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COUNTY COUNCIL OF ESSEX  
EDUCATION COMMITTEE



ANNUAL REPORT

OF THE

School Medical Officer

FOR THE

Year 1951

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## ERRATA.

Page 19 — first column of table of Visual Defects — South Essex Division —  
delete 8,215 and substitute 2,619 — amend total to 9,335.

# THE SPECIAL SERVICES SUB-COMMITTEE OF THE EDUCATION COMMITTEE—1951

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Bate, Mrs. A. M. P.	Masters, F. R.
Cann, The Rev. B. C.	McEntee, The Lady
Day, D. W.	Olsen, Mrs. E. S.
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Fitzgerald, J.	Shalders, G. H.
*Foster, F. S.	Smith, A. J.
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James, F. H.	Walker, Miss A. I.
Littlejohn, Mrs. R. C.	Warr, Mrs. A. F.
*Young, Major A. M.	

*\*Ex-officio.*

# PREFACE

COUNTY HALL,  
CHELMSFORD

*April, 1952*

*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 1951, which as in previous years contains an account of the work undertaken in the School Health Service; includes particulars of some achievements and some difficulties; and records the comments of various members of the staff on special aspects of their work.

As has been my practice in the past, the preface is devoted to items of special interest.

## NUTRITION.

At the medical examination of each child the medical officer is asked to record his opinion of the general condition of the child, and Table IIB at the end of the report contains particulars of the findings under the headings suggested by the Ministry of Education, "Good," "Fair" and "Poor." The assessment of the general condition of the child relates particularly to his nutritional state and can only be a personal opinion of the medical officer concerned after taking into account height and weight, evidence of present or past nutritional defect, anæmia, condition of the skin and hair, and other factors.

Although this general evaluation of the physical condition of the child is to a large extent the personal impression of the examining medical officer, and although the numbers of children placed in the various categories vary within fairly wide limits as between individual medical officers, it is reasonable to assume that the final figures represent approximately the nutritional state of the children of the County.

If this is the case there is cause for satisfaction in the findings of the medical officers. Of a total of 74,352 children examined only 1,253 or 1.7 per cent. were found to have poor nutrition. The general condition of the children of the County can be said also to have shown some improvement since the introduction in 1948 of the new method of classification. This is the first year in which the percentage of children whose condition is classified as poor has been less than 2 per cent.

Many factors contribute to this happy situation; milk in school, school meals, the better general standard of living of a larger number of people, and not least, the continuous supervision of the health of the children by the medical and nursing staff of the local authority. Another factor which plays a part is the intensified care of the pre-school child. Continuous education of the mother on the care and management of the infant and pre-school child, medical supervision of the very

young at child welfare centres and the continuous and regular visitation of homes by health visitors all result in the largest possible number of healthy and well nourished children entering school and thus getting a good start in their new environment.

It is important to bear these facts in mind since any relaxation of effort in supervision, or diminution in meals, milk and medical advice, could within a relatively short period produce a deterioration in the standards of health of the children. The unfortunate deterioration in the dental services of local authorities which has resulted in large numbers of children no longer having the advantage of regular dental inspection and treatment will inevitably mean more dental disease and fewer children leaving school with a sound dentition. In 1948 it was possible for dental officers to inspect 80,636 children and to treat 50,421 children; in 1951 the total number of children inspected had fallen to 51,059 and the number actually treated to 40,017. Thus in the short period of three years the service offered had fallen away alarmingly and the vicious spiral of fewer children requiring individually more extensive treatment, with a further fall in the numbers it is possible to inspect and treat, had mounted greatly.

This serious situation is a profoundly disturbing pointer as to what is possible in a deterioration of the whole School Health Service built up so painstakingly over a long period of years unless attention is focussed continually on the value of the work, the improvements in health obtained and the imperative need for the maintenance of a high standard of care. It is unnecessary to dwell on benefits derived by the child population of the country from the intensive and continuous supervision of their health from infancy to school leaving age; those associated with the service as members or officers of local authorities know what conditions in the past were like and how the standards of to-day compare, both in the health of the children and in the improvement in their environment. It is, however, of the utmost importance to emphasise that conditions are still far from ideal or even satisfactory; much remains to be done to improve schools, to extend health education in schools and to intensify the work in relation to particular classes of children. With the object lesson of what can happen in a short period to one of the most important branches of the School Health Service, it is essential to draw the moral in respect of the remainder of the Service.

Whilst, therefore, it is possible to report that the general condition of health of the children is satisfactory, it is prudent to remember the amount of work which has been necessary to achieve this, and the even greater amount which will be necessary to maintain and improve it. It is wise also to reflect that true economy in this connection lies in the prevention of disease rather than in the treatment of illness.

#### CHILD GUIDANCE.

Reports from the staffs of the various child guidance clinics in the County are set out fully in the text of the report. Conditions in many clinics are unsatisfactory; premises are poor, staff is inadequate and waiting lists are large and growing. In spite of these conditions much valuable work has been carried out

and many children have derived benefit. In present difficult circumstances it is not possible to extend and augment the service as one might wish, and the different reports are illuminating as illustrations of the reactions of the staff. There are, as in all branches of the School Health Service, and indeed in life itself, the grumblers, the improvisers and the pioneers. In these days of make do and mend it is possible to do good work and create benefit if the will is there; if there is a realisation that only limited facilities are possible and that within such limits difficulties must be overcome and the widest possible service must be provided.

One pleasing feature of the child guidance work is the new departure mentioned by Dr. Gillespie at Walthamstow. It has long been felt that some attempt should be made to deal with emotional and behaviour disturbances amongst very young children on a regular and simple basis. Child guidance clinics normally deal only with children in attendance at school, whilst the seeds of the emotional upset may have been sown in infancy or prior to admission to school. Obviously if such a service were possible it would have not only an immediate good effect on the young children concerned but would be an important preventive measure and a useful educational stimulus to parents in the proper emotional development of infants and young children. It is important to bear in mind that even if child guidance clinics were in such abundance and so adequately staffed as to permit of the admission of these young children for advice and treatment, there would be some reluctance on the part of parents to take what might appear to them to be the drastic step of attending a child guidance clinic for a minor emotional disturbance. To overcome this handicap the answer appeared to be to take the service to the parents, to make it simple to obtain expert advice, and for such advice to be available in the normal atmosphere of the child welfare centre.

