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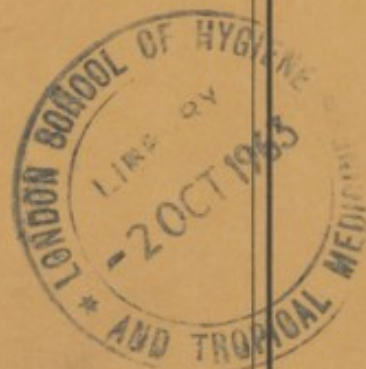
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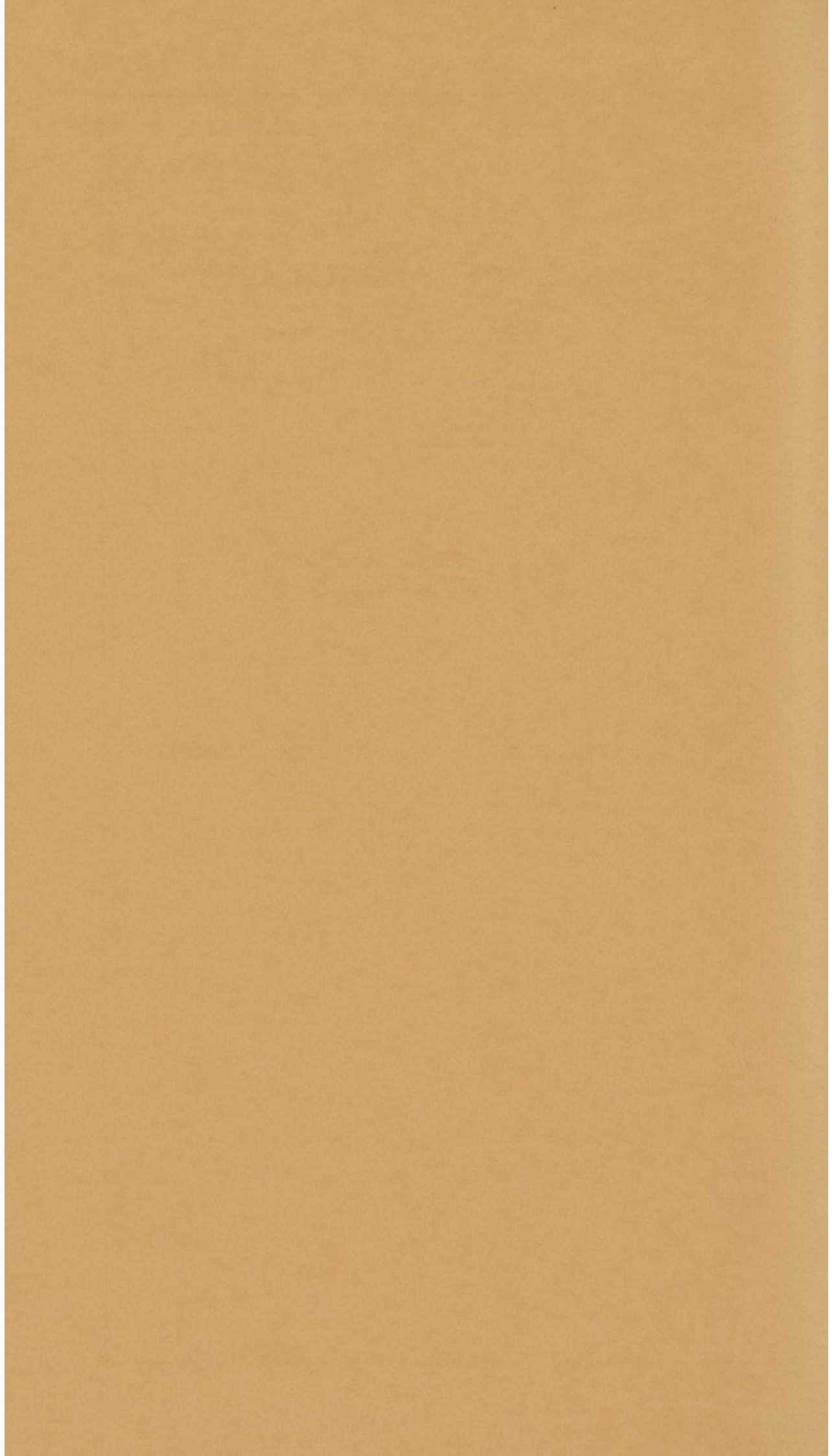
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BOROUGH OF WALTHAMSTOW
Committee for Education

REPORT
of the
DIVISIONAL
SCHOOL MEDICAL OFFICER
for the year
1962

MELVILLE WATKINS, M.R.C.S., L.R.C.P., D.P.H.
DIVISIONAL SCHOOL MEDICAL OFFICER





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DIVISIONAL SCHOOL MEDICAL OFFICER

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WALTHAMSTOW COMMITTEE FOR EDUCATION

1962 - 1963

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Deputy Chairman:

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Ex Officio:

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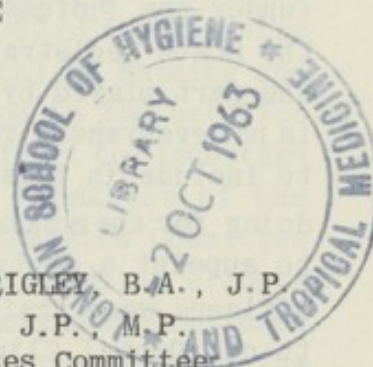
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Miss D.E. WYLD

Borough Education Officer:

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



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

Madam Chairman, Ladies and Gentlemen,

During the year the work of the School Health Service continued to extend but there were no major innovations in 1962.

One event of importance was the introduction of Regulations (under the Professions Supplementary to Medicine Act of 1960) for the State Registration of medical auxiliaries. The importance of the part played by these auxiliaries in the School Health Service is not everywhere realised and I felt that the time was appropriate to include in this report some details of the good work they are doing for the schoolchildren of Walthamstow. We had not been able to appoint a dental auxiliary but hoped that, as more of these officers were trained it would be possible for one to be allocated to our Dental Clinic to relieve to some extent the chronic and continuing shortage of dental surgeons. Dental auxiliaries must work under the supervision of a fully qualified dental surgeon when they are permitted to extract deciduous teeth and to perform simple fillings, scalings, polishing, topical application of medicaments, and to give advice on oral hygiene.

We also received during the year from Dr. Stewart the statistically analysed results of the Survey carried out on the physical development (height and weight) of schoolchildren, for which Walthamstow was one of the sampling areas (a table has been included in the statistical portion of this report). It has been known for several years that, at all ages, the children of today are both taller and heavier than were their predecessors of even a decade ago and this survey was undertaken to provide accurate and up-to-date figures to assist the County Architect in making appropriate allowance in the design of schools, size of desks, etc. Besides providing an accurate measure of the average heights and weights at ages from 5½ to 12½ years the results also indicate the proportion of children at each age who are larger or smaller than average. On the whole 'comparison of the Walthamstow results with those for the L.C.C. area in 1959 show slight advantages in height and weight to the Walthamstow children of a similar size to those found in some of the better L.C.C. divisions' and this suggests that, as we hope, the physical environment of Walthamstow is equally above average.

With the approval of the Committee for Education a start was made on extending the school immunisation programme, previously confined to diphtheria and B.C.G., to include active immunisation against Tetanus. Essex is one of the areas where the germ *Clastridium tetani* is commonly found in the soil and, though comparatively rare, tetanus (Lock Jaw) once contracted is often fatal so that, as a precaution, children who sustain a 'dirty' wound, even quite a minor one, have to be given Anti Tetanus serum.

This is prepared from horse blood and often produces quite severe reactions, so that much unnecessary suffering is avoided if children are actively immunised with Tetanus Toxoid, which does not produce adverse reactions and makes the use of serum unnecessary.

More time was devoted to Health Education, a subject increasingly recognised as of growing importance in preventive medicine and the promotion of positive health. Circular 3/62 of the Ministry of Education (and 6/62 of the Ministry of Health) on Smoking and Health issued on March 12th, 1962, drew attention to the need for more health education in a 'fresh and positive effort to discourage smoking amongst children and to prevent the formation of the smoking habit'. With the approval of the Walthamstow Committee for Education we have made, and are continuing to make, efforts to publicise the dangers of smoking especially among school children, but some limitation is imposed by the fact that the staff of the Department are already fully extended on existing work. We are grateful for the help, most willingly given, by the County Health Education Organiser, but with thirteen health areas to cover besides Central Office work, the time he has been able to devote to Walthamstow is less than we should have wished. Health Education has now attained a degree of importance and is so time-consuming that consideration should be given to appointing staff primarily for the purpose.

I wish to express to the Chairman and Committee for Education my thanks for their continued encouragement, to acknowledge the help and loyal support of all members of the staff of the Department and to thank those who have contributed to this report.

I am,

Your obedient Servant,

M. WATKINS

Divisional School Medical Officer.

STAFF OF THE SCHOOL HEALTH DEPARTMENT - 1962Divisional School Medical Officer and Medical Officer of Health

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

Deputy Medical Officer of Health and School Medical Officer:

G.H.G. POOLE, M.B., B.S., D.(Obst.) R.C.O.G., D.P.H.

School Medical Officers

Miss C.P. Dooley, L.R.C.P., and S.I., D.P.H.

Mrs. M. Edwards, M.B., B.Ch., C.P.H., (part-time)

Mrs. J.H.W. Newman, M.B., Ch.B., D.(Obst.) R.C.O.G., D.P.H. (part-time)

Miss J.P. Werren, M.B., B.S., D.C.H., D.(Obst.) R.C.O.G.

Specialist Part-time Medical Officers (Appointed by Regional
Hospital Board):

Ear, Nose and Throat Surgeon: A.N. Cammock, M.B., B.Ch., D.L.O.

Ophthalmologist: Miss I.D.R. Gregory, M.B., Ch.B., F.R.C.S., D.O.M.S.

