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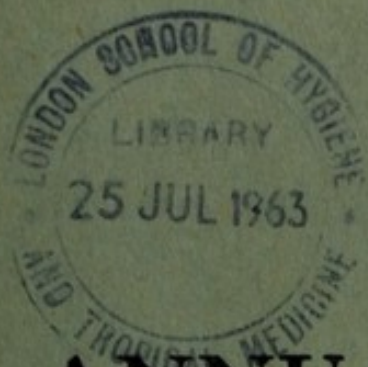
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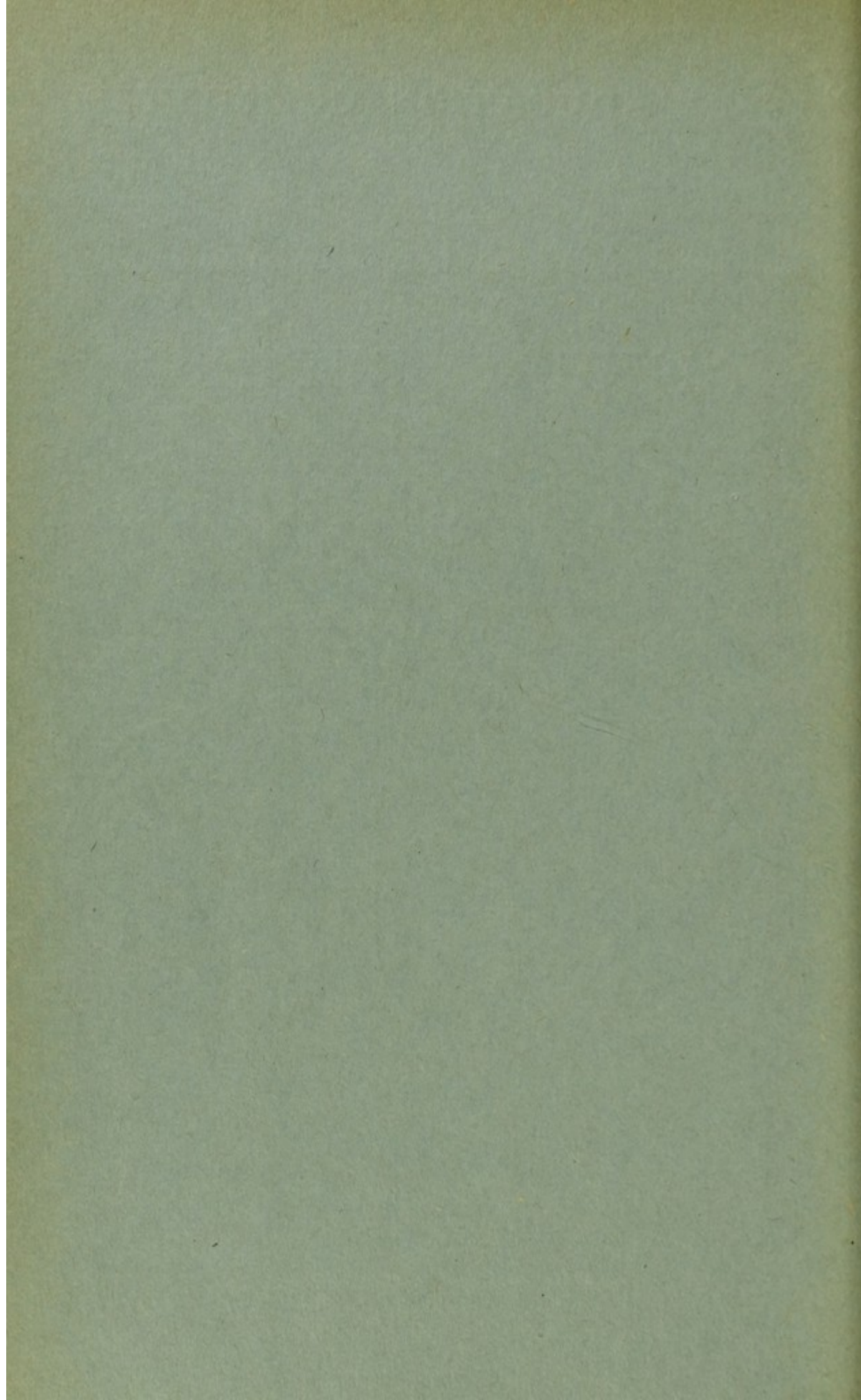
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ESSEX EDUCATION COMMITTEE



ANNUAL REPORT
OF THE
School Medical Officer
FOR THE
Year 1948



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PREFACE.

To the Chairman and Members of the Essex Education Committee.

In accordance with the requirements of the Ministry of Education, I have the honour to submit to you my last Annual Report (being the 40th in the series) on the School Health Service for the year ended 31st December, 1948, for the Administrative County of Essex.

The principal event of the year was the implementation of the National Health Service Act, 1946, which came into force on the 5th July, 1948, and under which the responsibility for hospital and specialist treatment of school children is transferred from the Education Committee to the Regional Hospital Boards. In Circular 179, dated 4th August, 1948, the Minister of Education requested the observations of the Committee on the effects of the Act on the School Health Service, and this has received, and still is receiving, special consideration by the Committee in consultation with the Regional Hospital Boards. Many administrative problems have been experienced in this connection. From the 5th July, 1948, the provision of spectacles became the responsibility of the Executive Councils through the Supplementary Ophthalmic Services, but it was provided in the Regulations that School Eye Clinics should continue as previously, thus enabling school children to be given a certain amount of priority as compared with members of the general public. The intention is that the responsibility for the Supplementary Ophthalmic Services will in due course be transferred from the Executive Councils to the Regional Hospital Boards. Up to the present, the Education Committee has continued to pay the salaries of the Ophthalmic Specialists, receiving in return a capitation fee from the Executive Council. It is hoped that the Regional Hospital Boards will take over this work in the near future. Considerable delay has been experienced in the supply of spectacles since the 5th July, 1948, due to the inrush of applications generally for spectacles under the Act.

Dental treatment of school children continues to be the responsibility of the Education Committee, but in common with the rest of the country there is serious depletion of staff due to resignations and difficulty in obtaining new applicants owing to the fact that Dental Surgeons are attracted by the higher remuneration under the National Health Service. This is receiving the serious consideration of the Committee and it is hoped that a National Scale of Salaries will shortly be introduced, with a view to stemming the otherwise inevitable disappearance of the School Dental Service.

The Child Guidance Service has developed during the year, although there has been some difficulty in obtaining the services of Child Psychiatrists. It is hoped that there will be further facilities available, especially for the more rural parts of the County, as soon as arrangements with the Hospital Boards can be settled. Other services awaiting expansion for the same reason, are Speech Therapy, Orthoptics and Audiometry.

During the year, the position in regard to the School Health Staff and also in regard to the approval of Medical Officers for ascertaining Handicapped Pupils was reviewed, and approval given to the necessary strengthening of staff.

My thanks are due to the Chairman and Members of the Special Services Committee and the Education Committee for their guidance and support, the Chief Education Officer and his staff, Head Teachers, and the medical, dental, nursing and clerical staffs for their invaluable co-operation and assistance.

As this is my last report I would recall with grateful thanks the services of the Chairmen of the School Medical Committee, viz., Miss U. B. Chisenhale Marsh, Dr. J. P. Atkinson, Mrs. K. M. E. Bell and Mrs. A. E. Hardy.

I would again refer to the yeoman service of my Deputy, the late Dr. T. P. Puddicombe during the years 1920-1942 and since by Drs. G. G. Stewart, J. W. Pickup, F. J. G. Lishman and J. L. Miller Wood.

A tribute is also due to the Chief Clerk of the School Health Section, Mr. P. H. Moth, for a service covering 40 years and to his able assistant Miss N. M. M. Chaplin.

W. A. BULLOUGH,
School Medical Officer.

COUNTY HALL.

CHELMSFORD.

MAY, 1950.

ERRATA—

PAGE 3

Dagenham—*Delete* Dr. N. S. R. Lorraine and *substitute* Dr. C. E. Herington.

South-East Essex—*Delete* Dr. W. J. Moffat and *substitute* Dr. N. S. R. Lorraine*.

—Delete Dr. N. S. R. Harrison and substitute Dr. G. E. Harrison.
—Delete Dr. W. J. Moffat and substitute Dr. N. S. R. Harrison.



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ESSEX EDUCATION COMMITTEE.

ANNUAL REPORT OF SCHOOL MEDICAL OFFICER FOR THE YEAR, 1948.

1. Introduction.

The County Council is the Local Education Authority for the whole of the Administrative County and in accordance with the provisions of the Education Act is responsible for the arrangements in connection with the medical inspection of school children in attendance at any school maintained by the Council. The County is divided into eleven districts or divisions, viz., the six Excepted Districts of the Boroughs of Barking, Dagenham, Ilford, Leyton, Romford and Walthamstow and the five Divisions of Forest, Mid-Essex, North-East Essex, South Essex and South-East Essex.

The following list gives particulars of the Medical Officers responsible to the School Medical Officer for the administration of the School Health Service in these districts and divisions.

Borough School Medical Officers.

