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

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Walthamstow Urban District Council.

REPORT

OF

THE MEDICAL OFFICER OF HEALTH

AND

SCHOOL MEDICAL OFFICER,

FOR THE YEAR 1921.

Walthamstow:

PRINTED BY J. C. PHELP & SON (T.U.), 62-64, BEULAH ROAD.

TO THE CHAIRMAN AND MEMBERS

OF THE

Walthamstow Urban District Council.

Mrs. McENTEE AND GENTLEMEN,

The Ministry of Health issued in December, 1921, a Circular as to the contents and arrangement of the Annual Reports of Medical Officers of Health.

Inter alia, these are in future to be known as "Survey" and "Ordinary" Reports. The former are to be issued every fifth year, the latter for the intervening years. That issued for 1920 is reckoned as a Survey Report, and those for 1921 and three following years are to be of a simple character, giving certain information as outlined in an appendix to the Circular.

By the deletion of a large quantity of matter fully dealt with in 1921, a considerable saving in time and money will be effected. Certain tables to preserve the continuity of the Reports, though not asked for, are given in this year's Report, as they will be useful when the next Survey Report has to be made.

The outstanding feature of Public Health interest during the year 1921 for this District, was the epidemic prevalence of Scarlet Fever, which commenced in July and continued during the remaining months and on into February, 1922.

Although 983 persons suffered from the disease, only five deaths occurred, giving a death-rate about half that of London and less than that prevailing in the 96 Great Towns.

In June the National Census was taken, but no detailed figures for the Area have yet been published. Our enumerated population was 127,441—less than 3,000 in excess of that for 1911.

It is difficult to realise the accuracy of these figures in view of "the overcrowding" repeatedly brought to notice, and remembering that in 1911 there were 3,000 "empties," and now not a single empty house to be found.

The Registrar-General gives for the mid-year an estimated population of 129,800, upon which our Birth and Death rates are calculated.

Birth-rate.—This was 21·7 for the year, compared with 24·7 for 1920, and an average of 19 for the preceding five years.

Our birth-rate is less than that for the Country as a whole and for the Great Towns, but only 0·6 per 1,000 less than that prevailing in London.

Death-rate.—This has been a very favourable one—9·5 per 1,000 as compared with 12·1 for England and Wales, 12·3 for the Great Towns and 12·4 for London.

Our death-rate for 1920 was 9·7 and the average for the five years 1916–20, 11·4.

Our total deaths were 1,237 as against 1,293 in 1920, and the diminution was largely due to the fewer deaths caused by Influenza and lung diseases. There were seven fewer deaths from Diphtheria than in 1920, but the total deaths from Scarlet Fever and Diphtheria were only three less.

The Zymotic Death-rate, or that resulting from deaths caused by Diphtheria, Scarlet Fever, Erysipelas, Measles, Whooping Cough and Diarrhœa was 0·52, as compared with 0·45 in 1920, 0·59 in 1919, 0·8 in 1918, 1·58 in 1911, and 2·82 in 1901.

The increased rate of 1921 compared with 1920 was due to deaths from Diarrhœa and Enteritis and Scarlet Fever. Diarrhœal deaths were 45 and Scarlatinal 5, against 24, and 1 in 1920.

Deaths from all these diseases are theoretically preventable, and no one should die except from senile decay, but we have not yet attained to that ideal. None of the diseases mentioned caused a death-rate here in excess of that elsewhere. The table on page 4 shows this.

Infantile Mortality Rate.—This was slightly in excess of that of the previous year—61·4, as against 59·9.

Under this heading come the deaths of children under 1 year of age, and the number as compared with the births determines the rate.

There is no assumption about the rate and it is not liable to error as the general birth-rate and Wards' rates are, which are determined on an *estimated* population.

In the period 1901–10 this rate averaged 112, and only in the two latter years of the decade was it below 100. Between 1910 and 1920 the rate averaged 78·6, and practically every intervening year showed an improvement.

The rate for 1920 was the lowest on record, a rate sought for but not believed to be obtainable some 25 years ago.

Considering the character of our population, our infant mortality is most favourable. The rate is 22 per 1,000 less than that of the Country as a whole, and 26 per 1,000 less than that of the 96 Great Towns.

The following are the birth, death, and infantile mortality rates for this and similar districts in the outer zone of London :—

Town.	Population.	Birth-rate.	Death-rate.	Infantile mortality rate.
Croydon ...	190,877	19·4	10·6	77·6
Willesden ...	165,669	20·7	10·0	75·8
Hornsey ...	87,691	15·3	10·8	52·8
Tottenham ...	146,695	21·1	10·4	74·8
Edmonton ...	66,809	28·1	10·2	59·0
West Ham ...	300,905	28·4	12·1	71·5
East Ham ...	143,304	20·6	10·1	66·5
Leyton ...	128,432	18·9	9·8	74·2
Walthamstow	**127,441**	**21·2**	**9·5**	**63·6**
Ilford	85,191	17·3	8·7	50·9

The position of Ilford and Hornsey may depend largely on their low birth rates and the social conditions prevailing in the areas ; that of Edmonton shows that a considerable diminution of the infant mortality rate here is still possible.

The following table shows our relative position compared with the Country and the Great and Smaller Towns as regards general death and infant mortality rates and those from the principal infectious diseases :—

Birth-rate, Death-rate, and Analysis of Mortality during the Year 1921.

(Provisional figures. Provisional populations estimated to the middle of 1920 have been used for the purposes of this Table. The mortality rates refer to the whole population as regards England and Wales, but only to civilians as regards London and the groups of towns.)

	Birth-rate per 1,000 Total Population.	Annual Death-rate per 1,000 Population.									Rate per 1,000 Births		Percentage of Total Deaths.			
		All Causes.	Enteric Fever.	Small-Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Violence.	Diarrhœa and Enteritis (under 2 years).	Total Deaths under 1 year.	Deaths in Public Institutions.	Certified Causes of Death.	Inquest Cases.	Uncertified Causes of Death.
England and Wales	22·4	12·1	0·02	0·00	0·06	0·03	0·12	0·12	0·23	0·44	15·5	83	25·5	92·5	6·4	1·1
96 Great Towns, including Lond. (Census Populations exceeding 50,000).	23·3	12·3	0·01	0·00	0·08	0·04	0·13	0·15	0·23	0·40	19·3	87	33·2	92·5	6·8	0·7
148 Smaller Towns (Census Populations 20,000—50,000).	22·7	11·3	0·01	0·00	0·05	0·03	0·11	0·11	0·26	0·35	15·6	84	17·7	93·5	5·1	1·4
London	22·3	12·4	0·01	0·00	0·05	0·06	0·12	0·25	0·23	0·42	21·3	80	49·2	91·6	8·2	0·2
Walthamstow	21·7	9·5	0·00	0·00	0·02	0·03	0·06	0·09	0·22	0·41	12·7	61·4	35·1	99·6	4·9	0·4

Comparing the figures for 1920 with those for 1921, the year 1921 may be regarded as a good one from the view of Public Health ; under every heading there was a diminished mortality except from Scarlatina and Diarrhœa & Enteritis.

The administration of the Maternity and Child Welfare Act, 1918, Milk (Mothers' and Children) Order, and the account keeping necessary in connection with the Welfare Centre, placed an amount of work on the clerical staff which is difficult to realise.

The Lady Members of the Maternity and Child Welfare Committee have helped considerably by their dealing with all the applications for milk, and no complaints or grumblings have followed their decisions.

The Council, no doubt, appreciate their work.

I beg to remain,

Mrs. McEntee and Gentlemen,

Your obedient servant,

J. J. CLARKE.

GENERAL STATISTICS.

Area	4,343 acres.
Population	127,441
No. of inhabited houses (1911)	26,399
„ „ „ (1921)	not yet given by Registrar-General.
Rateable value	£511,535
Sum represented by a penny rate...	£1,917

		M.		F.	
Births	Legitimate ...	1,384	...	1,369	Birth rate 21·7
	Illegitimate ...	31	...	30	

	M.		F.
Deaths registered within District ...	801	... 397	... 404
No. registered of non-residents ...	25	... 7	... 18
No. of residents dying without the District	461	... 231	... 230
Death rate 1921		...	... 9·5
No. of women dying in, or in consequence of, child-birth	From Sepsis ...		3
	„ other causes,		10

Deaths of infants under one year of age, per 1,000 births—
Legitimate, 160; Illegitimate, 13; Total, 173.

Deaths from Measles (all ages)	3
„ „ Whooping Cough (all ages)	8
„ „ Diarrhœa (under two years of age)	36

NOTIFIABLE DISEASES DURING THE YEAR.

Disease.		Total cases notified.	Cases admitted to hospital.	Total deaths.
Diphtheria		380	259	12
Scarlet Fever		983	517	5
Enteric Fever (including Para-typhoid)		3	3	—
Puerperal Fever		5	3	3
Pneumonia		49	35	88
Tuberculosis—				
Pulmonary	Males	109	53	64
	Females	101	54	53
Non-pulmonary	Males	26	4	14
	Females	20	5	13

Thirty per cent. of those dying from Tuberculosis have not been notified as suffering from the disease during their life time, and death followed within three months of notification of 11 per cent.

Attention has been drawn to this, and failure to notify must be largely attributed to the fact that the doctors know well that little in the way of institutional treatment or after-care will be carried out for their patients.

The Public Health administration as applied to Tuberculosis is lame and halting and unsatisfactory. The Medical Officer of Health receives the notification, a sanitary survey of the home is made, then copies of both are sent to the County Council, and practically here the local Medical Officer of Health finishes with the case until death occurs.

Some years ago I made an effort to have the homes disinfected when vacated by Phthisical patients, and to do this I had to ask the co-operation of the landlords, which was readily given. Such a procedure was declared by the Local Government Board as *ultra vires*, and a breach of faith as to the secrecy which was supposed to be attached to every notification.

Is it surprising that notification of Tuberculosis is inefficient?

OPHTHALMIA NEONATORUM.

These cases are classified as follows:—

Cases notified.	Cases treated.		Vision unimpaired.	Vision impaired.	Total blindness.	Deaths.
	At home.	In hospital.				
34	34	—	33	1	—	1

Twenty-one cases were very slightly and 13 seriously affected in one or both eyes. The latter had treatment at the Public Health Offices, and were visited at their homes by the Nurses.

4. CAUSES OF SICKNESS.

Apart from the epidemic prevalence of Scarlet Fever there were no outstanding features calling for special comment. During the first five months of the year Influenza was fairly prevalent, and 29 deaths have been attributed to this cause.

5. HOSPITAL PROVISION AND NURSING ARRANGEMENTS.

Nursing.—There is no provision for home nursing by the County or the Local Authority. The local branch of the Essex Cottage Nursing Association employs 12 nurses who are largely occupied in Midwifery practice. They also do a considerable amount of nursing among the poor, but they do not attend, as a rule, on cases of Fever, Measles or Whooping Cough.

Midwives.—There are 15 practising in the District.

Of these 4 reside at the local Branch of the Essex Nursing Association, and they are all under the supervision of the Medical Officer of Health. They are visited regularly and reported upon to the County Medical Officer of Health, through whom payments are made in accordance with the Provisions of the Midwives' Act, 1918.

The work of all the Midwives has been satisfactory, and each and all showed a keen desire to comply with the regulations of the Midwives' Board.

Clinics and Treatment Centres.—These embrace the following :—

Situation.	Accommodation.	By whom provided.	Description.
Brookscroft, Forest Road	Waiting rooms, weighing room, consulting room, class rooms	Voluntary Association	Infant consultations, wards for observation and treatment.
Truro Hall, High Street	Waiting, weighing and consulting rooms	Urban District Council	Infant consultations, Ante-Natal Clinic.
Lloyd Park, Walthamstow	Waiting, consulting and treatment rooms	Walthamstow Education Committee	Minor ailments, Dental Clinic, Eye Clinic.
Hoe Street, Walthamstow	Do.	Voluntary	X-ray treatment for school children by arrangement.
Do.	Do.	Essex County Council	Tuberculosis Dispensary.

