

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

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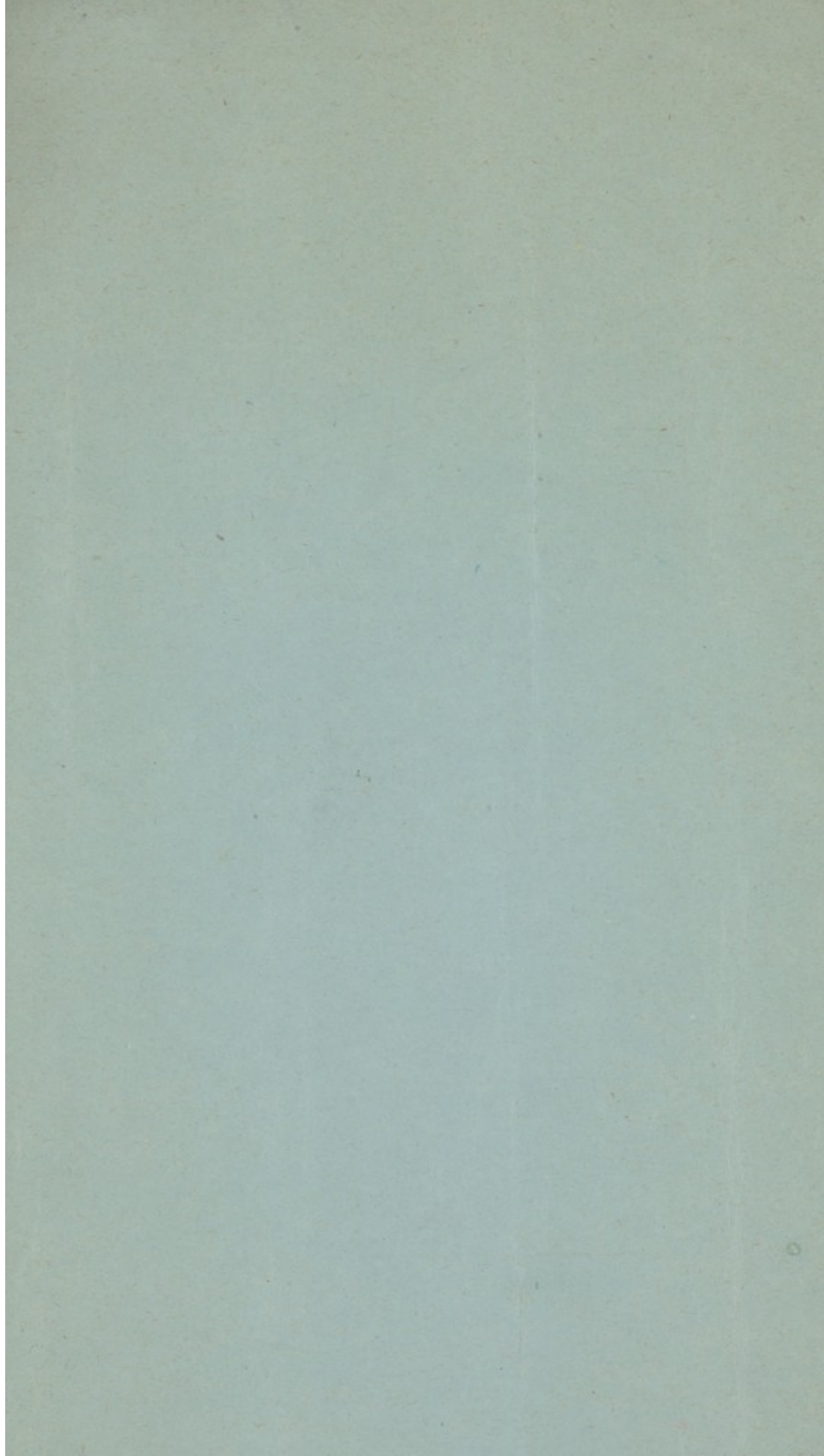
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Borough of Tottenham
Education Committee

School
Medical Officer's
Report
for
1941

G. HAMILTON HOGBEN,
School Medical Officer.



BOROUGH OF TOTTENHAM EDUCATION COMMITTEE.

Town Hall,
Tottenham, N.15.

August, 1942.

To the Chairman & Members of the
Education Committee.

Ladies and Gentlemen,

I herewith submit in abridged form the Annual Report of the School Medical Service for the year ending 31st December, 1941.

Staff.

In December, 1941, Dr. J. Landon resigned his position as Deputy Medical Officer to take up the post of Medical Officer of Health and School Medical Officer at Stockton-on-Tees. Dr. B. Broadbent, late Assistant Medical Officer at Willesden was appointed in his place and commenced duty on the 8th December, 1941.