Dr. Gillespie was anxious and willing to pioneer such a service and arrangements were made for her to attend regularly at the child welfare centre at West Avenue, Walthamstow. Dr. Powell has been responsible for the administrative arrangements and, as Dr. Gillespie says in her report, it is hoped that the fullest advantage will be taken of the facilities, not only by the medical staff of the local authority but by private doctors. The possibilities of prevention and of the relief of needless anxiety amongst parents are great, provided the fullest use is made of the opportunity.

#### HOSPITAL AND SPECIALIST SERVICES.

Hospital Management Committees in the County are co-operating with the County Council in the provision of information as to the treatment of children in hospital. Arrangements were made for the completion of a follow-up card which would give details of the treatment provided and the condition of the child upon discharge from hospital, and which would be sent to the child's private doctor and the Divisional School Medical Officer for the area. By this means a link is established between the hospital, the private doctor and the School Health Service which allows children requiring it to be followed up by the staff if necessary, enables convalescent treatment to be provided in appropriate cases, and ensures that handicapped children can be dealt with promptly and effectively.

The clinic services in connection with specialist treatment continued to be provided during the year by the local authority, but discussions took place with the Regional Hospital Board as to the transfer of responsibility for all specialist services to the latter. The legal responsibility for specialist services rests with the Board but during the difficult period since the National Health Service Act came into force the County Council have provided premises, ancillary workers and equipment whilst the Board provided the specialists in various branches. By the end of the year it appeared likely that the Board would be in a position to take over responsibility for these services during 1952. The detailed arrangements for the provision of specialist services in various parts of the County will be made by Hospital Management Committees in close consultation with Area Medical Officers.

In so far as the public are concerned there will be little perceptible change, since the clinic premises belonging to the County Council will still continue to be used except where, after consultation with the County Council, the Board consider that a better service can be made available on hospital premises. Repairs and replacement of existing specialist equipment and the provision of new specialised items will be undertaken by Hospital Management Committees, and the closest working arrangements will be maintained between the staffs of Management Committees and of the County Council. It should be possible by this arrangement to make and to maintain a closer link between hospitals and the local authority, since the hospital authorities will be directly concerned with all specialist clinics dealing with school children wherever they may be situated.

#### THE SCHOOL HEALTH SERVICE AND THE FAMILY DOCTOR.

The private doctor providing medical attention under the National Health Service Act has a direct responsibility for all patients on his list, and every endeavour is and should be made to keep him informed of matters relating to the health of his patients. With this end in view private doctors are notified of abnormalities discovered by medical officers when carrying out medical inspections at schools. When a child is considered to require specialist attention, the private doctor is asked whether or not he wishes to make the necessary arrangements or if he desires this to be done through the School Health Service. It is the usual practice of the consultant to inform the doctor of the treatment advised so that all the persons concerned with the health of the child at home and at school are apprised of the conditions found and the treatment undertaken.

The School Medical Officer has a statutory duty to perform in connection with the health of children at school; this applies particularly where the education of a child may be affected by the condition of his health, but it would obviously not be in the best interests of the patient that this responsibility should be met in isolation. The greater the co-operation between family doctor and School Medical Officer, the better are the results likely to be, and it is gratifying to note that private practitioners are playing an increasing part in the measures related not only to the general health of the child but also in the more particular field of the relationship of the child's health to his education.

### DEFECTIVE VISION.

The records of the numbers of children suffering from defective vision are embodied in tables in the text of the report. There has been a slight increase in the amount of defective vision amongst children examined.

Queries have been raised as to the effect upon the eyesight of children of the regular use of television, but there is no evidence at present of any increase in defective vision as a direct result of frequent watching of television programmes. The increase in the number of households where television is in use and the consequent possibility of ill effect upon the sight of children requires to be borne in mind and it may be desirable over a period to carry out a carefully controlled test of the effect, if any, upon the vision of children who constantly watch television programmes. A more likely factor tending to cause a deterioration in the health of children is late hours through sitting up to see evening programmes, coupled with the tendency to remain indoors when healthy exercise in the open air would be more beneficial physically, mentally and emotionally.

### CONCLUSION.

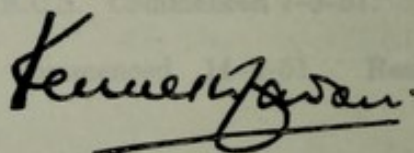
In the text of the report will be found details of the work done in various special branches of the School Health Service. It will be noted, for example, that almost 1,500 children attended chiropody clinics in the County which were originally established to deal with foot defects among adults. This is a useful development since it is possible, by early attention to minor foot troubles in child-hood, to prevent major defects in later life. The clinics dealing with the treatment of squint have also been increased, and it has been possible to provide larger numbers of children with specialised orthoptic treatment.

I would like once again to record my gratitude to the teachers of the County for their valuable co-operation. Without their assistance the work would be rendered much more difficult and its value much reduced.

Dr. J. L. Miller Wood and Mr. J. W. Hurst have been responsible for the compilation of this report. My thanks are due to them and to the whole of the staff for their continued valuable service.

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.

*Romford*— Hedwig Symonds, M.D., M.R.C.S., L.T.C.P. Resigned 14-11-51.  
Gertrude A. K. Kolibabka, M.A., M.B., Ch.B. Commenced 6-11-51.

*Dagenham*— Elizabeth Mitchell, M.B., Ch.B. Resigned 1-12-51  
Elizabeth Summerhayes, M.B., B.S., D.C.H. Resigned 10-8-51.  
W. B. Knapman, M.R.C.S., L.R.C.P., L.D.S., R.C.S. Commenced 1-8-51.  
Wilhelmina C. Maguire, L.M. & L.R.C.P., L.R.C.S.I. (Part-time) Commenced 3-12-51.