Venereal Diseases are treated at the London Hospitals by arrangement made by the Essex County Council.

The **Council's Centre** has been moved from High Street to Truro Road, a distance of some few hundred yards. Its present location is more favourable and suitable, and the premises, though not by any means ideal, are more roomy and convenient than those vacated. The consultations are still held twice weekly, and the number of names in the register at the end of the year was 2,648.

The following are the quarterly attendances of children during the year :—

	New cases.	Old cases.
1st quarter	237 ...	1,751
2nd „	239 ...	2,259
3rd „	252 ...	2,649
4th „	199 ...	2,837
	927 ...	9,496

Brookscroft Voluntary Centre.—No change in the work or its character has taken place during the year. There are 4,415 names on the register, and the following are the quarterly attendances of children during the year :—

	New Cases.	Old Cases.
1st quarter	180	2,768
2nd „	164	2,414
3rd „	125	2,301
4th „	116	2,115
Total ...	585	9,598
For 1920 the totals were ...	769	7,971

The Voluntary Nurses paid 2,646 visits to the homes of children brought to the Infant Consultations; 4,403 attendances were made by the mothers at the lectures delivered on Mothercraft and Infant Care, and 318 mothers attended the Needlework Classes.

In addition, 321 massages were administered to children for varying causes.

On the poorest estimates a very great deal of good is done for child welfare at the Centre, and much excellent work is carried out by educated, well-to-do voluntary workers, under the supervison and guidance of the Honorary Physician, Dr. Elliott.

The Ministry of Health has shown its appreciation by seeking information from the Hon. Secretary rather than the Medical Officer of Health as to Summer Diarrhœal Sickness in the Area. The number of cases admitted to the Observation Wards during the year was thirty. The children were suffering mainly from Malnutrition or the effects of improper feeding.

Of the seven children who died, three were premature and rather hopeless from the start; one had Congenital Syphilis, one died from Meningitis, one from Zymotic Enteritis and one from Marasmus.

HOSPITALS.

The Local General Hospital contains 50 beds.

It was originally established for the treatment of diseases of children, but now serves all the purposes of a general hospital. It is not subsidised by the Local Authority, except to the extent that two beds are retained for typhoid patients at a fixed fee, with a definite charge for those sent in by the Medical Officer of Health.

There is no Institutional provision for Maternity.

The Fever Hospital—recognised accommodation 84 beds, for Scarlet Fever and Diphtheria patients—is situated without the area, and Brookfield, within the area, provides 22 additional beds for convalescent Scarlet Fever patients.

Though taxed to their utmost capacity, they were unable in 1921 to deal with all the cases of Scarlet Fever needing removal from their homes.

No recommendation to provide additional beds was made by me, nor was the enlargement of the Hospital considered by the Council.

The present time is considered inopportune for any expenditure of money for such a purpose, and there is no unanimity among Public Health Officials that such an expenditure would be justified by results.

The arrangements for dealing with Infectious Diseases in the district was fully set out in last year's report.

At present there is no provision for the hospital treatment of Small Pox, and if cases of this disease arose in the area the situation would be an embarrassing one.

There is no institution in the district for unmarried mothers, illegitimate infants or homeless children.

Ambulance Facilities.—Two Motor Ambulances for Infectious Diseases are maintained by the Local Authority, and the St. John's Ambulance Association hires its motor ambulance for the removal to hospital of cases of serious illness, and deals with accidents without payment.

6. LABORATORY WORK.

The Municipal Laboratory is mainly used for the Bacteriological diagnosis of Diphtheria. During the year 2,482 examinations were made as follows :—

	No. Examined.	Result. Positive.	Negative.
Diphtheria ...	2,467	522	1,945
Hairs for Ringworm	10	9	1
Sputum for T.B.	5	1	4

The County Council of Essex provide, free of charge, at the County Laboratories in London, for the examinations of all kinds of pathological specimens sent by any practitioner in the district.

The local laboratory is found so convenient that, during the year, the local doctors sent 643 specimens of suspected Diphtheria.

Cases of Infectious Disease notified during the Year 1921.

The following table shows the numbers and the Infectious Diseases notified for the whole District and for the Wards, and the number removed to Hospital:—

Notifiable Disease.	Cases Notified in Whole District.								Total Cases Notified in Each Locality.						Total Cases Removed to Hospital.
	All Ages	At Ages—Years.							St. James Street.	High Street.	Hoe Street.	Wood Street.	Hale End.	Higham Hill.	
		Under 1	1 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 and upwards.							
Small Pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cholera	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Plague	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria (including Membranous Croup)	380	6	78	224	42	23	6	1	99	68	43	30	46	94	259
Erysipelas	58	1	—	3	8	19	20	7	8	7	12	13	10	8	5
Scarlet Fever	983	5	131	685	126	33	3	—	170	137	124	106	198	248	517
Typhus Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever	3	—	—	1	—	2	—	—	—	—	1	1	1	—	3
Relapsing Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Continued Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever	5	—	—	—	1	4	—	—	1	—	1	1	—	2	3
Cerebro-spinal Meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis	2	—	1	1	—	—	—	—	—	—	2	—	—	—	1
Ophthalmia Neonatorum	34	34	—	—	—	—	—	—	6	3	6	4	3	12	—
Pulmonary Tuberculosis...	210	—	3	16	58	107	25	1	42	42	37	21	29	39	—
Other forms of Tuberculosis	46	—	10	12	9	11	4	—	8	12	5	10	5	6	—
Encephalitis Lethargica ...	6	—	1	—	1	3	1	—	1	1	2	1	—	1	4
Malaria (Imported) ...	1	—	—	—	—	1	—	—	—	1	—	—	—	—	—
Dysentery „	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia...	49	—	2	9	7	18	12	1	8	12	8	2	7	12	35
Trench Fever	1	—	—	—	—	1	—	—	—	—	—	—	1	—	—
Totals	1778	46	226	951	252	222	71	10	343	283	241	189	300	422	827

Causes of and Ages at Death during the year 1921.
Whole District and Wards.

No.	Causes of Death.	Nett Deaths at the subjoined ages of "Residents" whether occurring within or without the district.									Total Deaths whether of "Residents" or "Non-Residents" in Institutions in the District.	Wards.					
		All Ages	Under 1 year.	1 and under 2 years.	2 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.	65 and upwards.		St. James Street	High Street	Hoe Street	Wood Street	Hale End.	Higham Hill.
	1	2	3	4	5	6	7	8	9	10	11						
1	Enteric Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2	Small-Pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3	Measles	3	2	1	—	—	—	—	—	—	—	3	—	—	—	—	—
4	Scarlet Fever	5	—	1	2	2	—	—	—	—	—	—	4	—	—	—	1
5	Whooping Cough	8	3	4	1	—	—	—	—	—	—	4	—	2	1	—	1
6	Diphtheria and Croup	12	—	1	4	7	—	—	—	—	—	5	3	—	1	1	1
7	Influenza	29	2	—	1	4	5	3	9	5	—	7	4	6	5	4	3
8	Erysipelas	2	—	—	—	—	—	—	1	1	—	—	1	1	—	—	—
9	Phthisis (Pulmonary Tuberculosis)	117	—	—	—	3	29	56	27	2	—	25	18	29	15	11	19
10	Tuberculous Meningitis	12	1	4	3	3	1	—	—	—	—	2	2	3	2	—	3
11	Other Tuberculous Diseases	15	—	1	—	—	2	5	7	—	—	3	3	1	2	3	3
12	Cancer, malignant disease	111	—	—	—	1	—	11	50	49	—	19	25	27	12	15	13
13	Rheumatic Fever	3	—	—	—	—	1	2	—	—	—	—	1	—	1	—	1
14	Meningitis	7	3	—	—	1	2	1	—	—	—	2	1	2	—	2	—
14a	Cerebro-spinal Meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15	Organic Heart Disease	118	—	—	—	3	7	20	33	55	1	20	19	28	21	16	14
16	Bronchitis	96	12	1	—	—	—	5	22	56	—	26	19	19	14	9	9
17	Pneumonia (all forms)	88	15	9	4	7	5	17	18	13	1	24	8	18	12	9	17
18	Other Diseases of Respiratory Organs	16	—	1	—	1	—	2	7	5	—	4	2	6	1	1	2
19	Diarrhœa and Enteritis	45	30	6	—	2	—	2	1	4	—	14	11	1	8	5	6
20	Appendicitis and Typhlitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
21	Cirrhosis of Liver	10	—	—	—	—	—	1	6	3	—	2	2	3	2	—	1
21a	Alcoholism	1	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—
22	Nephritis and Bright's Disease	27	—	—	—	2	—	3	14	8	—	3	5	6	5	4	4
23	Puerperal Fever	3	—	—	—	—	—	3	—	—	—	1	—	—	1	—	1
24	Other Accidents and Diseases of Pregnancy and Parturition	10	—	—	—	—	2	8	—	—	—	1	3	1	—	2	3
25	Congenital Debility and Malformation, including Premature Birth	83	83	—	—	—	—	—	—	—	—	17	15	20	11	6	14
26	Violent Deaths, excluding Suicide	54	3	3	2	4	5	17	9	11	6	14	5	6	8	6	15
27	Suicide	6	—	—	—	—	—	2	3	1	—	—	—	2	—	2	2
	Poliomyelitis and Encephalitis	2	—	—	2	—	—	—	—	—	—	—	—	1	1	—	—
	Old Age	94	—	—	—	—	—	—	—	94	—	16	12	24	14	9	19
28	Other Defined Diseases	260	19	3	4	10	9	41	75	99	2	50	39	58	34	34	45
29	Diseases ill-defined or unknown	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Totals	1237	173	35	23	50	68	199	283	406	10	263	202	264	171	139	197

SUMMARY, 1921.

Causes of Death of Children under 1 year of age.

Cause of Death.	Under 1 Week	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 4 Weeks.	4 Weeks and under 3 Mths.	3 Months and under 6 Mths.	6 Months and under 9 Mths.	9 Months and under 12 Mths.	Total Deaths under One Year.	Wards. St. James Street.	High Street.	Hoe Street.	Wood Street.	Hale End.	Higham Hill.
All Causes { Certified	53	19	8	10	90	27	24	18	14	173						
All Causes { Uncertified	—	—	—	—	—	—	—	—	—	—						
Influenza	1	—	—	—	1	—	—	—	—	1	—	—	—	—	1	—
Small-Pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chicken-Pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	1	1	2	2	—	—	—	—	—
Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	1	1	1	—	—	1	3	—	—	2	—	—	1
Diphtheria and Croup	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculous Meningitis	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	1
Abdominal Tuberculosis (*b*)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Tuberculous Diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Phthisis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningitis *(not Tuberculous)* ...	—	—	—	—	—	—	2	1	1	4	—	—	2	—	2	—
Convulsions	—	2	—	1	3	—	1	—	1	5	1	2	—	—	—	2
Laryngitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bronchitis	1	1	—	2	4	3	3	2	—	12	4	4	—	2	1	1
Influenzal Bronchitis	1	—	—	—	1	—	—	—	—	1	1	—	—	—	—	—
Pneumonia (all forms)...	—	—	—	—	—	3	4	4	5	16	6	4	1	3	1	1
Diarrhœa	—	1	—	1	2	2	5	3	2	14	7	2	—	3	1	1
Enteritis	—	—	1	—	1	3	5	4	3	16	4	4	1	3	2	2
Gastritis	—	—	1	—	1	—	—	1	—	2	—	—	—	—	—	2
Syphilis	—	—	—	—	—	—	—	1	—	1	—	—	—	1	—	—
Rickets	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Inattention at Birth, wilful neglect ...	4	—	—	—	4	—	—	—	—	4	—	—	—	3	1	—
Suffocation, overlying	2	—	—	—	2	1	—	—	—	3	1	—	—	1	—	1
Injury at Birth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Atelectasis	3	2	—	1	6	—	—	—	—	6	1	2	1	—	—	2
Congenital Malformations	6	1	1	1	9	3	1	—	—	13	2	1	3	4	2	1
Premature Birth	32	7	2	1	42	5	—	—	—	47	10	7	14	5	4	7
Atrophy, Debility and Marasmus ...	2	5	3	1	11	3	—	—	—	14	3	3	3	1	—	4
Other Causes	1	—	—	1	2	3	3	—	—	8	1	3	—	1	1	2
	53	19	8	10	90	27	24	18	14	173	43	32	27	27	16	28

Birth, Death, and Other Rates since 1891.

