

Report of E. Nettleship on ophthalmia at the school in Hanwell.

Contributors

Nettleship, Edward, 1845-1913.
Ophthalmological Society of the United Kingdom. Library
University College, London. Library Services

Publication/Creation

London : Ash & Co., 1888.

Persistent URL

<https://wellcomecollection.org/works/c2ydsufg>

Provider

University College London

License and attribution

This material has been provided by This material has been provided by UCL Library Services. The original may be consulted at UCL (University College London) where the originals may be consulted.

This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

⑨

REPORT

OF

E. NETTLESHIP, ESQ., F.R.C.S.,

ON THE SUBJECT OF

OPHTHALMIA

AT THE SCHOOL AT HANWELL.

(REPORT PRESENTED DECEMBER 13TH, 1888).

To the Managers of the Central London District School.

GENTLEMEN,

In accordance with your wish, I beg to present a Report of my visit to your School in reference to Ophthalmia and other matters connected with that disease.

My visit was made on Monday, 10th instant, when, with the assistance of Dr. Litteljohn, I went over the most important parts of the premises and personally examined the eyes of about 885 of the children. I did not examine the children who were at work, those in the probation house, nor those (about 80 in number¹) who were in the Infirmary for other causes

¹ This number (about 7 per cent) of children invalided for diseases other than Ophthalmia, was composed chiefly of cases of Ringworm (about 40 cases), and of Mumps (about 18). Ringworm, like Ophthalmia, is excessively difficult to banish when it has once got a hold. No child with Ringworm should ever be allowed to enter the School.

1150 / 885 (7.04) 6/5
 505
 3000

177
 885 / 1150 (1)
 259
 25

than Ophthalmia, making about 250 in all, the grand total of the School being about 1150.

I found 134 children separated for Ophthalmia, 84 being in the Infirmary, and 100 in the iron shed. Dr. Litteljohn would separate many more if he had a place to keep them in, but he has accommodation for only 134. He was also treating as out-patients about 80 others, whose eyes were somewhat less affected, but were unsafe.

In addition to the $134 + 80 = 214$ children actually in Dr. Litteljohn's hands for Ophthalmia, I chose out about 160 more as being in my opinion unsafe, and Dr. Litteljohn was good enough to take down the names of these children.

According to my estimate, therefore, you have $134 + 80 + 161 = 375$ children, whose eyes are in a state requiring them to be separated—say one-third of the entire School.

These 375 were classed as follows:—

Boys (above 7)	141	}	375
Girls and Infants	{	Girls ... about 120	}	234		
		Infants, about 114				

I saw no severe eye cases in the School, although some rather severe ones have occurred of late. The eyes even of those whom I found affected would compare favourably with what I have seen from time to time in some other Schools, where perhaps less Ophthalmia was admitted to be present than at Hanwell. For this *comparative mildness* of the disease you have to thank Dr. Litteljohn's personal treatment; for the large *quantity of acknowledged* eye-disease, you must, in great measure, thank his unflinching honesty.

But, though there are scarcely any very bad eye cases in your Schools, the number of children with really healthy eyelids I found to be very discouragingly small; and Dr. Litteljohn told me that the healthy eyes had greatly diminished in number during the last few months. Indeed, as you well know, both the quantity and the severity of the cases of Ophthalmia in your School has risen in a serious degree during the last two

years or so. It is difficult to account for this, since the Medical vigilance seems to have been unflagging, and the numbers in the School have of late years rather gone down than up, and have seldom exceeded, and often been somewhat less than the official maximum.

Probably no single cause is to blame.

At the time of my visit, the "Intermediate" children (from 7 to 9 years old), about 66 in number, showed the smallest proportion of unhealthy eyes (14 in 66). Dr. Litteljohn said, that the Infants proper (under 7) had lost much ground as regards the number of healthy eyes during the last three months. The "Intermediates," though using the same playground as the Girls and Infants, sleep separately, school separately, and wash separately. The "Boys" of the higher educational standards come next to the "Intermediates" in Ophthalmic merit.