Excepted District.	Name.
Barking	Dr. C. Leonard Williams.
Dagenham	Dr. N. S. R. Lorraine.*
Ilford	Dr. J. H. Weir.
Leyton	Dr. A. W. Forrest.
Romford	Dr. J. B. Samson.
Walthamstow	Dr. A. T. W. Powell.

These Medical Officers are also Medical Officers of Health for the respective districts.

Acting Divisional School Medical Officers.

Division.	Name.
South Essex.	Dr. W. T. G. Boul.
South-East Essex	Dr. W. J. Moffat.
Forest	Dr. F. G. Brown.
Mid-Essex	Dr. J. M. Thomas.
North-East Essex	Dr. J. D. Kershaw.

The inauguration of the National Health Service on 5th July, 1948, is clearly a most important step in health administration, particularly in relation to the duty of the Education Authority to see that facilities are available for free medical treatment for school children. As far as the School Health Service is concerned, the National Health Service Act has not affected the existing system of school medical inspections. Moreover, the Ministry of Education in Circular 179, dated 4th August, 1948, refers to the fact that, as treatment at minor ailment clinics is well established as the most expeditious and comprehensive means of dealing with

*In June, 1949, Dr. W. J. Moffat was appointed as Divisional School Medical Officer in place of Dr. Lorraine.

many troublesome conditions, and of preventing further impairment of health, no change in this system is contemplated and its extension on existing lines should continue.

On the whole, the services have continued without any undue interruption, although numerous initial difficulties have arisen which have been or are in the course of being solved. Under the National Health Service (Supplementary Ophthalmic Services) Regulations, 1948, School Eye Clinics have continued to function as previously and thus provided priority for ophthalmic examinations of school children and prescribing of spectacles where necessary. One of the greatest difficulties, however, has been the delay in the provision of these spectacles for school children, and it will be realized that in some cases this may be a severe handicap in the education of a child. In cases where spectacles were considered an urgent necessity, the optician concerned has always been most co-operative in endeavouring to expedite delivery. Ultimately, the school ophthalmic work will become the responsibility of the Regional Hospital Boards.

The Education Authority will continue to be mainly responsible for Speech Therapy and Child Guidance. Some of the specialists' services have also presented certain difficulties, but it is hoped that the happy relationship which exists with the Regional Hospital Boards will tend to assist in the solution of these problems.

2. Staff.

A list giving particulars of the Senior Medical Officer for Schools, Assistant School Medical Officers and Dental Officers is given in Table VI.

By co-operation the majority of the Medical and Nursing and to some extent the Dental Staff, continue to undertake combined Public Health duties which enables the School Health Service and the Maternity and Child Welfare Services to be closely linked, thereby obtaining complete supervision of all children from infancy to the time of leaving school. At the end of the year there were 172 Health Visitors undertaking School Health work and other duties, including Nurses whose duties were solely that of School Nurse and the total equivalent number of whole-time School Nurses at the end of the year was 88.

Clerical Assistance.

With a view to enabling the Medical and Nursing Staffs at Combined Treatment Centres to devote more time to the clinical side of their duties it was agreed that shorthand typists be provided to undertake whole time and part-time duties in the following Areas (other than the Excepted Districts) :—

Headquarters.	Other Centres to be visited.
Epping (whole-time)	.. Ongar and Harlow.
Maldon (part-time) ..	.. Chelmsford and Burnham-on-Crouch.
Buckhurst Hill (part-time)	.. Woodford.
Laindon (part-time)	.. Billericay and Wickford.
Weeley (part-time) ..	.. Brightlingsea.
Harwich (part-time)	.. Manningtree.

3. School Population.

At the end of the year 1948 the school population was 194,768, the average school attendance being 168,446. These figures and the figures mentioned throughout the report refer to pupils attending all the schools maintained by the Committee, *i.e.*, Primary and Secondary (Grammar, Technical and Modern) Schools.

4. Medical Inspections.

The arrangements for the medical inspection of the three age groups as prescribed by the Ministry of Education were continued and, although shortage of staff still presents difficulties, it will be seen from Table I that the numbers of inspection carried out—60,399 as against 54,666 in the routine groups and 67,947 “specials” as compared with 67,647 for the year 1947—compare very favourably with those of previous years.

5. Treatment.

The arrangements for free medical treatment for pupils attending schools maintained by the Education Committee have been continued, and as from 5th July, 1948, the Regional Hospital Boards became the responsible Authorities for providing such hospital treatment.

(a) *Minor Ailments.*

Table VII of this Report gives particulars of all Minor Ailment Clinics, at which there were a total of 120,722 attendances. In the Forest Division a new Clinic was established, at which also school medical inspections are held as and when considered necessary.

(b) *Ear, Nose and Throat Conditions.*

Owing to the scarcity of bed accommodation, difficulties are still being experienced in obtaining operative treatment for the removal of unhealthy tonsils and adenoids, although during the year under review, 2,858 children were treated, as compared with 2,252 for the previous year. Detailed particulars of the children treated are given below.

Barking.

Nine hundred and fifty-two school children attended the clinic, and 356 received operative treatment, as against 223 for the year 1947.

Dagenham.

Two hundred and seventeen children received operative treatment.

Ilford.

Attendances at the Aural Clinic held in Ilford are increasing, 776 individual children making 1,436 attendances compared with 687 children and 1,172 attendances during 1947. 446 received operative treatment.

Leyton.

One hundred and nineteen children received operative treatment.

Romford.

Fifty-five children received operative treatment.

Walthamstow.

One hundred and forty-six children received operative treatment.

In the remainder of the County, seven ascertainment clinics were held during the year, at which 106 children were examined, and in addition, 58 were examined at Oldchurch Hospital, Romford. 1,519 received operative treatment at various hospitals.

(c) Skin Conditions.

The facilities whereby school children can receive Specialists' advice were continued, and children suffering from skin conditions were referred to Hospitals where such facilities are available. A number of children received X-ray treatment for ringworm of the scalp at the Queen Elizabeth Hospital for Children, Hackney.

(d) Dental Treatment.

The following report is submitted by the Senior Dental Officer.

In presenting my Annual Report on the Dental Service to School Children in the Administrative County of Essex, it is pointed out that this is the first report in respect of a full year's dental work under the Education Act, 1944.

It is with regret that I have to report that during the year under review a restlessness has become apparent among the staff, characterized by changes in personnel and changes from full-time to sessional engagements. This is traceable to the attractions of general dental practice under the National Health Service and is the cause of serious deterioration of the County Council service. During the year under review, out of an approved establishment of 82 Dental Officers for the School Health Service and a further 32 to operate the Maternity and Child Welfare Scheme, there were never more than the equivalent of 35 whole-time Dental Officers available to carry out inspection and treatment for both the School Health and the Maternity and Child Welfare Services. It will, therefore, be fully appreciated that with the increased obligations of Local Health Authorities to provide a comprehensive service to priority patients under the National Health Service Act, 1946, *i.e.*, expectant and nursing mothers and pre-school children, a serious position has arisen, although every endeavour is made to ensure as far as possible that dental treatment is available to these priority classes. These conditions are not confined to this county but are a national problem and it will be realized that, if no improvement is made, the service may ultimately seriously deteriorate.

Strenuous efforts have been made to recruit suitable staff, including efforts to enlist the help of general dental practitioners, but with little success. The difficulties of obtaining suitable staff have been increased by the refusal of the British Dental Association to accept advertisements pending agreement by the County Councils Association, representing the employers, to participate in Whitley machinery for the negotiation of salaries and conditions of service for Dental Officers.

It is ironical that at this period the provision of suitable premises and equipment should become practicable but that we have been unable to use such facilities to the best advantage owing to lack of staff. Nevertheless, it is worthy of note that advantage has been taken of the availability of new equipment and each fixed clinic is now equipped with an electric dental engine and a fountain spittoon, and improvement of chairside lighting is being effected by the installation of anglepoise lamps. Further improvements in surgery equipment, such as the replacement of worn out gas sterilizers with modern electrical equipment and the replacement of existing anaesthetic equipment with modern nitrous oxide and oxygen apparatus, are gradually being carried out. This latter equipment is regarded with some priority on account of its value in the treatment of adult patients.

It must be obvious from the figures shown in Table IV that a great volume of work is performed each year by Dental Officers in dealing with the repair of the ravages of decay and what should primarily be a preventive service is not performing its true functions. Research into the causes of caries and education in methods of prevention is desirable, but unfortunately impossible at the present time.

The Table referred to above sets out in detail the work undertaken by the Dental Officers throughout the year and the following explanations are offered to enable a fuller appreciation of the Report. The total number of school children inspected during the year under review is only 41 per cent. of the total school population in the Administrative County. This inspection is represented by a figure of 80,636 which is 7,792 more than the previous year but specials or emergencies are increased to 17,126, the increase being proportionately the same as in the year 1947. The fact that the numbers in regard to specials would appear to be stabilized is no reason for complacency. As will be seen from further perusal of this Report, the inability of Dental Officers to carry out at least routine annual inspection with treatment where necessary, plays a very great part in increasing the amount and type of work to be carried out for patients who actually receive treatment, and if unchecked will ultimately reduce the scheme to a breakdown service entirely. Of the total number inspected, 50,672 or 62.8 per cent. were found to require treatment and of these, 50,421 or 99.5 per cent. received treatment, necessitating 109,918 visits, equalling 2.02 per child.