Year.	Births.	Deaths.	B. Rate.	D. Rate.	Zymotic D. R.	Infantile Mortality Rate.	Natural Increase of Population.
1891	1756	694	37·3	14·7	1·9	120·0	1062
1892	1717	915	34·75	18·0	3·9	145·6	802
1893	1809	809	34·78	15·55	2·43	133·2	1000
1894	1813	717	32·0	12·6	1·8	129·6	1096
1895	2021	965	33·2	15·8	3·5	153·3	1056
Average for 5 years. 1891-95	**1823**	**820**	**34·4**	**15·33**	**2·7**	**136·3**	**1003**
1896	2101	817	32·3	12·5	2·4	127·5	1284
1897	2246	832	32·08	11·88	2·8	132·0	1414
1898	2294	1034	29·8	13·4	3·67	169·5	1260
1899	2835	1282	34·14	15·44	2·94	170·0	1553
1900	3037	1254	33·37	13·78	2·8	158·7	1783
Average for 5 years 1896-00	**2502**	**1043**	**32·33**	**13·4**	**2·92**	**151·5**	**1458**
1901	3210	1296	33·1	13·35	2·82	147·6	1914
1902	3426	1154	34·82	11·73	1·3	115·0	2272
1903	3535	1178	34·97	11·65	1·9	113·7	2357
1904	3649	1330	35·14	12·81	3·1	135·9	2319
1905	3389	1249	31·76	11·71	1·8	104·4	2140
Average for 5 years 1901-05	**3341**	**1241**	**33·94**	**12·25**	**2·18**	**123·3**	**2200**
1906	3594	1447	32·79	13·20	2·9	129·7	2147
1907	3629	1376	32·23	12·22	2·0	104·7	2253
1908	3482	1258	30·10	10·87	1·0	100·8	2224
1909	3369	1205	28·35	10·14	1·0	83·4	2164
1910	3197	1186	26·18	9·71	0·8	88·5	2011
Average for 5 years. 1906-10.	**3454**	**1294**	**29·93**	**11·22**	**1·5**	**101·4**	**2159**
1911	3182	1456	25·36	11·70	1·58	108·4	1726
1912	3150	1267	24·40	9·80	0·87	78·9	1883
1913	3261	1334	24·76	10·13	0·84	79·5	1926
1914	3134	1428	23·24	10·50	0·98	77·5	1706
1915	2826	1573	21·7	11·9	1·06	93·1	1253
Average for 5 years. 1911-15.	**3110**	**1411**	**23·89**	**10·8**	**1·06**	**87·4**	**1698**
1916	2854	1376	20·5	10·7	0·72	69·3	1478
1917	2228	1330	16·7	11·1	0·75	70·0	898
1918	2034	1792	15·9	15·7	0·79	81·1	252
1919	2215	1273	17·2	9·9	0·61	69·5	1028
1920	3286	1293	24·7	9·7	0·45	59·9	1993
1921	2673	1237	21·7	9·5	0·52	61·4	1436
Average for 6 years. 1916-21.	**2548**	**1383**	**19·4**	**11·1**	**0·64**	**68·5**	**1181**

ADOPTIVE ACTS,

BYE-LAWS AND REGULATIONS

Relating to Public Health in force in the District.

Adopted Acts.

The Infectious Disease (Notification) Act, 1889.

The Public Health Acts (Amendment) Act, 1890. Parts II., III. and V.

The Infectious Disease (Prevention) Act, 1890.

The Public Libraries Act, 1892.

Baths and Washhouses Act, 1846, and the Acts amending the same.

The Burials Acts, 1852 to 1885.

The Public Health Acts (Amendment) Act, 1907. Parts II., III., IV., V., VI. and X.

Bye-Laws.

Bye-Laws with respect to Common Lodging-houses.

Bye-Laws with respect to Slaughter-houses.

Bye-Laws with respect to Nuisances.

Bye-Laws with respect to Houses let in Lodgings or occupied by members of more than one family.

Bye-Laws as to Nuisances in connection with the Removal of Offensive or Noxious Matters.

Bye-Laws as to the Decent Conduct of Persons using Sanitary Conveniences provided and maintained by the Local Authority for Public Accommodation.

Bye-Laws for Imposing on the Occupier of any Premises duties in connection with the Removal of House Refuse so as to facilitate the work of collection.

Bye-Laws for the Prevention of Nuisances arising from Filth, Ashes and Rubbish.

Bye-Laws with respect to New Streets and Buildings and the Alteration of Buildings.

Bye-Laws with respect to the Provision of Means of Escape in case of Fire in certain Factories and Workshops.

Bye-Laws for the Regulation of Offensive Trades.

Bye-Laws *re* Employment of Children.

Regulations.

Regulations to be observed by Occupiers of Bakehouses.

Regulations with respect to the Management of Sanitary Conveniences provided and maintained by the Local Authority.

Regulations with respect to Dairies, Cow-sheds and Milk Shops.

7. SANITARY ADMINISTRATION.

The following is a summary of the work carried out during the year by the Sanitary Inspectors :—

	1921.	1920.
Number of Inspections made	6145	6425
Number of nuisances detected	2742	2260
Number of complaints received	2188	1847
Informal Notices served	2617	2532
,, ,, complied with	2418	1870
Statutory Notices served	33	42

The nature and variety of the work is shown in the following tables :—

Drains tested	260
,, reconstructed or repaired	260
,, obstructions removed	196
,, means of access provided	38
,, ventilation provided	35
,, ,, repaired	134
Soil pipes repaired	26
,, new provided	5
Rainwater pipes, renewed	180
,, ,, disconnected from drains...	6
Roofs repaired or renewed	448
Gutterings repaired or renewed	335
W.c. pans or traps provided	127
Gully traps provided	67
W.c. flush cisterns provided	46
,, ,, repaired	256
,, reinstated	49
W.c. floors concreted...	49
W.c.'s repaired and cleansed...	257
W.c.'s, light and ventilation improved	1
Waste-pipes renewed or trapped	225
New sinks provided	12
Water supply reinstated	11
Cisterns cleansed and covered	106
Drinking-water cisterns abolished	0
Urinals, improved flushes provided	1
,, cleansed or repaired...	9
,, paved	1
,, provided new	1
Sculleries paved	29
Yards and forecourts paved and repaired	341
Dirty houses cleansed	99
,, rooms cleansed...	4,567
Floors repaired	234

Ventilations under floors provided	228
New damp-proof courses provided	38
Sites concreted	5
Rooms ventilated	4
Offensive accumulations removed	59
Animals improperly kept removed	6
Manure receptacles provided	4
Stables closed...	—
„ cleansed	29
„ paved and drained	5
Manholes repaired or resealed	39
Bell traps abolished	—
Other cases of dampness remedied	159
Miscellaneous repairs	722

Infectious Diseases.

Visits to premises	1,359
Premises disinfected	1,435
Articles disinfected at Low Hall	12,820
Articles destroyed at Low Hall	55

Dampness in Houses.

Sites concreted	5
Damp-proof courses provided	38
Yards and forecourts paved and drained	341
Roofs made watertight	448
Rainwater pipes made good	186
Guttering repaired or renewed	335
Dampness remedied	159
Ventilation under floors provided	228
House-to-House Inspections	110

Special Premises.

	Number.	Visits paid.
Slaughter-houses	15	147
Butchers' shops	72	275
Bakehouses	44	64
Fishmongers (fish frying and curing) ...	38	229
Eating-houses	34	27
Ice cream vendors	70	70
Cowsheds	12	40
Milkshops	66	146
Laundries	29	52
Rag and bone dealers	12	36
Elementary Schools	27	14
Private Schools	13	6
Piggeries	10	46
Street Stalls	Numerous	158
Greengrocers	„	47

As a result of the regular periodical visiting of the Special Premises the following works were carried out :—

BUTCHERS' SHOPS AND SLAUGHTER-HOUSES.

Special cleansings, 42; Smoke Nuisance abated, 1; Paving repaired, 3; Floors repaired, 5; Accumulations removed, 1; New Safes provided, 2; New Galvanised Bins provided, 4.

BAKEHOUSES.

Special cleansings, 51; Roofs repaired or improved, 1; Paving repaired, 6; Rain-Water Pipe provided, 1; Gutters repaired, 4; New Sink-waste provided, 1; New Ceiling provided, 2.

FISHMONGERS' SHOPS.

Premises cleansed, 21; Smoke-holes repaired, 5; Paving repaired, 10; Flushes to w.c.'s repaired, 2; Drains cleared, 1; Drains repaired, 3; New w.c. pans and traps provided, 2; Floors repaired, 2; Accumulations removed, 6; New Sink-waste provided, 1.

COFFEE AND EATING HOUSES.

Special cleansings, 3; Choked drains cleared, 1; Dust-bins provided, 1; Gutters repaired, 1; New Man-hole cover provided, 1; New Sink-waste provided, 1; Yard Paving repaired, 4.

ICE-CREAM VENDORS.

Special cleansings, 6.

COWSHEDS AND MILKSHOPS.

Special cleansings, 12; Offensive accumulations removed, 4; Drainage improved, 2; Roofs repaired, 1; Yard paving repaired, 2; W.c's. cleansed, 2.

STABLE PREMISES.

Cleansings, 29; Accumulations removed, 39; Gutterings repaired, 6; Paved and drained, 5.

LAUNDRIES.

Special cleansings, 13; Pavings repaired, 1; D.W. Cistern cleansed and covered, 3.

RAG AND BONE DEALERS.

Accumulations removed, 1; Cleansings, 14; Floors repaired, 1; Roofs repaired, 3.

PRIVATE SCHOOLS.

Cleansings, 2; Obstruction in drains removed, 2; Piggeries cleaned, 12; Paved and drained, 2; Paving relaid, 2.

Unsound Food.

80 bags of potatoes
7 stones of mutton
4 stones 6 lbs. of beef
11 boxes of kippers
8 stones of skate
26 stones 6 lbs. of bacon
2 boxes of kippers
1 trunk of haddocks
1 ox liver
5 sheep carcases and all organs
120 boxes of apples
60 bags of potatoes
30 trunks of haddocks
6 stones of herrings
1 case of dates
4 cases of rabbits
62 cases of rabbits
29 cases of rabbits
50 cases of rabbits
20 cases of rabbits
22 cases of rabbits
1 box of dabs
3 lbs. of beef pieces
94 rolls of bacon (4½ cwts.)
1 sack of winkles

The following were condemned and affected with T.B. :—

5 pigs heads. 1 sow pig and all organs.

Sale of Food and Drugs Act.

Number of samples taken	6
Number of samples found genuine...	6

Unsound Food.