H.Ho., M.R.C.S., L.R.C.P., D.L.O., D.O.M.S.

Orthopaedic Surgeon: K. Dalliwall, M.R.C.S., L.R.C.P.

Paediatrician: E. Hinden, M.D., M.R.C.P.

Psychiatrists: Mrs. H. Gillespie, M.R.C.S., L.R.C.P.

Miss R. Hoffman, M.B., Ch.B., D.P.M.

Dental Surgeons:

Mr. G.P.L. Taylor, L.D.S. (Area Dental Officer)

Mrs. H. Blake, L.D.S. (from 20.9.62) (c)

Mr. F.B. Christie, L.D.S. (c)

Mrs. A.M. Culloty, L.D.S. (c)

Mr. R. Hyman, L.D.S.

Mr. W. Landes, Stat.Exam. (part-time)

Mr. D.R. Minchom, L.D.S. (c)

Mr. T.A. Norcliffe, L.D.S. (from 1.1.62) (c)

Mrs.D. Paxton, L.D.S. (from 20.8.62) (c)

Mr. R.V. Tait, L.D.S., Orthodontist (part-time)

Mr. R.J. Winkworth, L.D.S. (from 14.2.62) (c)

(c) Contractor

Health Visitors/School Nurses (part-time to School Health Services):

Miss M. Smith (Superintendent) (to 30.9.62)

Miss C. Oldham (Superintendent) (from 1.11.62)

Miss R.M. Adalian (part-time)

Miss D. Legg

Miss J. Baldwin (from 28.8.62)

Mrs. E. Levis (part-time)

Miss R. Boyd

Miss M. Loughton

Miss E. DuRandt

Miss C. Moseley

Mrs. E.M. Geary

Miss J.M. Palmer

Mrs. J.L. Haynes (part-time)

Mrs. M. Saywell

Miss E.A. Kenny (to 14.1.62)

Mrs. A.O. Vandy

Mrs. D.E. Lambert (part-time)

Miss M.E. Waghorn

(All the above are S.R.N., S.C.M., H. v. Cert.)

School Nurses:

Mrs. A. Dunford, S.R.N.

Mrs. C. Penny, S.R.N., S.C.M.
(from 3.9.62)

Mrs. B. Jones, S.R.N. (to 7.6.62)

Mrs. B. Tasker, S.R.N. (from 26.11.62)

Mrs. M. Leach, S.R.N.

Miss I.E. Turner, S.R.N. (to 30.9.62)

Clinic Nurses:Mrs. J.A. Gwilliams, S.R.N.
(to 3.3.62)Mrs. G. Cook, S.R.N.
(from 2.4.62)Educational Psychologists:

Miss E.M. Smith, M.A.

Miss A.M. Marshall, B.A.

Psychiatric Social Workers:

Miss A.M. Laquer

Mrs. P.A. Pearmain

Miss J.D. Ford

Speech Therapists:

Mrs. C.S. Yorke, L.C.S.T.

Miss J.A. Rasor, L.C.S.T.

Orthoptist:

Miss M.C. Wheeler, D.B.O.

Dispensing Optician:

Mrs. A. Suckling, I.O.S.C.

Play Therapists (part-time):

Miss F. Salzberger

Mrs. B. Forryan

Physiotherapists:

*Miss H. Garratt, C.S.P.

*Appointed by Hospital Management Committee

Dental Attendants (part-time to School Health Service):Mrs. D. Allen (part-time)
(to 24.7.62)

Miss N. Hutchinson

Mrs. S. Dewey

Mrs. M. Wright

Miss G. Hutchins

Miss E. Weatherill
(Dental Clinic Clerk)Dental Technicians (part-time to School Health Service):

Mr. G.H. Higgins

Mr. G. Allen

Administrative and Clerical Staff:

Mr. F.J. Aylward (Senior Administrative Assistant)

Mr. G.J. Bradley

Mr. R. Newman

Miss M. Game

Mr. R.T. Prudden

Miss V. Jennings

Mr. A.T. Wade

Mrs. M.R. Leeper

Mrs. P. Wells

Mr. G.B. Martin

Mrs. E. Wood

SCHOOL CLINICS

<u>Aural</u> -		
Monday	2 p.m. - 4 p.m.	Town Hall
<u>Child Guidance</u> -		
Monday to Friday	9 a.m. - 5 p.m.	Child Guidance Clinic, Old Monoux School, High Street, E.17.
<u>Dental</u> -		
Monday to Friday	9 a.m. - 4.30 p.m.	Town Hall
Saturday	9 a.m. - 12 noon	Town Hall
Monday to Friday	9 a.m. - 4.30 p.m.	Priory Court
Saturday	9 a.m. - 12 noon	Priory Court
Monday to Friday	9 a.m. - 4.30 p.m.	Silverdale Road
Monday to Friday	9 a.m. - 4.30 p.m.	West Avenue
<u>Chiropody</u> -		
Tuesday	By appointment	Town Hall, Low Hall Lane, Priory Court, West Avenue and Silverdale Road.
<u>Minor Ailments</u> -		
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
<u>Massage & Sunlight</u> -		
Monday to Friday	9 a.m. - 5 p.m.	Wingfield House School
<u>Ophthalmic</u> -		
Monday (Alt.)	9 a.m. - 12 noon) 2 p.m. - 4 p.m.)	Town Hall
Tuesday	2 p.m. - 4 p.m.)	
Wednesday (Alt.)	9 a.m. - 12 noon)	
Thursday	2 p.m. - 4 p.m.)	
Friday	2 p.m. - 4 p.m.)	
Saturday (Alt.)	9 a.m. - 12 noon)	
<u>Orthopaedic</u> -		
Monthly (Tuesday)	1.30 p.m. - 4 p.m.	Wingfield House School
<u>Orthoptic</u> -		
Monday	9 a.m. - 12 noon) 2 p.m. - 4 p.m.)	Town Hall
Wednesday	9 a.m. - 12 noon)	
Thursday	2 p.m. - 4 p.m.)	
Friday	9 a.m. - 12 noon)	

<u>Paediatric</u> -		
Thursday (Alt.)	9 a.m. - 12 noon	Town Hall
<u>Speech Therapy</u> -		
By appointment		Old Monoux School and Wingfield House School
<u>Immunisation</u> -		
Wednesday	2 p.m. - 4 p.m.	Town Hall

THE CHANGING FACE OF PHYSIOTHERAPY

Contributed by Miss H. Garratt, M.S.C.P.

As long ago as 1920 the Society was granted a Royal Charter and even then State Registration was one of it's main objects, and certainly in 1962 that seems many moons ago. At intervals during these years the clause has faded into a mere hope rather than fact. Yet, despite all setbacks State Registration has now become a definite reality and the first register is about to be compiled.

What of the changes in disabilities and treatments at the Physiotherapy and Orthopaedic Clinic! Some orthopaedic conditions such as Progressive Muscular Dystrophy and Cerebral Palsy, to take only two examples, are equally prevalent today as in the past, there still being no known cure, although research into these distressing complaints is going on. Years ago Progressive Muscular Atrophy was rather considered to be a contra-indication to physiotherapy but nowadays, although this is a progressive disease, one can hope to keep the child on it's feet a little longer, and prevent gross deformities by graduated exercises. Children suffering from Cerebral Palsy had to cope with far more splintage than at the present time. Certain operations have been found most beneficial, such as elongation of the tendo achilles when the child walks on it's toes, and the tenotomy of the adductors to correct the typical "scissor leg" deformity in severe cases. On the contrary the Median Stoffel operation for the spastic arm, which at one time was considered an essential part of the orthopaedic programme has now faded into past history.

A disease which was very common at one time was Rachitis or Rickets - children were crippled by gross deformities, their emaciated bodies showing the typical 'rickety rosary'. Orthopaedic hospitals had many cases for osteoclases and osteotomies - the operations for severe bow legs and knock knees. Today a case of rickets is rare.

Although the number of cases of Anterior Poliomyelitis has declined to a spectacular degree following immunization a few cases present themselves. Electrical stimulation has always played an important part in the treatment of this condition especially for muscle testing and a great innovation over the last few years has been the Progressive treatment Unit including the depolarized galvanic current which only acts on denervated muscles, the phenomena of leakage through to normal muscles not occurring so readily. Consequently this has saved the physiotherapists time and is much more comfortable for the patient.

The clinic used to have vast numbers of flat feet cases, but in Walthamstow recently the percentage of postural and structural scoliosis is far in excess of all foot deformities.

In certain localities including this area conditions of the chest such as asthma and bronchiectasis have increased in numbers over recent years - but with special breathing exercises and postural drainage a good proportion improve, especially when combined with the administration of various drugs to reduce spasm.

Radiant heat and infra red baths are still prescribed, but actino therapy has fluctuated in popularity over many years - it's merits still being a controversial subject. Very few children are now ordered ultra violet light, whereas some ten to twenty years ago the numbers were so great that a waiting list resulted. Although not the infallible panacea for all ills, certain conditions do seem to respond favourably to this form of treatment, e.g., skin conditions with few reservations, destruction of bacteria on the surface, the ultra violet rays increasing the resistance to skin infection. The tonic effect is well known, and the action of the rays on the ergosterol in the skin forming vitamin D plays an important part in the treatment of some diseases. From experience some chest troubles are often diminished in frequency after a course of general irradiation. The overall picture of treatment over the years is I think rather less massage and far more re-education and exercises.

Unfortunately as the scope for physiotherapy grows and correspondingly the number of patients, the number of physiotherapists remains inadequate so that departments do not have their full complement.

Whether it is given for definite disabilities or in a prophylactic measure physiotherapy has always been a challenge - but most of all a very real response to human need.

It will be appreciated that only a few types of the many disabilities have been mentioned - therefore one or two progress reports on specific children are given in more detail.

S.C. Born a normal child in 1948, this girl was admitted to hospital at twenty months following a cerebro vascular accident resulting in a left sided hemiplegia, a large atrophic lesion in the whole of the right hemisphere of the brain was indicated.

