[Report 1950] / School Medical Officer of Health, Essex County Council.

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COUNTY COUNCIL OF ESSEX
EDUCATION COMMITTEE

ANNUAL REPORT

OF THE

School Medical Officer

FOR THE

Year 1950

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THE SPECIAL SERVICES SUB-COMMITTEE OF THE EDUCATION COMMITTEE—1950

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*Ashton, H.
Bate, Mrs. A. M. P.
Brabner, G. N.
Cann, The Rev. B. C.
Day, D. W.
Digby, Miss E.
Dovey, F. J. H.
Edwards, W. H.
*Faning, P. V.
Fisher, C. W.
*Foster, F. S.
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Prendergast, Mrs. A. E.
Riley, Q. T. P. M.
Rougemont, E. R. D. de
Rose, G. E.
Shalders, G. H.
Spencer, W. R.
Vaizey, Brigadier J. T. de H.
Warr, Mrs. A. F.
*Young, Major A. M.

**Ex-officio.*

PREFACE

County Hall,

Chelmsford.

April, 1951.

To the Chairman and Members of the Education Committee.

Sir, Ladies and Gentlemen,

I have the honour to present the Report of the School Medical Officer for the year 1950 and in this short preface I wish to call attention to certain particular items in relation to the health of the child at school. In my Report of last year a similar procedure was adopted and special comment was made on the establishment of a child health service in the County; on the relationship of the school health service to the National Health Service; on the dental service, and on other items, including health education at school.

The Health of the Handicapped Child.

The first point of particular interest upon which I would comment is the relationship of the handicapped child to the educational system. The definitions of handicapped pupils, which are contained in the Handicapped Pupils and School Health Service Regulations, 1945, include those children who are, by reason of a physical or mental defect, handicapped in relation to their normal fellows in obtaining benefit from education at an ordinary school. The categories include children who are educationally sub-normal owing to a disability of mind and those who are suffering from some type of physical abnormality which is so severe that they require special education. The latter consist of a diversity of disabilities and the table on page 52 shows the numbers of such children ascertained in the County and the conditions from which they are suffering.

Educationally sub-normal children suffer from varying degrees of backwardness and the type of provision to be made for their education must vary accordingly. It may be possible to deal with a proportion within the normal school, but the greater number will require education either in special classes, in special day schools or in residential schools. The numbers of such children requiring special education and the numbers already being dealt with are included in the section of the report devoted to handicapped children.

The responsibilities of the school health service include the ascertainment of the various categories of handicapped pupils and it has to be borne in mind in the process of ascertainment that the disability from which the child is suffering, and which may be a handicap to him in his normal activities, is not the only criterion to be applied, but the effect which this disability will have upon his education should also have consideration. It is possible for a child to suffer from a severe physical handicap, e.g. the loss of a limb, but not to require special educational treatment in consequence, and in the assessment of pupils who will be included

in one or other of the " handicapped " categories, medical officers must give first regard to educational considerations.

Further, the education and training of the handicapped child must bear a close relationship to his particular disability, and should also be designed to take full account of his future place in society. It is possible by education and encouragement in self reliance, to ensure that, even with the severest type of physical disability, the handicapped child will eventually, as a handicapped adult, make some contribution to the community. In many cases this will exceed the mere accomplishment of becoming self-supporting and extend to a more than average share of responsibility towards his fellows. It is unnecessary to cite the outstanding achievements of prominent men and women in overcoming the severest type of paralytic deformity or total blindness to prove that serious handicaps can be overcome ; but it is well to remember them in assessing the value of education provided at greater cost in special schools for handicapped children as compared with that of the education of normal children at ordinary schools.

Considerable developments have taken place in the provision of special education for all types of handicapped children, and more attention is devoted to this side of the education service than ever before. There is, however, still a relatively meagre provision for this class of child and numbers of children await admission to special schools, as will be evident from the figures in the appropriate section of this Report. It is desirable that the size and degree of the problem should be kept constantly under review and that the special needs of the handicapped child and his possible future contribution to society should not be forgotten.

Child Guidance Service.

Reference was made in my Annual Report of last year to the proposed reorganisation and development of the child guidance services of the County, and particulars of the approved proposals for the future are contained, under the appropriate heading, in this Report. Over a period of years the scheme will be developed to provide a complete and comprehensive service for the whole of the County, those areas where the need is greatest having priority.

The child guidance service is designed to deal with those pupils who are maladjusted, i.e. " pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment ". The manifestations of maladjustment vary widely in their severity and only a proportion of maladjusted children will have behaviour disturbances which need special educational treatment. It is possible to treat the majority of maladjusted children at clinics and special provision either at day special schools or at residential schools will be necessary only for selected cases or where the root cause of the behaviour disturbance lies in the home and can be corrected only by the removal of the child to a residential school.

Experience gained at the child guidance clinics in the County and elsewhere indicates that the greatest number of cases of maladjustment is predominantly

attributable to personal relationships at home, and that faulty parental attitudes, including that of the affectionate but over-zealous parent, play the greatest part in the production of maladjustment amongst children.

It is important therefore both in the treatment and prevention of these conditions, that parents should receive advice and guidance from specially trained workers. The psychiatric social worker has the immediate responsibility for dealing with the home conditions; for affording advice and guidance to parents; and for the adjustment of the home relationships to the needs of the child. In the sphere of prevention, however, there is need for education in good parenthood in its widest context and on the application of wise methods in the normal psychological development of the child without undue emphasis being laid on the morbid conditions which may arise. Much is already being done in this connection, but a close association of the staffs of child guidance clinics with parent-teacher associations and voluntary organisations, such as Women's Institutes, would be valuable in disseminating knowledge of the causes and prevention of maladjustment and on the psychological development of the normal child.

Trials of Anti-Tuberculosis Vaccine.

The Medical Research Council is undertaking a series of trials of anti-tuberculosis vaccine in certain parts of the country, and the Education Committee agreed to participate in the arrangements made by the Council.

Amongst the specific measures for the prevention of tuberculosis in individuals is B.C.G. vaccination, which is available to certain groups of the population who may be heavily exposed to infection with tuberculosis. These include nurses, medical students and child contacts in tuberculous households. Arrangements have already been made by the Health Committee for B.C.G. vaccination of child contacts in infected homes, and by this means it is hoped to confer protection on children who are at special risk.

There is, however, a lack of direct evidence as to the value of B.C.G. vaccination in persons exposed to the ordinary conditions of life in this country and the possibility of the use of anti-tuberculosis vaccine as a method of mass immunisation requires study. It is with this object in view that the Medical Research Council, with the approval of the Ministry of Health, is carrying out its trials.

The trials involve children leaving secondary modern schools at the age of 15 years and it is proposed to follow them up by regular examinations for at least three years. Parents in the selected areas of the County have been approached and the scheme has been explained to them, particularly its importance in the accumulation of knowledge in the vital field of the prevention of tuberculosis. The response from parents has been most gratifying, and it will be possible in this County, and in some other parts of the country, to investigate the results of the trial over a period of years on a large number of children and thus obtain authoritative evidence as to the value of B.C.G. vaccination as a measure of protection against tuberculosis amongst persons exposed to the ordinary conditions of life.

Tonsillectomy.

Reference is made on page 15 by Mr Ibbotson to the treatment of diseased tonsils and to the numbers of children requiring operations for the removal of tonsils and adenoids on the waiting lists of hospitals. Controversy has existed for years, and still exists, on the question of indications and contra-indications for tonsillectomy, and there are marked variations in the numbers of children submitted to operation in different parts of the country and in different types of schools. The tendency at the present time is, on the whole, for a more conservative approach to operative treatment, and for such to be applied only if certain definite indications exist. The suggestions of the Ministry of Education are that the records of children examined should refer to chronic tonsillitis rather than to enlarged tonsils and that where doubt exists, a period of observation is desirable, during which conservative measures should be applied. This, together with the reports of many school medical officers that with conservative treatment many cases of enlarged tonsils in young children and the symptoms which were apparently attributable to them cleared up spontaneously, has led to a reduction in the wholesale removal of tonsils and adenoids simply because of enlargement. It is, therefore, desirable that medical officers, in dealing with symptom-free enlargement of the tonsils, should place the children under observation for a period, and, if necessary, should apply non-operative treatment during this period. The treatment of oral sepsis, attention to the general health and nutrition of the child and the treatment of local nasal conditions, will lead in many cases to marked improvement or complete remedy of the tonsillar condition.

Where chronic tonsillitis exists and frequent attacks of tonsillitis have occurred and where sepsis is deep seated, as is pointed out by Mr Ibbotson, early operation is desirable. In these cases the long delay owing to inflated waiting lists may result in deterioration of the general health of the child. With a view to the selection of the more urgent cases and a consequent reduction of the waiting lists, a system of frequent review of cases is now in operation in the County. By the application of conservative treatment before referral and the selection of urgent cases, it is hoped to ensure that those children urgently in need of operation will be subject to less delay in obtaining treatment.

The possibility of association between tonsillectomy and poliomyelitis has caused concern and the Ministry of Health in 1947 recommended that during the prevalence of poliomyelitis, tonsillectomy and other operations on the nose and throat should be postponed wherever possible. In view of the widespread prevalence of poliomyelitis in recent years, the cessation of operative treatment for considerable periods in summer and autumn has led to an inflation of waiting lists, but although the risk of a patient developing poliomyelitis after tonsillectomy may be a remote one, the fact that the possibility exists and that the disease may be of the severe bulbar type, seems a reasonable justification for the cessation of operative treatment, except in urgent selected cases which will be few in number.

Conclusion.

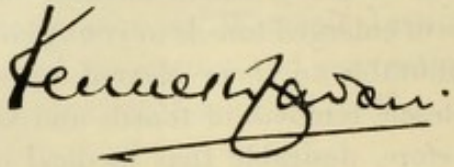
I would like, once again, to thank the teachers of the County for their continued co-operation. The medical inspection of large numbers of children

leads to a considerable dislocation of the ordinary work in the schools, but almost without exception, teachers not only take a prominent part in the arrangements, but offer every assistance both at the time of medical inspections and in the provision of information about the health of children who may require special medical examinations. Without their wholehearted co-operation the work would be infinitely more difficult.

Dr J. L. Miller Wood and Mr J. W. Hurst are responsible for the compilation of this Report, and I am grateful for their valuable assistance, and for the loyal service which has been rendered by all members of the staff during the year.

I have the honour to be

Your obedient Servant,



School Medical Officer.

STAFF

COUNTY MEDICAL OFFICER OF HEALTH AND SCHOOL MEDICAL OFFICER :
H. KENNETH COWAN, M.D., D.P.H.

DEPUTY COUNTY MEDICAL OFFICER OF HEALTH AND DEPUTY SCHOOL MEDICAL OFFICER : G. G. STEWART, M.R.C.S., L.R.C.P., D.P.H.

SENIOR MEDICAL OFFICER FOR SCHOOLS : J. L. MILLER WOOD, *V.R.D.*, M.R.C.S., L.R.C.P., D.P.H., M.M.S.A.

The following changes in staff have occurred during the year :—

MEDICAL OFFICERS :

EXCEPTED DISTRICTS.

Barking— A. C. McLeish, M.A., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. Resigned 31–10–50.

Dagenham— Jeanne C. Lister, M.B., B.S. Resigned 28–5–50.
T. H. Harrison, M.R.C.S., L.R.C.P., D.P.H., D.T.M. & H. Resigned 30–11–50.
Catherine Fitzpatrick, M.B., B.Ch. Commenced 10–7–50.
Fannie Hirst, M.B., Ch.B., D.P.H. Commenced 2–10–50.
Elizabeth Summerhayes, M.B., B.S., D.C.H. Commenced 1–9–50 (Temporary).

Ilford— J. H. Weir, M.D., B.S., B.Hy., D.P.H. Resigned 26–2–50.
I. Gordon, M.D., Ch.B., D.P.H., M.R.C.P. (Appointed Acting Divisional School Medical Officer 27–2–50).
F. L. Groarke, M.B., B.Ch., L.M., D.C.H., D.P.H., R.C.P. & S. Resigned 31–5–50.
Helen B. Grange, M.B., B.S. Commenced 23–1–50.
Joan M. Pooley, M.B., B.S., D.C.H. Commenced 1–6–50.

Leyton— Ethel R. Emslie, M.D., Ch.B., D.P.H., D.C.H. Commenced 3–1–50.

Walthamstow— Dorothy B. Hudson, M.B., Ch.B., D.P.H. Resigned 10–6–50.
Roshan A. Irani, M.D., M.S., M.R.C.O.G. Commenced 12–6–50.

DIVISIONS.

North-East Essex— Bessie Howarth, M.B., Ch.B. Resigned 31–3–50.
J. Ramsbottom, M.B., Ch.B., D.P.H. Resigned 31–5–50.
A. Golledge, M.R.C.S., L.R.C.P. Commenced 3–4–50. Resigned 30–9–50.
Barbara Jennings, M.B., B.Ch., D.C.H. Commenced 23–10–50.
F. L. Groarke, M.B., B.Ch., L.M., D.C.H., D.P.H., R.C.P. & S. Commenced 1–6–50.

Mid-Essex—

J. A. Herd, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.M. (Part-time). Resigned 30–4–50.

Mabel A. Wyatt, M.D., B.S., L.R.C.P., M.R.C.S. Commenced 1–2–50.

Mary Ryan, M.B., B.Ch., B.A.O., D.C.H., C.P.H., Commenced 1–2–50.

Joyce W. Brown, M.B., Ch.B., D.P.H. Commenced 1–5–50.

South-East Essex—

Doris I. Mart, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. Resigned 30–9–50.

P. P. M. Brown, M.R.C.S., L.R.C.P. Commenced 15–5–50. Resigned 10–12–50.

Margaret Goudie, M.B., Ch.B. Commenced 16–10–50.

J. Reach, M.D. (Prague). Commenced 11–12–50.

South Essex—

Ivy Nicholls, M.B., Ch.B. Resigned 30–3–50.

Lilian Kerr, M.B., Ch.B. Resigned 29–4–50.

Mary Sutcliffe, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H. Resigned 26–11–50.

R. D. Pearce, M.R.C.S., L.R.C.P. Commenced 20–2–50. Resigned 31–5–50, but continued to undertake one session weekly at Grays Open Air School.

J. D. Murray, M.D., Ch.B. Commenced 1–6–50.

Aniela A. Szwede, M.B., Ch.B. Commenced 11–4–50.

E. M. Hargraves, M.B., Ch.B., D.P.H. Commenced 4–9–50.

Lina E. Davidson, M.D., B.Ch., D.C.H., Commenced 11–12–50.

Mary M. E. Rutter, M.D., B.S., M.R.C.S., L.R.C.P., D.C.H. Commenced 4–9–50.