1 pig and all organs seized, T.B. Penalty on butcher, £10 and costs.

HOUSING.

Number of new houses erected during the year—

(*a*) Total	161
(*b*) As part of Municipal Housing scheme	159

I.—Unfit Dwelling Houses.

Inspection.

(1) Total number of dwelling-houses inspected for housing defects (under Public Health and Housing Acts)	6,145
(2) Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910	110
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	nil
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation	108

II.—Remedy of Defects with Service of Formal Notices.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	2,418

III.—Action under Statutory Powers.

A. *Proceedings under section* 28 *of the Housing, Town Planning, &c., Act,* 1919.

(1) Number of dwelling-houses in respect of which notices were served requiring repairs ...	28
(2) Number of dwelling-houses which were rendered fit—	
(*a*) by owners...	19
(*b*) by Local Authority in default of owners	6
(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	nil

B. *Proceedings under Public Health Acts.*

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	5
(2) Number of dwelling-houses in which defects were remedied—	
(*a*) by owners	5
(*b*) by Local Authority in default of owners	nil

C. *Proceedings under sections* 17 *and* 18 *of the Housing, Town Planning, &c., Act,* 1909.

(1) Number of representations made with a view to the making of Closing Orders ...	nil
(2) Number of dwelling-houses in respect of which Closing Orders were made	nil
(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-house having been rendered fit... ...	nil
(4) Number of dwelling-houses in respect of which Demolition Orders were made ...	nil
(5) Number of dwelling-houses demolished in pursuance of Demolition Orders	nil

SANATORIUM REPORT, 1921,

As submitted by Dr. DALY, Resident Medical Officer.

ADMISSIONS, DISCHARGES, AND DEATHS.

	Scarlet Fever.	Diph-theria.	Tuber-culosis.	S. F. & Diph.	S. F. & C. P.	Diph. & C. P.	Total.
Remaining on Dec. 31, 1920	90	30	14	—	—	—	134
Admitted during 1921 ...	545	263	55	6	2	1	872
Total	635	293	69	6	2	1	1006
Discharged during 1921 ...	550	229	50	6	2	1	838
Died during 1921	1	12	4	—	—	—	17
Remaining on Dec. 31, 1921	84	52	15	—	—	—	151
Total	635	293	69	6	2	1	1006

SEX AND AGES OF PATIENTS ADMITTED.

Disease.	Under 5 years.		From 5 to 10 years.		From 10 to 15 years.		15 years and upwards.		Total of		Total.
	M	F	M	F	M	F	M	F	M	F	
Scarlet Fever	39	43	93	124	60	101	33	52	225	320	545
Diphtheria ...	30	27	51	63	30	34	4	24	115	148	263
S.F. & Diph.	—	2	1	1	1	1	—	—	2	4	6
S. F. & C. P.	—	—	—	2	—	—	—	—	—	2	2
Diph. & C.P.	—	—	1	—	—	—	—	—	1	—	1
Tuberculosis	—	—	—	—	—	—	—	55	—	55	55
Totals ...	69	72	146	190	91	136	37	131	343	529	872
	141		336		227		168		872		
	872										

Scarlet Fever.—Five hundred and forty-five cases were admitted during the year, compared with 228 in 1920, 205 in 1919 and 100 in 1918.

MONTHLY ADMISSION OF SCARLET FEVER CASES.

	Under 5 years.		From 5 to 10 years.		From 10 to 15 years.		15 years and upwards.		Total.
	M	F	M	F	M	F	M	F	
January	2	5	11	13	12	5	1	2	51
February	4	3	2	6	1	7	1	3	27
March	1	—	5	5	7	3	2	6	29
April	2	3	2	6	1	6	5	2	27
May	2	1	8	11	1	2	1	3	29
June	6	4	6	12	2	5	2	4	41
July	—	3	11	10	8	22	2	3	59
August	3	6	11	4	3	11	7	6	51
September	2	6	8	15	4	10	4	8	57
October	4	4	14	12	10	11	1	8	64
November	4	5	6	16	4	11	4	4	54
December	9	3	9	14	8	7	3	3	56
Totals ...	39	43	93	124	60	101	33	52	545

There was one death during the year, with a case mortality of 0·18 per cent.

The chief complications were Otorrhœa, 20; Heart trouble, 11; Nephritis, 8; Transient Albuminuria, 12; Glandular involvement, both simple and septic, 15; Rheumatism (Muscular), 4; Arthritis (simple), 3; Mastoiditis, 3; Bronchitis, 3.

One case proved to be incubating Chicken Pox.

Diphtheria.—Two hundred and sixty-three cases admitted during the year, compared with 220 in 1920, 273 in 1919, 180 in 1918.

MONTHLY ADMISSION OF DIPHTHERIA CASES.

	Under 5 years.		From 5 to 10 years.		From 10 to 15 years.		15 years and upwards.		Total.
	M	F	M	F	M	F	M	F	
January	3	3	8	9	5	4	—	3	35
February	4	3	4	7	1	4	1	2	26
March	2	2	5	4	4	1	—	2	20
April	—	4	1	3	2	2	1	2	15
May	1	1	2	2	1	—	—	1	8
June	2	4	2	1	2	3	—	—	14
July	2	—	7	7	2	2	—	—	20
August	4	1	2	3	4	3	—	1	18
September	2	1	5	4	2	9	1	6	30
October	5	6	6	9	1	2	—	2	31
November	2	2	6	8	4	1	1	—	24
December	3	—	3	6	2	3	—	5	22
Totals ...	30	27	51	63	30	34	4	24	263

There were 12 deaths during the year, equal to a case mortality of 4·5 per cent.

The chief complications were Otorrhœa, 11; Cardiac syncopal attacks, 20; Palatal Paralysis, 10; Strabismus, 6; Albuminuria, 7; Nephritis, 3; Adenitis, 2.

Of the cases admitted 16 had urgent Laryngeal involvement.

Two cases were so urgent that Tracheotomy had to be performed at once. Both cases recovered.

The fatal cases were mainly those who failed to have early medical attendance and consequent very late administration of Antitoxin Serum.

Three cases were found on admittance to have Scarlet Fever as a concurrent infection.

Staff.—One nurse contracted Diphtheria, and a nurse and one maid suffered from Scarlet Fever. One of the nurses contracted Erysipelas; a maid and a nurse Tonsilitis; and one of the maids developed Mastoiditis.

Swabs.—One thousand seven hundred swabs were taken and examined during the year.

SCHOOL MEDICAL SERVICE.

TO THE CHAIRMAN AND MEMBERS

OF THE

Walthamstow Education Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I beg to submit the Annual Report on the work of the School Medical Service as carried out in your District in 1921, under the Education (Administrative Provisions) Act, 1907.

In December, 1920, the Board of Education issued a Memorandum with suggestions as to the headings under which the Annual Reports of School Medical Officers should be made.

These instructions were very fully carried out in the Report submitted for 1920.

There has been no change in the routine medical work at the Schools or the Clinics, and no new service has been initiated in 1921, so that much of the information asked for by the Board of Education and given in last year's Report holds good for this and will not be reproduced.

With this reservation the present Report follows the lines laid down by the Central Authority.

From the perusal of the Official Statistical tables given at the end of the Report, all the Members can get a fairly correct appreciation of the work done here and the results of "following up."

Dr. Harding left your service in October, and fortunately Dr. Broderick, his successor, was able to commence duty a fortnight later, so that the requirements of the Code as to Medical Inspection were fully carried out.

The activities of the Clinics were not at any time interfered with.

The keeping of complete records of work done at the inspections and treatment Clinics for *individual* children, entails an amount of clerical work which cannot be justified as far as results are concerned.

The thing that matters is that every child needing treatment should have it, and not that the details of it should be recorded on a card.

For statistical purposes a complete medical record for each child during school life is no doubt of value, but unless the present clerical

staff is increased one cannot guarantee that all minor treatment given to each child will be recorded, and that full records for all children examined and found without defects are equally kept.

When a child leaves school his "Dossier" or half a dozen cards must either be stored away or later passed on to his panel doctor, to whom they would be neither useful nor helpful. In nine cases out of ten he could base no judgment on the facts disclosed.

If there were less routine inspections, indexing and tabulations of our school children, more time would be available for advice and treatment, and the money saved could be usefully employed in other directions.

It is a matter of great regret that on the grounds of "economy" the Board of Education refused sanction for the Physically Defective Centre, and have given instructions that the usefulness of the Myope Centre as it exists must be curtailed, while maintaining and insisting on services which could be very well scrapped.

I am pleased to acknowledge the valuable help given me throughout the year by the Head Teachers and their Staffs.

Their hearty co-operation in the work of Medical Inspection and in safeguarding the health of our school children was invaluable.

The Head Teachers show great discrimination in sending ailing and other children to the School Clinic, and thus helped to strengthen my views that under the control of the Teachers our school children maintain a better standard of health and more freedom from Infectious Diseases than when supervised only by the parents.

Mr. Longman, the Superintendent of Attendance Officers, has also been most helpful.

Gifted with an instinctive liking for children, he appreciates the objects of the School Medical Service, and he has freely and willingly entered into the spirit of the work and given all the co-operation and help which one could wish.

The School Medical Staff has served your Committee intelligently and faithfully, and has always willingly rendered me every assistance that could be reasonably asked for.

I beg to remain,

Ladies and Gentlemen,

Your obedient servant,

J. J. CLARKE.

Number of Schools and Accommodation.

	Boys	Girls	Infants	Mixed	Seating Accommodation Boys	Girls	Infants	Mixed
Provided	17	17	16	7	7491	7233	6834	2715
Non-provided	1	2	2	1	244	472	437	314
Special Schools—								
Mentally Defective ...	1	1	—	—	65	65	—	—
Deaf and Dumb ...	—	—	—	1	—	—	—	20
Myope Centre	—	—	—	1	—	—	—	120
Totals ...	19	20	18	10	7960	7890	7271	3169

	1921	1920
Number of children on Register, December 31st...	23,510	23,861
Average attendance	20,229	19,599
Percentage attendance	86·0	82·1
Census June population	127,441	132,771
Percentage of school children to population	18·3	18·0

FINANCIAL STATEMENT.

	1920. £ s. d.	1921. £ s. d.
Rateable value of District	505,182 0 0	511,535 0 0
The average cost of education per child :—		
(1) In the ordinary school ...	9 0 6	10 19 2¾
(2) Mentally Defective centre ...	30 17 0	37 13 1
(3) Deaf and Dumb centre ...	24 14 11	31 10 6¼
(4) In the Myope centre ...	21 8 6¾	32 3 10½
The education rate for—		
The half year ending March 31st...	0 1 3¾	0 2 5¼
„ „ „ Sept. 30th ...	0 2 1¼	0 2 4
„ „ „ March 31st, 1922 ...	2s. 5¼d.	
Total cost of medical inspection for the year	4,641 15 2	4,907 0 0
Grant towards the above for the year ending March, from Board of Education	1,707 17 8	2,297 0 0
Other receipts :—		
Medical treatment	123 14 1	104 2 7
Spectacles	53 10 3	50 1 8
Amount spent on repairs, improvements, etc., to schools for the year	8,554 11 1	8,370 0 0

REPORT OF THE WORK OF THE SCHOOL MEDICAL SERVICE.

Arranged According to the Suggestions made by the Board of Education, December, 1920.

1. STAFF.

The Staff consists of the School Medical Officer, who is also Medical Officer of Health, two Assistant School Doctors, a whole-time Dentist, a part-time Ophthalmic Surgeon, five School Nurses and a Dentist's Assistant.

2. CO-ORDINATION.

Co-ordination of the work of the School Medical Service with that of other health services is quite satisfactory.

