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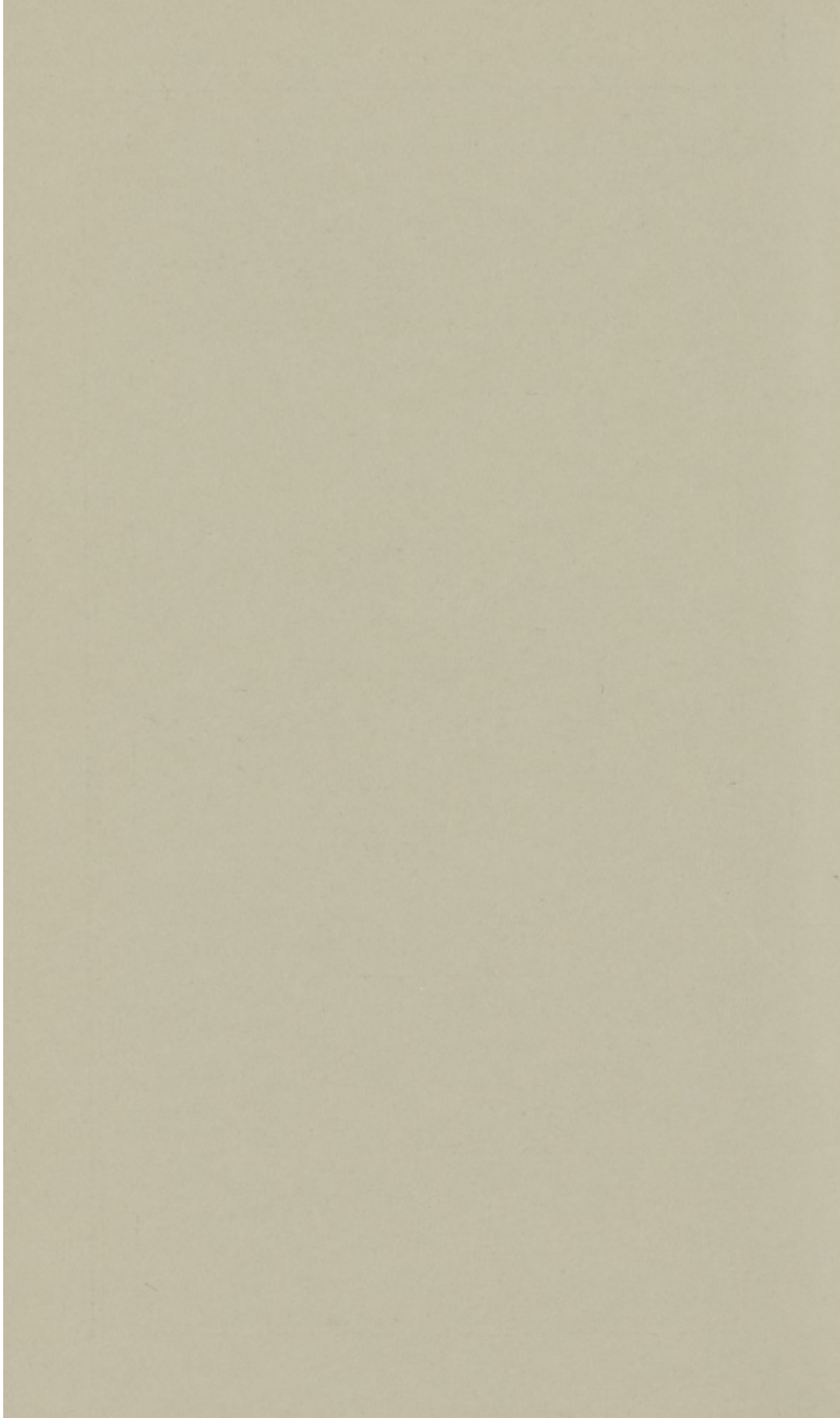
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BOROUGH OF WALTHAMSTOW
Committee for Education

REPORT
of the
DIVISIONAL
SCHOOL MEDICAL OFFICER
for the year
1963

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

1963 - 1964

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Mr. R. LAMB

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.

Mr. Chairman, Ladies and Gentlemen,

I beg to present my report on the Health of the School Child for the year 1963 and in doing so should like to thank the members of the Committee for Education and my teaching and medical colleagues for their help and co-operation during the year.

I am,

Your obedient Servant,

M. WATKINS

Divisional School Medical Officer.

Miss E. Cunnington (from 18.11.63)	Miss C. Munns (from 16.12.63)
Miss E. DuRandt	Miss J.M. Palmer
Mrs. E.M. Geary	Mrs. M. Saywell
Mrs. J.L. Haynes (part-time)	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.
Mrs. M. Leach, S.R.N.	Mrs. B. Tasker, S.R.N.

Clinic Nurse:

Mrs. G. Cook, S.R.N.

Educational Psychologists:

Miss E.M. Smith, M.A.	Miss A.M. Marshall B.A.
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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. Razor, L.C.S.T.
---------------------------	---------------------------

Orthoptist:

*Miss M. Jeavons,

Dispensing Optician:

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

Play Therapists (part-time):

Miss F. Salzberger	Mrs. B. Forryan
--------------------	-----------------

Physiotherapist:

*Miss H. Garrett, C.S.P.	*Appointed by Hospital Management Committee.
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Dental Attendants (part-time to School Health Service):

Mrs. S. Dewey	Mrs. M. Wright
Miss M. Guilfoyle (21.1.63 to 31.5.63)	Miss C. Tuck (from 2.12.63)
Miss G. Hutchins	Miss E. Weatherill
Miss N. Hutchinson	(Dental Clinic Clerk)

Dental Technicians (part-time to School Health Service):

Mr. G.H. Higgins	Mr. G. Allen
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Administrative and Clerical Staff:

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

Aural:

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

Child Guidance:

Monday to Friday 9 a.m. - 5 p.m. Child Guidance Clinic,
Old Monoux School, 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 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

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 and Sunlight:

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

Ophthalmic:

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

Orthopaedic:

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

Orthoptic:

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

Paediatric:

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

Speech Therapy:

By appointment Old Monoux School
and Wingfield House

Immunisation:

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

GENERAL

The general standard of health has been maintained during the year.