During the year the number of fillings increased by 5,794, of which 5,035 were in permanent teeth, equal to a ratio of 4.5 fillings to one permanent tooth extracted. In the temporary teeth, the ratio was 2.9 to one. The number of extractions increased, but this was to be expected in view of the increased number of emergencies for the relief of pain and sepsis, with consequent rise in the need for general anaesthetics.

There is little doubt that modern parents have a wider knowledge and greater appreciation of the value of orthodontic treatment for children. This appreciation is not merely because of the cosmetic benefit to the children, especially girls, but is derived from a better understanding of the

increased susceptibility of teeth to caries where irregularities of the teeth and jaws with consequent crowding are left untreated. Orthodontic treatment can be given in a greater or lesser degree by all Dental Officers but in gross conditions, long and careful thought must be given to classification and outline of treatment required. It may even require the services of a specialist to assist in determining the type of treatment, but whether the required treatment is by fixed or removable appliances, it would require a very considerable expenditure of time. It will in consequence be appreciated that it becomes extremely distasteful to members of the staff to refuse the requests of parents for such treatment for their children owing to the fact that Dental Officers are already over-loaded and responsible for the dental care of nearly 6,000 children each, compared with the approved County staffing establishment of one Dental Officer to every 2,000 children. It will therefore be realized that it is imperative that their usefulness to patients should be designed to the performance of the greatest good to the greatest number. Until Local Authorities are able to obtain the necessary staff to carry out satisfactory annual inspection, this state of affairs will continue and may even become worse.

When the National Health Service Act, 1946, came into operation on 5th July, 1948, the work undertaken by certain dental officers at hospitals was continued temporarily at the request of the Regional Hospital Board in order that the patients in hospital could continue to receive proper dental treatment. No report is submitted in respect of this work. The treatment of Maternity and Child Welfare patients and pre-school children will form a separate report in the County Medical Officer's Annual Report for the year under review.

I should like to express my admiration and gratitude to those Officers who have resisted the attractions of general dental practice and remained loyal to the great service which they represent.

(e) *Crippling Defects.*

There was no change throughout the year for the examination and treatment of school children suffering from orthopaedic defects. Surgeons' Clinics were held together with remedial and after-care clinics, particulars of which are given below. Up to the present, the County Council has continued to administer the service on behalf of the Regional Hospital Boards on an agency basis.

Barking.

The Consultant Specialist held 20 consultative sessions during the year, and 1,021 sessions were held by the Physiotherapists. There was a marked increase in attendances, 8,419 against 5,570 for the previous year. In addition, 1,093 children received treatment as compared with 908 for the year 1947. Two children were admitted to hospital.

Ilford.

Seventy-five sessions were held during the year, at which 873 children received treatment, the total attendances of such children amounting to

2,014. Hospital treatment was provided for 8 children and in addition 153 appliances were supplied.

Leyton.

The Consultant Specialist carried out 252 examinations, During the year, 322 children were treated making 1,672 attendances. 11 children were admitted to hospital and 42 appliances supplied.

Walthamstow.

Four hundred and thirty-six children were examined by the Consultant Specialist, and 2,382 treatments were given. 2,342 attendances were made in respect of after-care and 3,141 ultra-violet light treatments were given. The number of inspection and treatment sessions held was 14 and 445 respectively. 20 children were admitted to hospital.

In the remainder of the County, 97 Consultant Ascertainment Clinics were held at which 3,174 attendances were made. 14 children received periods of hospital treatment, and 4,794 attendances were made at the After-care Clinics.

(f) *Heart Conditions.*

The arrangements were continued whereby children suffering from heart conditions could be referred to the Cardiac Clinic at Oldchurch Hospital, Romford, and during the year the Heart Specialist examined 89 children, restriction of exercise being advised in 12 cases.

The Rheumatism Clinics at Ilford and Walthamstow continue to prove a valuable asset in dealing with these cases ; during the year 223 children made 441 attendances at the Ilford Clinic, and at Walthamstow 12 sessions were held at which 197 children attended.

(g) *Visual Defects.*

(i) *Refraction and Provision of Spectacles.*

Barking. 1,028 children were examined for errors of refraction. Spectacles were prescribed for 493 children, and 453 spectacles were provided during the year.

Ilford. 1,464 children made 3,023 attendances at 188 sessions of the Eye Clinic. Prescriptions were issued for 922 children to be provided with spectacles and 762 spectacles were provided during the year.

Leyton. 815 children attended the Eye Clinic, making a total of 1,087 attendances. Spectacles were prescribed and provided for 339 children.

Walthamstow. The number of new cases examined was 585 and these, together with the children for ordinary periodical inspections, made 3,378 attendances. Spectacles were prescribed and provided for 695 children.

In the remainder of the County, 843 clinics were held, at which 11,828 children were examined for errors of refraction. Spectacles were prescribed and provided for 3,561 children

(ii) *Orthoptics (Exercises for Squint).*

Difficulty still exists in obtaining fully qualified Orthoptists, but in April, 1948, an additional part-time Orthoptist was appointed to undertake duty in the Barking and Forest Divisions. The South Essex Division is served by a full-time Orthoptist and a part-time Orthoptist carries out the work in Walthamstow; up to October, 1948, cases from Leyton also attended the Walthamstow Clinic. Every effort is being made to bring this staff up to the approved establishment of six whole-time and six part-time Orthoptists.

A new Clinic was established at Chingford in September, 1948, and at the end of the year 33 children had received treatment, making 98 attendances. 146 cases were treated at Leyton, and at Walthamstow where provision is also made for the attendance of patients from the Ilford Division 63 cases were treated from Walthamstow, making 827 attendances. 137 children from Ilford made 416 attendances. At the Barking Orthoptic Clinic 152 children made 1,309 attendances. There are two clinics established in the South Essex Division at Grays and Hornchurch. The total number of cases seen at these clinics was 170 making a total attendance of 2,300.

(h) *Speech Defects.*

Special training and treatment by duly qualified Speech Therapists of children suffering from speech defects were continued at the various clinics established for this purpose. Unfortunately, the same conditions apply in obtaining duly qualified Speech Therapists as in the case of Orthoptists, and out of a total establishment of 18 there are 13 Speech Therapists at present employed in the following divisions—Barking, Dagenham (2), Ilford, Leyton, Walthamstow (2), Romford, Mid-Essex, North-East Essex, Forest, South Essex and South-East Essex.

Table III at the end of this Report gives the number of children who received treatment at these clinics, viz., 1,263 compared with 1,039 for the year 1947.

The arrangement was continued whereby certain Speech Therapists attended at hospital for one session per week outside of school sessions, thereby enabling them to gain valuable experience.

(i) *Child Guidance.*

Owing to the continued development of this service, it was found necessary to establish further sessions during the year, and from Table III at the end of this Report it will be seen that 531 children received treatment as compared with 478 for the year 1947. It will be realized that for a complete Child Guidance Service, it is not only necessary to establish clinics, but in addition, residential facilities should also be provided in order to cope with children who make little progress whilst living at home. As a commencement, endeavours are being made to secure suitable premises for the opening of hostels for maladjusted pupils in the Mid-Essex and North-East Essex Divisions. In addition, pending the further development of the service temporary arrangements have been made for selected cases, in respect of which psychological reports are required by the Juvenile Courts, to be referred to the Institute of Scientific Treatment for Delinquency at the discretion of the School Medical Officer.

The following gives a brief report on the existing clinics—

(i) *Mid-Essex Clinic, Chelmsford.*

This Clinic has continued to function at Highfield, New London Road, Chelmsford, but as these premises are not entirely satisfactory for the purpose, and moreover will eventually be utilized for another County service, endeavours are being made to find suitable alternative accommodation.

The present Psychiatrists continue to devote two and four sessions per week respectively, together with the whole-time services of an Educational Psychologist, the whole-time services of a Psychiatric Social Worker and one female clerk.

In December, 1948, it was agreed that the establishment should be increased by one of the Psychiatrists giving two more sessions per week and the additional appointments of one Educational Psychologist giving part-time services at the Clinic, one whole-time Psychiatric Social Worker, one part-time Play Therapist, and one female clerk. The Play Therapist commenced duty in March, 1949.

When suitable staff and accommodation are available satellite clinics will be established at Saffron Walden and Pitsea (South-East Essex).

(ii) *North-East Essex Clinic, Colchester.*

In view of the development of this Clinic, the sessions attended by the Psychiatrist were increased from eight to ten per week, and in November, 1948, an additional full-time Psychiatric Social Worker was appointed. The part-time Play Therapist referred to in last year's report commenced duty in April, 1949. In December, 1948, approval was given to the appointment of one additional Educational Psychologist. As soon as it is possible to obtain suitable staff, arrangements will be made to establish satellite clinics at Clacton and Halstead.

(iii) *West Essex Clinic, Walthamstow.*

In addition to serving the Borough of Walthamstow, this clinic also serves the Borough of Leyton and the Forest Division. Two part-time Psychiatrists are employed at this clinic, each undertaking two sessions per week. In addition, there are two Psychiatric Social Workers, a Play Therapist and Educational Psychologist. The extensive structural alterations to the premises at 263, High Street, Walthamstow, referred to in last year's report were at the end of the year in the course of completion.