(i.) The first recommendation I have to make, therefore, is, that nearly 400 of your children (say one-third of the entire School) should be separated from the rest if you wish to do the best that can be done to rid your School of chronic granular Ophthalmia. Though such a plan should not be looked upon as permanent, I do not think that you should prescribe to yourselves any fixed period. Within a few months you might hope to reduce the numbers decidedly; but such reduction would go on at a slower rate afterwards, and even at the end of, say two years, there would be a residue composed partly of the cases originally isolated, and partly of others subsequently sent from the Schools. You need not devise any plan yet for dealing with such residual cases; I merely wish to impress upon you the futility of expecting to be completely rid of the disease in any specified time.

I hoped, from what I heard at your Sub-Committee on the 5th inst., that this "Isolation School" could be carried out as well on your own estate as at a distance from it. I now, how-

ever, believe that you would do best to have the "Isolation School" on separate premises, at some distance from Hanwell, if you can acquire either a suitable building ready to hand, or ground on which temporary huts could be built. The children left behind at Hanwell would, I think, be more easily kept free from disease; the important alterations and additions contemplated could be much more readily carried out; and, perhaps, the Ophthalmic children themselves would do better if the Isolation School were situated on a site drier and higher than Hanwell.

But if no distant site can be obtained, I would urge the establishment of the Isolation School on your own estate, as far as may be from the ordinary Schools.

It would, of course, be understood that the Isolation School should be a *School*,—not an Infirmary, or mere Convalescent Home,—but a School, with a Medical Officer attached. There should be regular teaching, but more time be spent out of doors than in the ordinary school¹.

I believe I need not hesitate in advising a measure so radical, and one which must necessarily be costly. The attitude of your Board towards the whole subject of the children's health justifies me in believing that you are determined, from the present time, to place the schools which contain the children of the City of London where they ought to be—in the forefront of all such Metropolitan institutions. Nor need I say much about the gravity of the particular disease in question, or the extraordinary difficulty of eradicating it when it has obtained a firm hold. The direct and indirect evils of Ophthalmia have been insisted upon over and over again².

¹ With a willing and active staff, not too trammelled by official routine, a good deal of school teaching may be given in the open air in the warm half of the year.

² Chronic Ophthalmia wastes the child's time at school, and therefore keeps him at a lower grade of education than that in which he should be. The disease often remains active, with intervals of comparative cure, for

The difficulties of dealing with Ophthalmia are met with at every turn. That a Medical Officer so indefatigable, skilful, and enthusiastic as Dr. Litteljohn should have worked—as we all know that he has worked—against the disease for twenty years with such incomplete success is proof enough that additional measures must be taken. The Managers of such schools have, I am sure, been too apt to think that they had only to do some certain thing or things recommended by a particular adviser in order to be freed from Ophthalmia for good and all. The truth is, *that there is no panacea* for Ophthalmia; had there been one, the disease would have been stamped out long ago from all the schools. *Ophthalmia is the touchstone of the general healthiness of an institution.* Where many persons are herded together, their *eyelids* shew, sooner and more certainly than any other part, if the conditions of vigorous health are not complied with. The disease used to be common, and very destructive in the Army and Navy, but has been virtually abolished from both by the adoption of vigorous and continuous methods for general improvement, and for prevention of infection. The disease is, however, still abundant in many schools for pauper children; and although its *severity* has been immensely reduced in all such schools, the conditions for severe outbreaks are still present in such a school as yours, and they would soon become effective if your chronic repressive system were relaxed.

Further, if the disease is to be reduced to the lowest possible point, it will be necessary:—

many years after the child leaves the school. It is no uncommon thing at our Eye Hospitals and Eye Departments at general Hospitals, to see young men and women of from 20 to 30, whose life has been made miserable, and their livelihood meagre and precarious in the extreme, by frequent relapses of granular Ophthalmia, which was first contracted in a Poor Law School. I now, for many years past, have always taken for granted that every young adult with granular lids at Hospital got the disease at such a school, and in nine cases out of ten enquiry proves the correctness of this assumption.

(ii.) To adopt every means that can possibly be compassed for the improvement of the general physical and mental vigour of the children.

Incessant attention must also in the future, as hitherto, be bestowed on the following points:—

(iii.) The exclusion from the school of every child affected with definite Ophthalmia, or with chronic granular lids. This implies

(iv.) Quarantine at the school, such as you now have. On all grounds, it would be an advantage if the children could also be kept in quarantine for some days (say a week) at the Workhouses before being sent to the school. It might be good, in addition, to give the Medical Officer at the school power to return any child who, within one or two days of being sent to the school, shewed signs of Ophthalmia, or of any local contagious disease; but I am not certain whether such a regulation would work well.