In 1955 she was sent to a residential school, but because of the marked deterioration in her behaviour she was discharged home after five years. At the age of eleven she came to the physiotherapy clinic for treatment, because she had been admitted to the School for Physically Handicapped. At this time it was noted that the left hip was dislocated so at the end of 1960 she was admitted to hospital for operations of hip and foot. She returned to the clinic in May 1961 not being able to stand or walk but being confined to a wheelchair. Fortunately the girl was co-operative and within a few weeks was standing and taking steps with help. To help strengthen the weak leg she was supplied with a walking caliper and soon she was walking quite well with the aid of sticks. Subsequently she was able to discard the caliper altogether by the end of 1962 and is now using only one stick for long distances.

P.C. A 2½ month premature baby and weighing only 3 lbs P. was born with cerebral palsy affecting all limbs especially the legs. She also had been in a residential school from 1953-1958. When she first attended the clinic in 1958 she was walking very badly on two sticks having gross flexion of both knees which were not corrected by walking calipers and night splints. Early in 1959 she had a partial tenotomy of the hamstrings and within three months was on intensive physiotherapy at the clinic, and her progress was quite spectacular. Since mid 1960 she has dispensed with the calipers and she can walk quite well without sticks although again for long distances and in icy weather she resorts to sticks. Instead of being conveyed to school by the school transport she now comes on her own.

L.P. This nine year old girl contracted anterior poliomyelitis in August 1959 which affected both legs, left arm and abdominal muscles. Attending twice weekly for massage and re-education since mid 1960 when she was wearing a walking caliper on the right leg, she was able gradually to leave off the caliper and has been without it completely since the end of 1961. She continues to make satisfactory progress with only a slight residual limp.

S.S. At the beginning of 1961, this girl at the age of twelve started a course of remedial exercises because of quite a marked kyphoscoliosis and pigeon chest. At first her progress was slow and operative treatment was discussed, but the parents were against this procedure, and pleaded that she might continue the exercises. Throughout her attendance a series of x-rays were taken which revealed that by the middle of 1962 her curvature was much less severe and by the end of 1962, the orthopaedic surgeon stated that her back was straight. Nevertheless she will continue exercises to maintain her good posture.

A.S. In May 1960 this six year old boy was admitted to the School for Physically Handicapped Children with a history of recurrent catarrhal bronchitis with broncho spasm, and nasal catarrh with varying amounts of catarrhal deafness. During the same month he was put on a course of breathing exercises and postural drainage. He made a very gradual improvement at first, but this was maintained and later he progressed so satisfactorily that by Easter 1962 he was able to return to ordinary school.

G.B. Born by Caesarian section at Thorpe Coombe in 1948 with severe bilateral talipes equino varus - this boy had both feet splinted from two days old. When he started to walk he was supplied with wedged shoes and special night splints. After several manipulations as an out patient he was admitted to hospital in 1952 for open elongation of the tendo achilles followed by application of Plaster of Paris. He was transferred to the Physiotherapy Clinic in 1953 when he was fitted with surgical shoes and attended regularly for exercises. This type of deformity is often most disappointing to treat because of the risk of relapse due to the increasing deformity of bone structure as the child grows. However, he made excellent progress - the mother was always most co-operative, and made sure that the exercises were carried out at home. In 1961 he was able to go into normal shoes, and was finally discharged in September, 1962.

PSYCHIATRIC SOCIAL WORK

Contributed by Miss A.M. Laquer, A.A.P.S.W.

The Psychiatric Social Worker's influence on child health and preventive mental health, we hope is considerable. Ours is the case work approach, that is, seeing and treating the family as an entity rather than child guidance in a narrow meaning. We are dealing with the parents' difficulties and problems, although they may see them only in the light of the children's problems, more often than not the two are so closely connected that one can hardly ever keep them entirely separate. The kind of case work we are doing now has been practised fairly widely for a number of years and great use is being made of the understanding of the use of relationship between the social worker and her or his clients.

The worker's aim is to make a relationship with the client, and in the context of this relationship to discuss and work through some of the clients' feelings and attitudes which are affecting adversely inter-familial relationships, and the clients' ability to function comfortably as a person. These feelings and attitudes have developed in the client in response to his or her experience of life from earliest childhood.

For example, a woman who, as a child, always felt her younger brother was preferred to herself, may have difficulty when adult in bringing up her own son, because though unaware of it, her attitude to him is coloured by her early resentment of her favoured sibling. As she becomes aware of this in the course of her contact with the worker, she is able to see herself as a person more clearly, and her handling of him will change. The workers' rule is to help the client to see for herself. If, in this situation, advice was given, it would be easy for the client to see the worker as just like her own mother, putting the boy's interests first, so that her feelings of resentment would be increased rather than diminished, rendering it impossible for her to carry out the advice in the right spirit, if at all.

The growing insight into the need for preventive mental health has been clearly recognised by the medical profession; and psychiatric social workers, including ourselves, have started to help other workers in the field to gain greater insight into what we call family relationships. One of our contributions has been the work with Health Visitors in regular groups where actual cases which present definite mental health problems are discussed. These group meetings are of an informal kind and not only individual cases but general problems, to which Health Visitors have even greater access in the community at large than we do, are discussed. This kind of group work is extending everywhere because it is now understood and accepted, that in all fields of social work, to succeed in helping people it is essential to be aware of underlying personality problems which may affect their ability to accept and profit by the help offered. The group discussions are a means by which workers in different fields can discuss basic factors and gain deeper insight and understanding of them.

One other contribution in this field is the two talks I have been asked to give every year for the past few years at the Dagenham training course for Health Visitors, where it is my policy to let the students know in which way we work and how co-operation between Health Visitors and Child Guidance Clinic can be achieved and maintained.

I am, of course, still supervising and training students who are doing their practical work in the Child Guidance Clinic, and all seem to enjoy their work with us greatly. All have been successful in gaining the Certificate. Perhaps I should add that all students who are accepted for the Mental Health Course are fully qualified Social Workers, who must have had several years experience of social work in various fields.

As to current development or general trend of importance within our profession, I should add that more and more Psychiatric Social Workers are being used in the training schemes of social workers, e.g. Younghusband courses, the generic case work course, etc.

ORTHOPTICS

Contributed by Miss M.C. Wheeler, D.B.O.

Orthoptics is the treatment of squint with and without the use of surgery.

All patients have a routine refraction, and glasses are prescribed if necessary by the ophthalmic surgeon. Some difficulties are experienced when the patient is 'set against' wearing glasses or if he is very young. However, perseverance and co-operation at home can overcome this. Alternatively the patient with the high refractive error is usually delighted with his glasses and his personality will change accordingly.

Patients are then referred to the orthoptic department.

Occlusion (or patching) is the most well known part of the treatment when the occlusion is put onto the good eye to enable the amblyopic eye (low vision due to disuse) to get better. This can cause great difficulties and upsets to the patient, especially if he is very young, or the amblyopia is very bad. However, with a firm hand and co-operation at home ensuring that the occlusion is always worn, the vision will improve and both patient and parent will be delighted.

Orthoptic exercises form the other part of the treatment and these are normally very popular, as it merely entails looking at 'coloured pictures' and thus keeping the patient's attention while the various exercises are executed.

Surgery is required on some cases of squint and is advised and carried out by the ophthalmic surgeon. The much discussed 'psychological trauma' of young patients in hospital can come into effect here. Usually however, the short stay of a week, although sometimes difficult at the time, is soon forgotten and there are no ill effects whatsoever. The pleasure and satisfaction gained by both patient and parent when the squint is cured, and the self confidence gained by the patient himself far outweighs any risk of trauma.

The basis of success of orthoptic treatment is to get the patient young, when with the co-operation at home a complete cure can be effected. The older patient may not be able to obtain a functional cure, but a 'cosmetic' cure can always be brought about (by surgery) to prevent any psychological or inferiority complexes.

Glasses may or may not be required after treatment - but attractive frames are now made to suit everyone and they can be worn easily by anyone.

SPEECH THERAPY

Contributed by Miss J.A. Rasor, L.C.S.T., and
Mrs. C.S. Yorke, L.C.S.T.

Speech Therapy as we know it today, is a product of this century. In 1906 Manchester opened its first classes for stammerers and in 1911 an Instructor in Voice Production was appointed at St. Bartholomew's Hospital. 1913 saw the establishment of a clinic at St. Thomas's Hospital under the auspices of the Central School of Speech Training. By 1918 the L.C.C. had established four school centres for stammerers. Walthamstow was not far behind as in 1925 classes for stammerers were held on two afternoons a week, first at Marsh Street, and then at Mission Grove School.

By 1934 two professional associations had been formed. The British Society of Speech Therapists and the Association of Speech Therapists. In keeping with this development a report was submitted to the Walthamstow Committee on 'Stammering and Other Speech Defects' and as a result, in 1936 a qualified Speech Therapist was appointed. She was faced with 254 children who had been recommended for treatment and group work was considered the answer. Each group attended twice weekly for one hour, the school bus bringing the younger children. Classes were discontinued at the outbreak of war but recommenced in 1941.

In 1944 the two professional bodies were united as the College of Speech Therapists and a three year training and a set syllabus was agreed. Meanwhile in Walthamstow numbers were growing tremendously and it was not until 1947 when a second therapist was appointed that moves were made towards more individual therapy. 1955 heralded a great change. It was at last possible to arrange individual appointments for the majority of children.

As they are today the Walthamstow school clinics are typical of many in the country, and the following cases may serve to illustrate the work and its link with other Child Welfare Services.

N.C. This girl had a paralysed soft palate giving the type of speech that is typical of the cleft palate patient, including defective articulation and excessive nasal tone. Articulation improved after treatment, but tone of voice was still defective.

She was therefore referred to a plastic surgeon who performed a pharyngoplasty. Following further Speech Therapy normal voice was obtained and she was discharged cured one year after the operation.