Forest—

Eirwen M. Jones, M.B., Ch.B., D.P.H. Resigned 18–11–50.

Mary Collins, M.B., B.S., D.R.C.O.G. Commenced 20–11–50.

Dileas Maclean, M.B., Ch.B. Resigned 28–2–50, but continued to undertake part-time duty.

ASSISTANT DENTAL OFFICERS :

EXCEPTED DISTRICTS.

Ilford—

M. J. K. Souttar, L.D.S. (part-time). Resigned 7–6–50.

M. Snipper, L.D.S. (part-time). Commenced 2–8–50.

Leyton—

C. Shamash, L.D.S., B.Ch.D. (part-time). Commenced 20–3–50.

Walthamstow—

C. Shamash, L.D.S., B.Ch.D. (part-time). Resigned 31–8–50.

D. Anklesaria, L.D.S., R.C.S. (part-time). Commenced 12–6–50.

DIVISIONS.

North-East Essex—	S. N. Manning, L.D.S. Resigned 17–10–50.
Mid-Essex—	F. V. Maguire, L.D.S. Retired 4–12–50, but continued to undertake part-time duties.
South-East Essex—	L. Lavender, L.D.S. Resigned 30–1–50. H. D. Cockram, L.D.S. (part-time). Commenced 29–3–50.
South Essex—	Omula Saunders, D.D.S. (Latvia). Commenced 24–4–50.
Forest—	Catherine M. Lane, L.D.S. (part-time). Resigned 30–6–50.

SCHOOL NURSING STAFF:

	Aggregate of time given to School Health Service work in terms of Whole-time Officers.
SCHOOL NURSES—	
161	80.85
NURSING ASSISTANTS—	
22	7
DENTAL ATTENDANTS—	
39	31.65

COUNTY COUNCIL OF ESSEX EDUCATION COMMITTEE.

ANNUAL REPORT
OF THE
SCHOOL MEDICAL OFFICER
FOR THE YEAR 1950

1. School Population.

The following table shows the school population at Primary and Secondary Schools at the end of the year :—

	No. of Pupils on Roll.	Possible Attendances.	Actual Attendances.
Primary Schools ..	132,474 ..	3,877,139 ..	3,310,983
Secondary Schools ..	75,419 ..	2,234,631 ..	1,977,067
Totals ..	207,893 ..	6,111,770 ..	5,288,050

2. Medical Inspections.

The arrangements for the medical inspection of children in the following age groups attending maintained schools have been continued in accordance with the provisions of the Education Act, 1944 :—

(*a*) Entrants.

(*b*) Second Age Group—Pupils who during the year attained the age of eleven years.

(*c*) Third Age Group—Leavers.

Table I at the end of this Report gives statistical information in regard to the number of children inspected under the various age groups.

3. Findings of Medical Inspections.

The following table shows for 1949 and 1950 the number of defects of various kinds found at periodic inspections to require either treatment or observation per 1,000 inspections :—

Defect or Disease	*Requiring Treatment*		*Requiring Observation*		*All Defects found*	
	1949	*1950*	*1949*	*1950*	*1949*	*1950*
Skin	13.1	11.4 L	5.2	7.4 H	18.3	18.8
Eyes—						
(*a*) Vision	41.4	36.1 L	20.7	19.9	62.1	56.0 L
(*b*) Squint	5.5	6.0	2.9	4.0 H	8.4	10.0 H
(*c*) Other	4.0	4.8	3.5	3.6	7.5	8.4
Ears—						
(*a*) Hearing	3.0	2.9	3.3	3.9	6.3	6.8
(*b*) Otitis Media ..	3.2	2.9	4.4	4.9	7.6	7.8
(*c*) Other	5.8	4.4 L	1.9	3.0 H	7.7	7.4
Nose and Throat ..	36.1	37.6	54.5	61.0 H	90.6	98.6 H
Speech	3.6	3.3	5.0	5.1	8.6	8.4
Cervical Glands ..	2.3	2.6	18.3	23.4 H	20.6	26.0 H
Heart and Circulation ..	3.7	3.2	10.6	10.9	14.3	14.1
Lungs	6.1	6.1	15.2	18.1 H	21.3	24.2 H
Development—						
(*a*) Hernia	1.6	1.0 L	1.5	2.4 H	3.1	3.4
(*b*) Other	1.8	1.8	5.0	6.7 H	6.8	8.5 H
Orthopædic—						
(*a*) Posture	10.8	9.4	8.4	9.1	19.2	18.5
(*b*) Flat Feet	24.5	26.6	10.8	14.6 H	35.3	41.2 H
(*c*) Other	21.5	19.7 L	18.3	18.4	39.8	38.1
Nervous System—						
(*a*) Epilepsy	0.5	0.3	0.6	1.1 H	1.1	1.4
(*b*) Other	1.0	1.0	3.4	3.5	4.4	4.5
Psychological—						
(*a*) Development ..	1.0	0.9	2.7	2.9	3.7	3.8
(*b*) Stability	1.2	1.5	5.4	6.4	6.6	7.9 H
Other	27.0	24.2 L	13.3	14.7	40.3	38.9

H indicates that the incidence was significantly higher in 1950 than in 1949 and L that it was significantly lower

It will be seen that there has been a tendency for the incidence of defects requiring treatment to fall and of those requiring observation to rise. The only group for which the total number of defects showed a significant decrease in incidence was Defective Vision. Several defects showed increases but in only two, ' Lungs ' and ' Development—Other ', was this the second year in succession in which a significant increase was noted.

4. Treatment.

As indicated in the report for 1949 free medical treatment for school children, in so far as hospital and specialist services are concerned, is now to be obtained by taking advantage of the facilities provided under the National Health Service

Act, 1946. The logical consequence of this is that, in the best interests of the patient, not only should all relevant information be available to the hospital, but conversely information from the hospital on a child's discharge should also be made available to the school medical officer. With this latter object in view the Ministry of Health issued a circular on 7th March, 1950, as a result of which arrangements are being put into effect whereby not only the school medical officer, but also the general medical practitioner concerned, is provided with the appropriate clinical information, and also, where it is considered the information would be of value, in respect to a child who has been in attendance at an out-patient department. As regards the information required by the hospital, this continues to be provided under the pre-existing arrangements.

(*a*) Minor Ailments. As was to be anticipated there has been some falling off in attendances at minor ailment clinics since the advent of free medical treatment under the National Health Service Act. This has necessitated a reduction in the number of sessions attended by medical officers at some of the clinics. The clinics chiefly affected are those held in rural divisions; the attendances at the clinics held in towns and highly urbanised districts remain much the same as they were before the introduction of the National Health Service Act.

(*b*) Ear, Nose and Throat Conditions. As will be seen from the following comparative figures relating to the individual Divisions, there was a considerable increase in the number of children who received operative treatment for the removal of unhealthy tonsils and adenoids during 1950. This was due no doubt to the resumption of the operations which were held in abeyance owing to the prevalence of poliomyelitis and polio-encephalitis during the latter part of 1949 :—

Division.	No. of children receiving operative treatment for adenoids and chronic tonsillitis.	
	1949	1950
North-East Essex	163	478
Mid-Essex	135	182
South-East Essex	277	225
South Essex	231	482
Forest	38	225
Romford	71	139
Barking	219	319
Dagenham	79	36
Ilford	313	213
Leyton	127	31
Walthamstow	11	41
	1,664	2,371

The Consulting Oto-Rhino-Laryngologist (Mr William Ibbotson, F.R.C.S.) who attends the Aural Clinic at Ilford submits the following report :—

" I have been greatly encouraged by the results of conservative mastoid drainage, in two stages, on several of the children. Where there have been tonsillar disease and naso-pharyngeal adenoid excess these have both been removed during the latter part of the second stage, the former portion being devoted to the closure of the mastoid wound. Also, if the nasal septum has been pathologically deflected, and especially if to the same side as the diseased ear, this has been partially straightened by simple fracture, during this second stage. The two encouraging results mentioned above are—

(*a*) Marked improvement in the general health.

(*b*) Definite increase in hearing-power, so that the child is able to attend school with far greater advantage.

Frequently I have found that the diseased tonsil on the same side as the infected ear appears to be more purulent than the other.

Many children have suffered with deafness due to chronic eustachian catarrh, sometimes associated with pathological deflection of the nasal septum to the affected side, and frequently with diseased tonsils and adenoid excess. If, after tonsillectomy and adenoidectomy, the tympanic membrane remains retracted, with no improvement in hearing, then eustachian catheterisation with the help of ethyl chloride general anæsthesia, and injection into the catheter of a mixture of the essential oils, has generally completed the cure.

I have thought it wise to advise the mothers of children suffering with diseased tonsils and naso-pharyngeal adenoid excess to keep them entirely away from all cinemas, and all swimming and bathing, until the above lesions have been cleared away ; else there is much risk of acute tonsillitis, so frequently leading to mastoiditis.

A few of the children have shown convincing evidence that their deafness was due to aprosexia, rather than to any intrinsic aural lesion, and improvement has followed the provision of free nasal airways, and healthy pharynx, followed by a course in the Speech Clinic.

The diagnosis of active tonsillar disease has not always been easy, seeing that the surface appearances have proved very deceptive, but pus has often been detected emerging from the crypts on slight pressure, whilst hæmolytic streptococci have been reported in several cases. This latter class of case has been admitted to the Ilford Isolation Hospital at a very early date and operated on, there being no doubt that there is much danger of this infection gravely affecting the general health of the patient, and spreading to his associates. I think that, in the great majority of cases, the absence of toxæmia and cervical adenitis is strongly suggestive of there being no very active tonsillar disease.

Where there has been recurrence of adenoid excess in the nasopharynx after adenoidectomy, as is very common, and which is certainly due to lymphoid reaction to fresh invasion of harmful bacteria, and which often subsides when that invasion has been overcome, these cases have demonstrated that further operation is unjustifiable in the vast majority.

Finally, I should like to add a note on the tragic position of so large a number of children waiting for tonsillectomy and adenoidectomy, some of whom were entered for operation three years ago, and show positive evidence of deterioration in health, and at the very period of their lives when the reverse should be the case ".

Mr Ibbotson's references to the large waiting lists and the delays before some children are called for operation have chiefly been due to the previously mentioned temporary cessation of tonsils and adenoids operations for several months at a time during recent years owing to outbreaks of poliomyelitis and polio-encephalitis.

In order to sift out these more urgent cases a system of more frequent review of all cases on the waiting lists is now being introduced. This should have the effect of removing from time to time some of the cases from the waiting list altogether, thereby expediting the " turn-over " of those genuinely in urgent need of the operation.

(*c*) Skin Conditions. School children suffering from impetigo, scabies and other skin conditions of a simple nature are treated at minor ailment clinics. Other skin conditions requiring specialist advice are referred to a Skin Specialist at a hospital clinic. Comparative information is given below in respect of the number of defects treated or under treatment during the years 1949 and 1950 :—

*Division	*Ringworm Scalp*		*Ringworm Body*		*Scabies*		*Impetigo*		*Other skin Diseases*	
	1949	*1950*	*1949*	*1950*	*1949*	*1950*	*1949*	*1950*	*1949*	*1950*
North-East Essex ..	—	—	12	1	12	4	62	59	198	137
Mid-Essex	1	8	6	5	45	10	75	33	1,181	227
South-East Essex ..	—	—	—	—	33	8	40	48	94	107
South Essex	11	3	6	4	28	19	97	71	2,378	1,859
Forest	2	—	4	5	6	4	34	15	359	172
Romford	1	6	3	—	1	2	11	30	132	488
Barking	3	1	7	2	12	16	125	87	943	1,169
Dagenham	2	2	11	20	13	1	262	198	1,610	1,311
Ilford	1	—	3	1	5	—	43	23	377	473
Leyton	6	3	2	1	3	—	24	17	416	371
Walthamstow ..	—	1	8	4	2	—	57	93	326	265
	27	24	62	43	160	64	830	674	8,014	6,579

(*d*) Dental Defects. The Senior Dental Officer's report relating to the dental scheme in the Administrative County appears on page 55.

(*e*) Orthopaedic Conditions and Crippling Defects. The County Council has continued to administer the existing orthopædic service on behalf of the North-East Metropolitan Regional Hospital Board on an agency basis, the Regional Hospital Board providing the orthopædic surgeons. The Saffron Walden After-Treatment Clinic is, however, now administered by the East Anglian Regional

Hospital Board; the County Physiotherapist continuing to attend by arrangement. A summary of the work at Consultant Specialists' clinics and remedial and after-care clinics attended by Physiotherapists is given below :—

Division	*Consultant Specialist*		*Physiotherapist*			*Ultra Violet Light Treatment*
	Number of Sessions	*Number of Attendances*	*Number of Sessions*	*Number of Attendances*	*Number of children treated*	
North-East Essex	21	289	323	1,973	493	—
Mid-Essex ..	12	227	220	1,560	609	—
South-East Essex	4	60	103	966	322	—
South Essex ..	12	204	308	3,856	892	—
Forest	18	273	329	4,495	553	—
Romford ..	11	104	156	590	198	—
Barking	20	146	559	5,618	692	1,598
Dagenham ..	10	166	96	1,234	272	—
Ilford	78	2,213	193	2,656	419	1,187
Leyton	11	163	—	—	—	—
Walthamstow ..	11	721	433	4,644	508	2,505

A certain amount of delay has occurred in the provision of orthopædic appliances but by the end of the year there was some improvement in this respect.

Mr H. G. Krovin, F.R.C.S., who attends the Orthopædic Clinic at Ilford, makes the following report :—

> "The outstanding feature of Mayesbrook and Newbury Hall Orthopædic Clinics is the overwhelming number of attendances. Only the highly efficient and co-operative work of the clerical, nursing and physiotherapy staff makes it possible to cope with such numbers at all. Even so there remains the difficulty of being able to give not more than three minutes, on an average, to each patient, while some cases, such as poliomyelitis, cerebral palsy, early tuberculosis, etc., require repeated examinations of up to fifteen or twenty minutes. In order to ease the position the intervals between attendances have been extended where it could safely be done, and the checking of certain splints and of alterations to footwear has been delegated to the physiotherapist. The position could be further improved if it were possible to delegate supervision of certain cases after the first attendance to one or more of the School Medical Officers, acting as clinical assistants.
>
> An improvement has been introduced at Mayesbrook in that the physiotherapist, Mrs. King, is attending there at the clinic in order that the treatment required can be discussed in each case, as was already being done at Newbury Hall.

As in previous years operative cases have been referred to various hospitals, new amongst which were the East Ham Memorial Hospital and the Plastic Unit at Basingstoke. In the interest of the children's schooling and development stays in hospital were kept to the necessary minimum.