*Walthamstow*— Joyce Beattie, M.B., B.S., L.R.C.P., M.R.C.S., D.P.H. Commenced 24-5-51. Resigned 30-11-51.  
Phillipa Carter, M.B., B.S. Commenced 15-2-51. Resigned 16-6-51.  
J. R. Mayer, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. Commenced 18-6-51. Resigned 21-7-51.  
Jessie R. Cripps, M.B., Ch.B., D.P.H. Resigned 13-1-51.

## DIVISIONS.

*North-East Essex*— J. D. Kershaw, M.D., B.S., D.P.H. Divisional School Medical Officer—seconded to United Nations Health Organisation 20-5-51.

W. H. Alderton, M.C., M.R.C.S., L.R.C.P., D.P.H. Acting Divisional School Medical Officer during Dr. Kershaw's absence.

*10-5-51* Florence K. Bibby, M.R.C.S., L.R.C.P. Resigned 2-11-51.

*North-East Essex*

R. W. Cushing, M.A., M.B., B.Ch. Resigned 31-1-51.  
 Barbara Jennings, M.B., B.Ch., D.C.H. Resigned 24-8-51.  
 Ann B. Clark, M.R.C.S., L.R.C.P. Commenced 4-6-51.  
 (Temporary).  
 E. A. Hargreaves, M.R.C.S., L.R.C.P., D.P.H. Com-  
 menced 1-2-51.  
 Sylvia Macmillan, M.B., M.R.C.S., L.R.C.P., B.S., D.P.H.  
 Commenced 15-10-51.  
 Mary D. Rankine, M.B., Ch.B., D.P.H., R.C.P.S., M.M.S.A.  
 Commenced 5-11-51 (Temporary).

*Mid-Essex—*

S. R. Richardson, B.A., M.D., B.Ch., B.A.O., D.P.H.  
 Retired 9-3-51.  
 Mary T. Ryan, M.B., B.Ch., B.A.O., D.C.H., C.P.H.  
 Resigned 31-12-51.  
 Irene M. Hastilow, M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.  
 Cert.V.O., D.C.H., D.Obst., R.C.O.G., Commenced  
 10-3-51.

*South-East Essex—*

Margaret M. Goudie, M.B., Ch.B. Resigned 31-7-51.  
 Christine M. Jacobsen, M.B., Ch.B. Resigned 31-5-51.  
 Jean Buchanan, M.B., Ch.B. Commenced 8-10-51.  
 T. H. J. Hargreaves, M.R.C.S., L.R.C.P., Commenced  
 4-6-51.

*South Essex—*

J. D. Murray, M.D., Ch.B., Resigned 31-12-51.  
 Mary M. E. Rutter, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H.  
 Resigned 14-10-51.  
 R. D. Pearce, M.R.C.S., L.R.C.P. Commenced 3-9-51.

## ASSISTANT DENTAL OFFICERS :

## EXCEPTED DISTRICTS.

*Barking—*

R. Tran, L.D.S. Resigned 31-12-51.  
 J. Whitelaw, L.D.S. Resigned 31-3-51.  
 J. Presser, M.D. (Vienna), Diploma of Dental Clinic  
 (Vienna). Commenced 1-5-51.

*Leyton—*

J. G. Douglas, L.D.S., R.C.S. Commenced 7-5-51.

*Walthamstow—*

C. Lancer, B.D.S. Commenced 14-2-51. Resigned  
 19-11-51.

## DIVISIONS.

*North-East Essex—*

R. A. Pepper, L.D.S., H.D.D. Resigned 30-9-51 (Part-  
 time).  
 D. C. Blyth, Lt.-Col., L.D.S., R.C.S. Commenced 2-7-51.

*Mid-Essex—*

Mrs. N. S. Mezits, D.D.D., Riga. Commenced 27-8-51.

*South Essex—*

O. R. Vignale, L.D.S. Resigned 28-2-51. Continued to undertake part-time duties, resigned part-time appointment 27-9-51.

K. V. Williams, B.D.S., L.D.S., R.C.S. Commenced 2-4-51 (Part-time). Resigned 17-11-51.

R. A. Collins, L.D.S., R.C.S. Commenced 14-12-51 (Part-time).

*Forest—*

C. A. O'Sullivan, B.D.S. Commenced 10-10-51. (Part-time).

## SCHOOL NURSING STAFF :

Aggregate of time given  
to School Health Service  
work in terms of whole-  
time officers

Health Visitor/School Nurses	..	..	148	}	93.11
School Nurses only	..	..	49		
Nursing Assistants	..	..	26	..	9.26
Dental Attendants	..	..	38	..	30.55

## COUNTY COUNCIL OF ESSEX EDUCATION COMMITTEE.

# ANNUAL REPORT

## OF THE

### SCHOOL MEDICAL OFFICER

#### FOR THE YEAR 1951

**1. School Population.**

The following table shows the school population at Primary and Secondary Schools at the end of the year 1951 :—

	No. of Pupils on Roll	Possible Attendances	Actual Attendances
Primary Schools ..	141,893 ..	3,934,480 ..	3,408,765 ..
Secondary Schools ..	76,621 ..	2,122,414 ..	1,899,352 ..
<b>Totals ..</b>	<b>218,514 ..</b>	<b>6,056,894 ..</b>	<b>5,308,117 ..</b>

**2. Medical Inspections.**

The arrangements for the medical inspection of the three age groups as prescribed by the Ministry of Education were continued. The following table shows the percentage distribution of medical inspections in the various groups during the year compared with the year 1950 :—

	1950	1951
Entrants .. ..	45.07 ..	40.55 ..
Second Age Group ..	29.67 ..	29.44 ..
Third Age Group ..	25.26 ..	30.01 ..

Particulars in regard to the number of children inspected will be found in Table I at the end of this Report.