The offices of School Medical Officer and Medical Officer of Health are held by the same person ; the services of the School Nurses and Health Visitors are interchangeable, and when necessity arises the services of both staffs are utilised wholly for Public Health or School work.

The services of the School Dentist and the Ophthalmic Surgeon are made use of for the treatment of children under 5 years of age and for Expectant or Nursing Mothers.

The Assistant School Medical Officers carry out Bacteriological Examinations for Public Health or School purposes, and make enquiries at the schools when epidemics affecting school children arise.

The School Medical Officer is Chairman of the Executive Committee of the Voluntary Child Welfare Association.

The work of this Society is carried out in close association with that undertaken by the District Council whose members form a majority of the Education Committee.

One of the Assistant School Medical Officers has acted as Physician to the Municipal Child Welfare Centre, and arrangements have been made for the appointment of an Assistant Medical Officer whose duties will embrace School Medical, Public Health and Child Welfare work.

There are no Nursery Schools in the Area. The parents of Debilitated Children are advised by the Health Visitors and School Nurses to seek advice from their family doctors. Failing this they are advised to attend one or other of the Child Welfare Centres, or to call on the Medical Officer of Health who deals with them under the Milk (Mothers and Children) Order, 1918, or procures for them letters for the Dispensary or Hospital.

3. THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.

School Hygiene.—The information asked for under this heading was given fully in last year's Report.

The School Buildings are under the constant supervision of the Education Committee's Architect, and are invariably well maintained.

A Sanitary Survey of all the buildings was carried out by the Public Health Authority, and the sanitary defects found were brought to the notice of the Education Committee.

These defects are generally remedied at once.

During the year over £8,000 were spent on the schools in general repairs, cleansing, etc.

Medical Inspection.—No change under this heading has taken place during 1921, and the information given in the previous year's Report holds good with the exception that Dr. Broderick (Dr. Harding's successor) practically devotes the whole of his time to School Work.

Upon a few occasions he has been called upon to take the Infant Consultations at the Child Welfare Centre, but not sufficiently often to disturb the routine work of Medical Inspection at the Schools.

The Education Committee has in contemplation the employment of the part-time services of another Medical Officer, and if this proposal meet with the approval of the Board of Education, a more satisfactory and efficient School Medical Service will be made possible, and greater control can be exercised over the children suffering from Defective Vision and Otorrhœa, without adding any additional expense to that already incurred.

Arising out of the School Medical Inspections 90 children were excluded under Article 53B for varying periods for the following causes:—

Sore Throat	19	Rhinitis	6
Tonsilitis	3	Pediculosis	2
Bronchitis	15	Ringworm	6
Heart Disease	1	Chorea	4
Pulmonary Disease ...	3	Mumps	1
Impetigo	3	Scarlatina...	3
Debility	4	Chicken Pox	1
Blepharitis	1	Various	18

The general health conditions and cleanliness of our school children may be judged from the foregoing table.

The number found suffering from conditions likely to spread disease among other children is comparatively small, although greater than in 1920.

The Head Teachers generally exercise very careful supervision of the children as may be seen from the numbers sent by them to the Clinic (Table VII.), more particularly those suspected of Sore Throat, Ringworm and Impetigo, conditions that might be the cause of serious illness to others or extended exclusions from schools.

5. REVIEW OF THE FACTS DISCLOSED BY MEDICAL INSPECTION.

Heights and Weights of Children Inspected.

	Age.	Average Height (inches).	Average Weight (pouuds).	Anthropometric Standard. Height.	Weight.
	A.				
Girls.	5–6 yrs.	42	39	40·44	37·74
	8–9 yrs.	49·5	53	46·94	49·95
	12–13 yrs.	56	76	55·48	73·86
	B.				
	5–6 yrs.	41·25	38	40·44	37·74
	8–9 yrs.	47	48·5	46·94	49·95
	12–13 yrs.	54·75	66	55·48	73·86
	A.				
Boys.	5–6 yrs.	42·25	41	40·68	36·68
	8–9 yrs.	48·5	52	47·39	52·05
	12–13 yrs.	53	72	54·88	72·66
	B.				
	5–6 yrs.	41	39	40·68	36·68
	8–9 yrs.	47	49	47·39	52·05
	12–13 yrs.	55	75	54·88	72·66

A—represents a school serving a good clean area.
B—one whose children are largely drawn from poor homes in mean streets.

Clothing, Footgear and Nutrition.

	Clothing.		Footgear.		Nutrition.	
	Satisfactory. per cent.	Unsatisfactory. per cent.	Satisfactory. per cent.	Unsatisfactory. per cent.	Excellent. per cent.	Normal. per cent.
ENTRANTS.						
A—Girls	100	—	100	—	25	75
B—Girls	90	10	87	13	21	79
A—Boys'	93	7	100	—	13	87
B—Boys	94	6	90	10	11	89
INTERMEDIATE.						
A—Girls	94	6	94	6	15	85
B—Girls	94	6	76	24	3	97
A—Boys	98	2	98	2	25	75
B—Boys	80	20	66	34	17	83
LEAVERS.						
A—Girls	100	—	100	—	38	62
B—Girls	83	17	88	12	4	96
A—Boys	100	—	98	2	21	91
B—Boys	76	24	75	25	6	94

The conditions found under these headings varied according to the location of the schools.

Taking two extremes—the very good and the very bad—the above were the findings.

It will be noticed that the Nutrition of a very large percentage of the children was excellent, and none below normal.

Uncleanliness.—Physical uncleanliness of head or body, or both, is met with in all schools.

The returns under this heading largely depend on the examiner's views. The presence of nits in children's hair is evidence of prior infestation with Pediculi, and although greater than one would wish, this condition is becoming less than in former years.

The children suffering from uncleanliness are generally those of very poor or feckless parents.

The causes are mainly due to economic conditions, which preclude the mothers from giving their children that constant care and attention which the well-to-do can afford.

Less than ·4 per cent. of the children inspected were found to have lice, and only 2 per cent. with nits in hair.

Taking the results of the systematic examinations of the School Nurses—these are carried out without previous notice to the child or the parent—it would appear that the presence of head lice varies from 6·7 per cent. in the worst school to ·7 in the best, and nits from 25 per cent. in the worst school to 1·4 in the best school.

Strange to say, one of the very cleanest schools, Girls and Infants, is in a very poor neighbourhood, but for general cleanliness Maynard Road School shows the best record for its Infants' Department—only ·7 per cent. were found with Pediculi and 1·4 with Nits.

On page 36 a summary of the work of the School Nurses in this direction will be found.

It will be noticed that some improvement has been effected as compared with 1920.

Minor Ailments.—The number of children found suffering with Minor Ailments on medical inspection is small as seen by the exclusions under Article 53 B shown on page 28.

This is what might be expected, as the teachers send all such children to the Clinic.

The findings on Table II. also indicate the keenness of the teachers in presenting this class of child for Special Examination.

The contrast between the numbers found suffering with Skin affections and External Eye Diseases at the Routine Medical Inspections, compared with those specially presented by the Teachers, shows that only a very few children are missed.

Tonsils and Adenoids.—Enlarged tonsils and adenoids were found in 8·7 per cent. of those examined. Of these 4·5 suffered to an extent that operation was advised; the others were kept under observation, and were dealt with subsequently as found necessary.

Of the 570 children so classified, and the 108 others found by Special Examinations, 413 were operated upon—401 under the Local Education Authority's Scheme and 12 elsewhere.

The Surgeons' classifications of these children were 326 operated on for Tonsils and Adenoids, 74 for Adenoids, and one for Enlarged Tonsils only.

Young children with Enlarged Tonsils have usually Adenoid tissue so enlarged that removal is advisable, but this is not always apparent at Medical Inspection.

There is a good deal of divergence of medical opinion as to the necessity for the removal of Tonsils of school children, and many parents consult me on this point before accepting the advice given them.

In some cases postponement of the proposed operation is sufficient to show that the parents' doubts are well founded, and unless there is good and obvious reason I seldom advise the removal of Tonsils.

The improvement in general health which follows the operation in the cases really needing it is so marked that some parents are anxious to have their children so dealt with without the slightest reason.

Other parents, on the contrary, have such strong prejudices against the operation that they require a good deal of persuasion to have it carried out.

On the whole, I think very few children here suffering from pathologically Enlarged Tonsils and Adenoid growths fail to have them removed.

Tuberculosis.—Seldom are children found attending school with definite well marked signs of Phthisis.

During the year four with no apparent symptoms, such as cough and expectoration, were discovered, and 14 others were gravely suspect and sent on to the Tuberculosis Officer.

Fifty-four other children had some suspicious signs of the disease, and were kept under observation and re-examined by the School Doctors at their subsequent visits.

Those not progressing satisfactorily were referred to Dr. Sorley.

The results of his examinations of the children between 5 and 14 years of age sent to him in 1921 were as follows :—

	Boys.	Girls.
Tuberculosis of Lungs	4	5
Probable suspected	—	—
No definite signs	29	17
Tubercular Glands	1	—
„ Spine	1	—

Skin Diseases.—Only a very small number of these were found on medical inspection. Ten children had slight Impetiginous Sores and three Ringworm of the Head. This is what one would expect since the Teachers have by experience become quite as familiar with these diseases and quite as keen in their cure as the School Nurses.

Impetiginous or Contagious Sores in children seem perennial. They cause discomfort and are unsightly, and account for a good deal of loss of school attendance.

All such children are sent to the Clinic for treatment.

It is not uncommon to find these Impetiginous Sores infected with Diphtheria Baccilli, and children so suffering have been known to cause virulent Diphtheria in others.

Were it not for the Teachers "diagnosing" these and similar diseases—a reprehensible practice as viewed by the Medical Officer to the Board in 1912—all the children in some of our schools would in turn suffer from them.

The number of children seen and treated for Ringworm was greater than in the previous year, but the condition in individual children was much milder and generally of shorter duration. Those requiring X Ray treatment numbered 29 as against 48 in 1920.

External Eye Diseases.—These were of a minor character and generally yielded to treatment administered at the Clinic. The diseases and the numbers of children so suffering are given on Table II.

Children with Corneal Ulcer are invariably sent by the Teachers to the Clinic upon the first appearance of symptoms, and this accounts for the few found at Medical Inspection. The treatment of this and other conditions of a serious nature is directed by Dr. Corbett.

Defects of Vision.—Table IV shows that 370 children or 9 per cent. of the total, excluding the infants, were found at the Routine Medical Inspection to be suffering from Defective Vision.

Most of these chiidren, together with 350 others, were subsequently seen at the School Clinic, and appointments were made for them to see the Ophthalmic Surgeon.

The total number treated for defective vision, 523—equal to 11 per cent of those examined, excluding those under 7 years of age—shows that probably all our school children with defective vision had suitable glasses prescribed for them.

Deafness and Ear Disease.—A greater number suffering from deafness was found during the year than in 1920, but for the more serious condition—Middle Ear Disease—the number was less. These numbered 70, and received treatment at the Dispensary under the Education Authority's Scheme. The total number of these children under treatment during the year was 147.

The results are not as satisfactory as one would wish, and the consequence is that a number leave school with permanent damage to their hearing powers.

Dental Defects.—The results of inspection by the Doctors and Dentists show that the dentures of the school children were better in 1921 than in 1920.

Among entrants examined, over 46 per cent. of the boys and 43 per cent. of the girls, as compared with 17 and 26 for 1920, were free from dental caries.

Among the leavers the figures were 43 and 45 as against 27 and 32 in 1920.

From the Dentist's Report on 3,140 children only 24 per cent. of boys and girls, aged 6 to 8 years, examined by her have sound healthy teeth.

The discrepancy between the views of the Doctors and Dentist shows the necessity for reserve in drawing conclusions from statistical data supplied by different observers.