Owing to the increase of work entailed by the return of children from reception areas, the part-time post of temporary Assistant Medical Officer held by Dr. Nora Webster became a whole-time position as from February, 1942.

No further changes occurred in the staff during 1941.

Medical Inspection.

At the commencement of the year the majority of the children evacuated still remained in the Reception Areas, but as the year progressed and the danger from air-raids became less evident, a large number of the children began gradually to return to their homes in Tottenham.

Routine Medical Inspection of all "Entrants" and the majority of the children in the "Intermediate" and "Leavers" age-groups was carried out, the number examined being slightly in excess of that of the previous year.

The following table gives a summary of these inspections and the number of special inspections and re-inspections:-

A. Routine Medical Inspection.

Entrants.	1,209.
Second Age Group.	651.
Third Age Group.	525.

Total.	2,385.
Other routine Inspections.	327.

	2,712.

B. Special Inspections
and Re-Inspections. 13,762.

In addition to routine medical inspections, rapid medical surveys of school children have been continued by the medical and nursing staffs, with particular regard to the state of nutrition and the cleanliness of the children concerned. As in previous years, those children found to be of sub-standard nutrition were referred to the Nutrition Clinic and given supplementary cod liver oil, iron, etc. according to their needs, and thus lifted to higher nutritional grades.

Nutrition - School Meals, etc.

The School Medical Officers are provided with many opportunities at the routine and special medical inspections of forming an opinion of the general effect of the war on the physical and mental welfare of the children. On the whole it can be said that the health of the children has been well maintained. As far as can be ascertained very few children show signs of any physical or mental deterioration as the result of war conditions, and in a great number of cases the physical and nutritional standard has been found to be much improved. This is probably largely due to the special facilities provided for the provision of school meals at the meals centres and for the supply of milk in school (especially now that, by local arrangement, the milk is delivered at the schools by 9.30 a.m., thus ensuring that appetites have returned in time for the midday meal).

Provision of Solid Meals.

During the year the new scheme for the Provision of School Meals, referred to in last year's Report - i.e. on a sliding scale of payment, not exceeding 4d per meal - continued with ever increasing success, as proved by the following table, in which the daily average is shown month by month.

<u>Month.</u>	<u>Free.</u>	<u>On Payment.</u>
January.	288	1904.
February.	327.	1975.
March.	372.	1996.
April.	403.	1992.
May.	357.	2071.
June.	413.	2233.
July.	420.	2228.
August.	420.	2055. *
September.	441.	2068. *
October.	464.	2147.
November.	460.	2294.
December.	445.	2464. *

* Months during which school holidays occurred.

At the end of the year, according to figures prepared by the Board of Education, Tottenham had a larger proportion of school children receiving a daily hot meal in school than any other area in the country.

An interesting development was the introduction, jointly with the School Meals Scheme, of the British Restaurants, which, in conjunction with the Ministry of Food, was undertaken, at the request of the Council, by the Education Committee under a scheme prepared and controlled by the Director of Education. The already existing organisation and equipment of the School Meals Scheme made possible this expansion to the larger purposes of general Community Feeding, and the successful association of the preparation of meals for adults with that of meals for children.

The growth of British Restaurants also made it possible, through that Service, to provide children, from the latter part of the year, with meals both free and on payment, during school holidays.

Provision of Milk.

The provision of milk, both free and on payment, continued throughout the year in spite of the difficulty caused by lack of bottles, which resulted from the "Blitz". In December the Education Committee, in accordance with suggestions made in Board of Education Circular 1569, introduced a much enlarged provision of help and equipment, and by the end of the year the proportion of children taking milk in school had reached 80 per cent.

Uncleanliness.

Special attention has been given by the School Nurses, both at the clinics and at the school cleanliness inspections, to the detection, prevention and treatment of uncleanliness and verminous conditions. The school nurses visit the schools at frequent intervals and the children are submitted to a thorough examination to detect any sign of uncleanliness. Those children discovered to be in a verminous condition are followed up by the School Nurses both at school and in their homes. In those cases, where, owing to special circumstances, there was a difficulty in the cleansing being effected at home, the children were cleansed by the School Nurses at the Clinics, and in this connection 140 children were cleansed during the year.

Every child evacuated during the year was thoroughly examined with regard to his or her state of cleanliness and every precaution was taken to ensure that at the time of evacuation each child was in a clean condition. Those children found to be in a verminous condition were either cleaned by their parents or by the school nurses, and again inspected prior to their departure.

Table V (Appendix) shows the number of children found to be unclean and the action taken.

Scabies.

During 1941, efforts were redoubled to get as many as possible of the infested persons diagnosed and treated. A valuable contribution, resulting from the Board of Education Circular, 1575 led to the co-operation of Head Teachers, by a daily inspection of hands and wrists of all children, with direct reference to the School Medical Officers of all doubtful cases. In each case diagnosed, home visits followed, and pressure was brought to bear on other members of the family to come for treatment at the various centres. The difficulty of contacting members working away from home has recently been diminished by the employer allowing the worker to attend for diagnosis and treatment.