In the fitting of appliances certain changes have recently been made and smooth running has not yet been achieved, the chief difficulties being long delays, non-individual fittings, and the necessity for mothers and children to attend elsewhere for the purpose. Particularly difficult fittings have been arranged at East Ham Memorial Hospital where an experienced instrument-maker attends weekly. A trial is now being made in handing out, in certain cases, reconditioned splints, a stock of which is kept at the clinic. This saves time and expenses. Permission is at present being sought from the Regional Board to deal in a similar way with new splints and stock insoles.

The arrangement by which specified alterations to footwear are carried out by local shoemakers and stores is working, on the whole, very satisfactorily ".

(*f*) Visual Defects. Defects of visual acuity are often suspected in the first instance by the teacher or the health visitor and referred for further investigation at a school clinic. If the defects are confirmed then these cases, together with others ascertained at the routine school medical inspections, are referred to a school eye clinic where glasses or special treatment can be prescribed.

The school eye clinics were continued as previously, but on the 1st October, 1950, the arrangements under the National Health Service (Supplementary Ophthalmic Services) Regulations, 1948, whereby the Executive Council accepted financial responsibility for the remuneration of the ophthalmic specialists and for the cost of the spectacles they prescribed at school eye clinics terminated, and were taken over by the North-East Metropolitan Regional Hospital Board.

This arrangement does not as yet apply to the Saffron Walden eye clinic, which is within the area of the East Anglian Regional Hospital Board, owing to the inadequacy of accommodation at the Saffron Walden Hospital.

Information regarding the number of defects dealt with in the individual Divisions is given below :—

Division.	Errors of Refraction (including squint).	External and other eye diseases.
North-East Essex	730 ..	107
Mid-Essex	1,055 ..	807
South-East Essex	811 ..	187
South Essex	4,621 ..	407
Forest	1,243 ..	89
Romford	343 ..	23
Barking	1,054 ..	600
Dagenham	1,415 ..	363
Ilford	619 ..	61
Leyton	324 ..	402
Walthamstow	477 ..	214
	12,692 ..	3,260

The position in regard to the delay in the supply of spectacles improved during the year as will be noted in the following comparative figures :—

	1949.	1950.
Number of children for whom spectacles prescribed	7,817	8,059
Number of children who obtained spectacles	5,539	7,254

(*g*) Orthoptics (Exercises for Squint). An additional Orthoptic Clinic was established at Epping in March, 1950, and particulars of the work undertaken at all of the Orthoptic Clinics in the County are given below :—

Clinic.	No. of cases investigated.	No. of cases treated.	No. of attendances.
Barking	121	177	2,439
Chingford	167	160	891
Epping	53	46	
Grays Hornchurch	267	587	2,495
Leyton	340	231	1,785
Walthamstow	145	103	1,135

Owing to the difficulty experienced in obtaining fully qualified orthoptists, it has not been possible to bring the staff up to the approved establishment of six whole-time and six part-time officers.

At the end of the year, one whole-time orthoptist was employed at Barking. The remainder of the clinics are served by three part-time orthoptists, their total services, together with the whole-time orthoptist, being the equivalent of three whole-time officers.

The Divisional School Medical Officer for the South Essex Division in his report for the year 1950 makes the following comment :—

> " At the Orthoptic Clinic in this Division the number of patients under treatment and supervision rose from 320 to 530 during the year 1950.
>
> Much difficulty in completing treatment in individual cases was caused by delay in the dispensing and repair of spectacles and in the failure of some patients to attend regularly for treatment. Good results have been obtained by operative and orthoptic treatment. In these cases the patients are not discharged from the Orthoptic Clinic for some time, but continue to attend for supervision.
>
> The waiting list for treatment at the Grays Orthoptic Clinic has lengthened during the past year, and further sessions are necessary at that Clinic ".

(*h*) Speech Defects. The valuable special training and treatment given by duly qualified speech therapists to children suffering from speech defects has been continued at the clinics established for this purpose. At the end of the year there were sixteen speech therapists employed and particulars of the work undertaken during the year are given below :—

Division.	Number of children treated.	Number of attendances.
North-East Essex (2 clinics)	121 ..	1,521
Mid-Essex (2 clinics)	127 ..	1,632
South Essex (2 clinics)	209 ..	2,443
South-East Essex	52 ..	574
Forest (2 clinics)	156 ..	1,968
Romford	91 ..	995
Barking	85 ..	1,097
Dagenham	127 ..	2,052
Ilford	130 ..	1,812
Leyton	60 ..	2,106
Walthamstow (2 clinics)	227 ..	2,983
Total	1,385 ..	19,183

The following is the report of the speech therapist concerned regarding the work of the Romford Speech Therapy Clinic :—

" Four sessions are devoted to treatment and one to clerical work, visiting schools, special interviews, etc. Treatment is generally given individually, once weekly and averaging twenty minutes per child.

Cases are referred by the Assistant School Medical Officer and at present have to be put on a waiting list, but the parent is immediately notified of this, thus contact is established should the child become worse and the parent wish to press for early treatment. The most urgent cases are given priority.

After commencing treatment, should the child lapse for three consecutive weeks the school is notified, this usually ensures the return of the child or an explanation is given.

If other treatment is considered necessary or desirable (plastic surgery, child guidance, audio-metric testing, I.Q. etc.) the child is referred to the Assistant School Medical Officer with the request that arrangements be made for the desired treatment. Cases are discharged through the Assistant School Medical Officer.

Types of cases referred for treatment are usually stammering, dyslalia (and infantile speech, late development, etc.), cleft palate speech, disordered speech due to partial deafness, and, in a few instances, spasticity. Occasionally hysterical mutism or delayed speech due to psychological factors are referred.

An increasing number of pre-school children are being referred—these children may be treated or advice given to the parent and the child interviewed again after a period of time. Sometimes the advice given to the mother is sufficient and the child is eventually discharged without being admitted to the Clinic.

Close contact is kept with the schools which are visited periodically, and a point is made of seeing all children on the waiting list during these visits, as well as discussing the progress of children already attending for treatment.

The help of school nurses and health visitors is also of value and much appreciated.

Students from the Kingdom-Ward School of Speech Therapy are helping in the Romford Clinics—first year students observe, second and third year students work under supervision ".

In order to widen the experience of speech therapists approval was given in principle to their secondment for limited periods to the service of Regional Hospital Boards for attendance at hospitals.

(*i*) CHILD GUIDANCE. Reference was made in the report for the year 1949 to the scheme of re-organisation and development of the child guidance service and the proposed future arrangements are set out below :—

North-East Essex (School population 21,000)	In addition to the clinic already established at Colchester, it is suggested that satellite clinics be set up at the Essex County Health Services Clinics at Halstead and Clacton, and that the existing staff at Colchester be brought up to full-time establishment in order to cope with these additional clinics. The staff required will be one psychiatrist (nine sessions) ; two educational psychologists ; two psychiatric social workers ; one play therapist and two General Division clerks.
Mid-Essex (School population 24,250)	In addition to the existing clinic at Chelmsford, the Committee have already approved of a satellite clinic to be established at Saffron Walden, and it is considered that this will meet most of the needs of the Mid-Essex Division. As in the case of North-East Essex, the staff should be brought up to full-time establishment. Endeavours will be made for the clinic to be held at 69, High Street, Saffron Walden. The staff required will be one psychiatrist (nine sessions) ; two educational psychologists ; two psychiatric social workers ; one play therapist and two General Division clerks.
South-East Essex (School population 12,000)	The school population for this Division does not warrant the establishment of a full-time clinic, but it is suggested that a satellite clinic be set up at either the Rayleigh or Rochford Essex County Health Services Clinics, which would operate in conjunction with the Chelmsford clinic, and one at Pitsea operating from South Essex (see below). The staff establishment suggested for Mid- and South Essex will be sufficient to cope with these two satellite clinics.
South Essex (School population 28,400)	Approval has been given to the provision of a Child Guidance Clinic in the South Essex Division. In view of the large school population, however, it is considered that an additional

satellite clinic will be necessary, which should be established within the vicinity of Pitsea. This would serve the eastern part of South Essex and the adjoining part of the South-East Division. It will, however, be necessary to bring the approved staff up to full establishment, and the staff required will be one psychiatrist (nine sessions) ; two educational psychologists ; two psychiatric social workers ; one play therapist and two General Division clerks.

Forest
(School population 22,000)

In view of the school population in this Division, and in order to relieve the pressure on the Walthamstow Child Guidance Clinic at which children from the Forest Division attend, it is suggested that a clinic be established within the vicinity of Woodford. The staff required will be one psychiatrist (nine sessions) ; two educational psychologists ; two psychiatric social workers ; one play therapist and two General Division clerks.

Barking and Dagenham
(School population 32,100)

There are at present no separate facilities in either Barking or Dagenham, cases from these areas being referred to the Ilford Child Guidance Clinic, the London Hospital and Oldchurch Hospital, Romford. It is suggested that a full-time clinic should eventually be established at either Barking or Dagenham to serve both these Districts. The staff required will be one psychiatrist (nine sessions) ; two educational psychologists ; two psychiatric social workers ; one play therapist and two General Division clerks.

Ilford and Romford
(School population 30,300)

It is considered that the existing clinic at Ilford is capable of meeting the needs of both Ilford and Romford. The staff should be brought up to full establishment, i.e. one psychiatrist (nine sessions) ; two educational psychologists ; two psychiatric social workers ; one play therapist and two General Division clerks.

Leyton and Walthamstow
(School population 29,400)

The clinic already established at Walthamstow should be adequate for the needs of both areas. The staff should be brought up to full establishment, i.e. one psychiatrist (nine sessions) ; two educational psychologists ; two psychiatric social workers ; one play therapist and two General Division clerks.

Close co-operation was maintained with the North-East Metropolitan Regional Hospital Board in connection with this scheme and although they were unable to commit themselves to the full implications involved in the proposals they intimated that they would consider each proposal for extension on its merits wherever

it was considered desirable to extend the service to any particular area. It is not anticipated that any undue difficulties will arise.

First in priority is the establishment of a clinic in the South Essex Division and active steps are being taken in connection with the acquisition of suitable property which is conveniently situated in a central position in the Division.

During the year Psychiatric Sessions have been increased at the Walthamstow and the North-East Essex Clinics. The following reports have been submitted by Divisional School Medical Officers in connection with the existing clinics :—

MID-ESSEX CLINIC, CHELMSFORD.

The Psychiatrist reports :—

Staffing.

So far there has been no increase in the total number of psychiatric sessions worked. In November, 1950, Dr Gillespie gave up two of her four sessions which were taken over by Dr Bevan Jones, the newly appointed Psychiatrist.

The Play-therapist has unfortunately had to interrupt her work from the end of November owing to illness. We wish her a speedy recovery and are looking forward to her return.

We are happy to welcome Miss Peggy Lomax, who began work here as an additional Psychiatric Social Worker at the beginning of October. This addition to our staff was much needed and will enable us to extend our activities.

Premises.

We have not yet been able to secure new premises. We hope that suitable ones may soon be found where we can settle permanently and have all the facilities necessary for our work.

General Comments

The drop in the number of diagnostic interviews from 109 to 88 this year is partly attributable to the fact that Dr Gillespie decided to cut down the number of such interviews in view of her anticipated transfer to another Clinic so as to avoid leaving her cases in the middle of treatment.

There is a very marked drop in the number of cases referred from the schools, the total being 217 in 1949 and 111 in 1950, a drop of 106. This may be due to the sifting which is now being done in the schools by the Educational Psychologist. The increase in this department of her work is reflected in the increased number she has referred to the Clinic, 26 in 1950, as against three in 1949. This is very valuable in keeping our waiting list at a lower level than would otherwise obtain.

There has been no substantial change in the type of problem referred.

More cases were closed without treatment in 1950 (51 against 28 in 1949). This may be accounted for by the fact that in order to reduce our still formidable waiting list we did a considerable amount of pre-selecting and confined ourselves to giving diagnostic interviews only in cases who were less likely to require psychotherapy and who could be dealt with by advice only.

The Educational Psychologist reports :—

The Educational Psychologist has continued to attend the Child Guidance Clinic for four weekly sessions. Her scope of work has remained unchanged, both in the Clinic and outside. The figures for the past year show an appreciable drop in the number of intelligence tests administered in the Clinic : 77 as against 109 in 1949. This can be explained by two factors :—

(1) It is to some extent due to the drop in the number of diagnostic interviews in the Clinic.

(2) A considerable number of children were examined at school at the Head Teachers' request and their referral to the Child Guidance Clinic was arranged as the result of that examination. Thus their intelligence level was already known prior to their referral.

There have also been fewer interviews for coaching and this reduction in numbers appears to be linked up with the types of cases that were selected for diagnostic interviews. There were not so many children amongst those examined who were either in need of Remedial Coaching or who were likely to benefit from it.

On the other hand there has been an increase in the number of school visits paid on behalf of Clinic patients (60 as against 43).

Testing.

The range of Intelligence Quotients assessed during 1950 shows the following distribution :—

	Sub-normal.	Average.	Superior.	Total.
Number of Cases ..	31	36	10	77
Percentages ..	40	47	13	100

These figures show that a slightly smaller number of children with superior ability was examined this year.

Coaching.

Coaching sessions have been chiefly devoted to reading, but Latin, Arithmetic and Spelling were also amongst the subjects taught.

School Visits.

Through the contact that exists between the schools and the Educational Psychologist it has been possible to control the influx of referrals to some extent, since she was consulted in a number of cases before a referral was arranged.

Lectures.

Two courses of lectures for teachers were again held in 1950. In the Spring Term a course on " Mental Testing " was organised at Brentwood and in the Winter Term six lectures were given at Grays on " Backwardness in the Primary School ".

Particulars of the staff employed are as follows :—

Two Psychiatrists (four sessions a week).
One Educational Psychologist.
Two Psychiatric Social Workers
One Play Therapist (part-time).
One Clerk.

NORTH-EAST ESSEX CLINIC, COLCHESTER.

The Divisional School Medical Officer reports :—

" The Child Guidance Service has now come under new arrangements by which the Regional Hospital Board takes a large measure of responsibility, particularly for the provision of medical staff. This in itself has had no major effect upon the work of the Clinic but other events during the year have seriously impeded child guidance activities. The most serious setbacks were the loss during the summer of both the Psychiatric Social Workers. For three months the Clinic had only one Psychiatric Social Worker and for a further three months it had none at all. The result of this was that work fell badly into arrears in respect of both current treatment and the investigation of new cases. One Psychiatric Social Worker has been appointed, but experience has amply shown that the Clinic needs two if it is to cope with the natural case load of the Division. The difficulties which the Chelmsford Child Guidance Clinic has recently suffered have made it necessary for part of the Mid-Essex case load to be accepted at the Colchester Clinic with a consequent intensification of the staffing problem. Play therapy, begun hopefully and effectively during 1949, came to an abrupt end with the departure of the Play Therapist at Easter 1950 ; so far we have been unable to replace her ".