To make parents realise the importance of early dental treatment for their children is very difficult.

As long as a child does not complain of severe toothache, although the mouth may be half full of septic teeth with roots ulcerating the gums, tonsils and throat inflamed, the child obviously suffering from general bad health due to pus absorbtion, yet it is difficult to get some parents to keep the appointments made for their children's treatment at the Clinic.

Much of the Dentist's time is in this way wasted.

No dentist can deal efficiently with more than 3,500 to 4,000 children a year, so the amount of necessary work left undone among our 24,000 school children can be appreciated.

Crippling Defects.—There were few found, and these are recorded on Table II.

Rickets is a disease seldom met with here, and only one case of Spinal Curvature was noted.

The number of children found with Organic Heart Disease was small, those with functional murmur numbered 101. These were kept under observation and the parents advised.

Many children of the latter group were found to have enlarged tonsils and septic teeth, and were of the rheumatic type.

With the removal of these obvious defects the children generally improve very quickly and reach normal conditions.

6. INFECTIOUS DISEASES.

The arrangements made for the detection and prevention of the spreading of these were given fully in the report for 1920.

No action was taken under Article 57, and none was necessary under 45 B.

The number of children excluded for varying periods under Article 53 B was 88. Of these only 14 were suspects or sufferers from Infectious Diseases.

The small number found at medical inspection is due to the supervision exercised by the Head Teachers and their promptness in sending all suspected cases to the School Doctor.

Arising from their action in this respect, 773 boys and 942 girls were excluded for varying periods for the conditions noted on Table VII.

Scarlet Fever prevalence continued from 1920 until the end of January, 1921, and was again epidemic in the last four months of the year.

The number of children suffering from Diphtheria, Clinical and Non-clinical, was considerably less than in 1920, and few cases of Measles and Whooping Cough arose.

With regard to Scarlet Fever and Diphtheria, their incidence is invariably greater following the school holidays than before.

This is due to the fact that a number of mild cases of these diseases occurring during the holidays fail to come to the knowledge of the Public Health Authority.

These children on returning to school readily act as foci of infection and transmit the diseases to susceptible children.

No children known to be sufferers from, or contacts with, Scarlet Fever and Diphtheria, are allowed to resume school attendance until seen by the School Medical Officer and certified as free from disease.

For this reason 727 children seen at the Clinic and 648 contacts, all of school age, were swabbed.

Otorrhœa infected with Diphtheria Baccilli has been found to be the only source of many cases of Scarlet Fever and Diphtheria arising in school children, and directly this condition was discovered, and the children so suffering were isolated, no further cases arose in the homes.

The following table gives the number of children suffering from the diseases named :—

	Scarlet Fever.	Diphtheria.	N.C.D.	Measles	Whooping Cough.
January . .	46	27	6	9	10
February ...	16	17	8	1	6
March ...	21	14	6	—	5
April ...	22	6	5	9	20
May ...	28	7	1	4	1
June ...	31	14	3	—	19
July ...	59	14	—	9	3
August ...	33	12	7	9	1
September ...	65	18	17	3	5
October ...	86	24	9	2	—
November ...	99	26	12	—	—
December ...	101	23	7	—	—
Totals ...	607	202	81	46	70

7. FOLLOWING UP.

Children with defects have " After Care Cards " made out for them at the time of inspection.

These are primarily filed under " schools."

Some six or eight weeks subsequently the doctor, on re-visiting, examines these children, and, if the Defects have not been remedied, the " After Care Cards " are passed on to the School Nurses, who visit the homes and advise the parents.

Failure is reported to the School Medical Officer, more particularly cases where the Defects are serious and likely to injure permanently the health of the children.

These are dealt with by invitations from the School Medical Officer for interviews with the parents, and generally the treatment required is carried out.

A few cases of persistent uncleanliness were dealt with by summons under the Attendance Bye Laws, and a very bad case of persistent neglect to keep children cleanly was dealt with in January, 1922, by the mother being sent to prison for two months.

During the year the Nurses paid 3,214 visits to the homes in connection with the following:—

Uncleanliness ...	74	Mumps	635
Defective Vision, ...	266	Chicken-pox ...	127
Tonsils and Adenoids...	199	Measles	47
Otorrhœa and Deafness	250	Scarlet Fever ...	363
Impetigo	12	Scabies	9
Defective Teeth ...	952	Ringworm	13
Whooping Cough ...	60	Various	207

The following is a summary of the School Nurses' work apart from home visits and routine medical inspection :—

Total number of visits to schools	398
Average number of visits for the year to each school ...	9
Total number of examinations for uncleanliness (Section 122, Children's Act)	105,544
Number of children found unclean	3,055
Number of notices sent to parents under the above Act ...	259

At the close of the school year, there were 2,419 children on the School Nurses' "Head Lists."

8. MEDICAL TREATMENT.

Minor Ailments are dealt with on four mornings and two afternoons weekly. They embrace a considerable number of conditions, the principal being Contagious and other Sores, External Eye Diseases, Ringworm, and slight injuries received in the playing field or yard.

A small charge is made for Ointments given, but not for treatment.

During the year 29 cases of Ringworm of the Head as compared with 47 in 1920 were treated by X Rays.

Varying charges according to the economic circumstances of the parents are made for this form of treatment.

The maximum period of exclusion from school of children so dealt with was 126 days and the minimum 28 days.

The average time from treatment to resumption of school work, worked out for all the cases, was 51 days.

From the view of School Attendance X Ray treatment has a good deal to recommend it—efficiency and quickness of result.

Prejudice against it on the part of the parents is much less than formerly.

The results in all the cases treated were very good, and only one child had severe Dermatitis which took a considerable time to get well.

Tonsils and Adenoids.—Four hundred and one children received treatment during 1921 for these conditions. Invariably the operation was satisfactory, and the results were very good.

There are no beds at the Dispensary, and children are taken to their homes within a few hours of the operation. So far nothing untoward has taken place, but the arrangement cannot be said to be entirely satisfactory. The School Nurse remains, if necessary, for some hours with cases presenting any difficulties after operation and has the children removed by cab to their homes.

The total cost for Operative Treatment to the Authority was—Tonsils and Adenoids, £385; Ringworm, £35; and the total receipts were £35 and £3 12s. respectively.

Tuberculosis.—Children suspected of, or suffering from, this disease are advised to consult their own doctors and to have treatment.

Failing this they are, if possible, placed under the Tuberculosis Officer.

During the year 176 children, aged 5 to 14 years, were seen by Dr. Sorley at the County Council's Tuberculosis Dispensary.

Of these, 35 boys and 22 girls were sent by the School Doctors, 32 children by the family doctors, and the remainder were contacts.

Of the school children referred by the School Doctors to the Tuberculosis Officer, 46 failed to give definite signs of the disease, 9 suffered from Tuberculosis of Lungs, 1 from Tuberculosis of the Hip, and one from Tubercular Glands.

The notifications of Tuberculosis received by the Medical Officer of Health for children between the ages of 5 and 14 were as follows:—

	Boys.	Girls.
Tuberculosis of the lungs	7	16
,, ,, ,, glands	3	1
,, ,, ,, hip	—	—
,, ,, other joints	1	1
,, ,, the spine	—	1
,, ,, other bones	1	—
,, ,, meninges	—	1
,, ,, peritoneum	—	—
,, ,, abdomen	1	—

Seventeen children of the Pulmonary type of the disease and 3 Non-pulmonary received treatment at the Sanatorium.

Vision.—No change in the methods employed for dealing with defective vision was made in 1921.

They were fully described in last year's report, and were found to be satisfactory.

Dr. Corbett, the Ophthalmic Surgeon, supplied the following report on the work carried out by him at the Eye Clinic:—

523 "New Class" attended the Clinic during the year—boys, 268; girls, 255.
510 children had impaired vision due to errors of refraction.
13 children had bad sight due to disease, injury or congenital defects.

As in previous Reports, the cases will be considered under three groups.

Group A.—External disease of the eye, including squint.

Group B.—Defective vision due to "errors of refraction."

Group C.—Defective sight due to diseases, etc.

Reference to Table I will show the nature of these defects and the sex incidences.

GROUP A.

TABLE I.

External Diseases, including Squint.

Disease.	Boys.	Girls.	Total.
Blepharitis	4 ...	4 ...	8
Phlyctæna	2 ...	4 ...	6
Nebulæ	6 ...	6 ...	12
Blepharospasm ...	3 ...	1 ...	4
Ptosis	— ...	1 ...	1
	15	16	31

Squint.

	Boys.	Girls.	Totals.
Convergent Squint ...	R = 19 ...	R = 10 ...	29
,,	L = 21 ...	L = 17 ...	38
Divergent Squint ...	R = 1 ...	— ...	1
,,	L = 1 ...	1 ...	2
Occasional Squint ...	R = 2 ...	— ...	2
,,	L = — ...	— ...	—
Alternating Squint ...	1 ...	— ...	1
	45	28	73

Seventy-two children or 14 per cent. of the total number examined had this deformity.

Boys show a higher percentage, 8·6 to girls 5·4.

GROUP B.

Defective Vision due to Errors of Refraction.

TABLE II.

	Totals.	Per cent.
Hypermetropia	235 ...	46·08
Hyp. Astigmatism	125 ...	24·51
Mixed Astigmatism	24 ...	4·70
Myopia	69 ...	13·53
Myopic Astigmatism	29 ...	5·68
Odd Eyes	28 ...	5·50
	510	100·00

Grouping Hypermetropia and Hypermetropic Astigmatism under the heading "Hypermetropia," and the four latter as "Myopia," we find that 70·52 per cent. come under the Hypermetropic Group and 29·41 per cent. under the Myopic Group.

TABLE III.

Sex Incidence.

	Boys.	Per cent.	Girls.	Per cent.	Totals.
Hypermetropia ...	123 ...	41·42 ...	112 ...	45·71 ...	235
Hyp. Astigmatism	67 ...	25·28 ...	58 ...	23·68 ...	125
Mixed Astigmatism	13 ...	4·90 ...	11 ...	4·49 ...	24
Myopia	36 ...	13·58 ...	33 ...	13·47 ...	69
Myopic Astigmatism	16 ...	6·04 ...	13 ...	5·31 ...	29
Odd Eyes ...	10 ...	3·78 ...	18 ...	7·34 ...	28
	265	95·00	245	100·00	510

Contrary to previous reports boys are in the preponderance, accounting for 52 per cent. of all the cases.

The girls show a slightly higher percentage of Hypermetropia, 72·39 per cent., to the boys 71·70 per cent.

The boys show a slightly higher percentage of Myopia, 28·30, to girls 27·61 per cent.

The visual acuity returns obtained for girls are, as a rule, worse on the average than for boys.

TABLE IV.

Age Incidence.

Age.	Hypermetropia.	Hyper-Astigmatism.	Myopic Group.	Totals.
5	11	6	1	18
6	20	5	—	25
7	22	11	3	36
8	41	30	27	98
9	28	17	15	60
10	21	11	10	42
11	31	6	11	48
12	34	33	49	116
13	27	7	33	67
	235	126	149	510

The above table shows the variation of the refractive error with age. Considering first Hypermetropia, neglecting oscillations, we find a decrease of from 61 to 40 per cent. in the nine years under consideration.

Hypermetropic Astigmatism shows a steady decline from 33 to 10 per cent. in the corresponding years.

Myopia, on the contrary, shows a steady increase from 6 to 50 per cent. in the years under consideration.

We are led to the conclusion that the diminution of the Hypermetropic Group has been due to their transference to the Myopic Group.

The Incidence of Serious Cases of Errors of Refraction.

This table deals with errors of refraction of five dioptres or more. With such errors of refraction, more particularly when associated with Astigmatism, visual acuity is much reduced, and with the most accurate correcting lenses vision is not brought up to the normal standard.