(v.) Frequent inspection of the eyes and skin of every child in the school (not less often than once a week) by the Medical Officer.

(vi.) Immediate isolation of affected children.

(vii.) Efficient and skilful Medical treatment. The treatment carried out by Dr. Litteljohn is the same, both in principle and detail, as that in use at all the best Ophthalmic Hospitals in our country and abroad. I really have nothing to suggest by way of improvement.

When all the above conditions have been complied with, however, you will still get occasional slight outbreaks of acute Ophthalmia; but such outbreaks will be troublesome and serious chiefly in proportion to the previous healthiness or unhealthiness of the children's eyelids—and this, as already stated, is chiefly a matter of general good health and good hygiene.

Such outbreaks of mild acute Ophthalmia depend upon various causes, some of which will doubtless remain beyond

control—*e.g.*, sudden alterations of weather or humidity, outbreaks of measles, &c. Such mild outbreaks occur from time to time in schools of all grades up to the highest public schools; but they give comparatively little trouble in such schools, because the soil which receives the seed is less favourable to luxuriant and perennial disease than it is in such schools as yours.

I must refer in more detail to the chief general improvements (ii. p. 8) that seem to me to be required at Hanwell; and reference may here also be made to the large schemes for alterations and improvements which have been either decided upon, or are under discussion.

A. In the first place, your arrangements for infants want very great improvement, and I believe the best thing you can do is to build a new school for them quite separate from the present block. Probably those now called Intermediate Children should be included in this school.

B. The present school-rooms and class-rooms for boys and girls are very unsatisfactory, and I hope that the plan of building new Schoolrooms on the newly-bought land beyond the present block may be carried out. I also quite approve of the construction of a large swimming bath.

C. Of the general dormitories only those on the top corridor seem to be really satisfactory; no others are properly ventilated, and no others are warmed by hot water pipes in addition to fire places. The three top or attic corridors, with their enormous number of beds, low sloping roof, wrong ventilation, washed instead of polished floors, and other structural defects, are very unsatisfactory. The defects in these, and also in the dormitories of the first floor and ground floor, have been repeatedly pointed out by Dr. Bridges and Dr. Litteljohn. If cross ventilation could be obtained for those on the first and ground floors either by Dr. Bridges' scheme of cutting openings across them at intervals in the main front, or by some other radical re-arrangement, they would be tolerably satisfactory.

There are some other matters either of structure or administration to which I should now like to draw your attention.

D. Throughout your School hardly any attempt seems to be made to treat the children otherwise than collectively. They have large yards, large play rooms, sufficient grass fields, and an insufficient swimming bath; but I understand they are not encouraged or taught to play games. They have practically no gymnastic apparatus; hardly a boy, and not a single girl can swim; the girls are not taught, even if they are allowed, to knit or crochete. I saw but little evidence of girls having boxes, &c., for keeping their little things in. I do not know whether any of the children have patches of garden. I should like to see all the children taught, and made to learn, cricket, football, hockey, and other suitable out-door exercises, and to do simple gymnastics. They should be made to swim. The girls should be taught knitting, and they should have a reading room as the boys have. Children, especially children of this sort, will no more take spontaneously to recreative exercises and games than they will spontaneously learn to read or write. I should like to see much more use made of the School grounds and grass fields for exercise in groups, and for games the children should be more broken up into groups than they are. Though I advocate a separate building for the infants, I should still let them be attended to as much as possible, and probably more than at present, by the big girls.

E. I do not think the washing arrangements very good. I understand that, *e.g.* the boys, whilst waiting to go in batches of 60 into their lavatory, are all huddled together in their School room, where some of them have to stay, perhaps, three quarters of an hour waiting their turn. This occurs, I suppose, twice if not three times a day. There seems no sufficient reason why they should not be called in in batches from the yard, where they could play till their turn came and afterwards. External cleanliness is good, but fresh air is much better.

I incline to agree with Dr. Litteljohn that the present towel

system probably in great measure defeats its own object, not from carelessness in the laundry, but simply owing to the immense numbers; and that some of the plans which aim at a less frequent change of towels, though theoretically less perfect, would be more compatible with efficient laundry washing.