(iv) *Ilford Clinic.*

This Clinic commenced to function in January, 1949. In addition to Ilford cases it caters for cases from Romford, Dagenham and Barking. A report in regard to the work of the Clinic will be included in next year's Report.

(v) *South Essex.*

Provision has been made for the establishment of a Clinic in the South Essex Division, with an approved establishment of a Psychiatrist for six sessions per week, a whole-time Psychologist, a whole-time Psychiatric Social Worker and a Play Therapist for two sessions per week, together with the necessary clerical staff. So far, this Clinic has not been established as suitable premises for it have not yet been found.

(j) *Uncleanliness.*

Table V at the end of this Report indicates that School Nurses and other authorized persons made a total of 497,843 examinations in schools and classified 9,220 children as being infested. It is impossible to over estimate the value of cleanliness surveys and subsequent following up as, without this continued surveillance, the clean child is likely to suffer. Cleansing on the part of the Authority is of great benefit, although the only satisfactory solution is in the education of both parents and children.

(k) *Recuperative Holiday Homes.*

The arrangements have been continued whereby children needing a short-stay recuperative holiday are sent to various approved holiday homes for periods up to six weeks. Children who are recommended for a longer period are admitted to residential open air schools.

6. Infectious Diseases.

No serious epidemic was reported amongst school children during the year.

Diphtheria Immunization—there is no doubt that the campaign against diphtheria which commenced early in the war has been an unqualified success. The statistical information given below, in respect of persons of all ages, relating to England and Wales, is of interest.

Year.		Diphtheria Deaths.		Cases.
1940	..	2,480	..	46,281
1941	..	2,614	..	50,797
1942	..	1,827	..	41,404
1943	..	1,371	..	34,662
1944	..	934	..	29,949
1945	..	722	..	25,246
1946	..	472	..	18,283
1947	..	244*	..	10,465*
1948	..	150*	..	8,034*

*Provisional figures.

The large scale national propaganda has undoubtedly been largely responsible for these excellent results, although it has been found by experience that in the majority of cases parents are now "diphtheria immunization" minded, and willingly co-operate. A further important factor which accounts in no small way for the results achieved is the personal approach of health visitors and school nurses to mothers whom they see either at home or at the clinic.

Immunization sessions continue to be held at clinics, and in some instances, at schools. These arrangements are considered adequate to meet existing demands, although if it is found that additional sessions are needed, every endeavour will be made for these to be provided.

7. School Meals Service.

Statistics of the number of children having meals at schools have shown a steady percentage increase for several years. This percentage now appears to be stabilized between 63 and 65, however, and it is difficult to forecast what the effect will be when the present charges (4d. for junior and 5d. for senior) are abolished in due course, and all the school meals become free. The actual figures for the year are as follows compared with recent previous years :—

Date.	Primary and Secondary.		Primary and Secondary.		No. having Dinner.	Percentage of Pupils present having Dinner.		No. having Milk.	Percentage of Pupils present having Milk.		
	No. of Pupils on roll.	No. of Pupils present.	No. of Pupils present.	Essex.		National.					
February, 1946 ..	173,318	..	151,379	..	78,741	..	52.0 41.2	..	112,637	..	74.4
February, 1947 ..	173,363	..	147,380	..	86,267	..	58.5 49.4	..	130,459	..	88.5
February, 1948 ..	187,007	..	167,876	..	108,373	..	64.6 52.0	..	150,467	..	89.6
June, 1948 ..	193,228	..	174,162	..	109,750	..	63.0 —	..	158,178	..	90.8
October, 1948 ..	193,811	..	179,631	..	115,621	..	64.3 —	..	160,750	..	79.5
February, 1949 ..	194,825	..	169,284	..	109,028	..	64.3 52.3	..	150,964	..	89.1

Mainly owing to a complete re-organization of schools in Leyton for the Autumn Term, 1948, the number of school departments served has dropped slightly, i.e., from 790 in February, 1948, to 782 in February, 1949, but only six departments were, on the latter date, not receiving meals.

Forty-four new canteens were completed during the year to help replace existing inadequate facilities.

8. Remand Homes.

(a) Harold Wood Remand Home for Junior Boys.

The arrangements were continued whereby Dr. A. R. Forbes in addition to examining all entrants and discharges also keeps this Home under observation. This Remand Home has accommodation for 34 boys, and admissions for the year ended 31st December, 1948, totalled 213. The number of boys leaving the Home during the year was 193, and information as to the disposal of these boys is given below :—

Disposal of Leavers—

Approved Schools (including 3 absconding pupils returned)	62
School for maladjusted children	4
Schools for Educationally Sub-Normal Children (including 3 absconding pupils returned)	9
Schools for Physically Handicapped Children	1
Farm Training Hostel	1
Children's Homes	15

Transferred to Senior Remand Home	..	..	..	3
Transferred to other Remand Homes	..	..	..	21
Probation Hostels	..	..	..	2
Placed on probation	..	..	..	49
Fined	..	..	..	1
Charge withdrawn	..	..	..	3
Discharge Section 54	..	..	..	5
Approved School order revoked	..	..	..	1
Fit person orders	..	..	..	5
Cases adjourned	..	..	..	13

During the last two weeks in January and the first three weeks in February, there were six cases of tonsilitis among the boys, and one member of the Kitchen Staff was affected. One boy and the teacher member of the staff developed Scarlet Fever and were removed to hospital.

Again during April and the first three weeks of May there were in all 12 boys who suffered from Tonsilitis.

(b) *Great Baddow Remand Home for Girls.*

Chafford Approved School for Boys, Ramsey.

Both these Institutions have been kept under medical observation during the year.

9. Handicapped Pupils.

Under Section 34 of the Education Act, 1944, it is the duty of the Local Education Authority to ascertain which children in their Area require special educational treatment as distinct from medical treatment. Regulations have been prescribed by the Ministry of Education defining the categories of pupils requiring special educational treatment and these categories are given below :—

Blind.	Epileptic.
Partially Sighted.	Children suffering from Speech Defects.
Deaf.	Educationally Sub-Normal.
Partially Deaf.	Maladjusted.
Delicate.	Physically Handicapped.
Diabetic.	

For pupils who come within the categories of blind, deaf, physically handicapped, epileptic or aphasic, education in a special school is necessary, and for blind or epileptic pupils accommodation should be provided in a Boarding Special School. For the remaining categories, education in an ordinary school will suffice providing special facilities are available and the interests of the other pupils are not interfered with in any way. The introduction of the 1944 Act was undoubtedly responsible for a decided increase in the number of handicapped pupils ascertained as such, and in consequence a larger number required suitable placement. Owing to their condition, some handicapped children are unable to obtain adequate education,

and subject to the approval of the Ministry of Education in each case arrangements can be made for home tuition to be provided where such children are unable to attend a suitable school.

(i) *Special Schools—Day.*

(a) *Dagenham Heathway Special School for Educationally Sub-Normal and Physically Handicapped Children.*

The following report has been received from the Medical Officer of this School :—

						Girls.	Boys.
Physically Handicapped Pupils—							
Admissions	..	..	..	11	..	5	6
Leavers	..	..	..	17	..	3	14
Disposal of Leavers—							
Returned to Ordinary School	..			6	..	2	4
Left—age	..	..	..	1	..	—	1
Left—to start work	..	..		1		—	1
Left district	..	..	..	2	..	1	1
Transferred to Training College (Cripples)				1	..	—	1
Transferred to Convalescent Home	..			1	..	—	1
Transferred to Heart Home	..			1	..	—	1
Sent to Approved Schools	..			3	..	—	3
Excluded—progressive incapacitation	..			1	..	—	1
Mentally Handicapped Pupils—							
Admissions	..	..	..	24	..	11	13
Leavers	..	..	..	15	..	7	8
Disposal of Leavers—							
Left—age	..	..	..	8	..	6	2
Transferred to Ordinary School				1	..	1	—
Transferred to Residential Special School	..			1	..	—	1
Excluded—further ineducable	..			4	..	—	4
Sent to Approved School	..			1	..	—	1

The “ practical ” classrooms—(Domestic Science Room — Woodwork Room) destroyed by enemy action have not yet been rebuilt so that the training of the older pupils is more limited than could be wished for these handicapped pupils.

(b) *Grays Open Air School.*

Seventy-five children were in attendance at this School during the course of the year.

The following is an analysis of the main defects for which these children have been admitted :—

				Boys.		Girls.		Total.
Lungs—								
Asthma	..	..	..	11	..	5	..	16
Bronchitis	..	..	..	8	..	11	..	19
Bronchiectasis	..	..	..	—	..	2	..	2
Heart—								
Endo-Carditis	..	..	..	—	..	1	..	1
Mitral Stenosis	..	..	..	1	..	—	..	1
Anaemia	..	..	..	3	..	5	..	8
Ear, Nose and Throat	..	..	..	2	..	2	..	4
Tuberculosis—								
Cervical Adenitis (Quiescent)	..	..	..	1	..	1	..	2
Pulmonary Tuberculosis (Quiescent)	..	..	..	2	..	2	..	4
Deformities—								
Osteo Chondro Dystrophy	..	..	..	1	..	—	..	1
Hemiplegia	..	..	..	—	..	1	..	1
Synovitis	..	..	..	1	..	—	..	1
Psychological Difficulty	..	..	..	1	..	—	..	1
Debility	..	..	..	6	..	5	..	11
Malnutrition	..	..	..	—	..	1	..	1
				37	..	36	..	73

Heights and Weights of Children attending the School during 1948.