Details of the staff employed are given below :—

2 Psychiatrists (six sessions per week).
1 Psychologist.
1 Psychiatric Social Worker.
1 Clerk.

WEST ESSEX CLINIC, WALTHAMSTOW.

The Psychiatrists report :—

Analysis of Problems referred to the Clinic.

1.	Nervous disorders, e.g. fears : depression, apathy : excitability	61
2.	Habit disorders and physical symptoms, e.g. enuresis : speech disorders : sleep disturbances : feeding difficulties : tics, fits	56
3.	Behaviour disorders, e.g. unmanageable : tempers : stealing : lying : sex problems, etc.	70
4.	Educational, e.g. backwardness : failure to concentrate	26
5.	Court cases	3
		216

Analysis of cases diagnosed.

1.	Nervous disorders	45
2.	Habit disorders and physical symptoms	26
3.	Behaviour disorders	36
4.	Educational	18
5.	Court cases	3
		128

Analysis of cases closed (including cases referred in previous years).

Improved and recovered	24
Interrupted due to non co-operation	26
Placed away from home	17
Diagnosis and advice only	33
Spontaneously improved after partial service	11
Recommended E.S.N. School and School for the P.H.	7
Cases closed for miscellaneous reasons	9
	127

Waiting List.

Walthamstow	50
Leyton and Forest Areas	68
	118

Psychiatric Social Workers—Interviews and Visits.

Walthamstow and District	1,109

The Educational Psychologist reports :—

School Placement of Children seen by Psychologist.

	Pre. School	*Infants*	*Juniors*	*Sec. Mod.*	*Sec. Gram.*	*Sec. Tech.*	*Special*	*Total*
Girls	12	26	26	7	1	3	16	91
Boys	10	29	47	*26	4	3	29	150

*Including two over school age.

Nos. of children in different age groups seen by Psychologist.

	5 and under	*6*	*7*	*8*	*9*	*10*	*11*	*12*	*13*	*14*	*15*	*Total*
Girls	18	19	6	11	6	12	7	5	—	4	3	91
Boys	18	15	29	13	15	11	20	9	7	7	6	150
Totals	36	34	35	24	21	23	27	14	7	11	9	241

Case referral.

Source of referral.	Boys Per cent.	Girls Per cent.
Head Teacher	59	58
Medical Officers	20	25
Parents	7	6
Speech Therapist	4	3
Court	2	—
Miscellaneous	8	8

Intelligence Rating.

Intelligence Rating.	Girls.	Boys.	Total.	Per cent.
Above average I.Q. 116	7	16	23	9
Average I.Q. 86–115	42	71	113	47
Below average I.Q. 85–	42	63	105	44

Visits to Schools.

Infants' Schools	25
Junior Schools	42
Secondary Modern	52
Secondary Grammar and Technical	6
Special	19
	144

The following information gives particulars of the staff employed at the clinic :—

2 Psychiatrists (nine sessions).
2 Psychologists.
2 Psychiatric Social Workers.
1 Play Therapist (part-time).
2 Clerks.

Ilford Clinic.

The Psychiatrist reports :—

" Of the cases seen by me during 1950, 24 per cent. were delinquents, 18 per cent. being boys and 6 per cent. girls. 19 per cent. of the cases of delinquency were cases of stealing. The main cause of delinquency was an anxiety state usually produced by environmental conditions. This accounts for 13 per cent. of the cases of delinquency.

Seventeen per cent. of the cases were of enuresis sometimes combined with encopresis. I feel doubtful whether there is any value in referring cases of enuresis (which has been continuous from infancy) to a Child Guidance Clinic. They rarely benefit, and I feel that in most cases they are not due to psychological causes but may be either due to an organic cause or bad handling in infancy which has resulted in a chronic inflammation of the urethra. Cases of enuresis which, however, occur later on are frequently due to psychological causes, often of an anxiety nature and can be remedied at the Clinic.

Nearly 40 per cent. of the cases, with half as many girls as boys, were referred for such behaviour difficulties as sleeping difficulties, including sleepwalking and nightmares—seven times as many boys as girls. Three cases were seen of adolescent difficulties in girls. Aggressiveness at school or at home—three times as many boys as girls. Truanting—five times as many boys as girls.

Fifteen per cent. of the children seen by me were so maladjusted as defined by the Handicapped Pupils and School Health Service Regulations, 1945, that a residential special school was recommended.

The chief difficulty in the working of the Clinic has been in finding a Psychiatric Social Worker. A Child Guidance Clinic is not adequate in its service if there is not team work between a Psychiatrist, Psychologist and Psychiatric Social Worker. I do not feel that enough attempt has been made to secure a sufficient supply of these workers in this country and probably the salaries offered are not attracting women to this important profession.

On the whole, the parents have been very co-operative, regular in their attendance and appreciative of what is being done for their children. A Clinic

like this which has ready access to the Health, School Medical and Education Departments of both the County and the local areas, has a great advantage over those Clinics which are attached to Hospitals far away from the child's environment ".

Particulars of the staff employed are as follows :—

1 Psychiatrist (*three sessions a week).
1 Psychologist.
1 Psychiatric Social Worker.
1 Play Therapist (part-time).
2 Clerks.

*There is every possibility that in 1951 these sessions will be increased to a total of five a week.

The statistical summary on page 29 gives information relating to existing clinics.

The Psychologist to the Education Committee reports :—

" The work of the School Psychological Service this year has been largely concerned with maintaining the type of service built up during the past five years. Since this Service is run in very close association with the Child Guidance Clinic Service, its expansion depends on the possibility of expansion in the latter. This has been held up by the difficulty of obtaining suitable premises and by the scarcity of trained staff. For this reason the post of an additional educational psychologist attached to the Mid-Essex Child Guidance Clinic has not been filled, nor have attempts been made to fill the post of psychologist in South Essex. Expansion of the system of adjustment classes in the normal schools for children who are educationally retarded has also been adversely affected by the shortage of teachers and of accommodation.

During this year the Committee's psychologists have continued to act as liaison officers between the Child Guidance Clinics and schools, by paying visits to the schools on behalf of Clinic cases in order to keep teachers in touch with the children's needs and progress and to report back to the Clinics on the children's reactions in schools, and also by doing a good deal of preliminary " screening " of cases to prevent unsuitable cases from being referred to the Clinics. They have also interviewed large numbers of children whose problems appeared primarily educational. The close interrelation of educational and emotional problems is shown by the following figures, which also provide additional evidence of the value of having a closely integrated service of the kind operating in the County.

Area I.

Of 226 children referred to the psychologist primarily for educational backwardness, 18 per cent. were found to be maladjusted as well.

Area II.

Of 121 children referred for the same reason, 22 per cent. were found to be maladjusted as well.

In a School Psychological Service operating in isolation from a Child Guidance Clinic Service, it would be more difficult to secure for these doubly handicapped children the help they need. Moreover, by seeing (after consultation with the psychiatrist) a certain number of children referred to the Clinics, the Educational Psychologist can remove from the Clinic waiting list children whose problems are those of straightforward educational retardation, thus saving valuable psychiatric time.

CHILD GUIDANCE CLINICS

STATISTICAL SUMMARY

	Mid-Essex Chelmsford Clinic		*North-East Essex Colchester Clinic*		*Walthamstow West Essex Clinic*		*Ilford Clinic*		*Total*	
No. of cases referred to Clinic ..	172		186		216		165		739	
No. of cases diagnosed at Clinic ..	88		123		128		100		439	
Psychiatrist—										
Diagnostic Interviews ..	88		105		128		100		421	
Treatment Interviews ..	331		137		626		258		1,352	
Other Interviews	43		239		39		90		411	
Psychologist—										
Cases treated	77		101		37		107		322	
Treatment Interviews ..	216		216		905		215		1,552	
Other Interviews	10		48		714		55		827	
School Visits	60		189		294		18		561	
Play Therapist—										
Treatment Interviews ..	541		142		730		*109		1,522	
Psychiatric Social Worker—										
Interviews at Clinic ..	760		435		996		495		2,686	
Interviews elsewhere ..	317		297		113		†17		744	
	31-12-49	31-12-50	31-12-49	31-12-50	31-12-49	31-12-50	31-12-49	31-12-50	31-12-49	31-12-50
Waiting List—										
Cases for diagnosis	218	237	36	48	66	118	25	58	345	461
Awaiting treatment ..	13	10	25	17	—	—	5	5	43	32

*Undertaken by Acting Psychiatric Social Worker who is a qualified Play Therapist.
†From 1st May 1950 no home visits undertaken as Acting Psychiatric Social Worker was unqualified.

The psychologists have continued to work in association with other Committees of the County Council, carrying out psychological tests at the Girls' Remand Home when requested by the Magistrates of the Juvenile Courts and assessing the abilities and adjustment of children to be boarded out by the Children's Committee. They have also served on some of the Juvenile Delinquency Standing Committees recently set up in the County.

Courses of lectures to teachers on the psychological aspects of their work and single lectures to Parent-Teacher Associations, Young Mothers' Groups, Women's Institutes and other bodies have been continued as part of the programme of preventive Mental Health work in the County ".

(*j*) Uncleanliness. As will be seen from Table III on page 63, school nurses and other authorised persons made a total of 549,296 examinations in schools and classified 6,403 children as being infested. The following table which relates to the issuing of cleansing notices and orders in respect of children found to be infested is of interest :—

	1949.	1950.
Number of children found to be infested	7,918	6,403
Percentage for whom cleansing notices issued	19.3	19.2
Percentage for whom cleansing orders issued	0.6	0.6

For comparison purposes, the infestation rates given below relate to the individual Divisions and show the number of pupils infested as a percentage of the total school population :—

North-East Essex	3.92	Barking	2.03
Mid-Essex	1.29	Dagenham	4.08
South-East Essex	6.85	Ilford	1.34
South Essex	1.65	Leyton	4.98
Forest	3.60	Walthamstow	5.07
Romford	1.01		
		County	3.07

The routine visitation undertaken by school nurses after cleanliness surveys combined with the co-operation and education of parents in regard to cleanliness is undoubtedly the most satisfactory method of dealing with this problem.

(*k*) Recuperative Holiday Homes. The arrangements with the Invalid Children's Aid Association were continued in connection with the placement of children in convalescent homes or residential special schools. Children needing a short-stay recuperative holiday are accommodated at approved holiday homes for periods up to six weeks, but those who are recommended for longer periods are admitted to residential open air schools.

5. Infectious Diseases.

(i) Acute Poliomyelitis (Infantile Paralysis). During the year there were 244 confirmed cases of poliomyelitis (paralytic and non-paralytic) in the Administrative County. The distribution in age groups was as follows :—nine

were under one year of age, sixty were between one and five years, ninety-eight between five and fifteen years and seventy-five were aged fifteen and over. In two cases the ages are not known. A complete account of the outbreak will be included in my Annual Report on the health of the County.

(ii) Diphtheria. The co-operation of mothers, together with the home visiting carried out by health visitors, is largely the reason for the excellent progress made in respect of diphtheria immunisation. During the year 15,732 children were given a secondary or reinforcing injection of diphtheria prophylaxis as compared with 10,718 children during the year 1949.

6. School Meals Service.

The following report relating to the School Meals Service has been provided by the Chief Education Officer :—

Statistics showing the Number of Children at Primary and Secondary Schools having Meals and Milk at School.

Month in which a day was selected for return	*No. of Pupils on roll*	*No. of Pupils present*	*No. having dinner*	*Per cent. of Pupils present having dinner*	*No. having milk*	*Per cent. of Pupils present having milk*
February, 1946 ..	173,318	151,379	78,741	52.0	112,637	74.4
February, 1947 ..	173,363	147,380	86,267	58.5	130,459	88.5
February, 1948 ..	187,007	167,876	108,373	64.6	150,467	89.6
February, 1949 ..	194,825	169,284	109,028	64.3	150,964	89.1
June, 1949 ..	198,224	181,361	115,704	63.6	160,051	88.0
October, 1949 ..	201,242	188,321	120,861	64.2	164,862	87.5
February, 1950 ..	202,288	174,849	102,632	58.6	149,069	85.3
June, 1950 ..	204,943	188,543	105,345	55.9	164,258	87.1
October, 1950 ..	207,178	193,706	109,097	56.3	165,713	85.1

There have been no notable developments in the service since the previous report. The charge for meals remains unchanged and unfortunately up to the present the 1949 percentage of demand has not been fully restored. The postponement of school meals buildings at existing schools is still necessary, although eight new school kitchens were completed during the year. The number of departments served remains unchanged at 796 (all departments in the County except two) but it will be appreciated that the opening of new kitchens means that fewer meals need to be transported.

7. Physical Education in Schools.

The following report by the Senior Organiser of Physical Education has been provided by the Chief Education Officer :—

"Organisation and Administration. There have been no staff changes to report during this year, though for reasons of economy the establishment of Organisers of Physical Education has not been brought up to full strength. The Organisers continue to conduct courses in all branches of physical education throughout the County, and follow them up by visiting schools, helping and advising the teachers in their work. Where classes in physical education take place in youth centres these are visited and assisted, so as to ensure co-ordination of the work throughout school and adolescent life.

Facilities. In 1938 the Education Committee resolved that all secondary schools should have a fully equipped gymnasium and although this aim is always in mind, the economic position of the country will not at present allow the older schools to have these facilities. As a temporary measure, however, a number of such schools have been provided with fixed gymnastic apparatus in their assembly hall. In the case of newly erected schools some have been allowed a fully equipped gymnasium 70ft. x 40ft. complete with all ancillary rooms. Facilities here are up to date and excellent.

Dancing. Two Dance Festivals have been held in the Hutton Residential School Hall, which were enjoyed by over 1,200 children from various parts of the County. The popularity of these Festivals is so great that the applications to take part increase each year.

Swimming. Full use is still being made of the limited facilities available for swimming, and the great interest felt for this subject is shown by the fact that at the National Schools Swimming Gala where there were competitors from the whole of England, Essex was represented in every event, gaining two first places (Boys and Girls Diving) and four second places (swimming). Mr. Cyril Laxton, the Olympic Games Coach, and Ilford schools swimming instructor, is giving his time voluntarily to coach potential Essex representative swimmers one evening a week. A similar class is being taken by Miss Edna Childs, Olympic Diving Champion, for Romford school children.

The interest in all games and athletic events continues as is shown by the support given to all meetings, matches and rallies organised by the various County and local associations".

8. Remand Homes.

(*a*) Harold Wood Remand Home for Junior Boys. Dr A. R. Forbes, who undertakes the medical supervision at this Home, submits the following report :—

"During the year there were 253 admissions from the following authorities :—

Essex County Council	177
Middlesex County Council	1
East Ham County Borough	16
West Ham County Borough	33
Southend-on-Sea County Borough	26

The average number of boys accommodated per day was 29 and the average length of stay was 42 days.