There has been no marked change in the incidence of disease or in the special defects discovered.

The volume of work and the time spent on School Health has remained the same.

The shortage of staff in the dental and psychiatric fields reflects the continuing pressures on these two departments. Even so, there has been a slight improvement in the waiting list of the Child Guidance Clinic and we have been able to recruit one dental auxiliary to the Dental Department.

Health Education continues to play an important part in our work. The report of the Royal College of Physicians on Smoking and Health prompted a concentrated drive on this specific subject during the year. The amount of Health Education given to school-children is difficult of accurate statistical assessment, but it must be considerable.

Dr. Hinden departs from his usual form of report and echoes all our concern with a type of congenital handicap which is environmental in origin, i.e. the defects developing in the unborn child as a result of the mother contracting German Measles. He offers the novel solution of encouraging infection amongst children, especially girls, rather than trying to prevent it. Thus they acquire a lasting immunity against the disease and will be in no danger of passing the infection to their own unborn children when they themselves become mothers. This would be an ideal solution if one could ensure that when children are deliberately exposed to German Measles they do not pass it on to their mothers, sisters, or other women who may at that time be pregnant.

There is a hope that the problems may be solved by active immunisation of all children before leaving school. A vaccine for Measles is already in being and shows great promise. Is it not, therefore, too much to hope that it will not be long before a successful vaccine for German Measles will be discovered?

SPECIAL SCHOOLS

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

"The school re-opened in January 1963 with 56 on roll and during the year 7 children were admitted and 16 left. The leavers were placed as follows:-

Employment	7	Other schools	4
Residential Schools	2	Further training	3

"The children on roll at present are classified as follows:

	DEAF		PARTIAL HEARING		TOTAL
	Boys	Girls	Boys	Girls	
Leyton	2	3	2(1)	2(1)	9
Ilford	2(1)	1	1	4	8
Dagenham	-	2	2	-	4
Barking	-	-	1(1)	-	1
Romford	1	-	2(2)	1	4
Forest	-	1	4	3(1)	8
Harlow	2	1	-	1	4
S.E. Essex	-	1	1	-	2
Walthamstow	1	1(1)	2(1)	3(1)	7
Totals	8	10	15	14	47

(Figures in brackets indicate children travelling by public transport)

and are classified as follows:-

		Under 5 yrs	5-11 yrs	11-16 yrs	Total
Deaf	Boys	2	4	2	8
	Girls	4	4	2	10
Partial Hearing	Boys	-	7	8	15
	Girls	1	5	8	14
Totals		7	20	20	47

"For the first time for many years there is a waiting list and little possibility of admitting any children until September 1964. This is due to staff shortage, and is a problem which is shared with many other schools for the deaf.

"In February and October, Mr. Taylor from the school Dental Clinic visited the school for dental inspections. Miss Smith the Educational Psychologist has made a number of visits to test the children.

"During the year Miss Whetnall, Director of the Audiology Unit, Royal National Throat, Nose and Ear Hospital visited the school to discuss the results of binaural listening experiments which have been conducted over the past eighteen months.

"Other visitors included Medical Officers from the Ministry of Education, Welfare Officers, members of the Special Schools Sub-Committee, Her Majesty's Inspectors, staff and students from training colleges."

MARGARET BREALEY SCHOOL FOR THE EDUCATIONALLY SUB-NORMAL -
Mr. L.F. Green, B.Sc. Headmaster, reports as follows:-

"1963 was a year of innovation and increased activity.

"In January the school roll was 91. During the year new entries totalled 24. Three girls were transferred to residential schools, two subsequently returning to Margaret Brearley School. Eight boys and six girls left and latest reports show that all are at present in employment.

"Four younger children, who had been on trial, were transferred to the Junior Training Centre. One pupil was transferred to Secondary Modern School. I regret to report that one younger pupil died in January from cancer.

"In addition to regular medical inspections by Dr. Poole and visits from Mrs. Leach, the officers of the school medical services, have as always, been speedy in giving sympathetic help where needed.

"Transfer of the annexe to a hall and two classrooms on the main school site has assisted the work of our Infant teachers. School equipment continues to improve. The whole school now dines on a family pattern.

"Feature of the year have been:

The gaining of the second and fifth places for cooking in the Walthamstow Arts and Crafts Exhibition. This was out of 480 entries.

Much interest was shown by the public in a small exhibition of paintings and craft at the Book Exhibition.

By various efforts, £7 was raised for Oxfam.

As a result of the school Harvest Festival, twenty parcels were sent to old folk.

School Sports Day was held in conjunction with the other Walthamstow Special Schools.

Our younger children now have a swimming period at the Leyton Learners bath.

"During the year a continued interest has been shown in After Care. The 'Wednesday Club' meets from 7 - 9.30 p.m. and is staffed by two teachers together with voluntary helpers. There has been average attendance of twenty from our over fifteen year old pupils and leavers. Three socials have been held during the year. These also help us to keep in touch with those who have left us.

"In March the staff attended a two day Special Schools Conference at Corbets Tey School, Upminster.

"Miss A. Hambley retired in August. Miss S. Butler holder of the Diploma in the education of handicapped pupils, was appointed in her place as deputy headmistress. Mrs. P. McGrath after taking the course in the education of maladjusted pupils, transferred to Dagenham. Mr. P. Page was appointed to the staff and Mr. A.E. Old was seconded for the University of London Diploma Course.

"There has been a wide range of educational visits during the year. The staff are hoping to arrange some residential journey in 1964.

"Miss J. Baldwin in her capacity as Health Visitor has given regular talks for the girls on child care. She also introduced some films on smoking. The boys saw these films as well.

"Miss J. Rasor has started a speech programme in the school and visits regularly to follow up on this work.