Boys. The average increase in weight was 8lbs. 3ozs. with a corresponding average increase in height of $2\frac{1}{4}$ inches.

Girls. The average increase in weight was 8lbs. 12 ozs. with a corresponding average increase in height of $2\frac{3}{8}$ inches.

Leavers during 1948.

Twenty-one children left the School during the course of the year for the following reasons :—

Nine were fit to resume attendance at the ordinary school.

Two were over school-age and were fit for employment.

Six left the district.

Three were sent to Residential Open Air Schools.

One was sent to Hospital.

The average duration of stay in these twenty-one cases was *1 year 11 months*.

The Divisional School Medical Officer for the South Essex Division in his report for the year 1948 states—“ The Open Air School situation has again proved the urgent need for premises of this nature in the Hornchurch Area. The only facilities at present offered are those at Thurrock, and the difficulties in transport of suitable cases in the Hornchurch Area have proved to be insuperable. The

only alternative would be residential homes, and the situation regarding the acquisition of suitable premises is equally acute."

The development plan which has been approved by the Minister of Education allows for the provision of an Open Air School at Upminster.

(c) *Barking Faircross Special School for Educationally Sub-Normal, Physically Handicapped and Delicate Children.*

This School is divided into three sections, namely, for physically handicapped children, delicate children needing modified schooling, fresh air and after dinner sleep and educationally sub-normal children. At the end of the year there were 66 physically handicapped and delicate children and 40 educationally sub-normal children on the roll at this School all residing in the Borough of Barking.

(d) *Ilford Benton Special Open Air School.*

The following remarks by the Borough School Medical Officer are of interest :—

" During 1948, 41 children were admitted, 41 ceased attendance and on the 31st December, 1948, 83 children were on the school roll, 2 vacancies remaining unfilled.

Those admitted were recommended for examination from the following sources :—

School Medical Officer	..	..	..	31
Tuberculosis Officer	..	..	..	4
Head Teachers	..	..	..	2
Others	..	..	..	4

The above 41 children were admitted for the following reasons :—

Anaemia and dyspepsia	..	..	..	1
Asthma	..	..	..	3
Bronchiectasis	..	..	..	1
Bronchial asthma	..	..	..	7
Bronchitis	..	..	..	1
Bronchitis and Anaemia	..	..	..	1
Bronchitis, Asthma and Pulmonary Catarrh	..	..	..	1
Bronchitis and Pulmonary Catarrh	..	..	..	1
Chronic osteomyelitis	..	..	..	1
Debility	..	..	..	1
Debility and Asthma	..	..	..	3
Recurrent Pneumonia and Asthma	..	..	..	1
Debility and Sub-Normal Nutrition	..	..	..	3
Debility and Catarrh	..	..	..	1
Debility and Nephritis	..	..	..	1
Heart—Mitral systolic Murmur	..	..	..	1
Malnutrition and Pulmonary Catarrh	..	..	..	1
Malnutrition	..	..	..	3
Nerves	..	..	..	1
Old T.B. Lungs	..	..	..	1
Perthes Disease	..	..	..	1

Partially Sighted and Hemiparesis	1
Recurrent Rheumatic Carditis	1
Rheumatic Carditis	1
Spastic Paraplegia	1
T.B. Spine and Ankle	1
T.B. Left Hip	1

The 41 children not now on the school roll ceased attendance for the following reasons :—

Transferred to Fyfield Open Air School ..	1
Resumed attendance at ordinary school ..	34
Left school—over age	1
Admission to convalescent home	2
Admission to Black Notley Sanatorium ..	3

The Dental Surgeon has carried out one complete inspection of the children's teeth at the Open Air School. The following table shows briefly the dental work carried out :—

Number of children examined by the School Dentist ..	61
Number of children referred for treatment	23
Number of children treated by Dental Surgeon ..	23

In addition, 39 children, on the recommendation of the Medical Officer at the Open Air School, received priority treatment at the Dental Clinic.

As a result of the Medical Officer's periodic examinations, a number of the children have been recommended certain treatment as follows :—

Milk in School	29
Cod-liver Oil Emulsion	29
Malt and Oil, Parrish's Food, etc.	11
Referred to Ophthalmic Surgeon	5
Do. Orthopaedic Surgeon <i>re</i> Remedial Exercises, etc. ..	3
Do. Dental Surgeon	4
Do. Aural Surgeon	4
Do. Rheumatism Clinic Specialist	1
Do. Artificial Sunlight Clinic	2
Do. T.B. Officer	6
Recommended Asthma Exercises	12
Recommended Convalescent Home treatment	1

A course of Asthma Injections has been given to 32 children during the year.

Recommendations have also been made to the Head Teacher as to the amount of exercises individual children should undergo, and also as to the taking of shower baths and natural sunshine.

Fourteen children received Artificial Sunlight treatment during the year.

In May, 1948, approval was given to the appointment, as an experiment, of one additional teacher to give special treatment to a group of four spastic children and one achondroplasiac child.

(e) *Leyton Knotts Green Special School for Educationally Sub-Normal Pupils, and Leyton Knotts Green School for Physically Handicapped Pupils.*

During the year, the number of children admitted to and discharged from these Schools was 48 and 31, and 12 and 27 respectively.

(f) *Walthamstow Special Schools, Blind and Partially Sighted, School for the Deaf, School for the Physically Handicapped.*

The following information is contained in the report of the Borough School Medical Officer :—

(i) *Blind and Partially Sighted.*

The following table shows the classification of children at the end of the year. :—

	<i>From Walthamstow.</i>			<i>From rest of County.</i>			<i>From other Counties.</i>			<i>Total.</i>	
	<i>Blind.</i>	<i>Partially sighted.</i>		<i>Blind.</i>	<i>Partially sighted.</i>		<i>Blind.</i>	<i>Partially sighted.</i>		<i>Blind.</i>	<i>Partially sighted.</i>
Boys ..	—	9	..	—	1	..	—	8	..	—	18
Girls ..	—	11	..	1	2	..	1	11	..	2	24

This year has been one of change for the School. Owing to pressure of space upon the facilities at the Hale End site, the School was transferred to premises at the Wood Street Primary School. This entailed a major upheaval but the School quickly settled in.

The School was visited by parties of students from Teacher Training Colleges and also by Student Health Visitors.

Dr. M. Sheppard, Assistant School Medical Officer, visited the School and examined the children, and also made many special examinations at the Clinic. Our grateful thanks are due to her for her continued interest.

At the end of the year, Miss Balls, Headmistress, and Miss Mahoney, Assistant, retired after almost 30 years of service to the School. We should like to record our appreciation of their services.

During the year the average attendance was 36.2 and the average number on roll was 39.

(ii) *School for the Deaf.*

In January, 1948, there were 18 pupils in the School—14 boys and 4 girls. Their ages ranged from 3 years 2 months to 11 years 1 month.

Of these 18, one was partially deaf, 16 were totally deaf and one was severely retarded mentally and only partially deaf.

One partially deaf child was admitted in June. She was very backward indeed, but this was due entirely to her inability to follow instruction in a large class of a school for normal children. She has made rapid progress in the understanding, speaking, reading and writing of language, and her progress in number work is only a little less rapid. She has become an expert lip-reader, and when she has attained the standard of a hearing child of her age, and when she is in possession of a hearing aid, she should

be able to take her place in a school for normal children. At present we feel she is better in this School, until her confidence in her own ability is more firmly established. Her attendance at this School has been of very great benefit to her, but her association with the totally deaf would be to her detriment.

In September, 1948, a totally deaf boy was admitted who had been in residence at the Royal School for the Deaf, Margate. He is boarding in Walthamstow so that he may attend a day school.

The numbers, therefore, at the end of the year were 15 boys and 5 girls of ages from 4 to 12 years.

(iii) *School for the Physically Handicapped, Walthamstow.*

The work of the School has continued at the Hale End site, some adjustment of accommodation taking place owing to the removal of the Partially Sighted School to Wood Street. This enabled us to take more advantage of open air activities when the weather conditions were favourable.

This year an experiment was made in the summer holiday when the school was opened on a voluntary basis for a fortnight; it was felt that the long vacation broke the continuity of medical supervision. The attendance was maintained at over 90 per cent. during the whole period and was of undoubted benefit to the children.

Parties of Students from Training Colleges and Student Health Visitors visited the School during the year.

Swimming has now been arranged for selected children and several certificates have been won.

During the winter months a hot drink and biscuit have been supplied to each child before morning school commences.

Generally the health of the children has been maintained at a high level, but accommodation difficulties militate against the work of the School.

During the year 36 children (including 6 re-admissions) were admitted and 36 were discharged.

The average attendance was 60.3 and the average number on roll 74.