**3. Findings at Medical Inspections.**

The number of defects of various kinds found during the year 1951 at periodic inspections to require either treatment or observation per 1,000 inspections is set out in the following table, which also shows comparable figures for the previous year :—

Defect or Disease	Requiring Treatment		Requiring Observation		All Defects found	
	1950	1951	1950	1951	1950	1951
Skin .. ..	11.4	13.7 H	7.4	7.2	18.8	20.9 H
Eyes—						
(a) Vision .. ..	36.1	38.9 H	19.9	18.0 L	56.0	56.9
(b) Squint .. ..	6.0	5.9	4.0	3.8	10.0	9.7
(c) Other .. ..	4.8	4.3	3.6	3.5	8.4	7.8
Ears—						
(a) Hearing .. ..	2.9	2.3	3.9	5.2 H	6.8	7.5
(b) Otitis Media ..	2.9	2.4	4.9	5.2	7.8	7.6
(c) Other .. ..	4.4	4.0	3.0	3.5	7.4	7.5
Nose and Throat ..	37.6	27.6 L	61.0	53.4 L	98.6	81.0 L
Speech .. ..	3.3	3.4	5.1	4.7	8.4	8.1
Cervical Glands ..	2.6	1.6 L	23.4	18.6 L	26.0	20.2 L
Heart and Circulation ..	3.2	2.7	10.9	7.1 L	14.1	9.8 L
Lungs .. ..	6.1	6.2	18.1	16.9	24.2	23.1
Development—						
(a) Hernia .. ..	1.0	1.4	2.4	2.3	3.4	3.7
(b) Other .. ..	1.8	2.3	6.7	7.6	8.5	9.9
Orthopaedic—						
(a) Posture .. ..	9.4	11.2 H	9.1	8.0	18.5	19.2
(b) Flat Feet .. ..	26.6	22.9 L	14.6	11.4 L	41.2	34.3 L
(c) Other .. ..	19.7	19.7	18.4	17.9	38.1	37.6
Nervous System—						
(a) Epilepsy .. ..	0.3	0.4	1.1	0.8	1.4	1.2
(b) Other .. ..	1.0	1.9 H	3.5	3.2	4.5	5.1
Psychological—						
(a) Development ..	0.9	0.9	2.9	2.6	3.8	3.5
(b) Stability .. ..	1.5	2.1 H	6.4	6.1	7.9	8.2
Other .. ..	24.2	30.4 H	14.7	13.4	38.9	43.8 H

H indicates that the incidence was significantly higher in 1951 than in 1950 and

L that it was significantly lower

#### 4. Treatment.

The arrangements for free medical treatment for pupils attending schools maintained by the Committee have been continued, hospital and specialist facilities being provided under the National Health Service Act, 1946. Treatment of minor ailments is undertaken at school clinics, of which there are 71 in the County. Particulars relating to these clinics will be found on page 54.

The arrangements referred to in last year's report for the transmission of information on the discharge of a child from hospital were continued. This information is of the greatest value to the Committee's staff and enables

immediate action to be taken in respect of children who require special visits or who are recommended for recuperative holidays and special education.

The Divisional School Medical Officers for South-East Essex and South Essex write as follows :—

*South East Essex.*

"The inauguration of the hospital follow-up card has considerably strengthened the link between hospital, private practitioners and the School Health Service. It has also resulted in an appreciable decrease in the amount of correspondence, formerly essential. This particular scheme has only been formally adopted by one Hospital Group in this Division, the South-East Group, but thanks to the ready co-operation of the Secretary of the Southend Group, a corresponding system is now in operation for hospitals in this Group also. Thus, full information is now available for all cases admitted to hospital whether through arrangements made by the School Health Service or not, and arrangements can be made for the cases to be followed up where necessary by the School Health staff."

*South Essex.*

"The scheme for the use of follow up cards which are completed by hospital staffs for children up to the age of 16 years, started in March, 1951, and is proving very successful. It provides useful information about children discharged from hospital and enables arrangements to be made by me for the patients concerned to be visited periodically by the School Nurses to ascertain their progress; also the cards bring to notice pupils who are (a) likely to benefit from a period at an Open Air School, (b) those who require formally to be ascertained as handicapped pupils, (c) cases requiring a period of convalescence.

As the private practitioners have the original follow-up card forwarded to them by the hospital staff a useful link between the School Health Service and local doctors is formed. Health Visitor/School Nurses visiting patients for follow up purposes on behalf of the Health Service and the private practitioner is a valuable innovation which should be encouraged."

(a) MINOR AILMENTS. The steady decline in the number of attendances at Minor Ailment Clinics which was first apparent on the introduction of the National Health Service Act in 1948 continued in 1951 as will be seen from the following figures :—

	1948		1949		1950		1951
Number of attendances at	120,722	..	116,752	..	109,101	..	107,052
Minor Ailment Clinics							

The Acting Divisional School Medical Officer for North-East Essex writes as follows :—

"During the year further effort has been made to put the Minor Ailment Clinics to realistic use, and Assistant School Medical Officers each have regular clinics to deal not only with minor ailments but to follow up those cases requiring observation, thus assuring valuable co-operation of the parents for the well-being of their children. The advantage to parents and teachers of knowing that a child can be seen by a School Medical Officer at these clinics has been readily appreciated."

(b) EAR, NOSE AND THROAT CONDITIONS. At the beginning of the year under review the Ministry of Education referred to the lengthy hospital waiting lists for children awaiting operation for tonsils and adenoids. The modern attitude towards treatment of this condition is more conservative than it has been in the past and it is considered more important to deal efficiently and safely with a few children who really need early treatment, than to operate on large numbers, many of whom are in no way in need of urgent treatment. To ease the position, arrangements were made to refer at once to hospital only those children who appeared to be in need of urgent treatment and for all others to be kept under observation for at least three months before being referred to a Consultant for a decision as to whether an operation was necessary. Arrangements were also made to review periodically all children on the waiting list for hospital as experience has indicated that some who have been on the waiting list for a long time no longer require operative treatment.