"Many parents have visited the school for individual discussions with myself and class teachers. They were also invited to the Harvest Festival, Sports Day, Carol Service and Infants Party. At one special evening, a talk on the work of the school was given and films of the school shown

"Although there are a large number of children with special individual difficulties, I am pleased to report that they are being helped by a hard working team of teachers, backed by the various special services. To these and other friends of the school I am most grateful".

THE JOSEPH CLARKE SCHOOL FOR THE PARTIALLY SIGHTED.

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

"During the year there have been 58 children on roll drawn from the following areas:-

Essex

Barking	2	Loughton	2
Basildon	2	Rainham	1
Chigwell	1	Romford	3
Chingford	2	Stondon Massey	1
Dagenham	10	South Ockendon	4
Harlow	2	Upminster	1
Hutton	2	Walthamstow	7
Ilford	5	Woodford Green	2
Leyton	4		

Middlesex

Edmonton	2	Tottenham	2
Enfield	1	Wood Green	1
Palmers Green	1		

"Visual Acuity (Snellen) after correction in the school was as follows:-

7	children	had	acuity	of	less	than	6/60
16	"	"	"	"	"	6/60	
12	"	"	"	"	"	6/36	
10	"	"	"	"	"	6/24	
11	"	"	"	"	"	6/18	

"There were two young children whose Visual Acuity has not been accurately ascertained. Monocular vision only existed in 20 children.

"The ophthalmic conditions on entry were as follows:-

	Boys	Girls
Albinism	4	5
Aniridia	-	1
Anisometropia	1	-
Cataracts	12	6
Choroiditis	-	1
Colomboma	1	-

	<i>Boys</i>	<i>Girls</i>
Congenital Day Blindness ..	-	1
Corneal Opacity	1	-
Ectopia Lentis	2	2
High Myopia	5	-
Iridocyclitis	1	-
Macular Degeneration	3	-
Nystagmus.. .. .	1	-
Optic Atrophy.. .. .	3	3
Retinal Degeneration	1	1
Rentinitis Pigmentosa.. ..	2	-
Uveitis	-	1
	<hr/>	<hr/>
	37	21

"Of the children on the school roll during this year it is estimated that there were:-

- 10 children whose intellectual abilities were above average
- 27 children of average ability
- 11 children who were dull
- 10 children who were within the E.S.N. range.

"As in previous years ophthalmic care and clinical supervision have been well maintained. In addition to many children being seen by their own ophthalmic specialists, Dr. I. Gregory, M.B., D.O.M.S., made visits in June and November seeing all new admissions, all potential leavers or transfers and gave much helpful advice on special problems.

"Dr. Ho and the Eye Clinic staff, have also made regular clinical ophthalmic examinations of selected children and Mrs. Suckling has given a very ready and efficient service in the supply and repair of spectacles. The willing help of all at the Eye Clinic has been much appreciated.

"Dr. Werren medically examined all children at the school during the months of May and June. In January and September, Mr. Taylor carried out full School Dental Inspections of all children on roll and subsequent treatment was accepted by almost all the children referred. Miss Razor of the Wingfield House Speech Therapy Clinic visited the school and five children received Speech Therapy during the year.

"Visitors to the school during the year included Dr. Scott Stevenson from the Ministry of Education, Miss Deavin and Mr. Lumsden, Her Majesty's Inspectors, Student District Nurses, Student Health Visitors, Training College Students, Students from Dr. Barnardo's Staff Training College, Home Teachers for the Blind, Head Teachers and qualified teachers.

"In February a presentation ceremony was held at the school when, on behalf of the East Ham Rotary Club £200's worth of large print books were presented by Mr. W. Williams, M.P.

"In April the Annual General Meeting of the Association for the Education and Welfare of the Partially Sighted was held at the school.

"In August, Mrs. H. McCarthy, Welfare Assistant, retired after eleven years service, her place being taken in September by Mrs. Whellams.

"The school participated in the London Partially Sighted Schools' Sports at North House, Wimbledon and in the Walthamstow Special Schools Sports.

"In September an extra classroom became available upon the closure of the William Morris Technical School annexe.

"Fifteen children have regularly attended the South West Essex Technical college baths for swimming instruction. Four certificates were gained during the year.

"The average number on roll during the year was 46.3 with an average attendance of 40.6. During the year ten children were admitted and ten were taken off roll as follows:-

- 1 transferred to L.C.C. Partially Sighted School
- 1 transferred to Partially Sighted Grammar School (Residential)
- 3 transferred to normal schools
- 1 transferred to Training Centre
- 3 to employment (2 boys - one as shop assistant and one in printing trade,
1 girl - as hairdresser)
- 1 girl left to take course of Secretarial Training.

"I have to express thanks to all my colleagues, teaching, welfare and transport for their continuing 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 the 8th January 1963 with 88 children on roll, drawn from the following areas:-

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

"During the year there were 15 admissions, giving an average weekly roll of 83.9 and an average attendance of 63.6

"There were 19 children taken off roll, as follows:-

<u>Transferred to other schools</u>	<u>To employment</u>
10 to ordinary day school	1 boy to jigsaw factory
1 to E.S.N. School	1 boy to clerical work
1 to Residential Special School	1 boy to furniture factory
1 to Cerebral Palsy Unit	1 girl to Sheltered Workshop
1 Deceased.	1 girl to Training Centre

"Two of the leavers were registered as disabled persons.

"The average length of stay of the children transferred to other schools was 2 years 8 months, and those leaving for employment 4 years 11 months.

"Of the children on roll 58 received treatment by Miss H. Garrett in the Orthopaedic Clinic, and 18 children received Speech Therapy by Miss J. Razor. There were 4 non-ambulant children on roll and 6 who were only partially ambulant.

"Visitors to the school during the year included parties of pupil midwives from Thorpe Coombe Training Unit, Student Health Visitors, post-graduate medical students and students from several Teacher Training Colleges.

"The school has benefitted greatly by the valued co-operation of Miss Garratt, the Orthopaedic Clinic, and of Miss Razor in the Speech Clinic. Miss Smith has made visits for the purpose of educational guidance, and the 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 made 7 visits for the purpose of supplementary 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 also carried out audiometric testing on selected children. A total of 202 minor treatments have been carried out.