During the same period 257 boys were discharged from the Home :—

(*a*)	Approved schools	99
	Open air school	1
	Schools for maladjusted children	8
	Children's homes	19
	Approved lodgings	1
	Foster parents	3
	Royal Air Force	1
	Other remand homes	5
(*b*)	Probation Order made	83
	Cases adjourned—bail allowed	11
	Bail allowed while awaiting appeal to be heard ..	4
	Fined	3
	Remand under Section 54 (Children & Young Persons Act)	10
	Charge withdrawn	2
	Case dismissed	7

" The Home removed to Boyles Court on 18th July—where the accommodation is for forty boys compared with thirty-four provided by the original premises at Harold Wood.

The Home was full on thirty-nine days and many applications had to be refused. There was very little illness of any kind and nothing of infectious or epidemic character occurred.

Visitors included United Nations Scholars from India and the Argentine, and delegates of various kinds from Germany, Burma and the Gold Coast. Observation visits were paid by students from Royal College of Nursing and by Teachers in training and Student Speech Therapists ".

(*b*) Great Baddow Remand Home for Girls. Dr J. Mervyn Thomas, who is responsible for the medical supervision at this Home, submits the following report :—

" Medical examinations continued to be conducted by myself until 18th September, 1950, with the exception of the holiday periods, when duties were allocated to Dr Joyce W. Brown. All cases are seen within twenty-four hours of being admitted, with the exception of a very few girls admitted for one night only who have not necessarily to be examined under the statutory duties. The procedure of notifying the Area Office of new admissions by 9.15 a.m. operates well and this enables Dr. Brown to visit the Home either in the morning or afternoon following her daily routine duties. At week-ends Dr Brown attends on a Saturday morning if required, and those cases admitted after mid-day Saturday are seen on Monday morning. As a result of the procedure useful co-operation between the medical and resident staffs results in the private doctor being kept informed on important medical issues. For instance, on one occasion immediately following our doctor's examination, arrangements were made for a patient to be admitted to hospital after contact with the private doctor.

The girls continue to attend the Dental Clinic and the Eye Specialist's Clinic, but since April, 1950, the new restriction on entrants has greatly reduced the number of juniors and other long-stay cases. Thus treatment cannot always be accepted as completed, i.e. glasses obtained in the short

time available. The result is that attendance at the Specialist's Clinics is restricted to more urgent cases.

However, as the medical reports are returned to the Magistrates, recommendations can be followed up if the girls are referred to Approved Schools. Failing this, they are passed to the Probation Officer.

Visits to the V.D. Centre are made in about three-quarters of the cases, either on the request of the Magistrate or where it is considered advisable.

When submitting my last report the question of Psychological Reports was not clear, but now this has been clarified and when a Magistrate requests such a Report, Dr Bartlett, of the Chief Education Officer's Department, attends at the Remand Home to see the girl concerned. This request operates in about half of all admissions.

Where a Psychiatric Report is requested the girl in question attends our Child Guidance Centre.

Examination of educationally sub-normal cases are arranged by myself and these are generally carried out following the observations of Dr Bartlett ".

During the year 97 girls were admitted and 104 girls discharged.

(*c*) Chafford Approved School for Boys, Ramsey. This Institution has been kept under medical observation during the year by arrangement with a medical practitioner residing in the area.

9. Handicapped Pupils.

The ascertainment by Approved Medical Officers of children of school age who suffer from a disability of body or mind and who come within the categories specified by the Minister of Education has been continued during the year and appropriate recommendations have been made for special educational treatment.

Unfortunately, owing to difficulties in obtaining vacancies in special schools, some educationally sub-normal children have had to remain in ordinary schools. To ensure that such children when attaining school leaving age are not lost sight of, arrangements were made during the year for them to be medically examined six months prior to their reaching compulsory school leaving age so that consideration could be given to the question of whether they required supervision under Section 57 (5) of the Education Act, 1944.

In August, 1950, the Special Services Branch of the Ministry of Education referred to the difficulty in obtaining vacancies in residential special schools for children who are severely handicapped physically, and asked for the co-operation of school medical officers in order to obtain a complete picture of the position. As a result of this a survey of the County was undertaken. The aim of this survey is to provide evidence as to the need for further residential schools for severely crippled children. The following particulars were obtained in the course of the survey :—

Defects	Number of Children														
	(1) At ordinary Schools		(2) At Day Special Schools		(3) At Residential Special Schools including Hospital Schools		(4) At Home						(5) Totals		
							(a) Having Home Teaching		(b) Not having Home Teaching						
									Boys		Girls				
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	0–5	5–16	0–5	5–16	Boys	Girls	Total
Congenital Heart	28	29	10	13	5	4	1	1	9	9	5	—	62	52	114
Rheumatic Heart	22	28	7	8	3	3	—	1	3	2	—	2	37	42	79
Hæmophilia	2	—	1	—	—	—	1	—	1	1	—	—	6	—	6
Cerebral Palsy (including Athetosis) ..	12	10	19	15	10	6	3	4	8	2	9	1	54	45	99
Poliomyelitis	29	26	7	10	7	4	2	—	4	1	3	1	50	44	94
Muscular Dystrophy	4	—	4	—	1	—	1	—	—	—	—	—	10	—	10
Muscular Atrophy	1	3	2	1	—	—	—	—	1	1	1	—	5	5	10
Spinabifida	2	4	—	5	—	—	—	—	1	1	1	2	4	12	16
Osteomyelitis	3	4	1	—	1	—	—	—	—	—	—	—	5	4	9
Hydrocephalus	3	—	1	—	—	—	1	—	3	2	2	—	10	2	12
Fragilitas Ossium	1	2	—	—	—	—	—	—	—	—	—	1	1	3	4
Achondroplasia	1	1	—	1	—	1	—	—	1	—	—	—	2	3	5
Arthrogryphosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Perthe's Disease	4	3	4	—	—	—	—	—	—	—	—	—	8	3	11
Tb. Joints	16	16	7	6	11	7	—	1	2	—	2	—	36	32	68
Talipes	16	4	2	1	2	—	—	—	9	—	2	—	29	7	36
Carried forward	144	130	65	60	40	25	9	7	42	19	25	7	319	254	573

Defects	*Number of Children*														
	(1) At ordinary Schools		*(2) At Day Special Schools*		*(3) At Residential Special Schools including Hospital Schools*		*(4) At Home*						*(5) Totals*		
							(a) Having Home Teaching		*(b) Not having Home Teaching*						
									Boys		*Girls*				
	Boys	*Girls*	*Boys*	*Girls*	*Boys*	*Girls*	*Boys*	*Girls*	*0–5*	*5–16*	*0–5*	*5–16*	*Boys*	*Girls*	*Total*
Brought forward	144	130	65	60	40	25	9	7	42	19	25	7	319	254	573
Cong. Dislocation Hips	3	7	1	4	—	1	—	—	—	—	7	—	4	19	23
Cong. Deformities :—															
(*a*) Arms and Hands	4	3	1	4	—	—	—	—	1	—	2	—	6	9	15
(*b*) Legs and Feet	6	4	—	3	1	1	—	—	1	—	1	—	8	9	17
Amputations :—															
(*a*) Legs	3	2	—	—	—	—	—	—	—	—	—	—	3	2	5
(*b*) Arms	—	1	—	—	1	—	—	—	—	—	—	—	1	1	2
Rheumatoid Arthritis (including Still's Disease)	2	2	2	—	1	1	—	—	2	—	—	—	7	3	10
Septic Arthritis	—	—	1	—	—	—	—	—	1	—	1	—	2	1	3
Fractured Skull	4	—	1	—	—	—	—	—	1	—	—	—	6	—	6
Brain Tumour	1	—	1	—	—	—	—	—	—	—	—	—	2	—	2
Friedrich's Ataxia	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1
Inoperable Tumour	—	—	—	—	—	—	—	—	—	1	—	—	1	—	1
Asthma	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Others	41	37	5	11	9	13	—	1	4	9	4	6	68	72	140
Totals	209	187	77	82	52	41	9	8	52	29	40	13	428	371	799

Number of Physically Handicapped Children at home, or at ordinary schools, who are awaiting admission to :—

(1) *Day Schools for Physically Handicapped Children**		(2) *Residential Schools for Physically Handicapped Children*				*Totals*		
		(a) *For seriously crippled children, e.g. Hinwick Hall*		(b) *For less seriously crippled children, e.g. Victoria Home, Bournemouth*				
Boys	*Girls*	*Boys*	*Girls*	*Boys*	*Girls*	*Boys*	*Girls*	*Total*
21	22	3	2	5	8	29	32	61

*Physically Handicapped Children who are sent to Day Open Air Schools because there are no accessible Day Schools for Physically Handicapped Children are included under this heading.

	Boys	*Girls*	*Total*
Number of seriously Physically Handicapped Children for whom teaching is the best provision .. .. (Excluding those who are awaiting admission to Special Schools)	6 ..	9 ..	15

	Boys	*Girls*	*Total*
†Number of Physically Handicapped Children in bed at home	5 ..	4 ..	9

†Two boys over five years of age.
Three boys and four girls under five years.

	Already in Residential Schools for Physically Handicapped Children		*Awaiting admission to Residential Schools*		**For whom Home Teaching is best provision*		*Totals*		
	Boys	*Girls*	*Boys*	*Girls*	*Boys*	*Girls*	*Boys*	*Girls*	*Total*
How many have incontinence of—									
(1) Bladder	2	3	1	—	—	—	3	3	6
(2) Bowel	—	1	—	—	—	—	—	1	1
(3) Both	1	2	1	—	—	—	2	2	4
How many are chair cases ?—									
(1) Self propelled	1	6	1	—	—	—	2	6	8
(2) Push chairs	5	3	1	2	1	—	7	5	12
How many with crutches or two sticks ? ..	3	2	—	—	—	—	3	2	5
How many are—									
Physically Handicapped + Educationally Sub-normal	3	1	3	2	2	1	8	4	12
Physically Handicapped + Epileptic ..	—	—	—	1	—	—	—	1	1
Physically Handicapped + Maladjusted ..	—	1	—	—	—	—	—	1	1
Physically Handicapped + Blind	—	—	1	1	—	—	1	1	2
Physically Handicapped + Pt. Sighted ..	—	—	—	1	—	—	—	1	1
Physically Handicapped + Deaf	—	—	—	—	—	—	—	—	—
Physically Handicapped + Pt. Deaf ..	—	1	—	—	—	—	—	1	1

*Excluding those who are awaiting admission to Special Schools.

(i) Special Schools—Day. The following reports relate to existing day special schools :—

(a) *Dagenham Heathway Special School for Educationally Sub-Normal and Physically Handicapped Children—Report of Dr A. R. Forbes.*

" On 31st December, 1950, there were 48 children on the roll of Physically Handicapped Department. During the year, eight boys and three girls had been admitted. Of these eleven admissions, eight suffered from congenital disabilities. Only one post-poliomyelitis patient was admitted.

In the same period twelve boys and seven girls were discharged :—

To ordinary school	7
To private school	1
To residential school	1
To Orthopædic hospital	1
Emigrated with parents to New Zealand	1
Died	1
Reached school leaving age	4
Excluded as ineducable	3

In the Department for Mentally Handicapped pupils there were 133 on the roll at 31st December, 1950.

During the year, twelve boys and twelve girls were admitted and seventeen boys and fifteen girls were discharged.

Of the thirty-two leavers :—

Twenty reached school leaving age and of these it is known that eight are working satisfactorily.

Three were considered fit to return to ordinary school.

Two were transferred to residential special school.

Four were reported as ineducable after trial and excluded under Section 57 (5) Education Act, 1944.

One boy was excluded under Section 57 (4) Education Act, 1944.

Two emigrated with their parents.

(b) *Grays Open Air School.*

The following information has been supplied by Dr W. T. G. Boul, Divisional School Medical Officer :—

" The weekly session devoted to Medical Inspection has proved invaluable in establishing closer liaison between the school and home, and is much appreciated by the parents and staff. Dr Pearce has done excellent work during his attendance here.

One hundred and six children were in attendance during 1950. There were 39 new admissions, two re-admissions and 43 children left for the following reasons :—

Fit to resume attendance at the normal school	34
Fit for employment	5
Admitted to Residential Special School	1
Admitted to Day Special School	1
Admitted to Residential Open Air School	1
Admitted to Hospital for in-patient treatment	1
	43

The average length of stay of these leavers was one year and eleven months.

Locality Distribution.

	Boys.	Girls.	Total.
Aveley	4	—	4
Chadwell St. Mary	4	3	7
Grays	19	21	40
Herongate	1	—	1
Horndon-on-the-Hill	2	—	2
Orsett	—	2	2
Purfleet	1	2	3
Rainham	2	2	4
South Ockendon	1	6	7
South Stifford	2	3	5
Stanford-le-Hope	1	5	6
Tilbury	7	10	17
West Thurrock	2	3	5
West Tilbury	1	2	3
	47	59	106

The children were recommended for admission to the Open Air School owing to the fact that they were suffering from some physical defect. These defects are listed in the following Table :—

	Boys.	Girls.	Total.
General.			
Debility	2	7	9
Debility sequalæ Whooping Cough	2	—	2
Debility sequalæ Glandular Fever	1	—	1
Debility sequalæ Chorea	1	—	1
Debility sequalæ Rheumatic Fever	1	2	3
Debility sequalæ Pneumonia	—	1	1
Rheumatism without cardiac involvement	—	1	1
Malnutrition	—	1	1
Ear, Nose and Throat.			
Chronic Otorrhoea	2	—	2
Enlarged Tonsils with Cervical Adenitis	—	1	1
Eyes.			
Defective Vision	—	1	1
Heart.			
Rheumatic Endo-carditis	3	3	6
Pulmonary Stenosis	—	1	1
Lungs.			
Bronchial Asthma	10	6	16
Chronic Bronchitis	9	19	28
Bronchiectasis	1	4	5

Blood.			
Anæmia	1 ..	1 ..	2
Tuberculosis—Quiescent.			
Pulmonary Primary ..	2 ..	3 ..	5
Cervical Glands	1 ..	1 ..	2
Tuberculosis—Recovered.			
T.B. Joints	1 ..	1 ..	2
Central Nervous System.			
Cerebellar Ataxia	1 ..	— ..	1
Psychological Defects.			
Mental Retardation ..	4 ..	1 ..	5
Maladjustment	3 ..	3 ..	6
Deformities.			
Spina Bifida with Osteo-chondro Dystrophy ..	1 ..	— ..	1
Bilateral Dislocation of Hip	1 ..	— ..	1
Deformity of Left Arm sequelæ Osteomyelitis ..	— ..	1 ..	1
Deformity sequelæ Infantile Paralysis	— ..	1 ..	1
	47 ..	59 ..	106

Height and Weight.