The following table gives figures relating to children who received operative treatment for the removal of unhealthy tonsils and adenoids during the year as compared with the previous year :—

Division	No. of children receiving operative treatment for adenoids and chronic tonsillitis	
	1950	1951
North-East Essex .. .. .	478	486
Mid-Essex .. .. .	182	166
South-East Essex .. .. .	225	137
South Essex .. .. .	482	377
Forest .. .. .	225	311
Romford .. .. .	139	253
Barking .. .. .	319	204
Dagenham .. .. .	36	82
Ilford .. .. .	213	332
Leyton .. .. .	31	90
Walthamstow .. .. .	41	93
	<hr/> 2,371	<hr/> 2,531

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

“During 1951 I have made many swab examinations of children's tonsils to discover whether there be any hæmolytic streptococcal infection and a fair percentage has proved positive. I should like to add that so far I have been unable to decide by microscopical examination whether tonsils are infected or not by this coccus. All the cases proving positive have been operated on by me in Ilford Isolation Hospital within a few days of receiving the bacteriologist's report.

There still remains much difference of opinion as to what constitutes an infected tonsil and I would suggest that wherever this difference exists recourse should be had to a swab examination.

Once again I have received much encouragement by the great improvement in hearing and general health of the children who have undergone conservative mastoid drainage for the care of chronic tympanico-mastoid disease."

(c) SKIN CONDITIONS. Minor Ailment Clinics continued to play an important part in the treatment of school children suffering from impetigo, scabies and other skin conditions of a simple nature. Where the condition is persistent or it is considered specialist advice is required, the child is referred to a skin specialist at a hospital clinic. Comparative figures are given in the following table relating to the number of defects treated or under treatment during the years 1950 and 1951 :—

Division	Ringworm Scalp		Ringworm Body		Scabies		Impetigo		Other skin Diseases	
	1950	1951	1950	1951	1950	1951	1950	1951	1950	1951
North-East Essex ..	—	—	1	3	4	5	59	36	137	103
Mid-Essex .. ..	8	4	5	3	10	2	33	10	227	72
South-East Essex ..	—	—	—	2	8	7	48	22	107	149
South Essex .. ..	3	2	4	7	19	11	71	67	1,859	1,780
Forest .. .. .	—	1	5	1	4	—	15	14	172	120
Romford .. .. .	6	1	—	—	2	3	30	35	488	720
Barking .. .. .	1	1	2	12	16	10	87	73	1,169	1,311
Dagenham .. ..	2	11	20	56	1	13	198	61	1,311	812
Ilford .. .. .	—	2	1	6	—	1	23	15	473	453
Leyton .. .. .	3	6	1	4	—	—	17	16	371	282
Walthamstow ..	1	—	4	13	—	7	93	16	265	183
	24	28	43	107	64	59	674	365	6,579	5,985

(d) DENTAL DEFECTS. Particulars in regard to the dental scheme for school children in the Administrative County are given in the report submitted by the Chief Dental Officer on page 51.

During the year two Oral Hygienists were appointed to undertake duty under the direct supervision of a Dental Officer in the Barking and Leyton Divisions and full particulars are given in the Report of the Chief Dental Officer, which is included in my report as County Medical Officer.

(e) ORTHOPAEDIC CONDITIONS AND CRIPPLING DEFECTS. There was no change throughout the year in the arrangements for the examination and treatment of school children suffering from orthopaedic defects.

Particulars are given below of the Consultant Specialist Clinics and After-Care Clinics which were held during the year.

Division	Consultant Specialist		Physiotherapist			Ultra Violet Light Treatments given
	Number of Sessions	Number of Attendances	Number of Sessions	Number of Attendances	Number of children treated	
North-East Essex	25	405	318	2,494	433	—
Mid-Essex ..	15	261	314	2,099	624	—
South-East Essex	6	92	169	1,176	409	—
South Essex ..	16	305	308	4,101	913	—
Forest .. ..	20	319	361	3,696	567	—
Romford ..	10	101	145	1,236	135	—
Barking .. ..	23	91	551	5,023	539	1,664
Dagenham ..	11	232	126	1,631	359	—
Ilford .. ..	74	1,913	191	2,788	336	1,924
Leyton .. ..	10	231	—	—	—	—
Walthamstow ..	10	584	415	4,809	832	2,522

The County Council has continued to administer this Service on behalf of the North-East Metropolitan Regional Hospital Board on an Agency basis, but negotiations took place during the year between the County Council and the Board as to the relative responsibilities of the Board and the County Council for the provision of specialists in clinics which were not transferred on 5th July, 1948. It is anticipated that the Board will assume entire responsibility for the out-patient Specialist Clinics during 1952, which will involve the transfer of the physiotherapists from the service of the County Council to the North-East Metropolitan Regional Hospital Board.

During the year additional After-Treatment Centres were established at Rayleigh and Witham.

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

“During the year 1951 further measures were taken to reduce the excessively high number of attendances at the Orthopædic Clinics at Newbury Hall and Mayesbrook. In uncomplicated cases of knock knees, valgus ankles, postural defect, etc., of only moderate severity, treatment was prescribed at the Clinic and the child referred back to the School Clinic or Child Welfare Centre for further supervision by the Assistant School Medical Officer. At a preliminary meeting between the Orthopædic Surgeon and the Assistant School Medical Officers the general lines of treatment in such cases had been discussed. The effect of this measure is only just beginning to make itself felt.

Operative cases were generally dealt with at the East Ham Memorial Hospital but were kept there as in-patients for the shortest possible time. Parents co-operated willingly in achieving this. Post operative physiotherapy was carried out at the Ilford Clinics but all plaster work in these cases, as in those requiring plaster splints only, had to be done at the hospital owing to lack of facilities at the clinics. Provision of simple equipment for this purpose would save time and often also provision of transport.

As in previous years x-ray examinations for the clinics were carried out at King George Hospital. It was greatly appreciated that in spite of the well-known shortages all requests were satisfied without undue delay. The provision of a simple x-ray viewing box at each clinic facilitated the examination and reading of the films and so helped to eliminate possible sources of error.

The use of a small stock of reconditioned splints has been found useful in that it allowed such splints to be supplied immediately when required. The fitting of appliances is still not uniformly satisfactory. It is thought that better results might be obtained if each appliance could be ordered from makers especially competent in the manufacture of the particular type.

This report would be incomplete without mentioning the helpful co-operation and quiet efficiency of all concerned in the running of these clinics."