Thus, in considering the relative figures as between 1940 and 1941, the fact must be remembered that there are not only fewer missed cases in school children, but more treatment of their relatives, as well as a considerably increased local population resulting from the steady return to the London area.

Ophthalmic Clinic.

During the year there was a total of 486 errors of refraction, including 58 children suffering from squint. In 349 instances spectacles were prescribed, and in every case these were obtained.

The difficulty usually experienced in causing a sensitive school child to wear spectacles was minimised by a periodic checking on the part of the school nurses, and by ensuring through the medium of Toddler Clinics, that treatment was instituted before the child actually commenced attendance at school. In many instances, a potential squint was treated before the actual development of asymmetry, thus forestalling all risk of amblyopia at a later date.

Aural Clinic.

The Visiting Aural Surgeon, Dr. Clarke, reports that - "The Aural Clinic has been carried on without interruption during the year 1941 at the Municipal Medical Centre, Park Lane. For the greater part of the year there was one session weekly - (a wartime measure) - but as the numbers increased towards the latter end of the year it was decided to revert to the original two sessions weekly. One of these, once a fortnight, is now devoted to the special treatment of tonsils by Tonsil Suction.

For the first five months of the year there was a rather large number of absentees from the Treatment Clinics, no doubt largely due to the continued air raids and evacuation during this period. As conditions quietened down during the latter half of the year, the attendances noticeably improved.

As a fixed objective, for some time, special attention has been given to the sorting out, and detection of predisposing causes of aural and nasal troubles in pre-school children. In 1941, 42 pre-school children were examined and prescribed for at the Clinic for nasal defects, alone. This is an increase of 40 over the normal pre-war year of 1938. Whether it is just a coincidence or not, a parallel fall has occurred in the number of similar group children seen for Acute Otitis (middle ear inflammation). There were 4 in 1941 as against 28 in 1938.

There is no doubt that the best way of "treating" Otitis or ear inflammation in children is by prevention, and as practically all acute ear troubles in young children arise through predisposing factors in the nasal mechanism, the early detection and efficient treatment of these nasal factors is the method of choice towards prevention.

There has been a steady decline in the number of cases of Chronic Otorrhoea. The total number seen at the Clinic for the year was only 29, and of these 11 were cases where a radical mastoid operation had been done, in some cases, years previously. The tendency to chronicity in this type of case is well known. Zinc Ionisation has been the main method of treatment and its results in our experience, far outweigh that of any other known to us.

We wish again to emphasise the great importance of including infants and pre-school children in the scheme of approved aural and nasal treatment.

The other methods of treatment which we might now describe as standard at the Clinic, have been fully availed of. Proetz "Displacement" has proved invaluable in the many cases in which it was used. Also, Diastolisation, with its complementary Oscillator-Vibration has been extensively used, and its effects in cases of deafness in children has been quite remarkable.

We might add a word here of recommendation for a rather new method of aural douching which we have used for the last year with gratifying results. It is done by a special type of aural douche (known as Fowler's Douche, U.S.A.) - Bell-shaped arrangement of either glass or rubber (we prefer the rubber) - which fits tightly round and includes the aural canal and pinna, with a long lead-in rubber tube, fitted with stopcock from a douche can at a height of about 6 or 7 feet and a lead-away tube to the sink. The effect is a mild suction which thoroughly cleanses the ear without any risk of injury or discomfort. Using from one to two pints of a warm solution, this affords great relief of pain in cases of acute otitis, as well as providing free drainage which is so important. It is by far the most satisfactory method of treating infants. With one or two applications of this douche, followed by daily applications of suitable "antiseptic drops", with due attention to nasal factors where indicated, the vast majority of cases of acute otitis clear up rapidly.

Since 1938 the subject of the most suitable treatment for enlarged tonsils, as met with in a general school population has received special attention. The Medical Officer of Health has been of the opinion judging from the end results he has observed that far too many cases of "tonsils" have been subjected to operation - done on a kind of "hit or miss" system - and that full due clinical and pathological consideration, with due regard to any associated defects, has not always been taken into account before cases are referred for operation.

In this opinion he is supported by other Medical Officers of Health, many leading Laryngologists and Clinicians. In 1938 at his suggestion, that some recognised, satisfactory conservative method should receive a thorough trial and investigation, we decided with the advice and recommendation of Mr. E. A. Peters, F.R.C.S. to try out the newer method of Tonsil Suction as practised by Mr. Peters. The general outline and technique of this method has been referred to in previous Reports. We started with a small number of selected cases in 1938 and the results were most satisfactory. In 1939 and 1940 we were able to increase the numbers, but unfortunately the dislocation caused by the outbreak of hostilities considerably disorganised our scheme. However, we were able to carry on and steadily increase the numbers. In 1941, in all, 84 cases of "enlarged tonsils", which in the ordinary sense would be referred for operation, were seen at the clinic and we did a full-course of Tonsil Suction in 70 of these, who continued attendance, as required.

