	-	2	-	-
Osteo genesis imperfecta	1	-	-	1	-	-
Talipes (a) Equina varus	6	1	-	4	-	-
(b) Pes cavus ..	4	-	-	-	-	-
(c) Metatarsus varus ..	1	1	-	2	3	-
Torticollis	1	1	-	-	2	-
Congenital dislocation of hip ..	2	-	-	4	-	-
Hallux rigidus	-	-	-	3	-	-
Spina bifida	2	-	-	1	-	-
Hallux valgus	2	-	-	2	-	-
Perthes disease	2	-	-	1	-	-
Digitus varus	1	-	-	1	1	-
Overlapping toes	-	2	-	2	-	-
Hammer toes	4	-	-	2	-	-
Claw toes	4	-	-	6	-	-
Arthrogryphosis multiplex congenitae	2	-	-	-	-	-
Transverse myelitis ..	-	-	-	1	-	-
Osteomyleitis	1	-	-	-	-	-
Taut hamstrings and tendo achilles	14	-	-	5	-	-
Post meningitis paralysis	2	-	-	-	-	-
Rotation of tibiae	5	6	-	2	3	-
Other congenital defects	8	3	-	3	1	-
Miscellaneous (including chest conditions) ..	61	5	-	32	5	-
Totals ..	288	31	2	246	25	3

New cases seen by Surgeon - School age 103
Under School age 26
Total 129

No. of cases seen by Surgeon - From Physically Defective school.. .. 31
From other schools .. 406
Under school age .. 42
Over school age .. 1
Total 480

Total number of examinations made by surgeon	609
Total number of cases discharged by surgeon	108
Average number of examinations per session	43.5
Number of treatments given	7440
Number of attendances for after care	1637
Number of sessions held - treatment	440
inspection	14
Number of visits by instrument maker	37
Operated on in out-patients	1
Operations performed	17
Children transferred from Connaught Hospital	7
Total number of treatments	9201
Attendances for ultra-violet light treatment	124

(e) Child Guidance Centre -

Table 1 - Analysis of figures for 1960

Number of cases referred to clinic	84
do. diagnosed at clinic	55

(a) Psychiatrists

Diagnostic interviews	56
Cases taken on for observation and/or treatment	31
Treatment interviews	371
Other interviews	2
Number of psychiatric sessions (including Chingford cases)	197

(b) Psychologists

Clinic cases tested	50
Cases given remedial education	12
Treatment interviews (remedial education)	151
School visits on behalf of clinic cases	14
Other interviews at clinic	23
Other interviews outside	10

(c) School Psychological Service

Individual cases seen	319
Number referred to clinic	10

(d) Play Therapists

Cases treated	7
Treatment interviews	134

(e) Psychiatric Social Workers

Interviews at clinic	238
Interviews elsewhere	18

(f) Waiting list

Cases for diagnosis	41
Waiting treatment	2

(g) Total cases treated during the year 125

Tables II and III
Analysis of Problems Referred and Cases Diagnosed

		Referred	Diagnosed
1.	Nervous disorders, e.g. fears, depressions, apathy, excitability ..	12	28
2.	Habit disorders and physical symptoms, e.g. enuresis, speech disorders, sleep disturbances, tics, fits, etc.	22	6
3.	Behaviour disorders, e.g. unmanageable, lying, tempers, stealing, sex problems, etc.	33	12
4.	Educational e.g. backwardness, failure to concentrate	4	1
5.	No basic disturbance of child, i.e. mainly parental overanxiety		9

Table IV - Analysis of Cases Closed during 1960

1.	Improved and recovered after treatment	31
2.	Improved after partial service, i.e. before diagnosis	9
3.	Diagnosis and advice only	7
4.	Interrupted, e.g. on parents' or adolescent patient's initiative	31
5.	Closed for miscellaneous causes (removal from area, placement at E.S.N. school, etc.)	4
6.	Spontaneous improvement	2

(f) Paediatric Clinic -

	Over 5 yrs.	Under 5 yrs.
New cases	64	15
Total attendances	177	30
Physical Defects:		
Number of cases	168	29
Referred to Hospital	15	-
Discharged	42	7
Psychological Disorders:		
Enuresis	9	-
Referred to Hospital	6	-
Other	-	1