(f) **CHIROPODY SERVICE.** Children are seen at the Chiropody Clinics which have been established in the County, and during the year 1,477 children under the age of 15 years made 5,216 attendances. Details of these attendances are set out below :—

Division	Clinic	Number of Attendances
South-East Essex ..	Florence Road, Laindon ..	57
South Essex ..	Council Yard, Brentwood ..	219
	Westland Avenue, Hornchurch	
Forest ..	Wanstead Hospital ..	8
Barking ..	East Street ..	1,041
	Porters Avenue ..	
	Woodward Road ..	
Dagenham ..	Ford Road ..	646
	Ashton Gardens ..	
Leyton ..	High Road Baths ..	1,265
Walthamstow ..	Town Hall ..	1,980
		<hr/> 5,216 <hr/>

(g) **VISUAL DEFECTS.** Children who were found to have visual defects or other eye conditions requiring treatment were referred to Eye Clinics and examined by Ophthalmic Specialists provided by the North-East Metropolitan Regional Hospital Board.

As indicated in last year's report the responsibility for dispensing and supplying spectacles prescribed by Ophthalmologists at the clinics now rests with

the North-East Metropolitan Regional Hospital Board. The administration of the scheme is in the hands of Hospital Management Committees in the Region. No undue difficulties have been experienced as a result of this change-over. The repair and replacement of spectacles is dealt with through the appropriate Hospital Management Committee although the responsibility for payment for repairs to spectacles necessitated through carelessness devolves upon the Education Committee in accordance with paragraph 8 of Statutory Instrument, 1948, No. 1505.

Particulars relating to the number of defects dealt with are set out below :—

Division			Errors of Refraction (including squint)		External and other eye diseases
North-East Essex	..	..	968	..	88
Mid-Essex	..	..	615	..	97
South-East Essex	..	..	653	..	115
South Essex	..	..	8,215	..	474
Forest	..	..	464	..	61
Romford	..	..	1,039	..	172
Barking	..	..	1,139	..	595
Dagenham	..	..	359	..	384
Ilford	..	..	492	..	184
Leyton	..	..	376	..	304
Walthamstow	..	..	611	..	114
Total	..	..	14,931	..	2,588

The following figures relate to the supply of spectacles during the years 1950 and 1951 :—

Number of children for whom spectacles prescribed	1950	1951
.. .. .	8,059	9,053
Number of children who obtained spectacles	7,254	7,692

(h) ORTHOPTICS (EXERCISES FOR SQUINT). On the 5th February, 1951, an additional Orthoptic Clinic was established at Buckhurst Hill and in April, 1951, arrangements were made for children from the South-East Essex Division to receive orthoptic treatment through the School Health Service at the Southend Clinic. Particulars in regard to the work undertaken at the various Orthoptic Clinics in the County are given below :—

Clinic held at	No. of cases investigated	No. of cases treated	No. of attendances
Barking ..	81	224	2,277
Buckhurst Hill ..	86	77	825
Chingford ..	398	391	573
Epping ..	209	203	229
Grays ..	181	407	1,910
Hornchurch ..			
Leyton ..	460	280	1,921
South-East Essex (Southend)	90	88	1,422
Walthamstow ..	118	202	1,142

At the end of the year there were five Orthoptists employed in either a full-time or part-time capacity, their total services being the equivalent of 2.82 whole-time officers out of an approved establishment of six whole-time and six part-time Orthoptists.

As in the case of Physiotherapists it is anticipated that Orthoptists in the employ of the County Council will be transferred to the North-East Metropolitan Regional Hospital Board early in 1952.

In his report for the year 1951 the Divisional School Medical Officer for the South Essex Division comments as follows :—

“The number of patients attending the Hornchurch and Grays Orthoptic Clinics in December, 1950, was 283. Both Clinics were closed from the end of December to 1st March, 1951; by the end of this month the number of patients had risen to 308 and it has steadily increased to be 407 at the end of December, 1951. Of these 238 attend Hornchurch and 169 Grays. Attendance was very poor at times during the summer months but is good now.

At Hornchurch from March to December, 1951, 114 new cases were seen and 67 at Grays. From both clinics altogether 37 failed to attend entirely during the year, 15 were discharged as cures, either complete or cosmetic, and 5 were transferred to other clinics.

Generally new spectacles are procured promptly now but certain items of optical and orthoptic equipment are badly needed.

(i) SPEECH DEFECTS. In addition to school children referred for speech therapy there is also a number of pre-school children who are dealt with by the Speech Therapist, who maintains a close contact with the school by periodic visiting. The co-operation of the School Nurses and Health Visitors is of the greatest value.

Particulars of the work undertaken during the year by the 17 Speech Therapists at the various clinics established in the County are given below :—

Division			Number of children treated	Number of attendances
North-East Essex	..	..	131	2,228
Mid-Essex	..	..	72	1,306
South-East Essex	..	..	118	1,744
South Essex	..	..	248	2,365
Forest	..	..	199	2,916
Romford	..	..	132	946
Barking	..	..	97	955
Dagenham	..	..	114	2,150
Ilford	..	..	139	1,434
Leyton	..	..	161	2,391
Walthamstow	..	..	263	5,467
Total	..	..	1,674	23,902

Dr. W. T. G. Boul, Divisional School Medical Officer for South Essex, submits the following report in relation to the Speech Therapy Clinics in his Division :—

*Brentwood, Hornchurch and Upminster Districts.* "During the year 118 children with speech defects have received treatment. Nineteen of these cases have been discharged with satisfactory speech results. In addition a number of cases whose speech has improved considerably but not sufficiently for discharge have had regular treatment suspended and are being kept under observation for a period, thus enabling more severe cases to be admitted into the clinic and given treatment. It has been found that some of the suspended cases have continued to improve and have eventually been discharged without any further treatment. Some have been re-admitted to the clinic if further treatment seemed desirable.

A request was made for three stammerers to be interviewed by the Psychologist as a result of which two of the children have been referred to the Child Guidance Clinic and are waiting admission.

An extra session was opened in Upminster in October, thus bringing a lengthening waiting list up-to-date. The waiting list for each district is, at present, well in hand.