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

Delicate	14
Epileptic	2
Maladjusted	4
Physically Handicapped	61

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

SPECIALIST CLINICS

CHILD GUIDANCE CLINIC.

The continuing improvement in the physical health of children permits the School Doctors to devote more time to treating and seeking to prevent behavioural and emotional disorders. Dr. Gillespie, Director of the Child Guidance Clinic, writes:-

"There has been a slight increase in the number of children referred in the Forest and Chingford areas, but fewer were referred from the Walthamstow area. A substantial increase has also been noted in the number of children under five, referred during the year from all areas. This again is a source of great satisfaction to me as I am convinced of the need to deal with emotional disturbances in young children at an early stage.

The waiting list has greatly diminished as compared with last year's figures, and follows on more children being seen in diagnostic consultation. Our hopes of providing an improved service for the Walthamstow, Chingford and Forest divisions have been fulfilled as we no longer have to deal with children from the Leyton area.

Miss E.M. Goldberg of the National Institute for Social Work Training, who was engaged on a study of case work, consulted our clinic as a source of material for her survey.

Miss Laquer was given the opportunity by the local authority to attend a refresher course on "Psychiatric Social Work: Developments in Training and Practice", which she found very profitable and stimulating.

In conclusion, I would like to make a strong plea for the establishment of an extended nursery school service in our areas, especially in the Forest division which has so far not been able to have one. Nursery schools provide an important adjunct in the promotion of mental health in children and their young mothers".

Shortage of specialist staff does hamper the work of prevention and treatment, thus, of the ten play therapy sessions authorised it has been possible to staff only two, and other commitments have prevented health visitors from taking full advantage of opportunities to attend case conferences and similar meetings as a means of extending their understanding of psychiatric problems. Full liaison is maintained, however, between the workers in individual cases as for example the probation officers.

Miss E.M. Smith, the Educational Psychologist, has given a number of talks to groups concerned with psychological and educational development of children and considers that closer links should be established between the parents of young children and their teachers. Commenting on the new methods of education she writes:-

"Security is accepted as one of the basic needs of children, who quickly demonstrate its lack by regressing in behaviour to the point in their development at which they knew maximum security. Starting school is often unsettling for a five-year-old, with consequent recurrence of bed-wetting, thumb-sucking and the like, symptoms which disappear as the child adjusts to the wider environment. In the reception class most children seem happy and parents accept the play regime.

With the introduction of more formal learning anxiety may show itself again in both children and parents. The child may find the discipline of book learning difficult, while parents begin to look for results, because the child is no longer a baby, and work is important. Unfortunately, most parents lack information or understanding of normal learning processes and current standards of attainment. Their yardstick of attainment is generally their very fallible adult memory of their own school experience, with Education given the narrow connotation of the three R's. They naturally want to help their children, or test their progress, but in trying to do so they create a situation fraught with emotion and anxiety. It is baffling to find that the child, who at the age of four could recognise A(aye), B(bee), C(see) etc. cannot now cope with Janet and John, or that another who was counting to 100 at home, cannot settle to a page of easy sums set by father. "We don't do this kind at school," he says. The child finds that parents are no longer trusty sources of support, and begins to manipulate a divided world. Parents, still wanting ultimate success for their child, begin to feel inadequate, and to rationalise their failure in aggressive criticism of school. This attitude of mind is often caught by the child. Here could be one of the causes of school failure and truancy.

These changes in school methods were the results of an educational revolution some thirty years ago. Psychological research showed that in learning to read, words were recognised by the letter-shape of the whole word, by association with pictures, or by the sounds of the letters. A child could not logically recite Jay..ay.. en..e..tee and arrive at Janet. The new method gradually was adopted in schools, but parents were left ignorant of the change.

Before they have really grasped the current methods, a new revolution is upon them. Further educational research under the stimulus of necessity, surnamed expediency, has produced a new reading method which should speed up the initial processes, and a new approach to mathematics which prepare children for the technical know-how needed in the computer age. Soon parents will find that first reading books have an augmented alphabet - no longer twentysix letters, but with extra strange letter-like symbols. Books they buy for their children will not have the same printed look as school books. Some books as used in school will seem to be dealing in fields formerly considered as geometry and algebra. These new methods seem to be soundly based. But parents may find an even wider gap between their educational language and that which the child will meet in school.

So parents are likely to be more anxious, more insecure, where their children's primary education is concerned. Surely this prospect calls for preventive action on the part of all who are responsible for or interested in the stable development of children within a secure family environment. Should not the parents and all relevant adults, outside the scholastic world, be given some insight into the changing educational methods, so they can to some extent share and comprehend the learning experiences of their children? If we still hold that the family is the best social unit in which a child should grow up, it should be the aim of research, administration, and education as well as medicine to preserve it on as many levels as possible, and not to drive the educational wedge even deeper between parents and children. To maintain or restore family security, one step should surely be to explain new (and not so new) teaching methods to parents. How?"

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.

EYE CLINIC.

The 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. K. Dalliwall, Consultant Orthopaedic Surgeon in charge of the Clinic reports that the work of the clinic has continued on much the same lines as in the past, the bulk of the work being concerned with providing physiotherapy services for school-children in an environment which is more suitable for them than that of a general hospital.

PAEDIATRIC CLINIC.

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

"In spring and early summer, 1962, there was an epidemic of german measles (rubella) in the towns lying to the east of the County of London, of which Walthamstow is one. Among the victims were several women recently pregnant - I don't know how many. Towards the end of that year and in January 1963 at least five affected babies were born, two or three of them in our local maternity hospital, the others in a neighbouring borough. I have seen these five myself; there may well be others who have been seen by other paediatricians.