(v) Speech Therapy -

	High St. Clinic	Wingfield House Clinic
Number in attendance at beginning of year	65	64
Number under observation at beginning of year	36	14
New cases	47	49
Re-admitted	5	1
Transfers from other clinics - Within County	-	3
Out-County.	1	-
Cases discharged - cured	37	32
improved	4	4
defaulted	5	8
transferred to other clincs	6	1
left district	1	2
left school	1	1
no progress	-	4
Cases in attendance at end of year	77	61
Cases under observation at end of year	27	18
Total attendances during year	2059	1738

Analysis of Defects

Stammering and cluttering	48	9
Dyslalia	85	70
Stammering and dyslalia	2	12
Delayed language development	9	15
Cleft palate speech	-	5
Voice defects	2	2
Speech defect due to deafness	1	-
Defects of neurological origin	1	10
Probable mental deficiency	-	8

(vi) Convalescent Home Treatment -

Number of children sent away for convalescent holidays	26
Remaining in convalescent homes at 31st December	5

(vii) Tuberculosis -

	Boys	Girls
No. examined for the first time at the Chest Clinic:-		
Referred by School Medical Officers	9	12
Referred by private practitioners	54	49
Examined as contacts	13	13

IMMUNISATION

(a) Diphtheria -

Primary immunisations (children of school age)	257
Booster doses (do.)	1439

(b) Whooping Cough -

No. of school children immunised	30

(c) Poliomyelitis -

No. of children vaccinated (0 - 17 yrs.)	1653

(d) B.C.G. -

	1960	1959
No. invited	1704	2882
No. accepted	986	1382
Acceptance rate	57.8	47.9
Number of Heaf positive	116	99
Percentage positive	11.7	7.8
Number of Heaf negative	859	1168
Number absent..	11	115
B.C.G. given	859	1167
Absent or not done	1	1
Conversion tests - positive	555	908
negative	2	25

INFECTIOUS DISEASES

	Notifications - 5-14 years	
	1960	1959
Measles	83	617
Whooping Cough	119	46
Scarlet Fever	116	226
Pneumonia	7	5
Dysentery	64	110
Tuberculosis..	2	7
Food Poisoning	17	7
Poliomyelitis	1	3
Diphtheria	4	-

SCHOOL MEALS SERVICE

Inspections by Public Health Inspectors - Schools ..	42
Kitchens..	85
No. of milk samples taken (all satisfactory) ..	5

NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN

Nature of Offence		*How dealt with*	
Neglect	24	Warned	44
Ill-treatment	9	In Juvenile Court	1
Beyond control	4		
Advice sought	12		

No. of children dealt with - Boys 58, Girls 62 (47 under 5 years of age).

HANDICAPPED PUPILS

	No. examined
(a) Blind	-
(b) Partially Sighted	-
(c) Deaf	-
(d) Partially Deaf	-
(e) Educationally Sub-normal	36
(f) Epileptic	-
(g) Maladjusted	7
(h) Physically Handicapped	6
(i) Speech	-
(j) Delicate	6

CHILDREN ATTENDING THE SPECIAL SCHOOLS

	Partially Sighted	*Deaf*	*Open Air School*	*Educationally Subnormal*
Walthamstow	7	7	40	101
Forest	10	13	31	1
South Essex	6	2	1	-
Barking	1	3	-	-
Dagenham	9	-	-	-
Ilford	2	14	-	-
Leyton	2	7	13	-
Romford	5	9	-	1
Middlesex	10	1	-	-
Hertfordshire	-	1	-	-
Mid Essex	-	1	-	-

WALTHAMSTOW CHILDREN IN RESIDENTIAL SCHOOLS

Blind	3	Epileptic	5
Deaf	1	Maladjusted	12
Delicate	4	Physically Handicapped	9*
Educationally Subnormal	10	Speech	1

* In addition there are three physically handicapped children having home tuition.

MISCELLANEOUS

Staff Medical Examinations -	County Council Staff.	179
	Other Staff	318
	Prospective Teachers.	54
	Entrants to Teaching Profession	30

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