We cannot do more than refer briefly, in this Report to the general results obtained. We consider that we have done now, a sufficient number of various types of cases as met with in school children, to allow us to come to fairly definite conclusions as to the value of this line of treatment.

We can fully recommend this method as the most suitable for the majority of cases of "Enlarged" or "unhealthy" tonsils amongst school children. We are careful not to allow the pendulum to swing too far on one side and regard suction as a panacea for "all and sundry" types of "diseased" tonsils. In the course of the year we referred 21 cases for operation.

One great advantage of this method is that a child can have a course of suction without any risk, discomfort or expense, and if at the end of this we are satisfied that the tonsils are still "diseased" or septic, or the conditions for which it was undertaken are not showing signs of relief, we can always have recourse to operation.

The method is diagnostic as well as curative. The presence of pus in the tonsil crypts is easily demonstrated. It is well tolerated by children as young as four or five years of age. As it is repeated at only fortnightly intervals for six to twelve sessions, there is no great loss of time from school, or much inconvenience in attendance and there is no "in-between" treatment. One very well worked effect that we have noticed is the reduction in what the parents describe as "the constant tendency to colds".

We wish to point out here that in nearly all the tonsil suction cases, we also do, as a routine, Proetz "Displacement". This is in accordance with the theory that nearly all cases of "diseased tonsils" arise from infections in the nasal sinuses. If after one displacement we find the sinus "clear", we discontinue, but it will be surprising in how many cases - (otherwise unsuspected) - mucopus will be found in the nasal sinuses. Treatment is continued until this is cleared up, roughly about half a dozen applications, concurrently with the tonsil treatment.

One thing to be kept constantly in mind in order to get the best results, is, not to regard the ear, the nose or the throat as separate entities. They are all inter-related and each, as influencing the other, must receive appropriate attention, even when the physical signs and symptoms point only towards the one.

We have not been able to make a complete audiometric survey of all the schools as we had hoped, but a large number have been done and a special session is set aside, once a month for all cases attending the aural clinic with any special cases referred from the schools or other clinics.

The majority of the parents are grateful and appreciative of what is being done, and the teachers are also very helpful in getting the children to attend for their treatment."

The following are the tables of classification:-

MISCELLANEOUS.

CONDITION.	TOTAL.	TREATMENT.	RESULT.
1. Wax in the ear.	15	Removed.	Cured.
2. Epistaxis (nose bleeding).	5	Cauterised.	do
3. Furuncle. (boil in the ear).	6	Treated.	do.
4. Referred for examination.	12	No treatment required.	-
5. Foreign body in the ear.	2.	Removed.	do.
6. Foreign body in the nose.	3.	do	do.
7. Nasal Polypii.	1.	do.	do.
Total.	44.		

T A B L E A.
ACUTE OTITIS MEDIA (1) Children over 5.

Diagnosis.	Total (Ears)	Tonsils & Adenoids.	TREATMENT					RESULT.					
			Zinc Ionisation.	Antiseptic Treatment.	Tonsils & Adenoids Conservative: Nasal Diastolisation.	Tonsils & Adenoids Operation.	Cured.	Improved.	Still under treatment or observation.	Left or treat- ment lapsed.	Referred to Hospital for Operation.	Did not attend for or declined treatment.	
Acute non-suppurative Otitis Media.	(3) 10	3	Operation before Clinic.	-	3	-	-	3	-	-	-	-	-
		7	No Operation	-	7	-	-	7	-	-	-	-	-
Acute non-suppurative otitis media with Nasal conditions: Enlarged Tonsils & Adenoids.	(2) 9	2	Operation before Clinic.	-	2	-	-	2	-	-	-	-	-
		7	No Operation.	-	7	4	-	7	-	-	-	-	-
Acute Suppurative Otitis Media.	(3) 20	5	Operation before Clinic.	-	4	-	-	4	-	-	-	1	-
		15	No Operation.	-	15	-	-	13	-	-	-	2	-
Acute suppurative Otitis Media with Nasal conditions: Enlarged Tonsils & Adenoids.	(3) 16	1	Operation before Clinic.	-	1	1	-	1	-	-	-	-	-
		15	No Operation.	3	14	13	-	12	-	-	3	-	-
TOTALS.	(11) 55			3	53	18	-	49	-	-	3	3	-

The figures in brackets indicate the number of cases with Bi-lateral Otorrhoea.