As a rule, maternal disease does not affect the unborn child. The womb is not easily penetrated by infection, and the placenta which joins the child to his mother is a strong shield to ward off harmful influences. So pneumonia and tonsillitis and appendicitis do not disturb the foetus in his still, dark sea. But the virus infections do pierce his defences. The fierce ones, like smallpox and influenza, slay him; he dies and is cast out as a miscarriage. But the mild ones, and especially german measles, do not kill - they merely maim. Three organs in particular are disorganised - the ear, the eye, and the heart. So the children are born deaf, or blind, or with congenital heart disease, or with all three. Of the five children I have personally examined, four are blind (three in both eyes); two are deaf certainly, a third child probably so; two suffer from severe heart disease; and at least two are mentally retarded.

Now this is a crying scandal! The evil effects of rubella in early pregnancy have been known since soon after the last war - fifteen years at least. The number of babies ravaged probably far exceeds the number damaged by thalidomide, yet there is no public outcry and no steps taken to halt these calamities. Prevention is obvious and easy. We must do everything possible to ensure that all children, and especially girls, contract this mild illness before they leave school. Far from isolating and quarantining rubella, the sufferer from it should be positively welcomed to school with a fanfare of trumpets. Parents should be encouraged to expose their children to infection - a revival of the "measles tea-party" of the last century. Our virologists should be urged to find ways of spreading the disease - not of containing it. If only a way of preserving the virus could be found, as we do with vaccinia lymph, every girl leaving school who had not contracted the disease could be offered it, and with it protection against the disease later on. Usually rubella is less of a nuisance than is vaccination.

It should be stressed again and again, that both varieties of measles - ordinary and rubella - are highly infectious, so that with very few exceptions everybody in our urban civilisation catches them. Isolation and quarantine do not safeguard anybody from catching these diseases; they simply ensure that they are caught later, when they are more unpleasant and - in the case of german measles - can wreak havoc with a precious new life. These measures do no good; they only harm. I know that it goes against the whole tradition of public health to spread disease; yet with rubella, both doctors and the general public must learn that this is the right thing to do."

DENTAL CLINIC

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

"Our hopes for the recruitment of more full-time dental officers were not fulfilled, but the part-time surgeons continued to give valuable assistance in the department. This enabled us to inspect and offer treatment to a slightly larger number of children than in 1962. However, there has been a lessened response to the treatment offered after school inspections. In quite a number of cases the offer is ignored. I hope, in the coming year, that this can be overcome by some dental health propaganda.

We shall be welcoming in the new year, the services of a young lady, trained at the School of Dental Auxiliaries which has been established by the General Dental Council. Part of her duties will include instruction in dental health and hygiene. I might add that the employment in future of more of these auxiliaries may go a long way to solving the staffing problem.

In conclusion, I am pleased to say that the increase in the number of fillings done is matched by a reduction in the number of extractions."

HEALTH EDUCATION

Miss C. Oldham, Superintendent Health Visitor, reports as follows: -

"Health Education in the Senior Girls' Schools continues to be much appreciated.

The subject matter varies widely, being dependent upon the aptitude and ability of the pupils, and to coincide with area requirements.

Programmes are arranged to cover simple first aid, physical health and development, mothercraft and parentcraft. Visits of observation are arranged to illustrate some of the local health and welfare services available.

The Health Visitors who carry out Health Education in Schools report it is often surprising and enlightening to note the wide variety of questions which arise during discussion following these sessions."

During the first three weeks in July, when the G.C.E. Examinations were almost over, health talks given by Dr. J. Werren to the fifth and some sixth forms at both Walthamstow and Woodford High Schools for Girls, at the invitation of the head-mistresses concerned.

First of all a lecture, illustrated with slides, was given on "Smoking and Health", and this was followed by questions and discussion.

Subsequently the girls were invited to send in questions anonymously about any aspects of growing up which puzzled them and which they would like answered and discussed. Attendance was voluntary and the parents of the girls were informed that the discussions would take place.

The girls divided into groups of 20 to 30 for these discussions, which each lasted one-and-a-half to two hours and which provided a great deal of interest.

The questions were spread over a wide range of subjects including emotional relationships with boys, contraception, venereal disease and abortions, as well as other questions relating to anatomy, physiology and hygiene.

These discussion groups, which were started in Walthamstow in 1962 and at Woodford the following year, have widened in scope and certainly seem to fulfil a need. As yet there are no similar groups for grammar school boys.

STATISTICAL SUMMARY

SCHOOL POPULATION

	No. of schools	No. on roll (20.12.63)
Secondary	17	7815
Junior	17	4630
Infant	20	2877
Special	4	272
Nursery	1	82

PERCENTAGE ATTENDANCE

	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Sep.	Oct.	Nov.	Dec.
Secondary	90.7	89.3	90.3	93.6	94.1	91.2	87.6	93.1	93.8	92.4	90.6
Junior	89.1	85.3	90.9	93.1	93.2	90.2	89.2	92.0	93.0	91.2	90.6
Infant	79.1	73.5	83.1	85.8	88.8	85.2	83.4	88.7	87.4	83.8	90.9
Special	74.1	76.3	84.2	89.7	88.3	77.7	84.3	86.9	87.2	86.1	86.1
Nursery	59.1	57.2	83.9	75.7	83.4	84.1	83.3	87.0	88.7	79.1	80.8
Totals	87.7	84.8	89.0	91.8	92.6	89.5	87.1	91.8	92.3	90.3	90.5

MEDICAL INSPECTION

Periodic Medical Inspections -

5 years age group	...	1310
10-12 year age group	...	1178
14 years age group	...	1574
Others	...	632
Total		<u>4694</u>

Other Inspections -

Special Inspections	...	808
Re-inspections	...	1586
Total		<u>2394</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	1	7	7
1957	11	87	88
1956	30	147	153
1955	16	31	38
1954	8	11	17
1953	9	12	18
1952	57	99	138
1951	58	70	107
1950	53	50	85
1949	27	22	39
1948	51	30	66
1947 and earlier	302	184	435
Totals	623	750	1191