G.A. This boy, aged 5 years, suffers from ectodermal dysplasia and was referred to the Speech Therapy Clinic for treatment of dyslalia. This speech defect is linked to his general condition as his teeth have failed to develop. He was therefore referred to the prosthetic department of the London Hospital and fitted with dentures. He is now expected to make good progress with Speech Therapy as many sounds can be obtained with greater ease.

L.B. L. is a boy, aged 5 years who suffers from a high frequency deafness, he wears a hearing aid, and has been attending a London Hospital for auditory training. He was transferred to the Speech Clinic when he commenced school. He is responding well to auditory training, articulation practice and language stimulation.

R.A. R. was referred with a severe stammer at the age of 8. The stammer had developed when parents drew attention to and tried to correct hesitancy in speech at 4 years. The stammer was aggravated when he moved from Ireland to London as other children could not understand him. Individual treatment was given at first, followed by group treatment when he had made sufficient progress. He received weekly treatment for 3 years, monthly treatment for a year, followed by occasional observation until he left school. Speech is now stable and there has been no return of stammering.

S.M. This is a case of delayed language development, referred by the Welfare Clinic prior to the child commencing school. At 4 years when he first attended, he used only a few single words but expressed himself by gesture. This excellent gesture language was an important factor in the lack of spoken language and once we refused to accept this, language progressed. After two months intensive language stimulation he was making a real effort to repeat words and within another month he was using single words and some phrases spontaneously. Sentences developed within the next eight months and before leaving the clinic he had started to read.

G. aged 7 years, seen on a school visit, was referred because of her use of a lateral 's'. Investigation revealed a high frequency deafness so arrangements were made for her to receive auditory training, using a specialised hearing aid. Along with this training she received individual coaching in arithmetic and reading, and Speech Therapy for the correction of the defective sound, all of which permitted her to make up lost ground and maintain her correct standard.

J., a little boy with a language disorder and a physical handicap, due to brain injury, was admitted to a special school. His particular difficulty was the inability to put names to objects and formulate and express his thoughts in words. Through contact with the class teacher, it was possible to co-operate and co-ordinate presentation of material to be learned, and to tackle the feared reading situation by indirect methods. This approach combined with special training to surmount the nominal dysphasia allowed J. to feel master of his difficulty and the increased confidence he derived permitted him to face rather lengthy treatment of the remaining language disorder.

M., a boy in his teens, was referred for psychiatric help and Speech Therapy. Subsequent to treatment at the Child Guidance Clinic he attended the Speech Clinic for treatment of stammering. Individual help aimed at establishing confidence in his speech mechanism and in his ability to use it. He did in fact respond extremely well and among other achievements to his credit he entered a poetry speaking competition at his school after only eight visits to the clinic, and was very well placed. His mounting confidence paved the way to further success to the point where speaking situations no longer held any fear for him.

F., aged 6 years, was referred on account of his almost unintelligible speech and 'unusual' voice. He was in fact a chronic mouth-breather because of the gross enlargement of his adenoids; in addition his uvula was deformed to the extent that it restricted the movement of the soft palate, in consequence his voice lacked nasal tone. He was referred to the E.N.T. clinic and following treatment there he returned to the Speech Clinic for correction of the dyslalia and the persisting voice defect. The latter was due to habit, the soft palate having become lazy. Exercises to stimulate vigorous movement of the palate corrected this laziness and normal voice was soon achieved. Articulation games and exercises were no longer difficult for F, and within nine months of his being referred to the clinic he was discharged with normal voice and speech.

THE WALTHAMSTOW CHIROPODY SERVICE

Contributed by R.J. King, M.Ch.S.

Walthamstow Chiropody Service started in 1931, being the second municipal clinic in the country, and from the start provided special sessions for children, as it was realised at that early date the importance of chiropody to the child population. Situated in various parts of the borough we have five clinics, each has an allocation of schools to look after, the schools making appointments direct to their clinic, thus every child has an appointment, and is seen at the stated time, thereby avoiding wasting too much school time.

We have a staff of six full time chiropodists, plus four part time, being the only Health Area in the county having a full staff, and the only area giving a full chiropody service to all age groups.

The weekly childrens clinics are well patronised, 2,351 treatments having been given last year. A large proportion of these children attend with verruca pedis (foot warts), and the growing amount of corns, various types of nail troubles, plus a great many allied conditions. Our clinic acts as a clearing house, as we are often the first to examine their feet, and are able to pass on the conditions that should be seen by the doctor.

The footwear of a large section of the children leaves much to be desired. Great harm is being caused by children following the example of adults, and I am sorry to say condoned by their parents. There seems to be a tendency for a large section of parents to abide by the judgement of the child when buying shoes. Still the greater curse in footwear is the court, slipper or casual shoe worn by the girls, and now the pointed toe shoe for boys, is providing us with more patients and in both the boys and girls are producing, hallux valgus, overlapping toes, retracted toes, painful heels, and a damage to nail plates.

We must not overlook the trouble caused by pressure from stretch man made fibre socks and stockings, these are extremely strong and exert back pressure on the toes. I should also point out that the wearing of correctly fitted shoes and socks in childhood will help to produce good feet, but this does not give immunity in later life if the rules of good fitting shoes and stockings are broken.

SPECIAL SCHOOLS

WILLIAM MORRIS SCHOOL FOR THE DEAF. Mr. K.S. Pegg, Headmaster.
reports as follows:-

"The school re-opened in January 1962 with 49 on roll, and during the year 8 children were admitted and 1 partial hearing girl left to obtain employment in the Bank of England Printing Works.

Children were drawn from the following areas:-

	DEAF		PARTIAL HEARING		TOTAL
	Boys	Girls	Boys	Girls	
S.E. Essex -					
Thundersley	-	-	1	-	1
South Essex -					
Upminster	-	1	-	-	1
Forest -					
Wanstead & Woodford	2(2)	1	1	-	4
Nazeing	-	-	-	1	1
Harlow	1	1	1	1	4
Loughton	-	-	3(1)	-	3
Chingford	-	-	-	1	1
Waltham Abbey	-	-	1(1)	1	2
Barking	2(1)	1(1)	1(1)	-	4
Dagenham	-	-	2	-	2
Ilford	3*	1	-	5(1)	9
Leyton	2	4(1)	2(1)	2	10
Romford	2(2)	-	5(1)	1	8
Walthamstow	1	2(1)	1	2	6
	13	11	18	14	56

(Figures in brackets indicate children travelling by public transport and are classified as follows:-)

		Under 5	5 -11	11-16	Total
Deaf	Boys	2	6	5	13
	Girls	5	3	4	12
Partially Deaf	Boys	-	10	8	18
	Girls	-	8	5	13
		7	27	22	56

"There is a growing need for the establishment of a diagnostic clinic within the school. At the present, children from our catchment area attend the Audiology Unit which is attached to the Royal National Throat, Nose and Ear Hospital, Gray's Inn Road. Hearing Aid repairs, ear moulds etc., are also dealt with at the centre and every help and encouragement has been extended to this school by the Director and Staff. It should not be necessary however, for parents to take children, in many cases very young children, from all over the catchment area to this unit when such a centre could be established locally. There is a need too for the provision of a special observation class, for those children whose needs regarding language development and communication skills cannot be assessed without a period of observation.

"After Whitsun the two reception classes were transferred to specially prepared and equipped classrooms at the Thorpe Hall School. The children both deaf and partially hearing now have the opportunity of mixing with hearing children at play, and have settled down very happily. I must express my appreciation to Miss Cobbledick the Headmistress, and to the Staff of the Thorpe Hall School for the manner in which they are helping to ensure the success of this experiment.

"The number of visitors to the school has increased, and tape recordings have been prepared which show the effects of varying degrees of hearing loss on speech, the acquisition of language, and some of the difficulties experienced by the users of hearing aids.

"Binaural listening experiments are still in progress and we are continuing to co-operate with Post Office Engineers Department in an attempt to find the most suitable material for hearing aid cases.

"New developments in the education of children with impaired hearing and in the use of hearing aids and other auditory equipment in stimulating the use of even a small amount of hearing have made it necessary to reconsider the suitability of definitions of pupils with impaired hearing. In the Ministry of Education circular of September 1962, the more positive approach to the use of residual hearing has been emphasised by the substitution of the term "partially hearing" for "partially deaf".

"In June Mr. Taylor held a dental inspection and in October Dr. Werren conducted the medical inspection.

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

MARGARET BREARLEY SCHOOL FOR THE EDUCATIONALLY SUB-NORMAL.

Mr. L.F. Green, B.Sc., Headmaster, reports as follows:-

"The population of the school, apart from one Ilford pupil, consists entirely of Walthamstow children. At the end of the year the school had 96 children on roll.

"This year has been marked by increased co-operation with parents and with the various officers who also assist our children. Mrs. Leach S.R.N., has given valuable assistance to the school by regular checks on hygiene etc., and the various clinics have continued to provide help for our children, showing a real understanding of their special problems. Despite the efforts of individual officers however, some of our problem families still constitute a serious challenge.

"Dr. Poole now visits the school on the first Monday of the month to carry out routine medicals and to discuss any medical problems which arise. This has been a most valuable innovation.

"The general equipment of the school continues to improve.

"Visits to factories and places of interest have played an important part in our educational programme. Visits to factories have resulted in the placement of at least one pupil. Other visits have been made to R.O.S.P.A. House, Fire Station, Shoburyness, Museums, St. Pauls, the Zoo, Epping Forest, Bertram Mills Circus. The highlight was undoubtedly a visit to the House of Commons with Alderman E. Redhead, M.P., as a most sympathetic guide.

"Interest in the work of Special Schools has been reflected by the number of visitors to the school. These have included the Mayor and Mayoress of Walthamstow, teachers in training. Psychologists, medical officers, Student Health Visitors, and specially welcome were colleagues from other schools in Walthamstow.

"In order for our work to be effective it is necessary to have the whole hearted support of the parents. There are signs that this is increasing. Parents are always welcome in the school and in the past year, the parents of at least 70 children have been seen by the Head Teacher and respective class teachers.