F. It is a question whether the elder boys and girls who are employed at work should also be required to attend school every day. Their physical vigour would be certainly better under the ordinary plan of school and work on alternate days.

G. The girls' and infants' day-room should have seats round the walls, as in the boys' day-rooms. It would be a good thing if you could find any material as serviceable as, but less badly smelling than, corduroy. Stouter boots, or a larger supply, are needed to allow of proper exercise in winter. Of minor points may be mentioned the want of a wire or wicker basket at the foot of the bed for containing clothes; the want of night shirts—a want which I understand, is about to be supplied. I am not sure that the blankets which I saw would be enough in cold weather.

Perhaps I may mention, without conveying the slightest reflection on either your present or past Officers, that the Superintendent of the Anerley School (Mr. Marsland) has had exceptional experience as to the best modes of carrying out many of the points referred to in *D—G*; I am sure that he would be willing to answer any enquiries.

I am, Gentlemen,

Your obedient servant,

E. NETTLESHIP.

December 13th, 1888.



was about four months. (d) Eight cases were admitted from the School suffering from various forms of "*phlyctenular*" inflammation, a disease which, though bearing some superficial resemblance to Pauper School Ophthalmia, is essentially different from it. This form of inflammation, it may be noted, is very apt to make its appearance here at Hanwell whenever north or northerly winds are prevalent. (e) Five children were admitted with *ulcers* of the transparent part of the eye (cornea); this condition, again, has no relation (in these cases at least) to ordinary Ophthalmia. (f) Lastly, two children were admitted from the School suffering from bad *styes*.

(2) Ten children have been admitted into the Isolation School direct from Probation.

(3) Thirty-one cases of Ophthalmia were, it will be remembered, admitted direct to the Isolation School from the Newington Workhouse and St. Saviour's Infirmary, on 17th November, 1890; a single case, a belated member of the same batch, was admitted in a similar manner on December 17th, 1890.

(4) One boy (Walter Hurley), who had been sent direct to the "Exmouth" on October 8th, 1890, was returned, after an absence of four months, on December 17th, 1890. Presumably it was thought that his lids were again bad. As a matter of fact, however, he had received an injury to his right eye while on the ship. An ulcer of the cornea had been set up. Moreover, on his return to the Isolation School, I found that his lids—for which he had been treated here—were in as good a condition as when he left.

Since June 9th, 1890, 152 children have been discharged from the Isolation School. The discharge-table shows that 47 of these have been sent direct into the School proper. 43

out of the 47 were discharged prior to my Report of October 27th, 1890. In that Report, it may be remembered, I advised your Board that it was not wise to discharge any cured cases from the Ophthalmic School until the alterations in the main School buildings were completed. I pointed out that cured cases, if exposed to the insanitary influences of the old School, were very liable indeed again to become diseased. Your Board assented to this course of inaction. The cured cases are still in the Isolation School. The alterations are not yet completed; and, until such time as they are, I shall discharge no more children.

And now a word in regard to the 32 girls who have been sent away to service direct from the Isolation School. Deeming it a matter of considerable importance and of much interest to ascertain their present condition, I have, within the last three weeks, personally visited and examined 29 of them; the 3 girls I have not seen are beyond reach at Eastbourne, etc. In general terms, I may at once say that their present state is very satisfactory, for, out of the 29, I found only three cases in which the eyes threaten to give any further trouble. The remainder, 26 in number, remain quiescent. In the three unsatisfactory cases, it is by no means certain that eventual trouble will ensue, and it is for this reason that I use the word "threaten"; in any circumstances, I shall, of course, see these girls at intervals. Considering the treacherous nature of the disease (which, when once it has fastened in a severe form upon a patient, is not only very difficult to get rid of, but which, even when apparently cured, is liable to recur with the lapse of time), I am justified, I think, in regarding this result (which is equal to 90 per cent. of permanent cures) as exceptionally encouraging. Some of these girls furnished, indeed, the worst examples of "Granular Lids" with which

I have had to deal here, and it is precisely this kind of case which is so likely to give future trouble. In estimating this result, it is necessary, therefore, to have all these factors in mind.