T A B L E A.
ACUTE OTITIS MEDIA. (ii) Children under 5.

	Total (Ears)	Tonsils and Adenoids.	TREATMENT								RESULT.			
			Zinc Ionisation.	Antiseptic Treatment.	Tonsils & Adenoids Conservative: Nasal Diast:	Tonsils & Adenoids Operation.	Cured.	Improved.	Still under treat- ment or observation	Left or treatment lapsed.	Referred to Hosp. for operation.	Did not attend for or declined treatment.		
Acute non-suppurative Otitis Media.	-	-	Operation before Clinic.	-	-	-	-	-	-	-	-	-	-	-
		-	No Operation.	-	-	-	-	-	-	-	-	-	-	-
Acute suppurative Otitis Media.	2 *(1)	-	Operation before Clinic.	-	-	-	-	-	-	-	-	-	-	-
		2	No Operation.	-	2	-	-	1	-	-	1	-	-	-
Acute Suppurative Otitis Media with Nasal conditions: Enlarged Tonsils and Adenoids.	2	-	Operation before Clinic.	-	-	-	-	-	-	-	-	-	-	-
		2	No Operation.	-	2	-	-	2	-	-	-	-	-	-
Totals.	4 *(1)			-	4	-	-	3	-	-	1	-	-	-

* The figures in brackets indicate the number of cases with
Bi-lateral Otorrhoea.

TABLE B - CHRONIC SUPPURATIVE OTITIS MEDIA.

DIAGNOSIS.	Total (Ears)	DIAGNOSIS.					TONSILS AND ADENOIDS.	TREATMENT					RESULT.					
		Granulations: Simple Polypi.	Mastoid Disease.	Enlarged Tonsils and Adenoids.	Nasal Catarrh: Rhinitis: Sinusitis	External Otitis Eczema.		Primary (Ear)	Collateral (Nose and Throat).	Cured.	Improved.	Still under treat- ment or observ- ation.	Left or lapsed treatment.	Refd. to Hospital for operation.	Did not attend for or declined treatment.			
Children over 5 Chronic Tympanic Sepsis. Complicated by:-							Zinc Ionisation.	Antiseptic Treatment or Cautery.	Tonsils & Adenoids. Conservative							Nasal: Diastelisa- tion.	Tonsils & Ads. Operation.	
Granulations: Simple Polypi.	1	-	1	-	-	-	Operation before Clinic.	1	1	-	-	-	-	1	1	-	-	
Mastoid Disease.	10	-	6	-	-	-	No operation.	-	-	-	-	-	-	-	-	-	-	
		-	4	-	-	-	Operation before Clinic.	6	1	-	-	-	4	1	-	-	1	
		-	4	-	-	-	No operation.	2	3	-	-	-	4	-	-	-	-	
Enlarged Tonsils and Adenoids.	2(1)	-	-	-	-	-	Operation before Clinic.	-	-	-	-	-	-	-	-	-	-	
		-	-	-	2	-	No operation.	2	-	-	-	-	-	-	-	2	-	
Nasal Catarrh: Rhinitis: Sinusitis:	5 (1)	-	-	-	-	2	Operation before Clinic.	2	-	2	-	2	-	-	-	-	-	
		-	-	-	-	3	No Operation.	3	-	2	-	3	-	-	-	-	-	
External Otitis: Eczema.	-	-	-	-	-	-	Operation before Clinic.	-	-	-	-	-	-	-	-	-	-	
		-	-	-	-	-	No operation.	-	-	-	-	-	-	-	-	-	-	
TOTALS.	18	-	11	-	2	5	-	16	5	4	-	13	1	1	-	3	-	
Chronic Suppurative Otitis Media Solely.	(1) 11	Children over 5 years.				5	Operation before Clinic.	5	-	-	-	5	-	-	-	-	-	-
						6	No operation.	6	-	-	-	6	-	-	-	-	-	-
Chronic Suppurative Otitis Media Solely.	(1) 5	Children under 5 years.				-	Operation before Clinic.	-	-	-	-	-	-	-	-	-	-	-
						5	No operation.	2	3	-	-	3	-	-	2	-	-	-
Chronic Suppurative Ot: Media with Nasal Condi- tions. Tons. & Ads.	(1) 1	Children under 5 years.				-	Op. before Cl.	-	-	-	-	-	-	-	-	-	-	-
						1	No operation.	-	1	-	-	1	-	-	-	-	-	-
GRAND TOTALS.	35.					17		29	9	4	-	28	1	1	2	3	-	-

The figures in brackets indicate the number of cases with Bi-lateral Otorrhoea, with the exception of Mastoid Disease:- Mastoid Disease - Bi-lateral Otorrhoea. (a) Post-operation ... 3. (b) No Operation ... Nil.