At the end of the year, the classification of cases was as follows:—

Orthopaedic	..	..	..	..	20
Delicate ..	..	..	..	..	24
Cardiac ..	..	..	..	..	8
Chest (Asthma and Bronchitis)	..	..	..	..	18
Miscellaneous	..	..	..	..	4

Dr. Watkins has made weekly visits and by his personal interest and helpful advice has contributed greatly to the work of the School. I would also wish to thank all staff, medical, teaching, welfare and domestic for their valued co-operation during the year.

(g) *Walthamstow Special School for Educationally Sub-Normal Children.*

The following report submitted to the Borough School Medical Officer by the Head Teacher is of interest:—

The number on roll during the year averaged 58, with intelligence quotients ranging from 46 to 75.

Nine boys left during the year—four were transferred to residential schools, one returned to normal school on six months trial, one was excluded as ineducable, and three proceeded to full-time employment. Of the four girls who left, two removed to another area and two are now employed in local factories.

During the year H.M. Inspector visited the school.

A small observation class has been formed from the lower age group $5\frac{1}{2}$ –7 years of age). The children in this group are mainly those sent on trial, and are usually unfit for the more formal methods of the junior classrooms.

(h) *Colchester Special School for Educationally Sub-Normal Children.*

In the report of the Divisional School Medical Officer for North-East Essex, the following interesting remarks are recorded :—

Number on roll at 31st December, 1948	..	..	27
Average Attendance	..	..	24.7
Percentage of attendance	..	..	89.5
New admissions	..	..	7
Discharges	..	..	10

(Note : Three of the children discharged had intelligence quotients of 40 or less and were removed as ineducable and notified to the Mental Welfare Authority).

This is an "all-age" school with two classes. It is at present recovering from a long period during which insufficient discrimination was exercised in admission and too many unsuitable children found their way into it. At present, it admits children with an I.Q. range of 50–70, though borderline cases are, in appropriate circumstances, admitted on trial. I am much impressed by the work it does in spite of severe practical handicaps.

The School is housed in two small classrooms of an infant school. There is barely enough space for ordinary sedentary activities and virtually none for indoor physical education or games. Good use, however, is made of a neighbouring park when the weather is suitable. It is not possible to provide school dinners on the premises and the children have to walk about three-quarters of a mile to dine at another school. The great advantage of the School's present position is that it is near the town centre and readily accessible from both local and country bus routes. The most practical solution of its problems would seem to be to re-house the infant school whose premises it shares and to allow it to expand into the whole of the building.

(ii) *Special Schools—Boarding.*

The County Council has no Boarding Special Schools of their own at the present time but places are allocated for Essex children at the East Anglian School for the Blind and Deaf, Gorleston, and the Royal Eastern Counties Institution Special School for Educationally Sub-Normal Children, Colchester. Many other children are sent to other boarding special schools and convalescent homes in various parts of the country. Shortage of accommodation creates many difficulties, although by arrangements the Invalid Children's Aid Association assist in obtaining vacancies. The Development Plan provides for the erection of a number of Special Schools in the County.

As a result of the unsatisfactory position relating to the placement of children in certain categories of boarding special schools, the Ministry of Education has agreed to recognize expenditure incurred in sending children to establishments not recognized as special schools but which have been inspected and are considered capable of giving efficient education to these children. Approval has been received from the Ministry in respect of a number of schools where it is considered efficient education can be given.

(iii) *Hearing of School Children.*

In July, 1948, the Education Committee agreed to a scheme to extend the Audiometric testing of hearing of school children to cover the whole of the Administrative County, such scheme to include the appointment of three whole-time Audiometricians and the purchase of the necessary additional equipment.

As a commencement a whole-time Audiometrician was appointed to undertake duties in the Walthamstow Division and she commenced duty on the 2nd May, 1949. Further particulars in regard to the progress of the scheme will be given in the report for the year 1949.

In June, 1948, approval was given to the appointment of a peripatetic teacher of lip reading as it was considered that many partially deaf children could continue to be educated in the ordinary schools if classes in lip reading could be arranged at suitable centres.

(iv) *Ministry of Education Circular 146, dated 30th June, 1947.*

This circular strengthens the conditions under which the Minister is prepared to approve Medical Officers under Regulation 53 in connexion with the ascertainment of educationally sub-normal children. As from 1st January, 1948, approval is only given to Medical Officers who have—

- (i) been selected by the Local Education Authority on the advice of the School Medical Officer.
- (ii) been given an opportunity of observing ascertainment examinations by an already approved Medical Officer for a period before taking the approved course ;
- (iii) taken one of the three weeks courses organized by the University of London jointly with the National Association of Mental Welfare ;

- (iv) undergone a further period of observation after taking the course and been recommended to the Ministry by the School Medical Officer.

Arrangements were made during the year for 9 medical officers to undergo a course as mentioned in (iii).

10. Nursery Schools.

(a) *Walthamstow.*

The Head Teacher of this Nursery School indicates that applications for admission continue to increase and that from an infectious disease point of view the year was rather exceptional in that out of a school of 90 children there were only 10 cases of whooping cough, 2 of chicken pox and 1 of mumps.

(b) The remainder of the Nursery Schools which are all situated at Chelmsford continued to serve a very useful purpose, and call for no special comments.

11. School Camps.

School Camps.

Hydon Heath, near Godalming.

Kennylands, near Reading.

Itchingfield, Sussex.

Camp School.

Elmbridge, near Guildford.

The arrangements were continued whereby parties of children were sent to the three School Camps and the one Camp School.

The School Camps are available for children primarily of secondary school age for short stay periods, and the Camp School for children who will attend for the whole of their secondary school life. Prior to admission each child is medically examined. Medical treatment for children at each Camp is provided by a local medical practitioner under the National Health Service and a school nurse is resident at each school. At the Elmbridge Camp School, by arrangement with the Surrey Education Committee the routine school medical inspections and other school health service treatment facilities have been made available for the pupils.

12. Health Education—Propaganda.

As in previous years, talks and lectures have been given by members of the staff to mothers and school children, the school nurse taking any available opportunity to give advice on health matters when visiting the schools. In addition, lectures have been given at various Youth Clubs at Ilford, Chadwell Heath, Romford, Becontree, Barking, Upminster and Walthamstow.

MEDICAL INSPECTION AND TREATMENT RETURNS.

YEAR ENDED 31ST DECEMBER, 1948.

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

A.—Routine Medical Inspections.

(1) No. of Inspections :—

Entrants	..	..	..	..	21,685
Second Age Group	..	..	..	..	16,985
Third Age Group	..	..	..	..	16,187
Total	..	..	..	..	54,857

(2) No. of other Routine Inspections 5,542

Grand Total 60,399

B.—Other Inspections.

No. of Special Inspections	..	..	..	..	30,825
No. of Re-inspections	..	..	..	..	37,122
Total	..	..	..	..	67,947

C.—Pupils Found to Require Treatment.

NUMBER OF INDIVIDUAL PUPILS FOUND AT PERIODIC MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING DENTAL DISEASES AND INFESTATION WITH VERMIN).

Group.		For defective vision (excluding squint).		For any of the other conditions recorded in Table IIA.		Total individual Pupils.
(1)		(2) %		(3) %		(4) %
Entrants	..	394	..	3,889	..	4,268
Second Age Group	..	800	..	2,272	..	2,944
Third Age Group	..	986	..	2,089	..	2,931
Other Periodic Inspections		212	..	376	..	531
Total	..	2,392	..	8,626	..	10,674

TABLE II.

**A. Return of Defects Found by Medical Inspection in the Year Ended
31st December, 1948.**

Defect Code No.	Defect or Disease (1)	PERIOD INSPECTIONS		SPECIAL INSPECTIONS	
		No. of defects		No. of defects	
		Requiring treatment (2)	Requiring to be kept under obser- vation, but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under obser- vation, but not requiring treatment (5)
4	Skin	646	344	3,119	82
5	Eyes—				
	(a) Vision	2,405	1,350	727	123
	(b) Squint	301	129	154	18
	(c) Other	362	157	1,378	42
6	Ears—				
	(a) Hearing	185	149	156	46
	(b) Otitis Media ..	142	130	525	16
	(c) Other	259	152	826	29
7	Nose or Throat ..	2,345	3,507	1,779	404
8	Speech	215	184	212	47
9	Cervical Glands ..	104	1,198	166	49
10	Heart and Circulation	179	524	74	88
11	Lungs	351	807	282	150
12	Developmental—				
	(a) Hernia	55	86	16	7
	(b) Other	81	217	90	23
13	Orthopædic —				
	(a) Posture	634	352	138	48
	(b) Flat Feet	1,754	419	256	64
	(c) Other	1,273	763	347	60
14	Nervous System—				
	(a) Epilepsy	21	32	20	9
	(b) Other	79	176	118	82
15	Psychological—				
	(a) Development ..	60	137	60	33
	(b) Stability	57	298	196	40
16	Other	1,334	797	10,557	1,072

B. Classification of the General Condition of Pupils Inspected during the Year in the Age Groups.

Age Groups (1)	Number of Pupils Inspected (2)	A (Good)		B (Fair)		C (Poor)	
		No. (3)	% of Col. (2) (4)	No. (5)	% of Col. (2) (6)	No. (7)	% of Col. (2) (8)
Entrants	21,685	7,754	35.75	13,233	61.02	698	3.21
Second Age Group ..	16,985	5,450	32.08	11,073	65.19	462	2.72
Third Age Group ..	16,187	5,786	35.74	10,080	62.21	321	1.98
Other periodic inspections	5,542	2,037	36.75	3,482	62.82	23	0.41
Total	60,399	21,027	34.81	37,868	62.70	1,504	2.49

TABLE III.