Thirty boys have been discharged direct to the "Exmouth," Boys' Home, and so forth. I have seen some of these since they left the Isolation School; my time, unfortunately, has been too limited to permit me to undertake any visitation such as that carried out in the case of the girls. I have no doubt, however, that the large majority of them keep well.

No remarks are called for upon the other discharges.

RELAPSES.

By the word "*relapse*" I mean an attack of more or less acute inflammation of the lining of the eyelids (conjunctiva) occurring among cases already isolated and under treatment. "*Recurrence*," as pointed out above, possesses, in my mind at least, a totally different meaning; it indicates that a growth of granular bodies has gradually taken place in the conjunctiva of a patient who has been discharged into the School. To avoid confusion, this difference in meaning should be borne in mind. The onset of a relapse is generally observed when the child awakes in the morning; the patient's eye (for usually, at first at least, one eye alone is affected) is seen to be red. This redness may pass away in the course of a day or so, and do no damage. It may, however, become more pronounced, and, after persisting for some weeks, the acute symptoms may subside, leaving the eyelids rougher and more granular than they were before. And it is this last contingency which gives to relapses their serious significance.

In a report of June 9th, 1890 (printed by order of your Board), I stated that during the preceding year 248 relapses had occurred in 134 children, and that many of the earlier relapses presented a severe grade of inflammation. Further, I wrote: "*It is futile to hope that we shall be perfectly free from relapses, though I trust the sanitary advantages and the more perfect segregation afforded by the new Isolation School will very much reduce their frequency and severity.*" This prediction has been verified in the sequel, for since our occupancy of the Isolation School in May, 1890, 49 relapses have occurred among 42 children. In other words, during the last year only one-fifth the number of relapses have taken place as compared with the relapses which occurred during the year in which the Ophthalmic patients were isolated in a portion of the old school. A marked difference, moreover, has been observed in the severity of the relapses. In the Isolation School, out of the total number (49) of relapses, five only have been matters of moment; the others, after lasting for a short time, subsided and left no serious after-effects. This fact indeed may be gathered from the statement that 55.10 per cent. of the relapses subsided in one week or under; 26.53 per cent. disappeared in two weeks or under; 6.12 per cent. lasted three weeks or under; and only 12.25 per cent. persisted for a longer period than three weeks.

By comparing the number of relapses among the Boys, Girls and Infants (children under 7 years of age) with the average number per week of each of these classes occupying the Isolation School, one arrives at curious results. One finds, for instance, that 24.04 per cent. of the Girls relapsed as compared with 12.2 per cent. of the Boys and 11.87 per cent. of the Infants. To what then shall one assign this increased liability of the Girls to relapse?

Can it be explained by any difference in the amount of accommodation provided for the respective classes? No, for one finds that an average of 90 Boys have been lodged in dormitories designed originally for 134 children, whereas an average of 158 Girls and Infants (who live together) have been lodged in wards built for 268 children; and it will at once be seen that hardly any disproportion exists between the accommodation provided for the two classes. As bearing on this point, I may state that the wards of the Isolation School allow 50ft. superficial per child. Nor can this increased liability of the girls to relapse be explained by the varying conditions of life which might be assumed to exist between the different classes of children. These conditions (excepting perhaps in the greater out-door activity of the Boys) do not differ in any marked way from one another. Moreover, if this were the explanation, the Infants—who, for all practical purposes, lead the same life as the Girls and are exposed to the same influences—should suffer from relapses more than they have done. Lastly, it may be asked, is contagion taking place from eye to eye the cause of these relapses? I think not. Otherwise, the girls and infants, who enjoy a community of sleeping and washing arrangements, should assuredly suffer in the same proportion from relapses; and this I have shewn not to be the case. I believe that the difference can only be accounted for by assuming that the girls are inherently more subject to relapse than either the boys or the infants.