TABLE C.
NOSE AND THROAT CONDITIONS.
(1) Children over 5.

Diagnosis. Primary.	Totals	Tonsils and Adenoids.	Secondary Conditions.					Treatment.				Result.					
			Deafness.	Nasal Catarrh.	Enlarged Tonsils & Adenoids.	Diastolisation.	Antiseptic Treatment.	Proctz Displacement.	Tonsils & Adenoids.		Cured	Improved.	Still under treatment or observation.	Left or treat- ment lapsed.	Referred to Hospital for Operation.	Declined or did not attend for treatment.	
Sinusitis: Rhinitis.	22	Operation before Clinic.	10	-	6	-	5	7	7	-	-	5	-	1	1	1	2
		No operation.	12	-	6	4	5	8	8	3	-	8	-	-	-	1	3
Nasal Obstruction: Rhinitis.	28	Operation before Clinic.	8	1	-	-	8	6	-	-	8	-	-	-	-	-	-
		No operation.	20	1	-	4	17	11	-	3	1	10	2	3	2	1	2
Nasal Catarrh	59	Operation before Clinic.	16	4	-	-	13	2	-	-	10	-	-	1	-	-	-
		No operation.	43	6	-	11	29	7	-	4	1	20	3	4	2	1	13
Enlarged Tonsils and Adenoids.	84	Operation before Clinic.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		No Operation.	84	-	36	-	25	9	15	54	19	45	-	5	6	9	19
TOTALS.	193			12	48	19	102	50	30	64	21	106	7	13	12	13	42
(11) PRE-SCHOOL (under 5)																	
Nasal Conditions: Sinus Rhinitis.	12	Operation before Clinic.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		No operation.	12	-	-	-	7	6	-	-	-	6	1	-	-	-	5
Enlarged Tonsils & Adenoids.	26	Operation before Clinic.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		No Operation.	26	-	-	-	1	-	-	6	-	3	3	-	1	9	10
Enlarged Tonsils & Ads. with nasal conditions.	4	Operation before Clinic.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		No operation.	4	-	-	-	3	2	-	1	-	1	-	-	1	1	1
GRAND TOTALS.	235		235	12	48	19	113	58	30	78	21	116	11	13	14	23	58

Dental Treatment, Elementary and Secondary
School Children.

Comparison with 1940 is not possible in the same way as it would be between two years under peace-time conditions. During 1941 two dental surgeons have carried out the work as against three during 1939 and 1940, and owing to a steady flow of children back to Tottenham from reception areas, giving a school populations of some twelve thousand by the end of the year, it will be realised that the two clinics have been kept as busy as under normal conditions. The third Dental Clinic at Park Lane Centre (normally run solely by a dental surgeon now on Military Service) has been open for treatment on four sessions per week, both dentists paying two visits, and all patients, adult and children, living in that area, have received treatment at that Clinic.

Owing to the reduction in staff, the total number of children treated in 1941 is, of course, somewhat less than in 1940 - actually averaging 80% of the 1940 figure.

During the year under review, there has been a noteworthy increase in the percentage of acceptances of treatment, and in the numbers submitting themselves to orthodontic treatment.

Details giving statistics of the various forms of dental inspections and treatment will be seen on Tables IV.

By arrangements with the Maternity and Child Welfare Committee facilities are provided at the School Dental Clinic for the treatment of expectant and nursing mothers and children under school age.

This latter provision is much appreciated and ensures that the dental and general physical condition of entrants to the schools is at as high a level as possible.

Orthopaedic Clinic.

During the past year there has been a 30% increase in the attendance at the Orthopaedic Clinic, though the number of treatments given is about 1/3rd of that in the last full pre-war year. An analysis of the new cases examined shows that there were very few cases of rickets, and none of those referred were severe; this is especially commendable in these days of food restrictions. Five new cases of infantile paralysis were examined, some of them having received treatment in Stanmore. In no case was the paralysis very extensive. There was a surprising increase in the number of new cases of congenital deformities - nearly 100%. This may possibly be due to the number of patients now attending the clinic who in normal times visited children's hospitals in Inner London.

Arrangements have now been made for secondary school children to be eligible to attend the clinic; this is a great advance, as foot and back defects, in particular, often first develop or become definitely noticeable between the age of 14 and 16 years, and early recognition and treatment may save much disability in later life.

Surgical appliances were supplied and repairs and replacements effected in 62 instances.

Infectious Disease.

Measles, Whooping Cough, Chicken Pox and Mumps cause a considerable loss of school attendance, especially in Infant Departments, and in order to keep a check upon the incidence of these complaints in school children, the Head Teachers supply the Medical Department with a weekly list of absences due to infectious diseases. This enables the nursing staff to visit the homes and give appropriate advice in each case. When considered necessary, the school nurse makes a general survey of all the scholars attending any particular class affected, with a view to discovering any newly attacked or missed cases. In the case of diphtheria, swabs are taken from the throats and noses of any suspected children. If the examinations give a positive result the children are excluded until either the swabs prove negative or the diphtheria bacilli are shown to be avirulent.