The average increase in weight in the case of girls was 7 lbs. 4 ozs., with a corresponding increase in height of 2¼ inches.

The average increase in weight in the case of boys was 7 lbs. 12 ozs., with a corresponding increase in height of 2½ inches.

Medical Inspection.

After-care medical inspection of leavers has also been carried out again during 1950. Children who had returned to normal school were invited with their parents to the Open Air School to report progress. The Medical Officer was satisfied that in all these cases recovery had been maintained, and it was not necessary to recommend any of them for re-admission to the Open Air School.

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

Dr C. L. Williams, Divisional School Medical Officer of Barking, has submitted the following information :—

Number in attendance at the end of 1950—

Physically Handicapped and Open Air Section	71
Educationally Sub-normal Section	98

The figure of 71 relating to Physically Handicapped children includes thirteen from Dagenham and East Ham, and 65 children from Ilford, Dagenham and East Ham are included in the figure of 98 in respect of Educationally Sub-normal pupils.

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

The Acting Divisional School Medical Officer of Ilford has provided the following report :—

" During 1950 the number on roll varied from 81 on 31st December, 1949, to 76 on 31st December, 1950. The number of admissions was 29 and the number of discharges was 34.

Debility without any other defect accounted for a total of only 17 children, of whom eight were discharged to ordinary schools during the course of the year and one left the district.

When the Open Air School was opened in 1929 it was designed to serve almost exclusively children who were suffering from debility and malnutrition, i.e. children with no specific physical defects but who needed more supervision, rest and nutriments than were provided in ordinary schools. In the last few years the character of the school has gradually changed following the greatly improved nutrition of school children in general, and there are now no cases of " malnutrition " as such in the school, only the seventeen debilitated children referred to above. As this change in nutrition has gone on, it has become increasingly possible to fill the vacancies available at the Open Air School with physically handicapped children for whom no provision had been made in the past.

This tendency to become more specifically a school for children often very severely handicapped physically, culminated in 1948 in the formation of a small " Spastic Class " for the treatment of suitable cases of cerebral palsy. This class, while termed " spastic " owing to its primary object, also takes in several children who, by reason of their handicaps, are unsuitable for inclusion in an ordinary class even in the Open Air School. During 1950 the composition of the class was as follows :—

Spastic diplegia	7	
Muscular dystrophy ..	3	
Astrocytoma and paraplegia	1	(Discharged for home tuition during year)

One spastic child was discharged on removal from the area.

Special apparatus is available and every effort is made by practice and exercises to encourage the children to overcome their handicap. Owing to lack of space and limited accommodation, there are at present four cases of cerebral palsy awaiting admission to the class, which at present meets in a converted air raid shelter.

All children attending the Open Air School are given a full medical examination on admission and thereafter at six-monthly intervals. A medical officer attends weekly for the purpose and also sees such children as are referred for special examination at the request of either Head Teacher or parent. Recommendations are made to attend the special clinics and also as to the amount of exercises individual children should undergo ; recommendations for shower baths and natural sunshine are also made. All children receive cod liver oil and have a rest period during the lunch hour, and an effort is made to follow special diets in exceptional cases.

A course of asthma injections has been given to ten children during the year and children suffering from lung diseases are given daily deep breathing exercises.

The rest hall destroyed by a bomb in 1944 is now being rebuilt and when the increased accommodation becomes available it is hoped further to extend the activities of the school, so as to accommodate the original number of 115 children ".

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

Harrow Green.

Number on the roll at 31st December, 1950	128
Average attendance	117.3
New admissions	21
Discharges	11

Knotts Green.

Number on the roll at 31st December, 1950	94
Average attendance	80.8

Classification of Cases.

Orthopædic	7
Delicate	41
Cardiac	5
Chest	23
Miscellaneous	18

(f) *Walthamstow Special Schools : for the Partially Sighted ; for the Deaf ; for the Physically Handicapped and for the Educationally Sub-Normal.*

The information given below is provided by Dr A. T. W. Powell, Divisional School Medical Officer of Walthamstow :—

School for the Partially Sighted. The following table shows the classification at the end of the year :—

	Walthamstow.		Essex County.		Out County.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Blind	—	2	—	1	—	—
Partially Sighted	6	5	4	2	11	13

The three blind children are awaiting admission to residential schools.

School for the Deaf. At the beginning of 1950 there were twenty children on the roll—sixteen boys and four girls—their ages ranging from three years nine months to twelve years one month. In February one girl was withdrawn temporarily for health reasons ; during the year two more boys and one girl were admitted, the roll now standing at twenty-two, eighteen boys and four girls. The age range is now three years nine months to fourteen years one month.

Of these twenty-two pupils there are eight having partial hearing of varying degree, and two whose mentality is so low as for them to profit very little from this type of school.

In all sixteen children now possess hearing aids. We find that, whilst most derive some benefit from them, a few benefit *enormously* ; on the other hand a small number appears not to benefit at all. The recent practice of moulding the inserts to fit the individual child has added a great deal to their comfort and general usefulness.

The School has received routine visits from Dr Francis Clark, the Ear, Nose and Throat Consultant, and from Dr Powell, Dr Watkins and Dr Miller Wood.

The health of the School has been exceedingly good and the attendance very high, many weeks being 100 per cent.

School for the Physically Handicapped. During the year 45 children were admitted (including five re-admissions) and 32 were discharged. The average number on roll was 74.6 and the average attendance 61.2. At the end of the year the classification of cases was as follows :—

Orthopædic	23
Cardiac	6
Chest (Asthma and Bronchitis)	23
Delicate	20
Miscellaneous	7
	79

School for the Educationally Sub-Normal. Numbers on roll have averaged 65 for the year and the I.Q. range has been up to 76.

Five low grade children have been excluded as ineducable—two have been admitted into residential institutions.

Of the senior scholars who left during the year only one girl has failed to gain employment.

Two boys returned to ordinary elementary school.

Since the appointment of a new master, the senior boys have been able to form a football team, and so far have had three matches with other schools in the Borough.

In connection with the Walthamstow School for Partially Sighted Children there was during the year considerable delay in connection with the repair of glasses, and it was suggested that pupils attending this school should be provided with a second pair. The Ministry of Health were consulted on the matter and ruled that spare pairs of spectacles of identical prescriptions could not be provided in connection with the Supplementary Ophthalmic Service and that this ruling was applicable to pupils attending schools for the partially sighted. The Committee after considering the matter, agreed that they would accept financial responsibility for providing a second pair of spectacles in any case where such provision was recommended on medical grounds by an ophthalmic specialist.

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

The Divisional School Medical Officer, Dr J. D. Kershaw, reports as follows :—

" The following statistical data indicate that the Stockwell Street Special School has had a year very similar to the previous one :—

Number on roll, 31st December, 1950 ..	32
Average attendance	26.1
New admissions	7
Discharges	8

The comments which I made in respect of 1949 stand unchanged. The School is doing good and useful work under handicaps and considerably greater provision is required in North-East Essex ".

(ii) Special Schools—Boarding. Places are allocated for Essex children at the East Anglian School for the Blind and Deaf, Gorleston, the Royal Eastern Counties Institution Special Schools for Educationally Sub-Normal children at Colchester, Halstead and Cambridge, and to other boarding special schools in various parts of the country.

It is anticipated that the position in regard to the shortage of accommodation will be somewhat relieved in 1951, when it is hoped that two residential special schools will be opened ; one at Ramsden Hall, Ramsden Heath, and the other at Nazeing Park, where there will be accommodation for approximately fifty educationally sub-normal senior boys and approximately forty maladjusted junior boys and girls respectively. In addition it is hoped that a Hostel at Doucecroft, Kelvedon, will be opened where there will be accommodation for 15 maladjusted children.

The Chief Education Officer has provided the following report :—

" During the year the number of children placed in boarding special schools increased slightly ; at the end of the year 469 children were in attendance at these schools, an increase of 53 compared with the end of the previous year. The waiting lists for certain types of schools, notably those for educationally sub-normal, deaf and partially deaf, continued to grow. The national shortage of places for children suffering from these handicaps has yet to be rectified, and it is unlikely that the position will improve greatly, so far as Essex children are concerned, until the Committee's own proposed schools for educationally sub-normal and deaf pupils are opened. It is hoped that by the time this report is in print, adaptations will be in progress at the first of these, and others will follow shortly.

A large number of pupils, most of them maladjusted, are attending independent schools under arrangements made by the Committee. These schools are assisted by the Committee under Section 9 (1) of the Education Act, 1944, and few are recognised as efficient by the Ministry of Education. It is, therefore, a responsibility of the Committee to ensure that conditions are suitable at the school, and that the children are progressing. Schools are normally visited by the Welfare Officer for Handicapped Pupils before a child is admitted and thereafter conditions at the schools are checked by both visits from officers of the Education Authority in whose area the school is situated or officers of the Essex Education Committee. Arrangements are made for the children's progress to be reviewed by the medical officer at least once a year, most of the maladjusted children attending the Child Guidance Clinics for this purpose ".

(iii) Hearing of School Children. Reference was made in last year's Report to the appointment of the first whole-time County Audiometrician for the purpose of carrying out tests on the hearing of school children by the procedure known as group testing audiometry. The instrument used for this purpose is the gramophone audiometer, and a description of the method employed in carrying out the tests was given in last year's Report.

She commenced the group testings at schools in Leyton in January, 1950, and finished in July, 1950. She then proceeded to carry out similar testings in the Schools in the Barking Division.

It should be clearly understood that the purpose of this work is to discover those children whose hearing appears to be defective. When once these children have been discovered, there has to follow a number of further investigations. Usually most of these will involve an initial examination and possibly treatment by an Assistant School Medical Officer at one of the school clinics, and subsequently the child will be referred back to the Audiometrician for a further test to check whether the treatment has resulted in the desired improvement. Other cases may have to await an appointment with an Aural Surgeon, and a few of these will probably be recommended for the provision of a hearing aid.

All this involves a considerable amount of follow-up work on the children originally discovered, and it is inevitable that almost all of it has to be dealt with by the medical and nursing staffs of the School Health Service.

In the year under review, conditions for group testings in Leyton were often very difficult owing to the overcrowded state of the schools, and in consequence of that, to the limited number of accessory rooms available. Head Teachers were, however, most helpful, and co-operated to the very best of their ability.

The following table provides a summary of the children tested and gives details of the number referred for treatment or further investigation :—

Type of School	*No. of Children referred for treatment or further investigation*				
	Number Tested	*Total*	*Percentage*	*Boys*	*Girls*
Secondary	2,804	50	1.7	33	17
Primary	3,754	82	2.15	50	32
Open Air	79	4	5	3	1
Educationally Sub-Normal ..	118	19	16	9	10
County High School for Girls ..	444	4	.9	—	4
County High School for Boys ..	499	7	1.4	7	—
Totals	7,698	166	2.1	102	64

A statistical analysis of the 166 children referred for treatment or further investigation was made by Dr Mary L. Gilchrist, Deputy Medical Officer of Health for Leyton, and the following is a summary of her report :—

> " Complete reports are only available on 157 of the 166 children originally referred by Miss O'Leary. This is due to the fact that nine of the children had either left school, left the district, or their parents preferred to have treatment elsewhere. Consequently, these nine children are not included in this Survey.

Cases of Deafness previously undetected—10. Ten cases of unsuspected deafness can be said to have been discovered by the Survey. They were not considered to be deaf either by the Medical or School staffs, their parents, or themselves.

One child had a bi-lateral hearing loss of 30 decibels in both ears, but as this was due to recurrent rhinitis and catarrh, it quickly responded to treatment.

The other nine children had only a uni-lateral defect, and in seven of these no treatment can help. The causes of deafness among these seven cases are as follows :—

Meningitis	1
Trauma	1
Early Otosclerosis..	1
Infectious Disease..	1
Cause unknown	3

One case is still under investigation.

One case of acute otitis media, the first attack during the week of the original test, is now improved.

No Hearing Defect found—27. Twenty-seven children had no hearing defect whatsoever, and had normal hearing on re-testing. These children gave various reasons for their failure at the group testings performed in school, e.g. ' a cold ', ' been swimming ', ' noise in the room ', etc.

Wax in Ears—19. There were nineteen children in this group ; ten uni-laterally affected, and nine bi-laterally. After re-testing, hearing was normal. Some of these children had to have their ears syringed at regular intervals, but it was surprising how deaf from wax children can become and yet not be aware of their deficiency.

Catarrhal Conditions—29. Twenty-nine children suffered from re-current catarrhal conditions. Seventeen of these had improved at re-testing and required no further treatment. Twelve were referred for further treatment to clinic or private doctor. Ten on re-testing had improved ; two are still under treatment.

Mastoidectomy—9. Nine children had a history of this trouble, three with bi-lateral, and six with uni-lateral damage. In none was the hearing loss sufficient to interfere with schooling, and in all except one, re-tests showed improvement in hearing loss.

Two of the uni-lateral mastoidectomies had chronic suppurative otitis media, and one of them also had a polypus. Both are improving in hearing with treatment.

Chronic Suppurative Otitis Media (C.S.O.M.)—42. Twenty-five child-ren had this condition uni-laterally, and seventeen bi-laterally. All the forty-two were either under observation or treatment at the time of testing.

Twenty-five have improved, with or without treatment, nine cannot be improved by further treatment, and eight are still under treatment.

Miscellaneous Cases—21. There were twenty-one cases which for various reasons could not be placed in any of the foregoing categories, and consequently were labelled miscellaneous cases. Details of these cases are as follows :—

Cause of Deafness.	No.	Result after investigation or treatment.
Conductive deafness probably due to infectious disease	4	No improvement.
Nasal obstruction	5	Still under treatment.
High frequency deafness	2	One provided with a hearing aid, and both receiving lip reading instruction. Both improved.
Chronic Rhinitis	1	Improved.
Cleft palate and C.S.O.M.	1	Provided with hearing aid. Improved.
Acute otitis media	2	One has normal hearing, the other had improved.
Trauma	1	No improvement.
Septal defect	1	Awaiting treatment.
Over-anxiety	1	Improved.
Unknown	3	Information not available.

In the following table an assessment of the results after investigation or treatment has been made from the information contained in Dr. Gilchrist's report :—

Category.	No. of Cases.	Results after investigation or treatment.	
Left school or District	9	No information.	
Cases previously undetected	10	Hearing improved	2
		Still under investigation	1
		Not improved	7
No Defects Found	27	Normal Hearing	27
Wax in Ears	19	Hearing improved	19
Catarrhal Conditions	29	Hearing improved	27
		Still under treatment	2
Mastoidectomy	9	Hearing improved	8
		Not improved	1
Chronic Suppurative Otitis Media (C.S.O.M.)	42	Hearing improved	25
		Cannot be improved	9
		Still under treatment	8
Miscellaneous	21	Normal hearing	1
		Improved	6
		Not improved	5
		Still under treatment	5
		Awaiting treatment	1
		Information not available	3

It will be noted that from among the original 166 cases referred by the Audiometrician, and excluding those 27 cases in the third category in whom no defects were found, it can be said that 81 children had their hearing improved as a result of the investigation or treatment carried out.