Sometimes it is possible to identify the cause of a relapse. Relapses may, for instance, follow blows or injuries to the eye, styes, foreign bodies in the eye, or applications of too great a potency made to the lids; in a few cases I have seen relapses caused, in all likelihood, by inoculation of the eye with matter from sores on the body. Six relapses (if, indeed, I may call

them by that name) occurred when treatment had been stopped experimentally, the symptoms rapidly subsiding on its renewal. In no single case have I been able to trace a relapse to contagion from another eye. The fact that during the prevalence of gusty easterly winds, accompanied by much dust, relapses often occur in different wards, widely separated from one another, tells strongly against the theory that contagion is the cause of these relapses. Strong easterly winds certainly seem to induce these relapses, and I have frequently seen the appearance of all the lids under treatment alter for the worse, even in 24 hours, under the baneful influence of winds of this kind. So far, at least, though records have been kept, I have not been able to trace any connection between the humidity of the air and the occurrence of relapses.

This subject of relapses being one of great importance, I may be permitted, perhaps, briefly to state the experience of Mr. Nettleship and of myself in regard to relapses as they occur in schools other than Hanwell. In the Spring of 1873, 390—400 children, affected with various degrees of Ophthalmia, were removed from the Anerley Schools to the then new and unoccupied workhouse in the Mile End Road. Mr. Nettleship himself was appointed Resident Medical Superintendent, and Nurses, Teachers and other Officials were supplied. In the seven months between May 20th and December 22nd, 1873, a total of 215 relapses took place among the children thus isolated. Of these relapses, 134 occurred in 53 patients, the remaining 81 were, for the most part, single attacks. It is, however, necessary to note that 160 of these relapses took place during the experimental omission of all treatment. Contrasted with this, my two years' experience at the Lambeth Schools affords very different results. During the whole of that time I had only 30 relapses, and 7 of these were furnished

by a special outbreak (which at the time I thought was due to contagion) limited to children who occupied a detached building. It will be seen, therefore, that the relapses ($30 \div 2$) were fewer in number at Norwood than they have been even in our new Isolation School here (49). Since the cases under treatment do not differ at the two schools ; since the treatment has been identical in the two places ; since the nursing has been equally skilled in both schools ; and since the Isolation School buildings, if anything, are more healthy than the Norwood Infirmary, these differences in regard to relapses must be due to local differences of site or to local variations of weather. By the erection of the Isolation School, the influence of insanitary buildings has been eliminated, with the consequence that one relapse occurs now where five were formerly seen. So far, so good. One has still, however, to seek the reason of the difference which obtains between the small number of relapses at Norwood and the comparatively large number here. In view of the possible objection to the validity of this comparison, that the weather influences during 1886, 1887 and 1888 were inimical to relapses at Norwood, it is well to note that the present Medical Officer of the School, Dr. G. L. Rugg, has seen very few such relapses since 1888, notwithstanding the fact that here at Hanwell during the same period relapses have been numerous.

One fact, then, stands out prominently, that the erection of the Isolation School has very materially reduced the number of relapses. The healthiness of the building has, however, been shown in other ways. For example, rebellious cases of bad granular lids have made good progress ; and milder cases of the same affection, which appeared to be going from bad to worse in the old school, have soon improved when removed

to the better surroundings and freer life of the Isolation School. Finally, no cases of purulent Ophthalmia (the most serious form of the disease) have arisen; and none of the patients under treatment have sustained any damage to sight.

In concluding this portion of my Report I should like to emphasize the fact that, since the Isolation School was occupied, no Nurses have contracted granular lids or any other form of Ophthalmia; in the old building, on the other hand, during the year which preceded the change to better quarters, four Nurses became affected.

COMPARISON SICK CASES IN ISOLATION SCHOOL AND IN SCHOOL PROPER.

For purposes of comparison, your Resident Medical Officer, Dr. Litteljohn, has been kind enough to tabulate the cases of sickness which have occurred in the Isolation School and in the School itself between May 16th, 1890, and May 16th, 1891.

LIST OF SICK CASES IN THE ISOLATION SCHOOL AND IN THE SCHOOL PROPER. MAY 16, 1890—MAY 16, 1891.							
Disease.	School.			Isolation School.			
	Boys.	Girls.	Infants	Boys.	Girls.	Infants	
Chicken Pox... ..	3	3	8	—	—	—	
Measles	1	2	1	—	—	—	
Scarlatina	—	1	1	—	—	1?	
Pneumonia	2	5	—	1	—	1	
Tonsillitis fr.	9	16	1	3	10	—	
Rheumatism	3	2	—	1	1	—	
Influenza	2	—	—	—	—	—	
Skin Cases, <i>e.g.</i> , Boils, Eczema, Impetigo, &c., &c. }	63	—	—	9	3	—	
Chil- blains {	Separated ...	81	31	44	39	32	37
	Out-patients ...	71	*	*	—	—	—

* No trustworthy record of girls and infants suffering from chilblains, but not separated, can be found.