"Outstanding activities during the year have included a Swimming Gala and Sports Day in conjunction with other Special Schools in Walthamstow.

"Of the 16 children who left during the year, two were transferred to the Loughton Training Centre at the request of their parents whilst the rest were placed in some form of employment. Some leavers have done exceedingly well.

One boy has an apprenticeship at a provision merchants, another has a day release for learning a special woodwork machine and three are machinists. During the year two children were transferred to the Junior Training Centre after a period of trial at the Annexe, two boys were given residential placement, and two pupils were transferred to a Secondary Modern School.

" I have to express my thanks to all those who have been such good friends of the school and specially to my own teaching colleagues who at all times have given of their best".

THE JOSEPH CLARKE SCHOOL FOR THE PARTIALLY SIGHTED.

Mr. G.M. Williams, Headmaster, reports as follows:-

" At the end of the year the school had a roll of 49 a decrease of 7 over the previous year. During the year children from the following areas were on the school register.

Essex

Barking	1	Ilford	4
Basildon	1	Leyton	2
Canvey Island	1	Loughton	2
Chigwell	1	Pitsea	1
Dagenham	10	Romford	2
Harlow	2	S. Ockendon	4
Hornchurch	-	Walthamstow	8
Hutton	2	Woodford	1
		Rainham	1

Middlesex

Edmonton	2	Tottenham	3
		Wood Green	1

" The visual acuity (Snellen) after correction of the children attending the school is shown below.

7 children had acuity of less than 6/60

15	"	"	"	"	6/60
7	"	"	"	"	6/36
10	"	"	"	"	6/24
10	"	"	"	"	6/18

" There were 17 children with monocular vision and 5 children with additional handicaps.

" The table below shows the principal defects of the children at school at the end of the year.

		Boys	Girls
Albinism	..	3	5
Aniridia	..	-	1
Anisinetropia	..	1	-

	Boys	Girls
Cataract	11	6
Choroiditis	-	1
Congenital	-	1
Day blindness, dislocated lenses	1	-
Iridocyclitis	1	-
Myopia	6	-
Nystagmus	1	-
Optic Atrophy	2	2
Phthisis Bulbi	1	-
Retinal degeneration	2	1
Retinitis Pigmentosa	2	-
Subluxation of the lenses	-	1

"As in previous years the ophthalmic supervision of the school has been well maintained. Dr. I. Gregory, M.B., D.O.M.S., made visits in June and October for the purpose of examination and has given much helpful advice. The medical staff of the Eye Clinic have made regular ophthalmic examinations and Mrs. Suckling has given ready and efficient service in the supply and repair of spectacles. The willing help and co-operation of all at the Eye Clinic has been much appreciated.

"In September Dr. Werren carried out a full medical inspection of all the children in the school. In June Mr. Taylor from the School Dental Clinic visited the school for dental inspection.

"Visitors during the year included the Mayor and Mayoress of Walthamstow, the School Medical Officer for the Forest Division of Essex, post graduate medical students, the Superintendent Health Visitor and Student Health Visitors, Student District Nurses, pupil midwives, qualified teachers, training college staff and students, a student sociologist and a party of students from Dr. Barnado's.

"During the Whitsuntide holiday a party of twelve children under the care of Mr. Crosbie spent a week at the Isle of Wight in company with the Woodside School Camp party. This again proved to be a most instructive and worthwhile venture.

"In January, Miss O. Brown commenced service in charge of the infant class, filling the vacancy caused by the departure of Mrs. Harrington.

"The average number on roll during the year was 53.9 with an average attendance of 46.7. Ten children were admitted and 13 children were taken off roll. Of these three were younger children, one of whom moved out of the school's catchment area while 2 transferred to Residential Schools. There were 10 children who left to employment, as follows:-

Boys

1. Registered as a Blind Person, checker in engineering firm using braille micrometer, etc.
2. Training for career in catering.
3. Employed at a piggery.
4. Working in a timber yard.
5. Employed in store of chemists shop.
6. Employed in stores and packing department of local medical goods firm.
7. Employed as baker and attending Royal College of Bakery.

Girls

1. Shop assistant in florists.
2. Hair dresser.
3. Attending Secretarial Training Course, Westminster College of Commerce.

"There are now 9 children of secondary school age travelling independently by public transport.

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

WINGFIELD HOUSE SCHOOL FOR THE PHYSICALLY HANDICAPPED.

Mr. G. M. Williams, Headmaster, reports as follows:-

"The school commenced on 9th January, 1962 with 92 children on roll, drawn from the following areas:-

Walthamstow	Wanstead and Woodford	Waltham Abbey
Leyton	Chigwell	Epping
Chingford	Harlow	Enfield
Loughton	Hornchurch	

During the year there were 22 admissions and 1 re-admission, giving an average weekly roll of 89 children, with an average attendance of 70.7. 24 children left during the year.

<i>To other schools</i>	<i>To employment</i>
2 to long stay hospital schools	1 boy as garage mechanic
1 to home tuition	1 boy to a City office
3 to E.S.N. schools	1 boy to a large store
2 to Residential Schools	1 girl to routine light factory work
11 to ordinary day schools	1 girl to industrial training and assessment centre.

"Four of the leavers were registered as 'disabled persons' for the purpose of employment.

"The average length of stay of the 19 children transferred to other schools was 3 years 2 months, and of those leaving for employment 5 years 11 months.

"Of the children on roll 58 received treatment by Miss Garratt in the Orthopaedic Clinic, and 18 children received speech therapy. There were 3 non-ambulant children on roll and 11 who were only partially ambulant.

"Visitors to the school during the year included parties of pupil midwives from Thorpe Coombe Training Unit, one Health Visitor from Persia and one from Malaya, four post-graduate medical students, and students from five Teacher Training Colleges, of whom two spent a week on practice and observation.

"The school has benefited greatly by the valued co-operation of Miss Garratt in the Orthopaedic Clinic and of Miss Rasor of the Speech Clinic. Miss Smith has made visits for the purpose of educational guidance and Mr. Harvey, Youth Employment Officer and his staff have interviewed and advised all school leavers.

"Dr. Poole who is in clinical charge of the school has made regular weekly visits and Dr. Werren has also made 5 visits for supplementary medical inspection. Their ready and helpful advice has been greatly appreciated.

"Mrs. Leach, S.R.N., has attended the school daily and has assisted in the general care and management of the children and has carried out audiometric testing on selected children. A total of 383 minor treatments have been given.

"There has been only one staff change during the year when Mrs. Parmenter joined the Welfare Staff in early March.

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

Delicate		19
Physically Handicapped		67
Epileptic		3

"I would record my thanks to all staff colleagues for their continued and steadfast service on behalf of the school".

SPECIAL CLASSES

Miss E.M. Smith, Educational Psychologist, has contributed the following report on special classes in junior schools during 1962/63.

In September 1962, a fourth special class was established at the Winns Junior School, so that a total of 62 * children have worked in these small units. Mrs. Corner, Mrs. Wilkinson and Miss Cook have continued in charge of the classes at Woodside, Blackhorse (now Higham Hill) and Mission Grove (now Edinburgh) and Mrs. Parkes was appointed to the Winns class. These four teachers must be congratulated on their year's work. Mrs. Wilkinson's retirement in July will cause a serious loss in this type of work.

Before the end of the school year, all the children were re-tested for reading attainment and intelligence level. In reading, only four children amongst the whole group show no improvement; of these four, one has a very severe speech defect, two are obviously in need of full-scale special education, and one is a very anxious unhappy boy. The amount of improvement in reading varied from an advance of a few months to one of two and a half years.

Although progress in reading was maintained in all four classes, the I.Q's registered are deserving of particular comment. For two classes (Blackhorse and Mission Grove) the year has been made difficult by changes in the school environment. At Easter the Blackhorse Class, with its teacher, moved to Higham Hill, while the Mission Grove Class was transplanted to Edinburgh Junior, changes necessitated by the closure of Blackhorse and neighbouring schools. It says much for the teachers of these two classes and the receiving Head Teachers, that no major problems arose. However, the I.Q's shown indicate that the changes were not without effect. In the Woodside Class (no change) four children obviously needing to transfer to E.S.N. school showed a lowering of I.Q., the same picture being true for the Winns Class (no change). Here, three children showed a sufficient fall in I.Q. to indicate a Special School need. In the group which moved from Blackhorse to Higham Hill, half the children showed a regressed I.Q. (two to E.S.N. level) while the group moving to Edinburgh showed a fall in I.Q. for all but four children. Some of these decreases were insignificant, but others were seriously depressed by as much as 19 points. These figures suggest two points:-

- (1) The possible adverse effect of a change of environment on children of limited mental endowment.
- (2) The increased adverse effect when such a change is made suddenly.

Eleven children will be transferring because of age from Woodside and Higham Hill to appropriate Secondary Schools. Seven children from all classes will be transferred, if possible, to Special School.

The need for these classes continues. In September 1963, there will be accommodation for only 64 children while 70 are in need of such help.

* Including 5 children given temporary places.
 2 foreign language children.
 1 experimental placement from Deaf Centre.
 1 Secondary boy 1 E.S.M waiting placement

SUMMARY OF RE-TEST RESULTS JUNE, 1963.

Class	Woodside 3rd & 4th Year	Higham Hill 3rd & 4th Year	Winns 2nd & 3rd Year	Edinburgh 1st & 2nd Year
Number of children	14	13	16	14
I.Q.	Range 66-102 Average 82 " gain 19	Range 66-105 Average 86 " gain .9	Range 66-103 Average 98 " gain 1.6	Range 66-102 Average 82 " loss 3.5
R.A.	Range 7yr6m- 9yr.6m. Aver: 8yr.1m. " gain 9mths.	Range nil - 10yr.9m. Aver: 8yr.0m. " gain 9mths.	Range nil - 8yr.6m Aver: 7yr.7m. " gain 9m.	Range 6yr.2m. 7yr.9m. Aver: 6yr.8m " gain 8mths.

SPECIALIST CLINICS

CHILD GUIDANCE CLINIC.