Speech therapy students from the Kingdon-Ward School of Speech Therapy have given assistance, working under supervision in the Abbs Cross and Brentwood Clinics ; one student at each Clinic, one session per week.

Forty-six visits to schools have been made during the year and work in the clinics has been greatly facilitated by the helpful co-operation of the teaching staff."

*Thurrock and Rainham Districts.* "During the year 130 children have attended the various clinics for treatment. Of these 40 children have either been discharged with normal speech or have improved sufficiently for their treatment to be suspended. They are then kept under observation.

The Chadwell St. Mary Clinic has not been operating along the lines of the other clinics as it has been attended by pre-school and backward children who have been treated largely through play in a group. When they become ready for the more direct speech therapy they are taken out of the group, admitted to the nearest clinic to their home address and treated on their own. One child in particular, a high grade mental defective has improved considerably due to the companionship he gets in this clinic.

Two boys have been treated for lateral sigmatism at their school, by arrangement with the Head. Both have been discharged with speech improved."

The arrangements referred to in last year's report made with a view to widening the experience of Speech Therapists by seconding them for limited periods to the service of Regional Hospital Boards for attendance at hospitals was continued and extended during the year.

(j) **CHILD GUIDANCE.** It has not yet been possible to implement the proposals in the scheme of reorganisation and development of the Child Guidance Service by the establishment of additional clinics, although psychiatric sessions have been increased at the Mid-Essex and Ilford clinics. In the scheme of reorganisation and development provision was made for the establishment of a clinic to serve the Barking and Dagenham Divisions, the existing clinic at Ilford to accommodate children in the Ilford and Romford Divisions. It has, however, been considered more convenient for Ilford to be linked with Barking and Dagenham with Romford and the scheme has been amended accordingly.

Although numerous enquiries have been made with a view to finding premises for the establishment of a clinic in the South Essex Division it has not yet been possible to obtain a suitable property, but the enquiries are still being pursued.

The following reports have been received in connection with the existing clinics :—

#### MID-ESSEX CLINIC, CHELMSFORD.

In her report the Psychiatrist in attendance at this clinic refers to various changes in the staff during the year. She also points out that this clinic covers a very large area in the County which is amply reflected in the numbers on the waiting list on 31st December, 1951, i.e. 266. The provision of more adequate premises would help to relieve the pressure and it is anticipated that this clinic will be transferred to more suitable premises in 1952.

#### The Educational Psychologists report :—

“ Last July a second Educational Psychologist was appointed to the Mid-Essex Child Guidance Clinic. Both Psychologists attended the Clinic for four weekly sessions.

Psychological work has again consisted in testing, remedial teaching, school visiting and lecturing to teachers and various organisations. Eighty-one tests were administered at the Clinic, after the children had been referred by the schools or other agencies. Clinic referrals were investigated at school and 47 children were referred at the psychologists' request after a psychological examination had taken place either at school or at home. Thirty-eight school visits were paid on behalf of children either under treatment or under observation at the Clinic.

*Testing.* An analysis of intelligence quotients obtained from tests carried out either at the Clinic or on behalf of the Clinic showed the following distribution :—

Sub-normal		Average		Above Average		Superior		Total
27%	..	51%	..	9%	..	13%	..	100%

The cases referred by the Psychologists after school interviews had taken place fell into the following groups according to the level of intellectual ability assessed :—

Sub-normal		Average		Above Average		Superior		Total
8%	..	62%	..	11%	..	19%	..	100%

The fact that a small percentage of sub-normal children was referred may need some explanation. In each case it was felt that the problem was not one of innate retardation alone, but that possibly other factors were at work which needed the clarification a psychiatric examination would achieve. It was also suspected that owing to the specific difficulties those children were experiencing an under-estimate of their I.Q.'s might have occurred.

*Remedial Teaching.* Coaching sessions were again mainly devoted to reading but a number of children also attended for coaching in Latin, arithmetic and spelling.

*Lectures.* The Psychologists ran two course of lectures for teachers in 1951. In the spring term a course on 'Problems in Child Development and their Significance for Education' was held at Chelmsford, and in the winter term six lectures were given on 'Mental Testing' at Dagenham."

#### Report of Psychiatric Social Worker :—

"There has been a steady flow of children and mothers attending the Clinic during 1951. For the first time, this summer, the clinic remained open for the whole of the school holidays with encouraging results. Several children at home from schools or hostels for maladjusted pupils were re-examined and in other cases their homes were visited, thus maintaining a valuable continuity of contact with children who were under residential care on the recommendation of the clinic. Holiday periods also provided occasion for reviewing cases under observation, when visits were arranged without in any way interfering with school attendance.

The Child Guidance Service as part of the Health Service of the County seems to be gradually becoming better known and appreciated by the general public. On many occasions parents have approached the clinic spontaneously, seeking advice and guidance regarding their children's difficulties. Some parents came on the recommendation of parents or former patients, others after hearing of the work of the Child Guidance Clinic from talks at Nursery or Day Schools, or broadcast.

For the first nine months of the year under review there was, fortunately, a second psychiatric social worker on the staff. This enabled some time to be given to investigating those referrals on the clinic's over-long waiting list dating 1948 to 1949. It was found that several children during the lapse of years had already left school, others had left the County or that part of the County covered by this clinic; from some no response was forthcoming at all. On the other hand a sadly large proportion of children was found to be still in a distressed condition, many of them in urgent need of psychiatric help. The most disturbed of those children received examination as speedily as possible.

Investigation of the long standing referrals included in every case, an attempt, often several attempts, to get into touch with the home, together with a report from the school attended. In the statistical summary for 1951 some of these cases are listed under the heading 'Partial Service', others as 'withdrawn', the remainder are not yet closed.

The reason for closure was usually owing to it being stated that the child had improved in the meantime.

The number of cases referred by magistrates or probation officers during the year is small. It has been said that many more cases would be referred if it were known that the clinic was in a position to offer a full

diagnostic service at short notice ; the undesirability of long remands is stressed as the main objection to allowing any lengthy period for an appointment to be made for examination here.