	Boys.	Girls.	Total.
Hypermetropia	10	6	16
Hypermetropic Astigmatism	23	12	35
Myopia	2	1	3
Myopic Astigmatism	2	1	3
	37	20	57

These 57 children, or 11·17 per cent. of the whole number of refraction cases, had an error of refraction of five or more dioptres.

Reference to the table shows their character and sex incidence.

The boys show a higher percentage, 12·14, as compared with 8 per cent. for girls.

GROUP C.

Defective Sight due to Disease, Congenital Defects or Injuries to the Eyes.

TABLE V.

	Boys.	Girls.	Totals.
Superficial Keratitis ...	—	4	4
Corneal Scars	—	2	2
Congenital Cataracts ...	—	1	1
Traumatic Cataract ...	—	1	1
Secondary Glaucoma ...	—	1	1
Coloboma Macular Area ...	1	1	2
Nystagmus	1	—	1
Iritis	1	—	1
	3	10	13

Most of these children were recommended for the Myopic Centre.

Dental Defects.—Very little treatment other than that provided by the School Medical Service is obtained for these.

A considerably greater amount could be done even with the present staff if the full co-operation of the parents were obtained.

Upon the slightest excuse, or none, the parents fail to keep appointments made for their children's treatment by the Dentist, and thus much of her valuable time is wasted.

The Scheme of the Authority follows the lines laid down by the Board of Education, and inspection and treatment of the 6 to 8 years of age group of children has been, as far as possible, carried out.

Mrs. Thorne, L.D.S., in her report states, "It would be advisable to extend the school inspection age group to include the entrants, thereby eliminating Caries and preventing irregularities in the permanent Dentition."

This view accounts for the inspection and treatment of 248 children under 6 years of age. Table IV. "D" gives details of the Dentist's work during the year.

Crippling Defects and Orthopædics.—The total number of children coming under this heading and attending our schools was 102, and those not attending number 60. "Crippling Defects" embrace very varying conditions extending from slight lameness due to Tubercular Hip to cases brought to school in spinal carriages.

The Local Invalid Childrens' Aid Society has a register of all crippled children in the district, and through its agency surgical boots and other instruments required by the children are obtained.

The Society is very active, and cases involving much expense unable to be borne by the parents, are brought before the Education Committee who deals with them under Section 13 (1) 6, of the Act of 1907.

Through the agency of the Society, 34 children had convalescent treatment. Two boys were away for one year and several children had stays of 2, 3 and 4 months at the seaside.

Provision of surgical boots cost the Society over £45, the parents contributing £125 6s. 9d. In the Society's Annual Report, the Hon. Secretary pays a compliment to the parents who make great sacrifices on behalf of their children. The various surgical instruments needed for crippled children are, in the Secretary's words, "things always expensive, slow to procure and constantly needing repair."

The disproportion in the amounts spent by the parents, the Society and the Education Committee is very marked.

Five per cent. of the cost is a very small portion of the burden shouldered by the Local Authority, and were it not for the difficulty in having to obtain sanction from the Board of Education for each individual child, for whom a surgical boot or other appliance is needed, the condition of many of these children would be much better than it is.

Many of the children are found wearing boots that are much too small for them and dilapitated instruments that no longer serve the purposes for which they were obtained.

Table III. shows the number of these children not attending School and I have referred in my foreword to the injustice done them in the name of "Economy."

9. OPEN AIR EDUCATION.

There is no open-air school in the district. A number of schools lend themselves to open-air instruction and teachers are encouraged to carry out this as far as our climate will allow.

A circular to this effect was issued by the Education Committee in April and a fair response was made, but its extension and universal adoption is a matter of time and education.

In some of the schools neither the central halls or the cloak rooms are found efficiently ventilated and the air is stuffy.

The Head Teachers appreciate in general terms the value of fresh air, but many will tell you they cannot tolerate draughts, and the general feeling of discomfort arising from a free use of open windows in the central halls.

Were the halls maintained as large reservoirs of fresh air and not places for working in by Head Teachers the "fresh air" condition of the class-rooms could be made to approximate that of the open.

School Journeys.—Although the district is burdened with an Education rate of 2s. 6d. in the £, permission was given to the Head Teacher of the Myope School for a school journey for the children under her charge. The children were taken to Hastings for a fortnight.

With a like enthusiasm the Head Teachers of the other special schools could probably take their children for similar outings.

The children were not seen (medically) before or after their journey, so I am unable to say what benefit they derived.

Miss Balls, the Head Teacher, kindly furnished me with a report, in which she says :—

"The benefits accruing from this expedition were threefold.

"There is no doubt that the general health of the children was improved both by the change of air and good and regular food.

"The educational value is enormous Powers of observation are trained as they could be in no other way. Information is gained which proves valuable throughout the school life of the child and rouses an interest which will lead him to seek for more knowledge at a later date. (Here I might say that in illustrating such a thing as a city wall and its uses in olden days, the wall round Hastings Castle has proved of inestimable value). This is only one of the countless instances that might be quoted.

"The first-hand knowledge then, forms an excellent basis for further instruction.

"The moral training afforded is enormous. Perhaps one of the greatest results from this is the development of the 'team spirit.' In such a large party each one must think of the rest, thus becoming thoughtful, unselfish and helpful. Then there are the habits of cleanliness, tidiness, quiet behaviour in the house and the proper use of knives and forks, etc., at meals. Quick children learn to be patient with the slow ones, and old ones with younger. Self-reliance and self-confidence are also possible to cultivate under such conditions. Last, but very important, each child realises that its teachers are its friends, and a relationship is established between pupil and teacher which will probably last a life time, and the child will realise that in joy or sorrow he will receive complete sympathy and, if necessary, advice.

"The total cost of the school journey was just under £96. The hostel expenses came to £68, and the rest was spent on travelling and local expenditure."

10. PHYSICAL TRAINING.

The School Medical Service is not associated with the work of physical training in the schools and there is no Area Organiser.

From observation of the children at physical exercises and drill at many of the schools the impression is left that before any real value is obtained from these by the pupils, most of the teachers should undergo some training and acquire a knowledge of the movements which they desire the children to undertake.

11. PROVISION OF MEALS.

Daily dinners are given to school children because of the poverty of the parents. Children apparently ill-nourished are sometimes referred by the Head Teachers to the School Medical Officer, and his recommendation is accepted by the Education Committee.

Less than half a dozen children have in this way received half a pint of milk daily for varying periods. To this extent the School Medical Service is associated with that of the provision of meals.

The School Medical Officer has visited the feeding centres at various times and was quite satisfied as to the amount, wholesomeness and suitability of the food provided for the children.

Teachers occasionally assist in supervising the children at their meals, and members of the Ladies' Committee do likewise, but more attention should be given to the amenities of the table and to the use of simple decorations in order that the educational value of the meals may be properly realised.

During the year 8,133 meals were given to our school children.

12. CO-OPERATION OF PARENTS.

Some parents who fail to be present at the medical inspection of their children object, in the first instance, to treatment of defects of vision. They cannot realise that such exist, and a similar difficulty arises in connection with Enlarged Tonsils and Adenoids.

If after two visits by the School Nurse treatment is not undertaken, the parents are invited by letter to see the School Medical Officer at his office.

Upon his demonstrating to them that the children suffer from defective vision, or that the tonsils need removal, compliance usually follows.

All parents are invited to be present at the medical inspection of their children.

At the examinations of the infants, 27 per cent. of the parents attend, of the boys and girls 30·8 per cent.

The presence of the parent generally ensures the necessary subsequent treatment without much trouble. Occasionally some parents consult the family doctor—and they are encouraged in this—before accepting the advice given, but generally the parents place much confidence in the school doctors and act as advised.

The great majority are keenly anxious to have obvious defects remedied.

All cases of Ringworm have had appropriate treatment, and the prejudice against X Ray treatment for Ringworm diminishes yearly.

Over 90 per cent. of the children found to have defective vision at the Routine and Special Examinations were seen by the Ophthalmic Surgeon and had appropriate glasses prescribed for them.

Nearly 70 per cent. of those with Dental defects had treatment, and of the 514 children with enlarged tonsils and adenoids, or both, 432 or 83 per cent. were operated on.

The co-operation of the Teachers and Attendance Officers, and their helpfulness in facilitating the work of Medical Inspection and treatment in 1921, in no way differed from that given in 1920.

So far, no voluntary workers have been enlisted in the after-care or visiting of children suffering from defects.

13. BLIND, DEAF AND DEFECTIVE CHILDREN.

There are three special day schools for these children.

The methods adopted for ascertaining and dealing with these children were fully set out in last year's Report, and have not varied in 1921.

The **Mentally Defective Children** attend Shernhall Special Schools.

They have free passes on the tramcars from and to their homes.

Attendance Officers supervise at various points on the tram route their coming and going to school.

They are taught, in addition to the usual elementary subjects, handwork such as rug making and mat making, and the older boys go to a Carpentry Centre and the girls to Cookery and Laundry.

A voluntary After-Care Society is in existence, but its operations are very limited.

There were 32 boys and 30 girls on the Register at the end of the year.

The school for the **Deaf and Dumb children** is situated in the centre of the district, and has accommodation for 20 children.

The number of pupils on the register at the end of the year was 14 boys and 8 girls.

Speech and lip reading are soon acquired by most of the children, and many attain a fair standard of education.

Their medical supervision is similar to that of the children in the ordinary schools.

Myope Centre.—The present buildings—wood and corrugated iron—were formerly used as an ordinary day school with a capacity for 120 children.

Its situation is convenient, the trams passing within a few hundred yards.

The surroundings are also good, and a considerable amount of land for gardening is allotted to the school.

During the year five boys and six girls were admitted, and three boys and one girl left. There are at present on the register the names of 53 children—boys 21 and girls 32. Five others have been refused admittance.

Of those attending, 23 are "blind" within the meaning of the Elementary Education (D. and E. Ch. A.) 1899, and are taught Braille and suitable manual occupations such as chair caning, basket work, and the use of the knitting machine.

The other children, apart from the special equipment supplied for them, learn to read and write in the ordinary way.

"Their manual work includes printing, woodwork (strip), bent ironwork, cardboard modelling, knitting and drawing.

In the summer of 1921 gardening was undertaken, and the results were good.

In March, 1922, with the consent of your Committee, Miss Arthurton, a teacher from the "Guild of Blind Gardeners," commenced to give gardening lessons, and the Head Teacher tells me that the pupils are greatly benefiting by the instruction.

The school journey of these children to Hastings has been reported upon by the Head Teacher, and there is little doubt she possesses all the qualifications which are so essential for a Head Teacher of a school of this kind.

14. EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

Bye-laws have been made by the Local Education Authority pursuant to the Provisions of the Employment of Children Act, 1903, as amended by the Education Act, 1918, regulating (*a*) the employment of children generally, and (*b*) street trading by persons under the age of 16 years.

During the year 374 children between the ages of 12 and 14 years were examined, and certificates granted them.

The children are employed in the delivery of milk, newspapers, parcels, and in assisting in shops.

The Bye-laws prescribe that the children do not work for more than four hours on Saturday and two hours on other days.

The views of the Assistant School Medical Officers are that such employment has no bad influence on the health of the children, and, like their class mates, show no particular signs of fatigue during school hours.

No boy or girl under the age of 15 years is permitted to carry on street trading.

No girl under 16 years shall be so employed unless in company with her parent or guardians, and no boy under 16 years shall be so employed unless he procures a badge for this purpose from the Education Authority.

During the year 28 of these were issued, and three expired in virtue of age of recipients.

TABLE I.

Number of Children Inspected, 1st January, 1921, to 31st December, 1921.

"A"—Routine Medical Inspection.