Diphtheria Immunisation.

Throughout the year the ordinary sessions were held at the Immunisation Clinics. Every opportunity was taken of impressing upon the parents the advisability of having their children immunised against diphtheria as early as possible.

Much headway has been made in this crusade of educating the parents to realise the vital necessity of immunisation, and increasing numbers took advantage of the facilities offered.

Early in the year an intensive effort was made to secure the immunisation of as many school children as possible, and to this end a scheme was put in hand for a mobile clinic, complete with Calor gas sterilisation plant, to visit each individual school. A special form of consent was sent, with the full co-operation of the Head Teachers and their staffs, to the parents of all school children, informing them that one of the School Medical Officers would attend each school in the near future to carry out immunisation, and asking for their consent as soon as possible.

The steps taken as outlined above proved to be a great success, and a large number of children were speedily inoculated.

In the course of the year 2,779 children were immunised either at the Special Clinics or at the Schools themselves.

Bacteriological Examinations.

Examinations of swabs (after culture) are carried out daily in the Council's Laboratory, and three negative swabs for diphtheria are always insisted upon before contacts or Hospitalised patients are allowed to return to school - thus minimising the "carrier" population.

Despite this care an unsuspected carrier has caused an occasional small outbreak of the disease, but the above measures, together with the increased percentage of immunised children, have not yet allowed a local epidemic to affect as many as 20 children (and none of these had been immunised).

Vale Road Nursery School.

This Nursery School was evacuated at the commencement of the war to Elvedon Hall, but, as these premises were required by the military authorities, similar suitable accommodation was found at Braunston Manor, Near Oakham, the children being transferred there in October, 1941.

Medical attention and treatment for the children is carried out by a Visiting Medical Officer, appointed for this purpose, and periodical visits are made by the Committee's School Medical and Dental Officers.

All new entrants to the school are submitted to special medical and dental inspection before evacuation, and immunisation against diphtheria is carried out as far as possible prior to their departure.

An outbreak of measles occurred in the early part of the year while the children were at Elvedon Hall. One of the Medical Officers visited the school and all the children were given an injection of immune globin with a view to controlling the spread of infection, with beneficial results. A School Nurse was sent from Tottenham to assist with the nursing of the children.

Later in the year there were a few cases of mumps, but apart from this and the outbreak of measles, the children appeared to derive much benefit from their country surroundings and regularised lives.

School for the Deaf.

As reported last year the deaf children evacuated from this district are accommodated at suitable premises at Rustington, Sussex.

The deaf children remaining in Tottenham are receiving instruction and training in temporary quarters at West Green School. Speech training sessions for both stammerers and other defects of speech are held at this school, but shortage of staff renders impossible the ideal of having a full-time school for these children.

Oak Lodge Special School.

Mentally defective children who are educable, attend the Special Day School at Oak Lodge Finchley. This school is under the management of a Joint Board consisting of representatives of Finchley, Wood Green and Hornsey, and still remains limited in its scope, owing to partial occupation by Fire Service personnel.

Special Day School for Partially Sighted Children.

Those Tottenham children certified by the Committee's Ophthalmic Surgeon as requiring education for the partially blind attend the White Hart Lane Special Day School which is situated in the administrative district of Wood Green.

Special School for Physically Defective Children.

Children found to be physically defective attend the Special Day School which is now accommodated temporarily at West Green School.

G. HAMILTON HOGBEN.

School Medical Officer.

E L E M E N T A R Y S C H O O L S .

TABLE 1.

Medical Inspections of Children attending Public Elementary
Schools - Year ended 31st December, 1941.

A. ROUTINE MEDICAL INSPECTIONS.

(1) No. of Inspections in the prescribed Groups:

Entrants	1,209
Second Age Group	651
Third Age Group	525
Total	2,385.

(2) No. of **other** Routine Inspections.. 327.

Grand Total.. 2,712.

B. OTHER INSPECTIONS.

No. of Special Inspections and Re-Inspections 13,762.

TABLE 11.

Classification of the Nutrition of Children Inspected during
the year in the Routine Age Groups.

No. of Children Inspected.	A. (Excellent).		B. (Normal).		C (Slightly Sub-Normal).		D. (Bad).	
	No.	%	No.	%	No.	%	No.	%
2712.	450.	16.5.	1949.	71.9.	295.	10.9.	18.	.7.

TABLE 111.

GROUP 1. Treatment of Minor Ailments (excluding uncleanliness)

Total number of defects treated or under treatment
during the year under the Authority's Scheme 3198.