Dr. Helen Gillespie, Consultant Psychiatrist, reports as follows on the work of the Child Guidance Clinic:-

General Comments:

There has been an increase in cases referred during the year in the Walthamstow and Leyton areas. As regards reasons for referral, the figures show a disproportionate increase in the category 'Nervous Disorders' referred in the Walthamstow area. It is satisfactory to know that children of this type are being increasingly referred for treatment, and not merely those whose disorder is of high 'nuisance value'.

Since October 1962, children from the Leyton area are no longer referred to the Centre at Walthamstow, as Leyton now has its own Child Guidance Centre. We continue, of course, with the children who have already started treatment here. We now hope to be able to provide an improved service for the areas for which we continue to be responsible, that is Walthamstow, Chingford and Forest Division.

Staffing:

Miss Russell left at the beginning of December, to take up a residential post at one of the Richmond Fellowship Houses. She joined the staff of this clinic at its inception in 1945 as a social worker, and then took her training as a Psychiatric Social Worker from September, 1946 for one year, and worked in this capacity from then on. We wish her every success in her very interesting work.

Play therapy sessions have decreased to five only per week, since Mrs. Elkan left the clinic last October. We have been unable so far to fill the vacancy for the remaining five play therapy sessions.

Activities of Staff Outside the Clinic:

These are expanding. Psychiatric Social Workers Miss Laquer, Mrs. Pearmain and Miss Ford are meeting four groups of Health Visitors at regular intervals of about one month. Their aim is to increase the Health Visitors' interest in preventive mental Health. The problems which arise in their work with children are discussed in the setting of the family and its relationships. Other problems discussed include those of old age and of mental illness with their family repercussions. The Health Visitors also gain more knowledge of the Child Guidance Services. The members of the group find their attitudes change as the result of the discussions, with a greater tendency to attempt to understand family and community problems before initiating or suggesting possibly ill advised action. Attendance at these groups has been excellent.

Miss Laquer and Miss Marshall each give two talks per annum to Health Visitors in training at Dagenham Technical College, these talks having similar aims.

The training of Mental Health Students continues. Two students at a time, for six months each, carry out their practical work at the Centre, attending three times per week.

During the year a student Psychologist, in training at Birmingham University, spent a month at the clinic with Miss Smith, and did some testing in schools, and two students from the Tavistock Clinic spent a month with Miss Marshall.

Children Under Five:

It is gratifying that this year there has been an increase in the number of children under five referred to this clinic.

Our experience has always suggested that treatment in this age group holds out the best prospects of success. This impression has been confirmed as a result of our follow-up enquiry, which we have carried out on 56 children seen at West Avenue Infant Welfare Centre between the years of 1952 and 1956. 56 questionnaires were sent out, and 32 replies were received. The remaining 24 children were untraceable, in spite of attempts at home visits, etc. Of the 32 children about whom information was obtained, it was found that the original symptoms had persisted unchanged in only one case, they had disappeared completely in 17 cases, and partially in 12. Home behaviour was reported to be improved and satisfactory in all but one case, and school progress was said to be satisfactory in every case.

Although the small numbers involved, and the high proportion of untraced cases, make it impossible to attach any statistical significance to these results, they nevertheless seem to suggest that treatment of the children in the under-5 age group is usually very rewarding.

Miss E.M. Smith, Educational Psychologist, reports as follows:

By the establishment in September of a fourth special class for children needing a slower learning pace and a more individual approach, 60 children from Junior Schools are being given this type of help. The selection of children for these classes, together with supervision and assessing their progress is a time-consuming but interesting part of the psychologist's work.

During the year 109 visits were paid to schools, 336 children being given individual intelligence tests. 76 of these children were referred to the Child Guidance Centre, for a variety of symptoms of mental ill-health. It is relevant in this connection to suggest that teachers should be alive to these symptoms and bring such children to the notice of the psychologist even when symptoms appear mild, rather than wait for some crisis of behaviour to

develop. The rather long waiting list for Child Guidance service should not prejudice referral, since any improvement or spontaneous adjustment can be reported if it occurs. On the other hand, it plainly limits the possibilities of psychiatric help, when referral is postponed to the later years of school life.

Remedial education in basic subjects has been given by the psychologist to 13 children during the year, with a total of 230 sessions.

During the Spring term a student psychologist, in training at Birmingham University, spent a month at the clinic and did some testing in schools.

The psychologist gave informal talks to several Parent-Teacher Associations, and to groups of mothers.

EAR, NOSE AND THROAT CLINIC:

The weekly Ear, Nose and Throat Clinic has continued under the clinical charge of Dr. A. Cammock, M.B., B.Ch., D.L.O. Mrs. Leach, S.R.N., has carried out audiometry tests on 289 children and of these 89 were referred to the clinic for specialist opinion.

EYE CLINIC:

This clinic continues under the clinical charge of Dr. Hilton Ho.

The services of a dispensing optician and an orthoptist are available to patients.

ORTHOPAEDIC CLINIC:

Mr. G. Rigby Jones, who had been in charge of the Orthopaedic Clinic since 1953, retired during the year, and Mr. K. Dalliwall, Consultant Orthopaedic Surgeon, was appointed in charge of the clinic.

PAEDIATRIC CLINIC:

The clinic continued under the clinical care of Dr. Elchon Hinden, Paediatrician to Whipps Cross Hospital, who reports as follows:

The work of the Walthamstow Paediatric Clinic has proceeded along the accustomed lines. The majority of the children have been referred either from the School Health Service, or from the Maternity & Child Welfare Clinics, a few are sent direct by their family doctors. All the patients are seen by appointment, and the clinic is usually fully booked. This year I would like to discuss a subject which is not of immediate interest to the school health service, though it may well become so in later years. I refer to the terrible damage done by Thalidomide to the development of the unborn child.

The calamities caused by this drug have focussed attention on the whole subject of congenital deformity. The risk of a pregnancy

resulting in an imperfect baby has always been with us, it is a hazard which any couple starting a family in love and faith has to face. But that risk is unpredictable, and if a damaged infant should result, at least the parents' conscience is clear. This is a misfortune which has lighted on them, not retribution. This cannot be said about Thalidomide. The damage it does is not due to blind chance, it is man-made, and the parents, the doctor, the chemist - in fact all society, cannot escape a feeling of guilty responsibility. This emotion has magnified the distress inevitably roused in parents by the birth of a deformed baby and so has engendered a public clamour about these stricken babies which their number hardly justifies.

Thalidomide is responsible for about 400 damaged babies over the 18 months that it has been on sale in this country. Of these, about 240 have survived and will need long-term treatment and education - using these words in their broadest sense. But how does this number compare with the 1,200 Mongols, or the 750 children with spina bifida, paralysed below the waist who are born every year? In fact, the total of all major congenital deformities comes to about 1% of all babies born, that is 7,500 severely affected children each year. Even though half of them soon die, the community of seriously crippled children grows by 3,500 yearly. Against this background, the once-for-all addition of 240 Thalidomide casualties is not a great one. It is, of course, the knowledge that these need not have happened which is so disturbing.

I have written above that the risk of congenital deformity is unpredicable. This is true for the individual family - not for society as a whole. Dr. Frazer Roberts, the eminent geneticist, has pointed that the overall figure for serious deformity is as high as 1.40. When we think of the staggeringly complex development the foetus must needs undergo, and the risk of death by drowning, suffocation or apoplexy he has to surmount at the moment of birth, the figure does not seem large, but in terms of human heart-ache it is enormous. At the moment we do not know how to avoid it. It is a fact, though only cold comfort, to the desolated families, that Thalidomide has raised the chance of congenital deformity by less than 5%.

I should like to thank the school doctors for referring the children to me, and the family doctors for authorising the referrals. I should also like to thank my colleagues at Whipps Cross Hospital, Dr. P. Tettmar, radiologist, and Dr. W.W. Walther, pathologist, for allowing me full use of their facilities.

DENTAL CLINIC

Mr. G.P.L. Taylor submits the following report on the work of the School Dental Services:-

Again there have been only two full time dental surgeons employed, but, as I had hoped, we have had more help from part-time surgeons. This has resulted in the staff being able to inspect at school over twice the number of pupils that were seen during 1961. This means that some children are now inspected twice a year, thus reducing the number of casual and emergency inspections.

I am glad to say we have also been able to increase the number of fillings in permanent teeth by over 2,000

We have hopes, this year, of recruiting some full time surgeons, so that we can look forward to offering a more stabilized service to the public.

STATISTICAL SUMMARY

SCHOOL POPULATION

	No. of schools	No. on roll (28.12.62)
Secondary	17	8,459
Junior	19	4,680
Infant	20	2,736
Special	4	290
Nursery	1	82

PERCENTAGE ATTENDANCE

	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Sep.	Oct.	Nov.	Dec.
Secondary	91.1	91.1	89.8	89.1	93.5	90.0	87.2	94.2	94.4	93.1	88.2
Junior	90.3	89.8	90.0	88.9	92.4	89.9	87.5	93.6	94.4	91.8	84.7
Infant	84.6	82.9	85.0	84.0	90.0	90.8	83.4	90.9	90.8	85.2	77.1
Special	81.8	83.9	85.8	87.6	87.7	86.0	83.3	86.2	87.3	85.9	69.9
Nursery	80.3	72.1	77.0	91.3	86.6	80.4	76.3	88.8	83.1	81.7	68.9
Totals	89.5	89.0	88.8	88.1	92.4	90.5	86.4	93.2	93.6	91.2	84.9

MEDICAL INSPECTION

Periodic Medical Inspections -

5 years age group	1,211
10-12 year age group	1,497
14 years age group	2,258
Others	316
Total	<u>5,282</u>

Other Inspections -

Special Inspections	1,161
Re-inspections	1,333
Total	<u>2,494</u>

(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
1958 and later	3	10	11
1957	13	133	135
1956	26	122	135
1955	12	32	43
1954	8	20	20
1953	9	13	14
1952	82	129	192
1951	58	96	134
1950	25	26	42
1949	11	12	19
1948	9	9	15
1947 and earlier	429	217	581
Totals	685	819	1,341