This improvement figure only accounts, however, for approximately half the total originally referred on account of defective hearing, and it may well be asked what is the situation as regards the remainder in whom no improvement has been achieved.

In this connection it has to be remembered that many of the children referred were suffering from defective hearing in only one ear, whilst perhaps the hearing in the other ear was normal. In such cases the child probably suffers little or no disability. In certain circumstances, however, it may be desirable that the child should be given a place in the classroom so that the fullest advantage can be taken of the normal ear, and by acquainting the teacher of the child's deafness the necessary arrangement can be made.

There are a few other cases which may be considered suitable for a hearing aid, and some may also be suitable for lip reading classes. There is also the possibility that a few of the more severe cases are already on the waiting lists for admission to schools for the partially deaf.

Arising out of this survey four children were provided with hearing aids, and these same four children, together with one other, were recommended to have instruction in lip reading.

Although only ten new cases not previously known to the School Health Service were discovered as a result of the survey, it should be appreciated that not all the other cases mentioned in the report were actually under treatment or even surveillance at the time the group testings were carried out. Looked at from this aspect therefore it is fair to say that the work of the Audiometrician keeps us aware of those children whose hearing may be affected by the more common complaints such as otitis media, catarrh, wax, etc. It also keeps the School Health Service team aware of the progress that those cases are making, thus increasing the efficiency of the follow-up work.

The arrangements with the North-East Metropolitan Regional Hospital Board for the Audiometrician to attend two sessions per week at Whipps Cross Hospital, Leyton, were continued.

The following report has been received from the Divisional School Medical Officer for North-East Essex :—

> " The problem of deafness in school-children has been brought to the fore during the year partly because the Essex County Hospital has become a principal distributing centre for hearing aids and has established a special department for this purpose, and also partly because there have arisen during the year some cases of educational difficulty due to deafness which have exposed the shortcomings of present provision for this part of the County.
>
> It is interesting to note how, with every type of handicap, the incidence of the defect remains low and irregular until treatment facilities are provided, when it suddenly and markedly increases. This has been very much the case in respect of speech therapy and it cannot be pure coincidence that the number of allegedly deaf children in the Area has quadrupled itself since the National Health Service came into being. Enquiries made in the schools in the Division during the autumn produced interesting results and suggested that twenty or more children in the Division were deaf in a degree which interfered with their education, while something like six times that number had shown some signs of deafness in school. The results of enquiry were highly inconsistent ; of two comparable schools one might have produced twenty suspected cases of deafness and the other

none, a fact which suggests, not surprisingly, that different people have different views on the significance and importance of difficulty in hearing. It would certainly seem highly desirable that an audiometer survey should be undertaken in the Division before very long. The testing of deafness by rule of thumb, speech and whisper methods is extremely fallible and the audiometer, in skilled hands, produces the only really adequate method of 'screening' ".

Investigation of children likely to benefit from Lip-reading Classes.

Early in the year, a Special Sub-Committee was appointed to investigate the position of partially-deaf children in the ordinary Schools who might benefit by attending Classes in lip-reading, it being suggested that many such children might be discovered if a careful enquiry were made. In order to investigate this problem as rapidly as possible, it was decided to carry out a survey in the six extra-Metropolitan Boroughs, and in parts of the Forest and South Essex Divisions.

The method employed was a letter of enquiry initiated by the Chief Education Officer to the Borough and Divisional Education Officers concerned, who in turn addressed a circular letter to all Head Teachers asking them to submit the names of any children in their schools who appeared to suffer from deafness. As soon as these names were received the arrangement was that the children should be collected together in suitable groups for testing by the County Audiometrician.

In spite of efforts to carry out this survey as quickly as possible, it has in practice proved to be a rather slow procedure and all the results are not yet available. From those so far obtained, however, it seems fairly certain that the number of such children is really very small. However, from the few that have already been discovered, there are sufficient to justify the establishment of lip-reading classes.

In consequence, therefore, the Education Committee agreed that the decision made in June, 1948, to appoint a peripatetic teacher of lip-reading should be implemented, and that the teacher should be initially employed in the extra-Metropolitan area.

(iv) Tuberculosis. The following table gives information relating to the number of cases of Tuberculosis in school children notified during the year divided into age groups :—

	5+	10+	15+
Pulmonary Males ..	22	19	76
Females ..	31	24	86
Non-Pulmonary Males ..	17	5	8
Females ..	13	12	11

In connection with the scheme for protection against Tuberculosis by B.C.G. Vaccine, the Borough School Medical Officer of Romford, in his report for 1950, makes the following observations :—

" An interesting innovation towards the latter part of the year was a research measure carried out by the Medical Research Council into the value of the Anti-Tuberculosis Vaccine, B.C.G.

In brief the scheme is as follows :—

Secondary Modern School leavers are selected, and it is done entirely on a voluntary basis. All children taking part are given the benefit of regular supervision, over three to five years, by X-ray, skin tests, and other examination. The skin test is used to show whether the child has, at any time, had contact with the germ of Tuberculosis. The chest X-ray indicates if there is any disease of the lungs. All children are followed up with the greatest care. At regular intervals, the chest X-ray, and other examinations are repeated. In addition, any child known to be in contact with Tuberculosis, or found to have the disease, has the full care provided by the Chest Clinic Service.

The vaccine known as B.C.G. is a possible measure of strengthening resistance to Tuberculosis, although we do not know if this vaccine is so useful that it is necessary to offer it to all children who have never harboured the germs of Tuberculosis. Therefore, a part of the scheme is an enquiry into the value of the vaccine. The children who show by the skin test that they have already, at some time, had their first contact with the germs of Tuberculosis are not vaccinated. Some of the others are vaccinated, and an equal number are not.

It is only by such a scheme that the real value of B.C.G. can be tested, and, needless to say, the Committee, and Heads of the Secondary Modern Schools concerned, have given their full co-operation ".

(v) Medical Officers approved under Regulation 53 for the Ascertainment of Educationally Sub-Normal Children. Arrangements were made during the year for three medical officers to attend courses sponsored by the National Association of Mental Health in the ascertainment of Educationally Sub-normal children.

(vi) Statistical Information. Statistical information regarding handicapped pupils, as submitted to the Ministry of Education, is set out in the table on page 52.

10. Nursery Schools.

Dr A. R. Whitman, Assistant School Medical Officer in the Mid-Essex Division, has provided the following report relating to the two Nursery Schools in the Borough of Chelmsford :—

" *Situation* : In the Borough of Chelmsford there are two Nursery Schools, one situate in Corporation Road on the fringe of the recently developed housing area in the North-west of the city, another in the New London Road, in the South-west.

Both schools stand on roomy sites, surrounded by adequate open space to give the children plentiful fresh air and play room. Full use is made of the outdoors for the mid-day rest when the weather is suitable.

Buildings : The buildings are of temporary materials in good condition and repair, and well equipped with washing and lavatory accommodation, as well as the usual domestic offices, including a kitchen, where school meals are prepared.

The class-rooms are of good size, with satisfactory air and light. There is generous provision of toys and materials to occupy the pupils.

SUMMARY OF HANDICAPPED PUPILS

Category	*Newly placed in Special Schools or Homes*	*Newly ascertained as requiring education at Special Schools or boarding in Homes*	*Numbers attending Special Schools*		*Number boarded in Homes*	*Attending Assisted Schools*	*Numbers remaining unplaced*
			Day Pupils	*Boarding Pupils*			
Blind	12	8	—	37	—	—	8
Partially Sighted ..	11	19	22	22	—	—	13
Deaf	6	16	31	49	—	4	24
Partially Deaf	5	14	34	12	—	—	31
Delicate	363	308	264	155	—	—	48
Physically Handicapped	52	60	147	38	—	—	59
Educationally Sub-normal	101	153	425	105	—	11	289
Maladjusted	62	38	7	31	16	67	30
Epileptic	10	5	2	20	—	—	6
Total ..	622	621	932	469	16	82	508

Staff : The teaching and domestic staffs are adequate in number and competence, from the medical view-point.

Numbers : In both schools, the attendance rolls are full to capacity, and there are considerable waiting lists for vacancies.

Attendance for the year averages 80 per cent.

Medical Inspection : Medical inspections are made each month at both schools, the aim being to examine each child once every term ; also, special cases are given more frequent examinations, as circumstances require.

Treatment : Cases of defective vision are referred to the Eye Clinic at Coval Lane ; dental treatment is arranged at the Dental Clinic.

In other morbid conditions, more especially of the nose and throat, examinations at the hospitals by consultants are arranged, in co-operation with parents and private doctors, with a view to surgical treatment where required.

Several cases were referred for Speech Therapy, and rare cases for Child Guidance.

Immunisation : Immunisations against diphtheria and/or pertussis are performed at the schools, often at the parents' own special request, and always, of course, with their prior consent.

In the latter part of the year under review, immunisation was held in abeyance on account of the prevalence of poliomyelitis, and in view of recent experience and theories of the relation between immunisation and paralysis.

With the advent of springtime and more clement weather, immunisation will be resumed.

A further service provided at these schools is the supply of nutrients under the Council's scheme, filling the gap between the Child Welfare Clinic and the school age.

Health : In general, it is very satisfactory to report that good health has been maintained throughout the year. There was no major epidemic, and no need to close the schools, with the exception of a few days at London Road.

There were no serious accidents or major injuries.

Personal cleanliness and hygiene have been of a high standard : in one school, there has been no case of head vermin for three years, and only very rare cases in the other school.

The children show steady growth and increase in weight ; most of them partake of meals provided at the school, cooked on the premises.

An interesting feature, and measure of the standard of the child's home-life, is the standstill, or even deterioration, of a small number of the children during short absence from the school at holiday times. (Holidays are the same as in other schools in the County). On resuming attendance they quickly recover lost ground and continue good progressive development.

In conclusion, it gives pleasure to acknowledge gratefully the whole-hearted co-operation of the Superintendents, their staffs, the parents, and —with very rare exceptions—of the children themselves ".

The following is an extract from the report of the Borough School Medical Officer for Walthamstow :—

> "*Nursery School*: The nursery school is always filled to capacity (90 children) and the waiting list is never-ending. Many of the children are admitted because their homes are dreadfully overcrowded. Some live in upstairs flats and have to be kept quiet and still to avoid complaints from the people living on the ground floor.
>
> Less than half of the mothers go out to work. Some of these do part-time work and some do work in their own homes. The few who take on permanent full-time jobs have to find someone to fetch the child to and from school and to look after him during the holidays.
>
> During 1950, the summer term was the best from the health point of view. In March there were twelve cases of mumps, and between September and December there were thirty cases of whooping cough ".

11. School Camps.

School Camps	.. ..	Hydon Heath, near Godalming. Kennylands, near Reading. Itchingfield, Sussex.
Camp School	.. ..	Elmbridge, near Guildford.

At the School Camps the accommodation is primarily for children of secondary school age for short stay periods whilst the Camp School is for children who will attend for the whole of their secondary school life. Prior to admission each child is medically examined. In view of the poor attendance figures at Hydon Heath and Itchingfield, the Committee have decided that these two School Camps shall be closed on 31st August, 1951.

12. Health Education.

At some schools during the year arrangements have been made for children leaving school to receive weekly lectures on mothercraft and home nursing, and at schools at Maldon, Rayleigh and Chelmsford these lectures were supplemented by film shows. At the Romford County High School for Girls a lecture was given to school leavers on health subjects and in addition lectures have been given at six Youth Clubs. Lectures and film shows at the Civic Centre, Dagenham, were organised for school leavers. The arrangements were also continued whereby exhibition stands obtained from the Central Council for Health Education have been exhibited at a number of schools.

APPENDIX.

Report of Senior County Dental Officer.

I have the honour to present my Sixteenth Annual Report on the dental care of children of school age in the Administrative County of Essex, to be submitted in the report of the School Medical Officer.

As Senior County Dental Officer and voicing the minds of those officers who have remained loyal to that branch of the profession which they have embraced, I am bound to say that the year 1950, due to frustration and disappointments, has been far from happy and the steady deterioration of a service which was described by Lord Teviot as the " spearhead of attack against dental caries " has produced thoughts among us which are epitomised in the words of Kipling's " If ".

In consequence, my report will be brief not from choice alone but from the grim fact that lacking the opportunity and the tools to plan the future in terms of expansion to perform the worth-while task so urgently requiring attention, the pleasure of achievement is absent, and leaves proportionately little to report which is not too depressing.

To relieve the staff shortage and to provide service for children, many ideas have been considered, including, with little success, the enlistment of general dental practitioner help. In the beginning of the year a mission went to New Zealand to study the Dental Nurses' Scheme and a report has been presented to the Minister of Health. Even if a formula can be found which would be in keeping with the different legislation of this country and acceptable to the profession, we must not forget that in my own and the opinion of many others, this is a long-term policy and it will be many, many years before any benefit can be derived from such a scheme. I am also awaiting with interest the result and possible extension of the recommendation of the Teviot Committee in regard to Oral Hygienists which may, within limits, relieve Dental Officers of routine work, and enable them to concentrate on duties more worthy of their training and ability.

At the peak period of staffing in the year 1949, of the equivalent of 27 full-time Dental Officers as shewn, 24 were actually full-time Officers. At the close of the year under review, this figure is reduced to 18 full-time Dental Officers, but with sessional employment of a number of dentists, the overall figure is now approximately 23, making a loss of the equivalent of 4 full-time Officers. When it is remembered that the total school population of the County is over 200,000 and, furthermore, that at a rough calculation a minimum of four age-groups may be added to this figure to provide for pre-school children and nursing and expectant mothers in any one year, it will be readily realised that it is impossible for the staff to provide anything approaching a comprehensive Dental Service to those patients for whom the Local Authority has the duty of providing a service.

In an earlier report I spoke of the stimulus derived from the knowledge that parents and children were making increasing use of the facilities placed at their

disposal by the Local Authorities. That stimulus is now unfortunately shorn of its glamour, in the knowledge that the demand for treatment is a need arrived at from the inability of patients to receive attention at an early age, which would prevent the wholesale destruction of the dentition and the service would become, in consequence, one of repair instead of prophylactic.

By careful planning it has been possible to avoid the complete closure of a minimum number of clinics. Dental Officers who normally can find sufficient work to keep them employed in a single clinic, are now devoting weekly sessions to other clinics, in order to deal with emergencies. This sharing of facilities may be the honest and fair reproach to the problem in providing the greatest good for the greatest number, but in robbing Peter to pay Paul we must remember the keen disappointment of the Dental Officer who, although anxious to help, suffers in so far as the area on which he has spent so much time and effort in winning the confidence of his patients—by inability to preserve that routine—will become over a prolonged period, like the others, an emergency area.