GROUP 11. Treatment of Defective Vision and Squint.

Errors of Refraction (including Squint)...	...	Under the Authority's Scheme. 486.
Other defects or diseases of the eyes (excluding those recorded in Group 1)	11.
Total	497.
No. of Children for whom spectacles were		Under the Authority's Scheme.
(a) Prescribed	349.
(b) Obtained	349.

GROUP 111. Treatment of Defects of Nose and Throat.

Received Operative Treatment 89.
 Received other forms of treatment392.
 Total number treated481.

TABLE IV.

DENTAL INSPECTION AND TREATMENT.

(1) No. of children inspected by Dentist.
 (a) Routine Age Groups.

<u>AGE.</u>	5	6	7	8	9	10	11	12	13	14	TOTAL.
<u>Number.</u>	1220	820	894	958	859	1053	884	826	878	293	8685.

(b) Specials814.
 (c) Total(Routine & Specials)... 9,499.
 (2) No. found to require treatment7,074.
 (3) No. actually treated.....2,860.
 (4) Attendances made by children
 for treatment6,291.
 (5) Half days devoted to:-
 Inspection 62.
 Treatment 605.
 Total 667.
 (6) Fillings:-
 Permanent Teeth..... 1,444.
 Temporary Teeth 728.
 Total..... 2,172.
 (7) Extractions:-
 Permanent Teeth 1,141.
 Temporary Teeth 5,288.
 Total 6,429.
 (8) Administrations of general
 anaesthetics for extractions..... 491.
 (9) Other operationsPermanent
 Teeth..... 421.
 Temporary Teeth..... 437.
 Total 858.

TABLE V.

VERMINOUS CONDITIONS.

(1) Average No. of visits per school made during the year
 by the School Nurses or other authorised persons 18.7.
 (2) Total number of examinations of children in the
 Schools by School Nurses or other authorised persons..82,320.
 (3) No. of individual children found unclean 991.

TABLE V (Contd.)

VERMINOUS CONDITIONS. (Contd.)

(4) No. of individual children cleansed under Section 87 (2) and (3) of the Education Act, 1921.	140.
(5) No. of cases in which legal proceedings were taken:-	
(a) Under the Education Act, 1921	27.
(b) Under School Attendance Byelaws.	-.

S E C O N D A R Y S C H O O L S .

No. of pupils inspected - 1st January, 1941 to 31st December, 1941.

ROUTINE MEDICAL INSPECTION.

Age.	10.	11.	12.	13.	14.	15.	16.	17.	Total.
Boys.	3.	65.	121.	57.	43.	75.	5.	1.	370.
Girls.	1.	79.	111.	54.	38.	29.	2.	-	314.
Total.	4.	144.	232.	111.	81.	104.	7.	1.	684.

T E C H N I C A L S C H O O L S .

No. of pupils inspected - 1st January, 1941 to 31st December, 1941.

ROUTINE MEDICAL INSPECTION.

Age.	12.	13.	14.	15.	16.	Total.
Boys.		16.	49.	24.	21.	110.
Girls.	1.	13.	27.	1.	-	42.
Total.	1.	29.	76.	25.	21.	152.

TABLE 11.

Classification of the Nutrition of Children Inspected during the year in the routine age groups - Secondary and Technical Schools.

No. of children Inspected.	A.		B.		C.		D.	
	No.	%	No.	%	No.	%	No.	%
988.	250.	25.2.	662.	67.0.	72.	7.2.	4.	.4.

TABLE 111. (Group 11)

<u>Treatment of Defective Vision and Squint.</u>	<u>Under the Authority's</u>
<u>Errors of Refraction (including squint.)</u>	<u>Scheme.</u>
	171.
Other defect or disease of the eyes.	2
Total.	<u>173.</u>
No. of children for whom spectacles were:-	
(a) Prescribed	128.
(b) Obtained	93.

TABLE IV.

DENTAL INSPECTION AND TREATMENT.

(1) No. of children inspected by the Dentist.

(a) Routine Age Groups.

AGE.	12	13	14	15	16	17	Total.
Number.	190	200	235	168	105	30.	928.

(b) Specials. 41.

(c) Total (Routine & Specials.) 969.

(2) No. found to require treatment. 644.

(3) No. actually treated. 424.

(4) Attendances made by children for treatment. 1,383.

(5) Half-days devoted to:-
 Inspection. 9.
 Treatment. 97.

Total. 106.

(6) Fillings:-
 Permanent Teeth. 952.
 Temporary Teeth. 2.
 Total. 954.

(7) Extractions:-
 Permanent Teeth. 191.
 Temporary Teeth. 60.
 Total. 251.

(8) Administrations of general anaesthetics for extractions. 11.

(9) Other Operations:-
 Permanent Teeth. 237.
 Temporary Teeth. -
 Total. 237.