(ii) Physical condition of children inspected -

Age Groups Inspected (by year of birth)	No. of pupils inspected	No. whose condition Satisfactory	was classified Unsatisfactory
1959 and later	61	61	-
1958	566	566	-
1957	683	683	-
1956	145	145	-
1955	58	58	-
1954	47	47	-
1953	539	539	-
1952	400	400	-
1951	247	247	-
1950	112	112	-
1949	262	262	-
1948 and earlier	1,574	1,570	4
Totals	4,694	4,690	4

(iii) Defects found at medical inspections -

PERCENTAGE OF DEFECTS TO NUMBERS EXAMINED: -

	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
Skin	3.1	3.9	1.9	3.1	6.1	4.7	4.6	3.8	4.2	3.3	3.4
Vision and Squint	9.0	10.0	11.9	15.2	14.1	15.7	17.1	11.1	14.8	15.0	15.3
Other eye	1.2	0.6	0.7	1.4	1.1	1.1	1.1	1.0	0.8	0.6	0.8
E. N. T.	6.4	5.4	3.3	5.9	6.7	4.7	4.1	3.6	2.4	3.4	2.6
Orthopaedic	4.0	4.1	3.9	4.1	4.9	5.0	6.4	3.1	2.9	2.2	2.6
Heart	0.4	0.3	0.3	0.4	0.3	0.2	0.3	0.3	0.3	0.4	0.6
Bronchitis etc.	1.2	0.7	0.5	1.0	2.2	1.9	1.3	1.1	1.0	1.1	0.9
Other Defects	5.7	3.3	3.8	5.3	5.1	4.4	5.1	4.4	3.6	3.6	4.0

	PERIODIC INSPECTIONS								Special Inspections	
	Entrants		Leavers		Others		Totals			
	Treatm't	Obs:	Treatm't	Obs:	Treatm't	Obs:	Treatm't	Obs:	Treatm't	Obs:
Skin	40	29	48	29	70	45	158	103	44	25
Eyes - (a) Vision	42	59	302	31	279	89	628	179	29	7
(b) Squint	40	8	12	8	43	14	95	30	-	-
(c) Other	17	10	4	8	21	16	42	34	4	8
Ears - (a) Hearing	2	62	-	35	9	35	11	132	2	5
(b) Otitis Media ..	6	33	3	13	3	10	12	56	-	1
(c) Other	14	3	11	4	8	9	33	16	8	9
Nose and Throat	34	149	10	15	23	60	67	224	9	12
Speech	29	22	2	9	13	13	44	44	12	11
Lymphatic Glands	2	80	1	13	-	25	3	118	2	5
Heart	9	45	12	30	4	39	25	114	1	3
Lungs	18	45	11	8	16	36	45	89	8	3
Developmental - (a) Hernia	2	5	-	3	4	1	6	9	1	1
(b) Other	9	97	24	64	25	133	58	294	3	6
Orthopaedic - (a) Posture	3	25	14	46	30	106	47	177	3	4
(b) Feet	22	29	4	23	24	32	50	84	8	5
(c) Other	5	21	10	44	13	40	28	105	12	16
Nervous System - (a) Epilepsy	5	3	7	1	8	4	20	8	-	1
(b) Other	2	7	3	9	2	21	7	37	3	12
Psychological - (a) Development	9	35	1	-	7	25	17	60	5	7
(b) Stability	4	88	3	11	9	67	16	166	8	12
Abdomen	5	22	1	7	3	18	9	47	1	10
Other	2	3	2	3	3	3	7	9	33	20

(iv) Pupils found to have undergone tonsillectomy -

Age Group	Number Inspected		Number found to have undergone tonsillectomy	
	Boys	Girls	Boys	Girls
5 years	658	652	30	32
10-12 years	606	572	105	118
14 years	810	764	133	123
Other	355	277	50	30
Totals	2429	2265	318	303

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

	Intermediate inspections	Leaver inspections	Others
Tested for colour vision	1178	1574	497
Found to have defect of colour vision ..	17	55	13

(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	658	471	71.3	565	85.9	533	81.0	555	84.3	55	8.3
Girls	652	450	69.0	561	86.0	499	76.5	541	82.9	34	5.2
10-12 years Boys	606	348	57.4	530	87.4	388	64.0	466	76.9	42	6.9
Girls	572	336	58.8	494	86.4	363	63.5	859	80.2	29	5.1
14 years Boys	810	442	54.5	721	89.0	386	47.6	577	71.2	337	41.6
Girls	764	386	50.5	671	87.8	397	51.9	585	76.6	336	43.9
Others Boys	355	220	61.9	272	76.6	190	53.5	278	78.3	41	11.6
Girls	277	134	48.4	226	81.8	149	53.8	212	76.5	36	13.0

(vii) Parents present at medical inspections -

	Number inspected	Number of parents present	Per Cent
5 years Boys	658	621	94.4
Girls	652	607	93.1
10-12 years Boys	606	458	75.6
Girls	572	452	79.0
14 years Boys	810	218	26.9
Girls	764	134	17.5
Others Boys	355	264	74.3
Girls	277	233	84.1

(viii) Employment of Children - No of children examined	...	172
(ix) Employment of Children in Public Entertainment	...	1
(x) Examinations in School by School Nurses -		
(a) Uncleanliness - No. examined		16,449
	No. found unclean	111
(b) Vision - No tested		11,285
	No. referred for treatment	448
(c) Feet - No. examined		8,214
	No. referred for treatment	116

TREATMENT

(i) CHIROPODY -

	1963	1962
New Cases ...	424	482
Attendances	1955	2286

(ii) MINOR AILMENTS -

	New Cases		Re-attendances	
	Boys	Girls	Boys	Girls
Ringworm Head	1	-	-	-
Body	-	-	-	-
Scabies.. .. .	-	-	-	-
Impetigo	1	-	-	-
Other skin diseases.. .. .	59	32	264	177
Defective vision and squint.. .. .	16	22	3	3
Other eye disease	6	13	3	7
Ear, Nose and Throat conditions.. .. .	40	36	16	10
Speech	22	11	3	1
Lymphatic Glands	6	2	1	-
Heart and circulation	10	4	3	-
Respiratory diseases	8	10	6	2
Developmental defects	107	76	94	191
Postural defects	30	43	1	12
Flat foot	21	8	4	1
Other orthopaedic conditions	27	27	12	15
Nervous disorders	22	15	14	19
Psychological disorders.. .. .	22	18	10	13
Various	38	39	47	37
Totals	436	356	481	488