Age.	Entrants.				Inter-med'te Group	Leavers.					Grand Total.
	5	6	Other Ages.	Total.	8	12	13	14	Other Ages.	Total.	
Boys .	747	330	78	1155	1032	687	260	57	22	1026	3213
Girls .	697	360	81	1138	1073	823	206	56	24	1109	3320
Totals	1444	690	159	2293	2105	1510	466	113	46	2135	6533

"B"—Special Inspections.

	Special Cases.		Re-examinations (*i.e.*, No. of children re-examined).	
	At Schools.	At Clinic.	At Schools.	At Clinic.
Boys ...	79	2334	3109	9855
Girls. ...	102	2306	3046	8111
Totals ...	181	4640	6155	17966

"C"—Total Number of Individual Children Inspected by the Medical Officer, whether as Routine or Special Cases (no Child being counted more than once in one year).

No. of Individual Children Inspected.
*11354

*The number 4,640 included in the figure 11,354 must not be accepted as for **individual children.**

During the whole year the records at the School Clinic were not kept in such a way as to indicate "individual children" but rather "new cases." Among the latter, no doubt, were children who had been treated at different times for dissimilar defects and counted as new cases.

Probably the figure 4,640 is from 5 to 10 per cent. in excess for **individual children.**

This probable error will in future be eliminated as each school child is now provided with a continuous record card.

TABLE II.

Return of defects found in the course of Medical Inspection in 1921.

Defects or Disease.		Routine Inspections.		Specials.	
		Number referred for treatment.	Number requiring to be kept under observation but not referred for treatment.	Number referred for treatment.	Number requiring to be kept under observation but not referred for treatment.
1		2	3	4	5
Malnutrition		6	8	1	—
Uncleanliness, Head Pediculi		18	—	—	—
,, ,, Nits		67	67	21	—
,, Body		5	2	—	—
Skin.	Ringworm, Head	3	—	121	—
	,, Body	—	—	122	—
	Scabies	1	—	68	—
	Impetigo	10	—	522	—
	Other Diseases (Non-Tubercular) ...	6	3	9	—
Eye.	Blepharitis	17	—	50	—
	Conjunctivitis	3	—	145	—
	Keratitis	—	—	—	—
	Corneal Ulcer	—	—	12	—
	,, Opacities	1	—	—	—
	Defective Vision	370	5	350	3
	Squint	15	—	1	—
	Other Conditions	1	1	1	—
Ear.	Defective Hearing	208	45	4	—
	Otitis Media	70	—	68	—
	Other Ear Disease	12	—	7	—
Nose and Throat.	Enlarged Tonsils	214	237	98	—
	Adenoids	60	15	5	—
	Tonsils and Adenoids	32	12	5	—
	Other Conditions	9	9	110	—
Enlarged Cervical Glands (Non-Tubercular)		—	26	—	20
Defective Speech		2	7	—	3
Teeth—(see Table IV.)		—	—	—	—
Heart and Circulation.	Heart Disease, Organic	—	14	—	—
	,, ,, Functional	—	101	—	11
	Anæmia	—	5	—	—
Lungs.	Bronchitis and Bronchial Catarrh ...	8	71	20	3
	Other Non-Tubercular Diseases ...	2	—	—	—
Tuberculosis.	Pulmonary Definite	4	6	—	—
	,, Suspected	14	54	2	3
	Non-Pulmonary Glands	2	16	—	1
	,, Spine	—	—	—	—
	,, Hip	—	—	—	—
	,, Other Bones & Joints	1	1	—	—
	,, Skin	—	—	—	—
	,, Other Forms ...	—	—	—	—
Nervous System.	Epilepsy	3	3	—	1
	Chorea	1	1	1	—
	Other Conditions	6	5	1	—
Deformities.	Rickets	1	—	—	1
	Spinal Curvature	—	1	1	—
	Other Forms	2	7	—	—
Other Defects or Diseases		21	31	308	7
Number of Individual Children having Defects which required Treatment or to be Kept Under Observation ..					5994

TABLE III.

Numerical Return of all Exceptional Children in the Area in 1921.

			Boys.	Girls.	Totals.
Blind (including partially blind), within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893		Attending Public Elementary Schools	—	—	—
		Attending Certified Schools for Blind	2	1	3
		Not at School	—	—	—
		Myope Centre	21	32	53
Deaf and Dumb (including partially deaf), within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.		Attending Public Elementary Schools	—	—	—
		Attending Certified Schools for Deaf	15	8	23
		Not at School	—	—	—
Mentally Deficient	Feeble Minded	Attending Public Elementary Schools	—	—	—
		Attending Certified Schools for Mentally Defective Children	32	28	60
		Notified to the Local Control Authority by Local Education Authority during the year :—			
		Imbeciles	2	1	3
		Idiots	—	—	—
		Not at School	—	—	—
	Imbeciles	Not at School	5	1	6
		At School	—	—	—
	Idiots	... ...	—	—	—
Epileptics		Attending Public Elementary Schools	17	19	36
		Attending Certified Schools for Epileptics	—	—	—
		In Institutions other than Certified Schools	—	—	—
		Not at Schools	—	—	—
Physically Defective	Pulmonary Tuberculosis	Attending Public Elementary Schools	15	9	24
		Attending Certified Schools for Physically Defective	—	—	—
		In Institutions other than Certified Schools	5	0	5
		Not at School	5	4	9
	Crippling due to Tuberculosis	Attending Public Elementary Schools	39	20	59
		Attending Certified Schools for Physically Defective Children ...	1	1	2
		In Institutions other than Certified Schools	—	—	—
		Not at School	16	17	33
	Crippling due to causes other than Tuberculosis, i.e., Paralysis, Rickets, Traumatism	Attending Public Elementary Schools	25	18	43
		Attending Certified Schools for Physically Defective Children ...	—	—	—
		In Institutions other than Certified Schools	—	—	—
		Not at School	17	10	27
	Other Physical Defectives, e.g., delicate and other children suitable for admission to Open-Air Schools; children suffering from severe heart disease.	Attending Public Elementary Schools	120	210	330
		Attending Open-Air Schools ...	—	—	—
		Attending Certified Schools for Physically Defective Children other than Open-air Schools	—	—	—
		Not at School	—	—	—
Dull or Backward		Retarded 2 years	272	266	538
		Retarded 3 years	63	60	123

TABLE IV.

Treatment of Defects of Children during 1921.

"A"—Treatment of Minor Ailments.

Disease or Defect.	Number of Children			
	Referred for Treatment.	Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Totals.
Skin—				
Ringworm—Head ...	131	121	10	131
Ringworm—Body ...	122	122	—	122
Scabies	68	68	—	68
Impetigo	645	592	53	645
Minor Injuries	10	10	—	10
Other skin diseases ...	12	12	—	12
Ear Disease	395	284	35	319
Eye Disease (external and other)	244	207	37	244
Miscellaneous	80	66	14	80

"B"—Treatment of Visual Defect.

Number of Children									
Referred for Refraction.	Submitted to Refraction.				For whom Glasses were prescribed.	Number who obtained Glasses.	Recommended for Treatment other than by Glasses.	Received other Forms of Treatment.	For whom no Treatment was considered necessary.
	Under Local Education Authority's Scheme—Clinic or Hospital.	By Private Practitioner or Hospital.	Otherwise.	Total.					
720	592	7	—	599	672	660	12	10	62

"C"—Treatment of Defects of Nose and Throat.

Number of Children				
Referred for Treatment.	Received Operative Treatment.			Received other Forms of Treatment.
	Under Local Education Authority's Scheme—Clinic or Hospital.	By Private Practitioner or Hospital.	Total.	
531	401	12	413	—

"D"—Treatment of Dental Defects.

1.—Number of Children dealt with.

	Age Groups.										"Specials."	Totals.
	5	6	7	8	9	10	11	12	13	14		
(*a*) Inspected by Dentist :												
Clinic	248	372	298	449	243	133	149	237	153	24	5	2311
Schools	...	...	...	...	...	...	...	...	...	...	...	3140
(*b*) Referred for treatment											(*b*)	4752
(*c*) Actually treated ...											(*c*)	3217
(*d*) Re-treated (result of periodical examination) ...											(*d*)	—

2.—Particulars of Time given and of Operations undertaken.

No. of Half-Days devoted to Inspection.	No. of Half-Days devoted to Treatment.	Total No. of Attendances made by the Children at the Clinic.	No. of Permanent Teeth.		No. of Temporary Teeth.		Total No. of Fillings.	No. of Administrations of General Anæsthetics included in (4) and (6).	No. of other Operations.	
			Extracted.	Filled.	Extracted.	Filled.			Prohylatic Treatment.	Dressings, etc.
(1)	(2)	(3)	(4)	(5	(6)	(7)	(8)	(9)	(10)	(11)
32	413	3422	919	549	6971	1514	2063	2439	53	312

TABLE V.

Summary of Treatment of Defects as shown in Table IV (A, B, C, D and F, but excluding E).

Disease or Defect.	Number of Children			
	Referred for Treatment.	Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Totals.
Minor Ailments	1707	1482	149	1631
Visual Defects	720	592	7	599
Defects of Nose and Throat...	531	401	12	413
Dental Defects	4752	3217	48	3265
Other Defects	21	12	—	12
Totals	7731	5704	216	5920

TABLE VI.

Summary Relating to Children Medically Inspected at the Routine Inspections during the year 1921.

(1)	The total number of children medically inspected at the routine inspections	6,533
(2)	The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment)	676
(3)	The number of children in (1) suffering from—	
	Malnutrition	14
	Skin Disease	20
	Defective Vision (including squint)	390
	Eye Disease	23
	Defective Hearing	253
	Ear Disease	82
	Nose and Throat Disease	588
	Enlarged Cervical Glands (non-tubercular)...	26
	Defective Speech	9
	Dental Disease	1,642
	Heart Disease—	
	Organic	14
	Functional	101
	Anæmia	5
	Lung Disease (non-tubercular)	81
	Tuberculosis—	
	Pulmonary { definite	10
	Pulmonary { suspected	68
	Non-pulmonary	28
	Disease of the Nervous System	19
	Deformities	11
	Other defects and diseases	52
(4)	The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, etc.)	2,489
(5)	The number of children in (4) who received treatment for one or more defects (excluding uncleanliness, defective clothing, etc.)	1,129

"Specials" should not be included in this Table.

TABLE VII.

Statement of Defects for which attendances were made by Children at School Clinic during 1921.

Conditions.	First Inspection.				Re-inspections.	
	No. Excluded under Art. 53B.		No. to Return to School.			
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Ringworm	62	59	62	60	1587	1398
Scabies	18	38	3	9	192	462
Impetigo	5	4	18	20	26	21
Impetigo, Sores, etc., treated ...	98	68	249	130	2597	1092
Skin	5	6	60	74	275	245
Verminous Head, etc.	—	11	4	17	10	292
Sore Throat...	251	384	151	152	605	857
Discharging Ears and Deafness at Dispensary	7	12	126	88	2433	2084
Defective Vision	2	1	199	218	31	27
External Eye Diseases	27	30	81	69	1113	900
Tonsils and Adenoids	3	4	199	114	102	123
Mumps	72	81	7	12	24	34
Various	223	244	484	401	860	576
Totals	773	942	1561	1364	9855	8111
	4640				17966	

Number of children seen at first inspection	4640
„ „ sent by Attendance Officers and Attendance Committees	204
„ attendances made by children	22606
„ children sent by Head Teachers	4426
„ swabs taken	727
„ specimens of hair examined for Ringworm... ...	10
„ operated on for Tonsils and Adenoids	432
„ children X-rayed	29
„ „ seen by Dr. Corbett—new cases	530
„ „ prescribed for...	672
Total inspections	3121