(ii) Physical condition of children inspected -

Age Groups Inspected (by year of birth)	No. of pupils inspected	No. whose condition was classified Satisfactory	Unsatisfactory
1958 and later	63	63	-
1957	523	523	-
1956	583	583	-
1955	138	138	-
1954	55	55	-
1953	39	39	-
1952	795	795	-
1951	565	565	-
1950	145	145	-
1949	69	69	-
1948	49	49	-
1947 and earlier	2,258	2,256	2
Totals	5,282	5,280	2

(iii) Defects found at medical inspections -

PERCENTAGE OF DEFECTS TO NUMBERS EXAMINED: -

	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
Skin	2.2	3.1	3.9	1.9	3.1	6.1	4.7	4.6	3.8	4.2	3.3
Vision and Squint	8.9	9.0	10.0	11.9	15.2	14.1	15.7	17.1	11.1	14.8	15.0
Other eye	1.1	1.2	0.6	0.7	1.4	1.1	1.1	1.1	1.0	0.8	0.6
E.N.T.	6.2	6.4	5.4	3.3	5.9	6.7	4.7	4.1	3.6	2.4	3.4
Orthopaedic	7.8	4.0	4.1	3.9	4.1	4.9	5.0	6.4	3.1	2.9	2.2
Heart	0.5	0.4	0.3	0.3	0.4	0.3	0.2	0.3	0.3	0.3	0.4
Bronchitis etc.	1.9	1.2	0.7	0.5	1.0	2.2	1.9	1.3	1.1	1.0	1.1
Other defects	4.8	5.7	3.3	3.8	5.3	5.1	4.4	5.1	4.4	3.6	3.6

					PERIODIC INSPECTIONS								Special Inspections	
					Entrants		Leavers		Others		Totals			
					<i>Treatm' t</i>	<i>Obs:</i>	<i>Treatm' t</i>	<i>Obs:</i>	<i>Treatm' t</i>	<i>Obs:</i>	<i>Treatm' t</i>	<i>Obs:</i>		
Skin	..	..	..	..	33	18	69	74	74	25	176	117	16	36
Eyes - (a) Vision	..	..	..	..	42	47	429	77	214	73	685	197	17	9
(b) Squint	..	..	..	..	47	18	15	10	47	15	109	43	2	2
(c) Other	..	..	..	..	12	8	5	7	15	23	32	38	3	4
Ears - (a) Hearing	..	..	..	..	8	46	6	27	25	44	39	117	13	4
(b) Otitis Media	..	..	..	..	6	39	-	21	-	22	6	82	1	-
(c) Other	..	..	..	..	6	3	14	7	17	3	37	13	8	6
Nose and Throat	..	..	..	..	43	112	26	48	31	76	100	236	17	5
Speech	..	..	..	..	22	45	4	10	21	32	47	87	10	11
Lymphatic Glands	..	..	..	..	3	70	1	13	1	32	5	115	-	-
Heart	..	..	..	..	5	46	9	33	5	54	19	133	4	1
Lungs	..	..	..	..	33	33	5	17	18	37	56	87	8	2
Developmental - (a) Hernia	..	..	..	..	1	2	-	5	-	4	1	11	3	-
(b) Other	..	..	..	..	13	103	28	77	22	144	63	324	13	8
Orthopaedic - (a) Posture	..	..	..	..	1	25	14	96	15	124	30	245	6	-
(b) Feet	..	..	..	..	14	25	2	26	20	47	36	98	3	-
(c) Other	..	..	..	..	13	27	18	64	18	38	49	129	12	12
Nervous System - (a) Epilepsy	..	..	..	..	6	2	3	1	7	2	16	5	-	-
(b) Other	..	..	..	..	1	5	11	6	8	25	20	36	3	3
Psychological - (a) Development	..	..	..	..	11	39	-	7	10	32	21	78	13	12
(b) Stability	..	..	..	..	4	71	1	13	7	56	12	140	16	9
Abdomen	..	..	..	..	2	10	-	-	2	15	4	25	-	2
Other	..	..	..	..	-	2	1	-	-	-	1	2	15	8

(iv) Pupils found to have undergone tonsillectomy -

Age Group	Number Inspected		Number found to have undergone tonsillectomy	
	Boys	Girls	Boys	Girls
5 years	590	621	54	36
10-12 years	713	784	114	134
14 years	1,008	1,250	181	203
Other	159	157	22	24
Totals	2,470	2,812	371	397

(v) Pupils found to have defects of colour vision

	Intermediate inspections	Leaver inspections	Others
Tested for colour vision	1,497	2,258	64
Found to have defect of colour vision ..	-	24	-

(vi) Vaccinal condition of children inspected -

	No. inspected	Prophylaxis									
		S.P.		Diph:		Wh.C.		Polio		B.C.G.	
		No.	%	No.	%	No.	%	No.	%	No.	%
5 years Boys	590	437	74.1	534	90.4	467	79.0	502	84.9	38	6.4
Girls	621	456	73.4	551	88.7	492	79.2	532	85.7	44	7.1
10-12 years											
Boys	713	359	50.4	603	84.6	363	50.9	518	72.7	32	4.5
Girls	784	417	53.2	689	87.9	443	56.5	546	69.5	29	3.7
14 years											
Boys	1008	527	52.3	894	88.7	348	34.5	694	68.8	364	36.1
Girls	1250	735	58.8	1220	97.6	461	36.9	998	79.8	628	50.2
Others Boys	159	88	55.3	148	93.1	112	70.4	140	88.0	13	8.2
Girls	157	88	56.1	129	82.1	91	57.9	119	75.8	13	8.3

(vii) Parents present at medical inspections -

	Number inspected	Number of parents present	Per Cent
5 years Boys	590	561	95.1
Girls	621	592	95.3
10-12 years Boys	713	627	87.9
Girls	784	653	83.3
14 years Boys	1008	319	31.6
Girls	1250	447	35.7
Others Boys	159	135	84.9
Girls	157	118	75.1

(viii) Employment of Children - No. of children examined	...	245
(ix) Employment of Children in Public Entertainment	...	2
(x) Examinations in School by School Nurses -		
(a) Uncleanliness - No. examined	12,336	
No. found unclean	78	
(b) Vision - No. tested	7,351	
No. referred for treatment	315	
(c) Feet - No. examined	5,078	
No. referred for treatment	148	

TREATMENT

(i) <u>CHIROPODY</u>	1962	1961
New Cases ...	482	550
Attendances	2286	2660

(ii) MINOR AILMENTS

	New Cases		Re-attendances	
	Boys	Girls	Boys	Girls
Ringworm Head	-	1	-	20
Body	-	-	-	-
Scabies	-	-	-	-
Impetigo	-	3	1	1
Other skin diseases	52	48	231	173
Defective vision and squint ..	20	23	5	2
Other eye disease	3	9	4	6
Ear, Nose and Throat conditions..	42	32	86	63
Speech	20	9	10	3
Lymphatic Glands	-	-	2	-
Heart and circulation	3	3	5	8
Respiratory diseases	9	6	16	8
Developmental defects	19	15	126	134
Postural defects	4	4	16	17
Flat foot	4	3	12	9
Other orthopaedic conditions ..	19	22	35	30
Nervous disorders	6	13	21	19
Psychological disorders	34	26	34	28
Various	42	52	55	55
Totals	277	269	659	596

Attendances - New cases	126
Old cases	290
Total	416

Cases referred to Hospital -

Tonsils and Adenoids	38
Xray	9
Antrum washout	2
Cautery	1
Other	4

No. of sessions	44
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(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 ..	10	-	-	9	-	1
Surgical tuberculosis ..	-	-	-	1	-	-
Scoliosis, Lordosis, Kyphosis ..	74	1	-	81	1	-
Genu Valgum	1	3	-	6	4	-
Genu Varum	1	-	-	-	4	-
Pes Valgus and Valgus ankles	41	3	-	34	7	-
Cerebral palsy	8	1	-	13	1	-
Schlatters Disease	1	-	-	1	-	-
Progressive muscular atrophy	4	-	-	2	-	-
Osteo genesis imperfecta	1	-	-	1	-	-
Talipes (a) Equino varus	7	-	-	2	-	-
(b) pes cavus ..	-	-	-	2	-	-
(c) Metatarsus varus	-	4	-	1	3	-
Torticollis	1	1	-	3	-	-
Congenital dislocation of hip ..	1	3	-	3	4	-
Hallux rigidus	1	-	-	1	-	-
Spina bifida	1	-	-	1	-	-
Hallux valgus	-	-	-	4	-	-
Perthes disease.. .. .	2	-	-	1	-	-
Overlapping toes	1	3	-	1	-	-
Hammer toes	4	-	-	1	-	-
Claw toes	2	-	-	2	-	-
Arthrogyriposis multiplex congenitae	3	-	-	-	-	-
Transverse myelitis.. ..	-	-	-	1	-	-
Taut hamstrings and tendo achilles ..	8	-	-	7	-	-
Post meningitis paralysis	2	-	-	-	-	-
Rotation of tibiae	2	2	-	3	2	-
Other congenital defects	6	4	1	4	2	1
Miscellaneous (including chest conditions) ..	62	5	-	53	6	-
Totals	244	30	1	238	34	2

New cases seen by Surgeon - School age	103
Under School age	32
Total	135

No. of cases seen by Surgeon - From Physically Defective School ..	39
From other schools ..	337
Under school age ..	43
Total	419

Total number of examinations made by surgeon ..	554
Total number of cases discharged by surgeon ..	98
Average number of examinations per session ..	42.6
Number of treatments given	8030
Number of attendances for after care	1317
Number of sessions held - treatment	447
inspection	13
Number of visits by instrument maker	45
Operations performed	21
Children transferred from Connaught Hospital ..	6
Total number of treatments	9415
Attendances for ultra-violet light treatment ..	78