(iii) DENTAL INSPECTION AND TREATMENT -

Number of pupils inspected - Periodic age groups	14,074
Specials	957
Found to require treatment.. .. .	8,185
Number actually treated	3,154
Number offered treatment	7,925
Attendances for treatment	13,440
Half days devoted to inspection	118
- do - treatment.. .. .	2,212
Fillings - Permanent teeth.. .. .	6,879
- Temporary teeth.. .. .	2,951
Teeth filled - Permanent teeth.. .. .	5,653
Temporary teeth.. .. .	2,291
Extractions - Permanent teeth	623
Temporary teeth	1,428
Anaesthetics - General.. .. .	845
Pupils supplied with artificial dentures	10
Other operations - Permanent teeth.. .. .	3,381
Temporary teeth.. .. .	1,806
Xray examinations	475

<u>Orthodontic treatment</u>	<u>Orthodontic Surgeon</u>	<u>Dental Officers</u>
Cases commenced during year	123	73
Cases brought forward	190	210
Cases completed	103	18
Cases discontinued	19	15
Removable appliances fitted	101	17
Fixed appliances fitted	2	-
Number of sessions	126	19
Total attendances	1030	1741
Cases seen in consultation with Dental officers	145	

(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 ..	6	6	5	6	1	4	12	16
Astigmatism ..	10	12	18	23	16	20	44	55
Myopia.. .. .	4	6	17	27	37	37	58	70
Other eye defects	44	47	28	23	30	20	102	90
Totals	64	71	68	79	84	81	216	231

Total attendances 3702

Glasses obtained (a) through the Hospital Service Optician 746

(b) through outside opticians 656

(b) *Orthoptic Clinic* -

New cases 70

Total attendances 892

(c) *Ear, Nose and Throat Clinic* -

New Cases	Boys	Girls
Enlarged Tonsils	5	11
Catarrh	2	1
Repeated U. R. I.	-	5
Otitis Media	-	2
Foreign body	1	1
Abscess	1	-
Nasal obstruction.. .. .	4	2
Wax	2	3
Otalgia	1	1
Nasal oedema	1	1
Repeated sore throats.. .. .	2	-
Speech	1	1
Epistaxis.. .. .	3	1
Cervical adenitis.. .. .	2	2
V. M. R.	2	-
Dislocated septum.. .. .	-	1
Congenital abnormality of auricle.	1	-
Hydrocephalic.. .. .	-	1
Kernicterus	1	-
Hay fever.. .. .	1	-
No defect.. .. .	2	1
Hearing loss due to: Old otitis media	6	6
Repeated U. R. I.	5	5
Conductive loss.. .. .	2	-
Eustachian obstruction	2	2
Cervical adenitis	2	3
? trauma	-	1
Catarrh.. .. .	1	1
Nasal obstruction	2	1
Wax.. .. .	3	5
Adenoids	1	1
Cause unknown	1	2
Minimal loss	3	2
Totals	60	62

Attendances - New cases	122
Old cases	342
Total	464

Cases referred to Hospital -

Tonsils and Adenoids	45
Xray	5
Myringotomy	7
Removal cyst	2
Cautery	2
Mastoid	1
Relocation of septum	1
No. of sessions	43

(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 ..	7	-	1	7	-	-
Surgical tuberculosis ..	-	-	-	1	-	-
Scoliosis, Lordosis, Kyphosis ..	64	-	-	91	-	1
Genu Valgum.. .. .	6	3	1	8	4	-
Genu Varum	1	2	-	-	1	-
Pes Valgus and Valgus ankles	48	6	-	35	12	-
Cerebral palsy	11	-	-	18	2	-
Schlatters Disease	2	-	-	1	-	-
Progressive muscular atrophy	2	1	-	3	-	-
Osteo genesis imperfecta	2	-	-	3	-	-
Talipes (a) Equino varus	2	-	-	2	1	-
(b) pes cavus ..	1	-	-	2	-	-
(c) Metatarsus varus	2	3	-	2	2	-
Torticollis.. .. .	1	2	-	1	-	-
Congenital dislocation of hip ..	-	2	-	2	-	-
Hallux rigidus	3	-	-	1	-	-
Spina bifida	1	-	-	1	-	-
Hallux valgus	1	-	-	3	-	-
Perthes disease.. .. .	1	-	-	2	-	-
Overlapping toes	-	1	-	2	-	-
Hammer toes.. .. .	5	-	-	3	-	-
Arthrogyrosis multiplex congenitae	3	-	-	-	-	-
Osteomyelitis	1	-	-	-	-	-
Apophysitis.. .. .	1	-	-	2	-	-
Sprengels shoulder	3	-	-	1	-	-
Other congenital defects	8	8	1	6	3	-
Miscellaneous (including chest conditions).. ..	53	4	1	54	5	-
Totals	229	32	4	251	30	1

New cases seen by Surgeon - School age	73
Under School Age.. .. .	19
Total	92

No. of cases seen by Surgeon - From Physically Defective School ..	74
From other schools	304
Under school age	52
Over school age	1
Total	381

Total number of examinations made by surgeon ..	473
Total number of cases discharged by surgeon ..	53
Average number of examinations per session	36 4
Number of treatments given.. .. .	7044
Number of attendances for after care	1372
Number of sessions held - treatment	441
inspection	13
Number of visits by instrument maker	51
Admissions to hospital	4
Total number of treatments.. .. .	8550
Attendances for ultra-violet light treatment ..	134

(e) *Child Guidance Centre* -

Tables I and II

Analysis of Problems Referred and Cases Diagnosed

(WALTHAMSTOW CASES ONLY)