Treatment Tables.

GROUP I.—MINOR AILMENTS (EXCLUDING UNCLEANLINESS, FOR WHICH SEE TABLE V).

	Number of defects treated, or under treatment during the year.				
(a) Skin—					
Ringworm (Scalp)—					
(i) X-ray treatment	..	..	..	..	9
(ii) Other treatment	..	..	..	..	23
Ringworm (Body)	..	..	..	..	69
Scabies	..	..	..	..	312
Impetigo	..	..	..	..	1,091
Other skin diseases	..	..	..	..	4,717
Eye disease	..	..	..	..	2,861
Ear defects	..	..	..	..	2,412
Miscellaneous	..	..	..	..	20,376
Total	..	..	..	..	31,870
(b) Total number of attendances at Authority's minor ailment clinics	..	..	..	..	120,722

GROUP II.—TREATMENT OF DEFECTIVE VISION AND SQUINT.

	No. of defects dealt with.
Errors of Refraction (including squint)	11,275
Other defect or disease of the eyes (excluding those recorded in Group I)	1,241
Total	12,516
Number of pupils for whom spectacles were—	
(a) Prescribed	7,216
(b) Obtained	5,025

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Received operative treatment—	
(a) For adenoids and chronic tonsillitis	2,858
(b) For other nose and throat conditions	135
Received other forms of treatment	1,501
Total	4,494

GROUP IV.—ORTHOPÆDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals or hospital schools ..	70
(b) Number treated otherwise, e.g., in clinics or out-patient departments	7,911

GROUP V.—CHILD GUIDANCE TREATMENT AND SPEECH THERAPY.

Number of pupils treated—	
(a) Under Child Guidance arrangements	531
(b) Under Speech Therapy arrangements	1,263

TABLE IV.

Dental Inspection and Treatment.

(1) Number of pupils inspected by the Authority's Dental Officer—	
(a) Periodic age-groups	63,510
(b) Specials	17,126
(c) Total (Periodic and Specials)	80,636
(2) Number found to require treatment	50,672
(3) Number actually treated	50,421
(4) Attendances made by pupils for treatment	109,918
(5) Half-days devoted to—	
(a) Inspection	1,141
(b) Treatment	14,501
Total (a) and (b)	15,642

						No. of defects dealt with.
(6) Fillings—						
Permanent teeth	..	..	..	..	..	47,245
Temporary teeth	..	..	..	..	..	19,346
Total	..	..	..	..	..	66,591
(7) Extractions—						
Permanent teeth	..	..	..	..	..	10,463
Temporary teeth	..	..	..	..	..	57,428
Total	..	..	..	..	..	67,891
(8) Administration of general anæsthetics for extraction						26,977
(9) Other operations—						
(a) Permanent teeth	..	..	..	..	..	32,723
(b) Temporary teeth	..	..	..	..	..	16,363
Total (a) and (b)	..	..	..	..	..	49,086

TABLE V.

Verminous Conditions.

(1) Total number of examinations in the Schools by School Nurses and other authorized persons	..	..	..	..	497,843
(2) Total number of individual pupils found to be infected	..	..	..	..	9,220
(3) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	..	..	..	..	2,229
(4) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	..	..	..	..	65

TABLE VI.

School Medical and Dental Staff.

AT 31ST DECEMBER, 1948 (EXCLUDING SPECIALISTS).

Names of Medical Officers.	Proportion of whole-time (expressed as a percentage) devoted to—	
	School Health Service.	Public Health.
<i>School Medical Officer—</i>		
W. A. Bullough	20	80
<i>Deputy School Medical Officer—</i>		
G. G. Stewart	20	80
<i>Senior Medical Officer for Schools—</i>		
J. L. Miller Wood	100	—

Names of Medical Officers.	Proportion of whole time (expressed as a percentage) devoted to—		
	School	Health Service.	Public Health.
<i>Excepted Districts—</i>			
<i>Barking—</i>			
C. L. Williams (Borough School Medical Officer) ..	25	..	75
Assistant School Medical Officers			
M. I. Adamson	40	..	60
E. Martin	40	..	60
A. C. McLeish	40	..	60
E. Popper	40	..	60
A. E. Seligmann	40	..	60
V. Spiller	40	..	60
M. Westlake	40	..	60
<i>Dagenham—</i>			
C. E. Herington (Borough School Medical Officer)	25	..	75
Assistant School Medical Officers—			
T. H. Harrison	100	..	—
J. Lister	100	..	—
E. M. Mitchell	100	..	—
<i>Ilford—</i>			
J. H. Weir (Borough School Medical Officer) ..	25	..	75
Assistant School Medical Officers—			
I. Gordon	36	..	64
D. M. B. Cross	45	..	55
F. E. O'Connor	63	..	37
A. Collins	45	..	55
I. D. M. Nelson	45	..	55
F. L. Groarke	36	..	64
<i>Leyton—</i>			
A. W. Forrest (Borough School Medical Officer)	25	..	75
Assistant School Medical Officers—			
M. Gilchrist	40	..	60
S. C. Lovell	80	..	20
<i>Romford—</i>			
J. B. Samson (Borough School Medical Officer) ..	25	..	75
Assistant School Medical Officers—			
A. P. Draper	75	..	25
E. Haga	25	..	75
H. Symonds	50	..	50

Names of Medical Officers.	Proportion of whole time (expressed as a percentage) devoted to—		
	School		
	Health Service.		Public Health.
<i>Walthamstow—</i>			
A. T. W. Powell (Borough School Medical Officer)	25	..	75
Assistant School Medical Officers—			
M. Watkins	46	..	54
D. Hudson	60	..	40
<i>Divisions—</i>			
<i>North-East Essex—</i>			
J. D. Kershaw (Acting Divisional School Medical Officer)	40	..	60
Assistant School Medical Officers—			
R. Cushing	87	..	13
F. K. Bibby	30	..	70
J. Hudson	10	..	20
J. Ramsbottom	16	..	84
J. Ranson	18	..	82
W. H. Alderton	30	..	70
J. Hetherington	25	..	75
E. M. Singer	20	..	80
B. Howarth	50	..	50
<i>Mid-Essex—</i>			
J. M. Thomas (Acting Divisional School Medical Officer)	50	..	50
Assistant School Medical Officers—			
M. Turner	40	..	60
W. M. Coppard	55	..	45
M. D. Rankine	65	..	35
S. R. Richardson	21	..	79
W. J. Moffat	9	..	91
A. R. Whitman	61	..	39
H. Campbell	37	..	63
<i>South-East Essex—</i>			
N. S. R. Lorraine (Acting Divisional School Medical Officer)	20	..	80
Assistant School Medical Officers—			
J. B. Ratcliffe	33	..	40
J. C. T. Fiddes	30	..	70
D. I. Mart	43	..	57
P. X. O'Dwyer	18	..	82

Names of Medical Officers.	Proportion of whole time (expressed as a percentage) devoted to—		
	School	Health Service.	Public Health.
<i>South Essex—</i>			
W. T. G. Boul (Acting Divisional School Medical Officer)	20	..	80
Assistant School Medical Officers—			
E. Anthony	20	..	—
J. Cawthorne	10	..	—
R. Meyer	100	..	—
M. Sutcliffe	32	..	68
M. Williams	12	..	88
D. E. C. Walker	10	..	90
B. F. Beatson	40	..	60
M. Kerr	25	..	75
I. Nicholls	45	..	55
J. I. Williams	10	..	—
A. J. Gibson	20	..	—
A. R. Forbes	65	..	35

Forest—

F. G. Brown (Acting Divisional School Medical Officer)	20	..	80
Assistant School Medical Officers—			
J. H. Crosby	30	..	70
E. L. Ewan	85	..	15
D. Maclean (Mrs. Short)	45	..	55
H. Franks	19	..	81
E. M. Jones	46	..	54

Names of Dental Officers	Proportion of whole time (expressed as a percentage) devoted to—						
	School						Public Health.
	Health Service.						
<i>Senior County Dental Officer—</i>							
S. K. Donaldson	..	..	..	..	90	..	10
<i>Assistant Dental Officers—</i>							
<i>Excepted Districts—</i>							
<i>Barking—</i>							
R. A. Tran	..	..	..	..	90	..	10
J. Bery	..	..	..	..	90	..	10
H. H. Cooke	..	..	..	..	90	..	10
L. Henry	..	..	..	..	90	..	10
A. R. Levy	..	..	..	..	90	..	10
J. K. Whitelaw	..	..	..	..	90	..	10