From the table it will be seen that, with the exception of one doubtful case of Scarlatina, no zymotic disease has arisen in the Isolation School. Moreover, despite the exposed situation of the new buildings, and the coldness of their wards in winter, it is satisfactory to note that chilblains have been relatively less numerous than in the School itself. In a word, with the single exception of Follicular Tonsillitis, the Isolation School contrasts very favourably with the School proper in this matter of general ailments.

“OPHTHALMIC CONDITION” OF NEW COMERS.

In my report of 9th June, 1890, I laid stress upon the fact that many of the children admitted to the Hanwell School for the first time were predisposed to Ophthalmia, in other words, that 72.41 per cent. of them had mild granular changes present in their eyelids. I pointed out, also, that Hanwell was not exceptional in this respect, since, of the children admitted to the Norwood Schools, only 25.17 per cent. had really healthy eyelids. An examination of 209 children, admitted into the Hanwell School for the first time, made since the date of that Report, shews substantially the same thing. 29.67 per cent. of these new comers have healthy eyes, 69.86 per cent. have mild granular changes present, and 0.47 per cent. have markedly diseased eyelids. Since the children have never been in a Pauper School before, these returns may be taken, I think, as shewing that the predisposing element—a granular condition of the conjunctiva—is extremely common among the poorer class of London children. From an examination (so far, unfortunately, of limited extent only) of other schools, I may say that the mild granular condition of the eyelids is not uncommon in schools of a considerably higher class

than our parochial establishments. I look, in fact, upon this condition as a matter of no great importance, as long as the sanitary conditions (I use the phrase in its widest sense) of the School are good, and provided that any suspicious eye-cases be at once separated and treated. A very different significance, however, attaches to the existence of decided cases of granular lids, which always and urgently call for isolation and treatment; and the touchstone of the "Ophthalmic condition" of a School lies, I believe, in the number of such cases which one finds.

SCHOOLING OF ISOLATED CHILDREN.

The scheme (which came into operation on March 16th of this year), under which the isolated children are in school for 23 hours a week, and out walking beyond the precincts of the building every day for two hours, is proving a success. By treatment, these children can, as I have shown, be kept tolerably free from relapses, which means that their schooling can be maintained. Educationally speaking, this, of course, is a matter of the first importance. It would, indeed, be lamentable if during the progress of such an essentially chronic disease as the one discussed, the education of its victims were allowed to suffer. In our Isolation School, supplied by the liberality of your Board with an ample staff of teachers, there is no fear of this now happening.

THE FUTURE.

A word as to the future. There can be no doubt that the isolated cases will diminish in number, though no progress can, of course, be expected in this direction until such time as the alterations in the main school building are completed. Then, I shall, I hope, be able materially to reduce the number of

separated children. With really well ventilated and sanitary buildings, with the advantages conferred upon the children by the new schoolrooms and swimming bath, the number of predisposed cases taking on Ophthalmia, or drifting into a badly granular condition, will be, in fact must be, greatly diminished. Under these favourable circumstances, moreover, one may assume that the high standard, which in the past it has been essential to maintain in regard to the eyes, will no longer be found necessary. And this alone must largely modify the number of cases coming under treatment for Ophthalmia.

I remain, Gentlemen,

Your obedient Servant,

SYDNEY STEPHENSON,
M.B., F.R.C.S., E.

CENTRAL LONDON DISTRICT SCHOOL,

HANWELL, W.

9th June, 1891.

RETURN OF THE NUMBER OF CASES ISOLATED ON EACH
SATURDAY.