(e) *Child Guidance Centre* -

Tables I and II

Analysis of Problems Referred and Cases Diagnosed

(WALTHAMSTOW CASES ONLY)

	Referred	Diagnosed
1. Nervous disorders, e.g. fears, depressions, apathy, excitability ..	37	33
2. Habit disorders and physical symptoms e.g. enuresis, speech disorders, sleep disturbances, tics, fits, etc.	16	5
3. Behaviour disorders, e.g. unmanageable, lying, tempers, stealing, sex problems, etc.	60	15
4. Educational e.g. backwardness, failure to concentrate	2	5
5. No basic disturbance of child, i.e. mainly parental overanxiety		12

Table III - Analysis of Cases Closed during 1961

1.	Improved and recovered after treatment		32
2.	Improved after partial service, i.e. before diagnosis		-
3.	Diagnosis and advice only		12
4.	Interrupted, e.g. on parents' or adolescent patient's initiative		40

5. Closed for miscellaneous causes (removal from area,
placement at E.S.N. school, etc.) 16
6. Spontaneous improvement 1

(f) *Paediatric Clinic* -

New Cases	Over 5 yrs.		Under 5 yrs.	
	Boys	Girls	Boys	Girls
Heart	7	8	3	-
Pulmonary stenosis	-	1	-	-
Vomiting	-	-	1	-
Jaundice	-	-	1	-
Coeliac disease	-	1	-	-
Hernia	-	-	1	-
Hydrocele	3	-	1	-
Varicocele	1	-	-	-
Undescended testes	23	-	-	-
Tight foreskin	-	-	1	-
Enuresis	7	3	1	-
Psychological	1	-	-	-
Retarded development	1	1	1	1
Speech	-	-	1	-
Cerebellar malfunction	1	-	-	-
Epilepsy	5	1	-	-
Migraine	1	1	-	-
Asthma	1	-	-	-
U.R.I.	-	1	-	-
Haemoptysis	-	-	-	1
Torticollis	-	-	1	-
Epistaxis	1	-	-	-
Obesity	3	1	-	-
Totals	55	18	12	2

Total attendances 208

No. of sessions 21

Referred to Hospital 21

(v) *SPEECH THERAPY*

	High St. Clinic	Wingfield House Clinic
Number in attendance at beginning of year	79	60
Number under observation at beginning of year	34	27
New cases	43	63
Re-admitted	1	2
Transfers from other clinics - Within County	1	2
Cases discharged - cured	36	56
improved	2	2
defaulted	2	2
transferred to other clinics	4	4
left district	2	-
left school	2	-
Cases in attendance at end of year	61	50
Cases under observation at end of year ..	48	40
Total attendances during year	1754	2145

Analysis of Defects

Stammering and cluttering	41	17
Dyslalia	110	65
Stammering and dyslalia	-	8
Delayed language development	2	34
Cleft palate speech	-	-
Voice defects	2	8
Speech defect due to deafness	1	-
Defects of neurological origin	2	12

(vi) *CONVALESCENT HOME TREATMENT -*

Number of children sent away for convalescent holidays	19
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(vii) *TUBERCULOSIS -*

	Boys	Girls
No. examined for the first time at the Chest Clinic:-		
Referred by School Medical Officers	14	10
Referred by private practitioners	34	26
Examined as contacts	5	8

IMMUNISATION

(a) *Diphtheria* -

Primary immunisations (children of school age)	57
Booster doses (do.)	347

(b) *Whooping Cough* -

No. of school children immunised	23
--	----

(c) *Tetanus* -

No. of school children immunised	71
--	----

(d) *B.C.G.* -

	1962	1961
No. invited	1862	2462
No. accepted	1196	1586
Acceptance rate	64.2	64.4
Number of Heaf positive	205	220
Percentage positive	18.0	14.5
Number of Heaf negative	931	1291
Number absent	60	75
B.C.G. given	931	1291
Conversion tests - positive	499	761
negative	3	-

INFECTIOUS DISEASES

Notifications - 5-14 years

	1962	1961
Measles	28	625
Whooping Cough	8	14
Scarlet Fever	49	82
Pneumonia	2	1
Dysentery	-	20
Tuberculosis	4	3
Food Poisoning	2	1
Poliomyelitis	-	-
Diphtheria	-	-
Meningitis	-	1

SCHOOL MEALS SERVICE

Inspections by Public Health Inspectors - Schools ..	32
Kitchens ..	69
No. of milk samples taken (all satisfactory) ..	11

NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN

<i>Nature of Offence</i>		<i>How dealt with</i>	
Neglect	22	Warned	44
Ill-treatment	6	In Juvenile Court	1
Beyond control	1	Prosecuted	1
Unregistered foster-child	1		
Advice sought	16		

No. of children dealt with - Boys 69, Girls 56 (17 under 5 years of age).

HANDICAPPED PUPILS

	No. of pupils ascertained during 1962	No. of pupils admitted to Special Schools during year		Total No. of pupils in Special Schools at end of year	
		Day	Resid.	Day	Resid.
Blind	-	-	-	-	3
Partially Sighted	-	1	-	7	-
Deaf	-	-	-	1	1
Partially Deaf ..	1	-	-	5	-
Educationally Sub-normal ..	19	20	-	95	1
Epileptic	-	-	-	1	3
Maladjusted	6	-	5	-	19
Physically Handicapped ..	3	3	-	17	7
Speech	-	-	-	-	-
Delicate	12	10	-	24	2
Dual Defects* ..	-	-	-	3	2
Totals	41	34	5	153	38

*Children having more than one defect:-

Attending Day Special Schools -

- 1 ESN/Maladjusted
- 1 Hemiplegia/Epilepsy
- 1 Enuresis/Maladjusted

Attending Residential Special Schools -

- 1 ESN/Hypoglycaemia/Poor Vision
- 1 ESN/Epilepsy

CHILDREN ATTENDING THE SPECIAL SCHOOLS

	<i>Partially Sighted</i>	<i>Deaf</i>	<i>Open Air School</i>	<i>Educationally Subnormal</i>
Walthamstow ..	7	6	42	94
Forest ..	6	15	25	1
South Essex ..	7	1	-	-
Barking ..	3	4	-	-
Dagenham ..	10	2	-	-
Ilford ..	2	9	-	1
Leyton ..	2	10	19	-
Romford ..	3	8	-	-
Middlesex ..	6	-	1	-
S.E. Essex ..	3	1	1	-
Hornchurch ..	-	-	1	-
Hainault ..	-	-	1	-

WALTHAMSTOW CHILDREN IN RESIDENTIAL SCHOOLS

Blind	3	Epileptic	3
Deaf	1	Maladjusted	19
Delicate	2	Physically Handicapped	7*
Educationally Subnormal	3		

* In addition there is one physically handicapped child having home tuition.

MISCELLANEOUS

Staff Medical Examinations - County Council Staff	153
Other Staff	279
Prospective Teachers and Entrants to Teaching Profession	118

Comparison of heights and weights of London and
Walthamstow school children

Median (50th percentile)

Age	Height (ins)				Weight (lbs)			
	Boys		Girls		Boys		Girls	
	L.C.C.	Walth.	L.C.C.	Walth.	L.C.C.	Walth.	L.C.C.	Walth.
5½	43.7	44.0	43.4	43.6	43.1	43.7	42.2	42.5
6½	46.0	46.5	46.0	46.1	48.6	49.1	48.1	48.0
7½	48.5	48.9	48.1	48.6	53.5	55.1	52.1	53.8
8½	50.8	51.0	50.3	50.6	59.8	60.6	58.5	59.2
9½	52.9	52.9	52.5	52.6	66.0	66.2	64.9	65.1
10½	54.7	54.9	54.7	54.8	72.3	72.5	71.9	73.0
11½	57.0	57.1	57.6	57.5	80.3	81.0	82.1	83.2
12½	58.7	59.7	59.8	60.2	88.4	91.6	93.4	95.0
Average difference	0.3		0.2		1.0		0.8	

10th percentile

Age	Height (ins)				Weight (lbs)			
	Boys		Girls		Boys		Girls	
	L.C.C.	Walth.	L.C.C.	Walth.	L.C.C.	Walth.	L.C.C.	Walth.
5½	40.7	42.4	40.9	41.0	36.8	38.0	35.8	36.0
6½	43.3	43.7	42.7	43.3	39.0	42.5	38.2	40.3
7½	45.6	46.0	45.4	45.7	45.5	47.0	43.4	44.6
8½	47.7	48.0	47.4	47.6	49.0	50.2	47.5	49.1
9½	49.6	49.8	49.3	49.4	55.2	55.2	53.6	53.9
10½	51.5	51.6	51.4	51.3	58.5	60.2	57.5	58.7
11½	53.4	53.6	53.4	53.7	65.6	66.9	65.0	64.9
12½	55.2	55.9	55.7	56.3	72.5	76.0	73.4	74.2
Average difference	0.5		0.3		1.7		0.9	

90th percentile

Age	Height (ins)				Weight (lbs)			
	Boys		Girls		Boys		Girls	
	L.C.C.	Walth.	L.C.C.	Walth.	L.C.C.	Walth.	L.C.C.	Walth.
5½	46.7	46.6	46.5	46.2	52.9	51.8	52.0	49.7
6½	49.1	49.3	49.0	48.9	59.0	58.7	59.3	57.7
7½	51.4	51.8	51.1	51.5	65.1	66.2	65.7	66.3
8½	54.1	54.0	53.4	53.6	74.7	74.2	73.7	75.3
9½	56.4	56.0	56.1	55.8	81.0	82.7	83.4	84.5
10½	58.4	58.2	58.4	58.3	90.6	92.2	96.1	95.6
11½	60.8	60.6	61.6	61.3	105.2	104.3	110.9	109.5
12½	62.7	63.5	63.6	64.1	114.7	119.2	122.9	125.3
Average difference	0.1		0.0		0.8		0.0	

Note: L.C.C. figures are calculated from measured values for 1959. Walthamstow figures are taken from smooth curves fitting calculated values for 1960.