Names of Dental Officers.					Proportion of whole time (expressed as a percentage) devoted to—		
					School Health Service.	Public Health.	
<i>Dagenham—</i>							
B. C. McKenzie	..	..	..	..	90	..	10
C. Sumsawaste	..	..	..	..	90	..	10
<i>Ilford—</i>							
M. J. K. Soutter	..	..	..	..	73	..	27
A. G. Clarke	..	..	..	..	100	..	—
E. V. Haigh	..	..	..	..	82	..	18
<i>Leyton—</i>							
A. E. Hall	..	..	..	..	90	..	10
<i>Romford—</i>							
D. E. Skidmore	..	..	..	..	90	..	10
D. Shirlaw	..	..	..	..	90	..	10
<i>Walthamstow—</i>							
L. W. Elmer	..	..	..	..	100	..	—
G. P. Taylor	..	..	..	..	100	..	—
C. Shamash	..	..	..	..	100	..	—
R. V. Tait	..	..	..	..	100	..	—
R. Hyman	..	..	..	..	100	..	—
<i>Divisions—</i>							
<i>North-East Essex.</i>							
J. F. Godfrey	..	..	..	..	90	..	10
R. A. Pepper	..	..	..	..	60	..	—
S. N. Manning	..	..	..	..	90	..	10
B. G. Tetlow	..	..	..	..	90	..	10
F. S. Lindey	..	..	..	..	32.4	..	3.6
<i>Mid-Essex—</i>							
B. G. Brown	..	..	..	..	90	..	10
A. M. Hughes	..	..	..	..	90	..	10
J. Edgar	..	..	..	..	90	..	10
F. V. Maguire	..	..	..	..	90	..	10
<i>South-East Essex—</i>							
D. W. Hurley	..	..	..	..	90	..	10
W. Leigh-Breese	..	..	..	..	18	..	—
N. I. H. Shannon	..	..	..	..	90	..	10
H. L. Thorn	..	..	..	..	45	..	—
L. C. Lavender	..	..	..	..	90	..	10
<i>South Essex—</i>							
J. O. McGee	..	..	..	..	20	..	—
H. C. Heighton	..	..	..	..	90	..	10
O. R. Vignale	..	..	..	..	100	..	—

Names of Dental Officers.					Proportion of whole time (expressed as a percentage) devoted to—		
					School Health Service.	Public Health.	
C. Grieshaber	..	..	..	..	90	..	10
B. Wyers	..	..	..	..	15	..	—
E. W. Bacon	..	..	..	..	30	..	—
D. Fairfax	..	..	..	..	10	..	—
R. B. Allen	..	..	..	..	10	..	—
W. Pearson	..	..	..	..	20	..	—
<i>Forest—</i>							
A. W. Barry	..	..	..	..	90	..	10
R. Chase	..	..	..	..	45	..	9
E. Kimelman	..	..	..	..	90	..	10
C. M. Lane	..	..	..	..	90	..	10

School Nursing Staff.

YEAR ENDED 31ST DECEMBER, 1948.

				Number of Officers.	Aggregate of time given to S.H.S. work in terms of whole-time officers.
School Nurses	..	..	172	..	88
Home Nurses	..	..	—	..	The services of Home Nurses are available for assisting School Nurses in home visits, etc.
Nursing Assistants	..	..	2	..	1½
Dental Attendants	..	..	46	..	41

TABLE VII.

Minor Ailment Clinics.

North-East Essex Division.

School Clinic, 3, Trinity Street, Colchester	..	Monday to Friday p.m.
"Tower House", Main Road, Harwich	..	Tuesdays and Fridays a.m.
Stanway School, Villa Road, Stanway	..	Thursdays a.m.
15, Head Street, Halstead	..	Wednesdays a.m.
Sible Hedingham Secondary School, Sible Hedingham	..	Thursdays a.m. (during School term)
Combined Treatment Centre, Skelmersdale Road, Clacton-on-Sea	..	Tuesdays and Thursdays a.m.

In the Tendring Rural area and Brightlingsea Urban District school children are seen at the close of each Infant Welfare Clinic, at 4 o'clock.

Mid-Essex Divisions.

Congregational Hall, Ongar	..	2nd and 4th Thursdays a.m.
Combined Treatment Centre, Coval Lane, Chelmsford	..	Mondays and Fridays a.m.
Moulsham School, Princes Road, Chelmsford	..	Daily a.m.

Combined Treatment Centre, Coggeshall Road, Braintree	Tuesdays a.m.
Combined Treatment Centre, Stortford Road, Dunmow	2nd 4th and 5th Fridays a.m.
Combined Treatment Centre, 69, High Street, Saffron Walden	Tuesdays a.m.
Central Hall, Stansted	1st and 3rd Wednesdays p.m.
Institute Hall, High Street, Kelvedon	4th Wednesday a.m.
Combined Treatment Centre, Guithaven Street, Witham	4th Monday a.m.
Combined Treatment Centre, Crouch Road, Burnham-on-Crouch	2nd Monday a.m.
Combined Treatment Centre, Wantz Chase, Maldon	Fridays a.m.

South-East Essex Division.

Village Hall, Great Wakering	1st Thursday a.m.
Combined Treatment Centre, Rocheway, Rochford	4th Friday a.m.
Combined Treatment Centre, Eastwood Road, Rayleigh	2nd Thursday a.m.
Combined Treatment Centre, Kenneth Road, Thundersley	4th Thursday a.m.
Combined Treatment Centre, Nevendon Road, Wickford	2nd and 4th Thursday a.m.
Combined Treatment Centre, Broadway, Pitsea ..	1st and 3rd Tuesday a.m.
Combined Treatment Centre, Florence Road, Laindon	1st and 3rd Monday a.m.
Combined Treatment Centre, London Road, Hadleigh	1st and 3rd Friday a.m.
Combined Treatment Centre, Laindon Road, Billericay	3rd Thursday a.m.
Combined Treatment Centre, Furtherwick Road, Canvey Island	2nd and 4th Tuesday a.m.
Combined Treatment Centre, London Road, South Benfleet	1st Thursday a.m.
Craylands Combined Treatment Centre, Timberlog Lane, Nevendon	1st and 3rd Tuesday a.m.

Forest Division.

93, High Road, Woodford	Fridays a.m.
C.E. School, Wanstead	1st and 3rd Tuesday p.m.
Grange Hill Temp. C.P., Chigwell	Alternate Tuesday a.m.
Friday Hill House, Chingford	1st, 2nd and 4th Monday p.m.
Marmion Avenue, Chingford	Mondays a.m.
15, Regent Road, Epping	Thursdays a.m.

St. John's Ambulance Station, Harlow	..	3rd Tuesday a.m.
Union Church Hall, Loughton	..	Alternate Thursdays a.m.
Sewardstone Road, Waltham Abbey	..	1st and 3rd Monday p.m.
St. John's C. E. School, Buckhurst Hill	..	Alternate Mondays p.m.

South Essex Division.

Combined Treatment Centre, 39, Queen's Road, Brentwood	..	Wednesdays a.m.
Combined Treatment Centre, Westland Avenue, Hornchurch	..	Tuesdays a.m.
Combined Treatment Centre, Abbs Cross Lane, Hornchurch	..	1st, 3rd, 4th and 5th Thurs- days a.m.
Rainsford Way Primary School, Hornchurch Road, Romford	..	Fridays a.m.
61, Athelstan Road, Harold Wood	..	Fridays a.m.
Combined Treatment Centre, Upminster Road, Rainham	..	Thursdays a.m.
Old Boy's School, Station Road, Upminster	..	Tuesdays a.m.
Combined Treatment Centre, Glasson House, High Street, Grays	..	Tuesdays and Wednesdays a.m.
Old Manor Road, Tilbury	..	Fridays a.m.
St. Margarets Hall, Corringham Road, Stanford- le-Hope	..	Mondays a.m.
Aveley Secondary School, Bushy Bit, West Thurrock, near Grays	..	Tuesdays and Fridays a.m.
Congregational Hall, North Road, South Ockendon, near Grays	..	Mondays a.m.

Barking.

Central Health Centre, Vicarage Drive, Ripple Road, Barking	..	each morning
Porters Avenue Health Centre, Porters Avenue, Dagenham	..	each morning
Woodward Health Centre, Woodward Road, Dagenham	..	each morning

Dagenham.

Five Elms School	..	Mondays and Fridays a.m.
Green Lane School	..	Mondays and Thursdays a.m.
Fanshawe School	..	Mondays a.m.
Hunters Hall School	..	Thursdays a.m.
Ford Road Clinic	..	Wednesdays p.m.
The Leys Clinic, Ballards Road	..	Fridays p.m.
The Clinic, Ashton Gardens, Chadwell Heath	..	Tuesdays a.m.

Ilford.

Newbury Hall, Perryman's Farm Road, Ilford ..	Tuesday and Friday	mornings
Mayesbrook Clinic, Goodmayes Lane, Ilford ..	Wednesday and Friday	mornings

Leyton.

Parkhouse Clinic, Cranleigh Road, Leytonstone ..	Daily a.m./p.m. Sats. a.m.
Leyton Green Clinic, Leyton Green Road, Leyton ..	Daily a.m./p.m. Sats. a.m.

Romford.

Combined Treatment Centre, Hulse Avenue ..	Mondays a.m.
Havering Road School	Thursdays a.m.
Straight Road School	Tuesdays a.m.
Combined Treatment Centre, 21, Eastern Road ..	Wednesdays a.m.

Walthamstow.

Town Hall	Monday Wednesday Friday Saturday	} a.m.
Sidney Burnell School, Handworth Avenue, Highams Park	Tuesdays a.m. Fridays p.m.	
Low Hall Lane, Markhouse Road	Thursdays a.m.	