Week ending on		Ophthalmic Cases.	Total Inmates of School.
1890.			
June	7	267	953
"	14	271	950
"	21	270	944
"	28	272	949
July	5	271	948
"	12	270	946
"	19	274	939
"	26	274	946
August	2	277	944
"	9	280	924
"	16	250	917
"	23	251	927
"	30	253	912
September	6	257	892
"	13	253	888
"	20	254	895
"	27	253	890
October	4	253	881
"	11	241	866
"	18	241	873
"	25	240	868
November	1	242	873
"	8	235	855
"	15	233	863
"	22	260	890
"	29	258	889
December	6	256	876
"	13	256	870
"	20	256	865
"	27	255	864
1891.			
January	3	253	863
"	10	248	853
"	17	249	850
"	24	249	846
"	31	249	846
February	7	245	838
"	14	243	835
"	21	243	828
"	28	242	822
March	7	238	809
"	14	237	802
"	21	236	806
"	28	235	801
April	4	233	809
"	11	232	805
"	18	231	797
"	25	228	785
May	2	227	783
"	9	227	774
"	16	224	777
"	23	224	774
"	30	224	773

TABLE OF THE NUMBER OF CASES REPORTED ON EACH DAY

Year	Month	Day	Number of Cases
1918	Jan	1	1
1918	Jan	2	2
1918	Jan	3	3
1918	Jan	4	4
1918	Jan	5	5
1918	Jan	6	6
1918	Jan	7	7
1918	Jan	8	8
1918	Jan	9	9
1918	Jan	10	10
1918	Jan	11	11
1918	Jan	12	12
1918	Jan	13	13
1918	Jan	14	14
1918	Jan	15	15
1918	Jan	16	16
1918	Jan	17	17
1918	Jan	18	18
1918	Jan	19	19
1918	Jan	20	20
1918	Jan	21	21
1918	Jan	22	22
1918	Jan	23	23
1918	Jan	24	24
1918	Jan	25	25
1918	Jan	26	26
1918	Jan	27	27
1918	Jan	28	28
1918	Jan	29	29
1918	Jan	30	30
1918	Jan	31	31
1918	Feb	1	32
1918	Feb	2	33
1918	Feb	3	34
1918	Feb	4	35
1918	Feb	5	36
1918	Feb	6	37
1918	Feb	7	38
1918	Feb	8	39
1918	Feb	9	40
1918	Feb	10	41
1918	Feb	11	42
1918	Feb	12	43
1918	Feb	13	44
1918	Feb	14	45
1918	Feb	15	46
1918	Feb	16	47
1918	Feb	17	48
1918	Feb	18	49
1918	Feb	19	50
1918	Feb	20	51
1918	Feb	21	52
1918	Feb	22	53
1918	Feb	23	54
1918	Feb	24	55
1918	Feb	25	56
1918	Feb	26	57
1918	Feb	27	58
1918	Feb	28	59
1918	Feb	29	60
1918	Feb	30	61
1918	Mar	1	62
1918	Mar	2	63
1918	Mar	3	64
1918	Mar	4	65
1918	Mar	5	66
1918	Mar	6	67
1918	Mar	7	68
1918	Mar	8	69
1918	Mar	9	70
1918	Mar	10	71
1918	Mar	11	72
1918	Mar	12	73
1918	Mar	13	74
1918	Mar	14	75
1918	Mar	15	76
1918	Mar	16	77
1918	Mar	17	78
1918	Mar	18	79
1918	Mar	19	80
1918	Mar	20	81
1918	Mar	21	82
1918	Mar	22	83
1918	Mar	23	84
1918	Mar	24	85
1918	Mar	25	86
1918	Mar	26	87
1918	Mar	27	88
1918	Mar	28	89
1918	Mar	29	90
1918	Mar	30	91
1918	Mar	31	92
1918	Apr	1	93
1918	Apr	2	94
1918	Apr	3	95
1918	Apr	4	96
1918	Apr	5	97
1918	Apr	6	98
1918	Apr	7	99
1918	Apr	8	100
1918	Apr	9	101
1918	Apr	10	102
1918	Apr	11	103
1918	Apr	12	104
1918	Apr	13	105
1918	Apr	14	106
1918	Apr	15	107
1918	Apr	16	108
1918	Apr	17	109
1918	Apr	18	110
1918	Apr	19	111
1918	Apr	20	112
1918	Apr	21	113
1918	Apr	22	114
1918	Apr	23	115
1918	Apr	24	116
1918	Apr	25	117
1918	Apr	26	118
1918	Apr	27	119
1918	Apr	28	120
1918	Apr	29	121
1918	Apr	30	122
1918	Apr	30	123