I am pleased to report that the School Medical Officer has agreed to my suggestion that investigation into the incidence of fluorine in drinking water should be continued in an attempt to produce if possible information which could be of service in using to advantage the suggested benefit of sodium fluoride in reducing the incidence of dental caries without the disfigurement of teeth, as occurs where the concentration is too high. In order to avoid increasing the duties of Dental Officers and also to maintain the same standard of reporting the findings, I am carrying this out myself, and hope to be able to report in the coming year.

Plans are also being made to conduct inspections into the incidence of dental caries in young children of the 5–6 years old age-group. This is on the lines suggested by the Chief Medical Officer of the Ministry of Education and will be carried out during routine dental inspections. It is hoped that this survey will make available useful data for comparisons of dentitions at that age in successive years.

In past years, examination of figures and statistics has been a happy study which stimulated pride of achievement and enabled plans to be made for the future ; now, however, they chiefly serve to accentuate the delay of improvement to the Service.

The figures appertaining to the work of Dental Officers throughout the year shew that the total number of school children inspected has increased by 1,757. The total inspection figure is equal to approximately 26 per cent. of the school population of the County, notwithstanding the decrease in staff. Analysing this increase, however, we find that routine inspections are less by 4,817, and specials or casuals, as they should more accurately be described, are increased by 6,574.

It should be noted, however, that only 12 per cent. of the school population had routine inspection, and 14 per cent. were inspected as casuals, in urgent need of treatment to relieve pain ; consequently no true indication of the dental health

of the school population can be given. Although the number of children found to require treatment is similar to the number of the previous year, 3,825 fewer children received treatment, and the total attendances made for treatment are correspondingly reduced by 9,306. This, I regret to say, can have only one meaning—as the staffing position deteriorates, routine inspections become less, with a proportionate rise in the number of casuals clamouring for relief from pain and sepsis where there is no staff to give treatment.

Taking into consideration the foregoing facts, it is natural that the numbers in regard to fillings and extractions should be substantially reduced. Some 6,026 permanent and 973 temporary teeth less were filled in the course of the year, but whilst it is gratifying to see that Dental Officers are appearing to enlist greater co-operation with parents in preserving those deciduous teeth, one must regret the substantial decrease in the number of permanent fillings. The fact, however, that 4.2 permanent teeth are filled for every permanent tooth extracted, is to be applauded and demonstrates the determination of Dental Officers to preserve teeth, and the decrease in fillings is consequent on reduced staffing.

We find that 2.9 temporary teeth have been extracted for every temporary tooth filled ; this is slightly less than last year. There are still too many temporary teeth requiring to be extracted, approximately one for every child inspected, and the fact that the number of permanent teeth extracted is only reduced by 731, must surely reflect on the inability of the staff to find such teeth, at the saveable stage, by reason of the decrease of routine inspections.

It is regrettable that requests for orthodontic treatment which are becoming more numerous have, all too often, to be refused because Dental Officers find it impossible to carry out such treatment in the face of requests for other kinds of dental treatment of more apparent urgency. Regarded in terms of long-term policy, ability to carry out this highly-specialised treatment would considerably reduce the caries incidence in such patients which is always increased when gross irregularities are present.

In conclusion, in extending thanks to all members of the medical and education staff for their valuable co-operation, I must at the same time compliment the Dental Attendants on their very valuable assistance in most difficult and trying times.

Minor Ailment Clinics.

North-East Essex Division.

School Clinic, 3, Trinity Street, Colchester	..	Mondays a.m. and Mondays to Fridays p.m.
" Tower House ", 38, Main Road, Harwich	..	Tuesdays and Fridays a.m.

Sible Hedingham Secondary School, Sible Hedingham	Thursdays a.m. (during school term)
Combined Treatment Centre, Skelmersdale Road, Clacton-on-Sea	Mondays p.m.
New Church Schoolroom, Brightlingsea ..	Wednesdays 4 p.m.
Great Bentley School, Great Bentley	4th Tuesday (after C.W.C.)

Mid-Essex Division.

Congregational Hall, Ongar	Thursdays a.m.
Combined Treatment Centre, Coval Lane, Chelmsford	Daily a.m.
Combined Treatment Centre, Coggeshall Road, Braintree	Tuesdays a.m.
Combined Treatment Centre, 47, Stortford Road, Dunmow	Tuesdays and 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 a.m.
Combined Treatment Centre, Guithavon Street, Witham	Mondays and Thursdays a.m.
Combined Treatment Centre, Crouch Road, Burnham-on-Crouch	2nd Monday a.m.
Combined Treatment Centre, Wantz Chase, Maldon	Tuesdays, Wednesdays and Fridays a.m.

South-East Essex Division.

Village Hall, Great Wakering	Wednesdays a.m.
Combined Treatment Centre, Rocheway, Rochford	Wednesdays a.m.
Combined Treatment Centre, Eastwood Road, Rayleigh..	Tuesdays a.m.
Combined Treatment Centre, Kenneth Road, Thundersley	Fridays a.m.
Combined Treatment Centre, Nevendon Road, Wickford	Mondays a.m.
Combined Treatment Centre, Broadway, Pitsea	Mondays a.m.
Combined Treatment Centre, Florence Road, Laindon	Mondays a.m.
Combined Treatment Centre, Laindon Road, Billericay	Wednesdays a.m.
Combined Treatment Centre, Furtherwick Road, Canvey Island	Tuesdays a.m.

Combined Treatment Centre, London Road, South Benfleet	Tuesdays a.m.
Craylands Combined Treatment Centre, Timberlog Lane, Vange	Mondays a.m.
Combined Treatment Centre, London Road, Hadleigh	Fridays a.m.

FOREST DIVISION.

93, High Road, Woodford	Fridays a.m.
Friday Hill House, Chingford	1st, 2nd and 4th Mondays p.m.
Marmion Avenue, Chingford	Mondays a.m.
15, Regent Road, Epping	Thursdays a.m.
Manford Way County Primary School	Alternate Thursdays a.m.
Union Church Hall, Loughton	Alternate Thursdays a.m.
Sewardstone Road, Waltham Abbey	1st and 3rd Mondays a.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	Thursdays a.m.
Kim's Hall, Vicarage Road, Hornchurch ..	Fridays a.m.
61, Athelstan Road, Harold Wood	Fridays a.m.
Combined Treatment Centre, Upminster Road, Rainham	Thursdays a.m.
St. Lawrence Hall, Upminster	Wednesdays a.m.
Combined Treatment Centre, Glasson House, High Street, Grays	Tuesdays a.m. and Wednesdays a.m.
Old Manor Road, Tilbury	Fridays a.m.
St. Margarets Hall, Corringham Road, Stanford-le-Hope	Mondays a.m.
Congregational Hall, North Road, South Ockendon, near Grays	Mondays a.m.
Grays North Ward, Stifford Long Lane, Grays ..	Thursdays a.m.
Aveley Belhus Park, J.M. School, Stifford Road, Aveley	Wednesdays 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, Mark's Road ..	Wednesdays 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
Upney Health Centre, Upney Lane, Barking ..	Each morning
Dagenham.	
Five Elms School	Mondays p.m. and Fridays a.m.
Becontree Avenue	Mondays a.m. and Thursdays p.m.
Fanshawe School	Mondays a.m.
Hunters Hall School	Thursdays a.m.
Ford Road Clinic	Wednesdays and Fridays p.m.
The Leys Clinic, Ballards Road	Tuesdays p.m.
The Clinic, Ashton Gardens, Chadwell Heath ..	Tuesdays a.m.
Ilford.	
Newbury Hall, Perryman's Farm Road, Ilford ..	Tuesdays and Fridays a.m.
Mayesbrook Clinic, Goodmayes Lane, Ilford ..	Wednesdays and Fridays a.m.
Leyton.	
Parkhouse Clinic, Granleigh Road, Leytonstone	Daily a.m. including Saturdays
Leyton Green Clinic, Leyton Green Road, Leyton	Daily a.m. including Saturdays
Walthamstow.	
Town Hall	Mondays, Wednesdays, Fridays and Saturdays a.m.
Sidney Burnell School, Handsworth Avenue, Highams Park	Tuesdays a.m. and Fridays p.m.
Low Hall Lane, Markhouse Road	Mondays and Thursdays a.m.

MEDICAL INSPECTION AND TREATMENT RETURNS

YEAR ENDED 31ST DECEMBER, 1950.

Table I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

A.—Periodic Medical Inspections.

(1) No. of Inspections :—

Entrants	27,393
Second Age Group	18,029
Third Age Group	15,352
Total	60,774
(2) No. of other Periodic Inspections	5,311
Grand Total	66,085

B.—Other Inspections.

No. of Special Inspections	40,531
No. of Re-inspections	43,595
Total	84,126

C.—Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group. (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table IIA. (3)	Total individual Pupils. (4)
Entrants	518	5,173	5,563
Second Age Group	830	2,405	3,132
Third Age Group	824	1,564	2,299
Total (prescribed groups)	2,172	9,142	10,994
Other Periodic Inspections	214	727	858
Grand Total	2,386	9,869	11,852

Table II

A.—Return of Defects Found by Medical Inspection in the Year Ended 31st December, 1950

Defect Code No.	Defect or Disease (1)	PERIODIC INSPECTIONS — No. of defects		SPECIAL INSPECTIONS — No. of defects	
		Requiring treatment (2)	Requiring to be kept under observation, but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation, but not requiring treatment (5)
4	Skin	754	490	2,996	210
5	Eyes—				
	(*a*) Vision	2,386	1,312	1,225	309
	(*b*) Squint	394	264	170	32
	(*c*) Other	316	237	1,324	154
6	Ears—				
	(*a*) Hearing	189	256	230	71
	(*b*) Otitis Media ..	194	327	294	44
	(*c*) Other	291	199	638	61
7	Nose or Throat ..	2,483	4,028	1,625	808
8	Speech	218	338	215	104
9	Cervical Glands ..	171	1,548	102	158
10	Heart and Circulation	209	718	98	170
11	Lungs	403	1,197	369	352
12	Developmental—				
	(*a*) Hernia	68	160	7	12
	(*b*) Other	118	440	143	64
13	Orthopædic—				
	(*a*) Posture	620	599	104	60
	(*b*) Flat Foot ..	1,760	965	271	82
	(*c*) Other	1,299	1,213	512	174
14	Nervous System—				
	(*a*) Epilepsy ..	23	70	35	15
	(*b*) Other	67	228	158	105
15	Psychological—				
	(*a*) Development ..	62	191	82	68
	(*b*) Stability ..	97	423	163	116
16	Other	1,601	972	9,083	997

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)* No. (3)	*A (Good)* % of Col. (2) (4)	*B (Fair)* No. (5)	*B (Fair)* % of Col. (2) (6)	*C (Poor)* No. (7)	*C (Poor)* % of Col. (2) (8)
Entrants	27,393	13,248	48.4	13,401	48.9	744	2.7
Second Age Group ..	18,029	7,902	43.8	9,726	53.9	401	2.2
Third Age Group ..	15,352	7,407	48.2	7,736	50.4	209	1.4
Other Periodic Inspections	5,311	2,441	46.0	2,834	53.4	36	0.7
Total	66,085	30,998	46.9	33,697	51.0	1,390	2.1

Table III

Infestation with Vermin

(1) Total number of examinations in the schools by School Nurses or other authorised persons	549,296
(2) Number of individual pupils found to be infested ..	6,403
(3) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) ..	1,229
(4) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) ..	36

Table IV

Treatment Tables.

Group I.—Diseases of the Skin (excluding Uncleanliness, for which see Table III).

	Number of cases treated or under treatment during the year by the Authority.	Otherwise.
(*a*) Skin—		
Ringworm—		
(i) Scalp	16 ..	8
(ii) Body	43 ..	—
Scabies	52 ..	12
Impetigo	664 ..	10
Other skin diseases	6,418 ..	161
Total	7,193 ..	191

Group 2.—Eye Diseases, Defective Vision and Squint.

	Number of cases dealt with	
	By the Authority.	Otherwise.
External and other, excluding errors of refraction and squint	2,975 ..	285
Errors of refraction (including squint)	10,374* ..	2,318
Total	13,349 ..	2,603
Number of pupils for whom spectacles were—		
(*a*) Prescribed	5,918* ..	2,141
(*b*) Obtained	4,957* ..	2,297
Total	10,875 ..	4,438

*Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.

Group 3.—Diseases and Defects of Ear, Nose and Throat.

Received operative treatment—		
(*a*) For diseases of the ear	— ..	130
(*b*) For adenoids and chronic tonsillitis ..	— ..	2,371
(*c*) For other nose and throat conditions ..	— ..	101
Received other forms of treatment	3,164 ..	476
Total	3,164 ..	3,078

Group 4.—Orthopædic and Postural Defects.

(*a*) Number treated as in-patients in hospitals .. 80

	By the Authority.	Otherwise.
(*b*) Number treated otherwise, e.g. in clinics or out-patient departments	5,746 ..	18

Group 5.—Child Guidance Treatment.

	Number of cases treated.	
	In the Authority's Child Guidance Clinics.	Elsewhere.
Number of pupils treated at Child Guidance Clinics	1,116 ..	18

Group 6.—Speech Therapy.

	Number of cases treated.	
	By the Authority.	Otherwise.
Number of pupils treated by Speech Therapists ..	1,561 ..	3

Group 7.—Other Treatment Given.

	Number of cases treated. By the Authority.	Otherwise.
(*a*) Miscellaneous Minor Ailments	18,696	851
(*b*) Other	—	537
Total	18,696	1,388

Table V

Dental Inspection and Treatment

(1) Number of pupils inspected by the Authority's Dental Officers—	
(*a*) Periodic age-groups	26,273
(*b*) Specials	26,502
(*c*) Total	52,775
(2) Number found to require treatment	35,301
(3) Number referred for treatment	36,766
(4) Number actually treated	41,740
(5) Attendances made by pupils for treatment	79,508
(6) Half-days devoted to—	
(*a*) Inspection	596
(*b*) Treatment	10,126
Total (*a*) and (*b*)	10,722
(7) Fillings—	
Permanent teeth	29,600
Temporary teeth	14,126
Total	43,726
(8) Number of teeth filled—	
Permanent Teeth	27,199
Temporary Teeth	13,246
Total	40,445
(9) Extractions—	
Permanent teeth	6,960
Temporary teeth	41,558
Total	48,518
(10) Administration of general anæsthetics for extraction ..	21,822
(11) Other operations—	
(*a*) Permanent teeth	24,862
(*b*) Temporary teeth	17,250
Total (*a*) and (*b*)	42,112

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