	<i>Referred Diagnosed</i>	
1. Nervous disorders, e.g. fears, depressions, apathy, excitability ..	41	45
2. Habit disorders and physical symptoms e.g. enuresis, speech disorders, sleep disturbances, tics, fits, etc.	13	12
3. Behaviour disorders, e.g. unmanageable, lying, tempers, stealing, sex problems, etc.	37	18
4. Educational e.g. backwardness, failure to concentrate.. .. .	4	6
5. No basic disturbance of child, i.e. mainly parental overanxiety		4

Table III - Analysis of Cases Closed during 1963

1. Improved and recovered after treatment	56
2. Improved after partial service, i.e. before diagnosis	-
3. Diagnosis and advice only	5
4. Interrupted, e.g. on parents' or adolescent patient's initiative	36

5. Closed for miscellaneous causes (removal from area, placement at E.S.N. school, etc.) 18
 6. Spontaneous improvement 15

(f) Paediatric Clinic -

New Cases	Over 5 yrs.		Under 5 yrs.	
	Boys	Girls	Boys	Girls
Heart	4	4	1	-
Anaemia.. .. .	-	1	-	-
Vomiting	1	-	1	-
Hernia	3	-	-	-
Hydrocele	3	-	-	-
Undescended testes	16	-	-	-
Enlarged penis	3	-	-	-
Undeveloped genitals	-	-	1	1
Labia minora adhesion	-	-	-	1
Enuresis	2	3	-	-
Retardation.. .. .	-	-	2	3
Hypothyroidism	1	1	-	1
Epilepsy	1	1	1	1
Migraine	1	-	-	-
Asthma	-	-	1	-
Dwarfism	-	1	-	-
Mongolism	-	-	-	1
Torticollis.. .. .	-	-	1	-
Leg injury	1	-	-	-
Obesity.. .. .	5	-	-	-
Leg pains	-	1	-	-
Totals	41	12	8	8

Total attendances 188
 No. of sessions.. .. . 20
 Referred to Hospital 17

(v) *SPEECH THERAPY* -

	High St. Clinic	Wingfield House Clinic
Number in attendance at beginning of year ..	61	50
Number under observation at beginning of year	48	40
New cases	45	43
Re-admitted.. .. .	1	2
Transfers from other clinics - Within County	1	1
Cases discharged - cured	40	42
improved.. .. .	5	1
defaulted	6	2
transferred to other clinics	2	6
left district	4	1
left school	2	1
no progress	-	2
Cases in attendance at end of year	56	58
Cases under observation at end of year	41	23
Total attendances during year	1823	1898

Analysis of Defects

Stammering and cluttering	41	16
Dyslalia	103	49
Stammering and dyslalia.. .. .	1	8
Delayed language development	6	40
Cleft palate speech.. .. .	-	-
Voice defects	3	8
Speech defect due to deafness	1	3
Defects of neurological origin	1	12

(vi) *CONVALESCENT HOME TREATMENT* -

Number of children sent away for convalescent holidays	34
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(vii) *TUBERCULOSIS* -

	Boys	Girls
No. examined for the first time at the Chest Clinic:-		
Referred by School Medical Officers	6	5
Referred by private practitioners	50	38
Examined as contacts	27	25

IMMUNISATION

(a) *Diphtheria* -

Primary immunisations (children of school age)	252
Booster doses (do.)	941

(b) *Whooping Cough* -

No. of school children immunised	38
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(c) *Tetanus* -

No. of school children immunised	946
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(d) *B.C.G.* -

No. invited	616
No. accepted	397
Acceptance rate	64.4
Number of Heaf positive	57
Percentage positive	15.7
Number of Heaf negative	306
Number absent.. .. .	34
B.C.G. given	306
Conversion tests - positive	43
negative	1

INFECTIOUS DISEASES

	Notifications - 5-14 years	
	1963	1962
Measles	1	28
Whooping Cough	13	8
Scarlet Fever.. .. .	20	49
Pneumonia.. .. .	-	2
Dysentery.. .. .	19	-
Tuberculosis	1	4
Food Poisoning	3	2
Poliomyelitis.. .. .	-	-
Diphtheria	-	-
Meningitis	1	-

SCHOOL MEALS SERVICE

Inspections by Public Health Inspectors - Schools	25
	Kitchens
No. of milk samples taken (all satisfactory)	9

**NATIONAL SOCIETY FOR THE PREVENTION OF
CRUELTY TO CHILDREN**

<i>Nature of Offence</i>		<i>How dealt with</i>	
Neglect	22	Warned	26
Ill-treatment.. ..	4	Advised	22
Beyond control ..	2	Dropped	2
Advice sought.. ..	20		

No. of children dealt with - Boys 67, Girls 56 (49 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 ..	-	-	-	7	-
Deaf	-	-	-	4	1
Partially Deaf	1	1	-	3	-
Educationally Sub-normal	24	24	1	96	1
Epileptic	-	-	-	1	2
Maladjusted.. .. .	8	-	5	1	19
Physically Handicapped	6	6	-	13	5
Speech	-	-	-	-	-
Delicate	3	2	-	21	3
Dual Defects*	-	-	-	3	1
Totals	42	33	6	144	35

*Children having more than one defect:-

Attending Day Special Schools -

- 1 ESN/Epileptic
- 1 Cerebral Palsy/Partial hearing
- 1 ESN/Deaf

Attending Residential Special Schools -

- 1 Maladjusted/ESN

CHILDREN ATTENDING THE SPECIAL SCHOOLS

	<i>Partially Sighted</i>	<i>Deaf</i>	<i>Open Air School</i>	<i>Educationally Subnormal</i>
Walthamstow ..	2	7	35	94
Forest ..	8	8	24	1
Barking ..	2	1	-	-
Dagenham ..	10	4	1	-
Ilford ..	5	8	-	1
Leyton ..	4	9	18	-
Romford ..	2	4	-	-
Middlesex ..	5	-	2	-
S. E. Essex ..	10	2	-	-
Harlow ..	1	4	1	-

MISCELLANEOUS

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