Of the various practical difficulties met with during 1951, one that is of outstanding importance is that of transport to and from the clinic for mothers and young children coming from remote or isolated districts ; for instance from Saffron Walden or Canvey Island ; from Debden or Foulness Island. It is indeed unfortunate that the valuable voluntary help of the Hospital Car Service, in the past generously provided to meet cases in need, should now have to be restricted to such an extent as to be rarely of any avail.

The staff of the Clinic much appreciate the ready co-operation shown to them by members of the Children's Department, Probation Officers and of other social workers, and not least by the administrative departments of the County Council. There is, however, still room for greater support in certain directions, that is as regards the immediate notification of the disposal of a child sent as 'maladjusted' to a school or hostel on the recommendation of the clinic, and secondly, the provision of regular written reports as to the subsequent progress of such children whilst under residential care."

#### Report of the Play Therapist :—

"Owing to illness the therapist could not attend the clinic during January, February and March. Contact with patients' mothers was kept alive by the Psychiatric Social Workers, in a few cases the therapist exchanged letters with the patients to support them during this period. One boy with delinquent symptoms was once seen by Dr. Bevan Jones. On the whole this break in the treatment relationship had no severe adverse effects, all patients returned to treatment. In June, 1951, the therapist had to reduce her work at the clinic from four to two sessions per week, for medical reasons. This change was handled in such a way that neither interruption nor cessation of treatment occurred in any one case.

The total number of sessions during the year was 116.

The total number of cases seen .. .. 24 (17 boys, 7 girls)

Of these, 5 (4 boys, 1 girl) were cases followed up, 19 (13 boys, 6 girls) attended regularly for treatment.

Of the 19 treatment cases—

11 (7 boys, 4 girls) were carried over from the preceding year.

8 (6 boys, 2 girls) were new patients taken on during the year.

Treatments completed during the year .. 12 (10 boys, 2 girls)

Treatments carried on into 1952 .. 7 (3 boys, 4 girls)

#### *Distribution of Age Groups—*

Under 5 years .. .. 2 (1 boy, 1 girl)

5-11 years .. .. 18 (12 boys, 6 girls)

11-15 years .. .. 4 (4 boys) "

Details of the staff employed are as follows :—

3 Psychiatrists (6 sessions a week)

2 Educational Psychologists

1 Psychiatric Social Worker

1 Play Therapist (part-time)

2 Clerks

## NORTH-EAST ESSEX CLINIC, COLCHESTER.

The following report has been received from the Psychiatrist relating to the work at this clinic :—

"The number of new cases (178) referred in the year did not indicate the amount of work done, because another 255 families or children were brought forward from previous years. Much work has to be done on these cases, home visits by the Psychiatric Social Worker, Mrs. Dorothy M. G. Munro; school enquiries and discussions with teachers carried out by Mr. D. F. Ward, Educational Psychologist, during his weekly rounds of the schools; reports, discussions, enquiries and follow-ups by all members of the team. Much of this work falls on the able shoulders of the Clinic Secretary, Miss M. J. Bedwell, B.A., and myself, because many of them are not known to the newer members of the team.

The referral of new cases is deliberately held down because it is useless to encourage the referral of more cases than we can hope to supervise and treat. We also try to select the younger age-groups, i.e. under-7's, for treatment.

In order to utilise the Child Guidance team's resources to the best advantage, we have considered prevention to be no less important than treatment. Much time is spent on the initial discussion and advice with young parents about their 'problem child'. Though this is time-consuming, it enables the parents to handle the child within the home and often the brothers and sisters who were not referred originally. This is preferable to taking on every child for treatment, even if this were possible.

Another way of economising the team's time has been a parents' group meeting held at the clinic in the evenings by Mrs. D. G. M. Munro, the Psychiatric Social Worker. (She has also been making a special study in London of this new experiment in treating adults collectively).

The Educational Psychologist, Mr. D. F. Ward, M.Sc., and self have continued throughout the year our work for, and our meetings with, a research group of teachers. The aim is to find ways of enabling teachers to detect and deal with children's difficulties *within the school*, that is to recognise the normal phases of children and to refer only the more baffling problems to the clinic.

Many lectures, discussion groups and conferences have been held with parents, teachers, schools, Probation Officers, Health Visitors and Doctors.

The community's many problems of ill-health, marital disharmony, housing, 'problem families', court cases, physically and mentally handicapped persons, are continually presented to us. We have tried the experiment of calling together an informal social forum here to try and co-ordinate the various social agencies, to pool our knowledge, and to unite our efforts. It should be possible not only to foresee but to forestall some of the avoidable breaking-up of homes, of married life and children's futures. The cost to the community of providing residential care for each child is infinitely greater than the amount sometimes required to ease the family's burden and to hold the family unit together.

Mr. D. F. Ward spends 40 per cent. of his time in the clinic and 60 per cent. approximately in the schools. Dr. S. M. Whitteridge's two sessions a week are mainly devoted to treatment work, and we are very glad to have had the stimulus and benefit of his contribution to the team. My own time

is limited to four sessions a week, and has to be concerned with co-ordinating the team's work; prevention, as outlined above; supervising the 250 old cases, and seeing the diagnostic or new cases referred."

The premises at which this clinic is held are inadequate and consequently the efficient working of the team is somewhat hampered. Attempts to obtain other suitable accommodation have so far been unsuccessful.

Particulars of the staff employed are as follows :—

- 2 Psychiatrists (6 sessions a week)
- 1 Psychologist
- 1 Psychiatric Social Worker
- 2 Clerks (one part-time only)

#### WEST ESSEX CLINIC, WALTHAMSTOW.

The Psychiatrist at this clinic reports as follows :—

"It will be seen from the statistical summary (on page 31) that there has been some increase in the number of cases referred (1950—216). There has also been a very striking increase in the number of cases closed during the year—218 as against 127. This increased figure reflects the greater amount of psychiatric time available as compared with last year. With an increase of cases closed it has been possible to devote more time to the diagnosis and treatment of new cases, which should bear fruit in 1952.

*Prophylactic work with pre-school children.* An important new departure during the year has been the setting up of a clinic for under-fives in connection with the Maternity and Child Welfare Centre at West Avenue. This was made possible by the very enlightened and co-operative attitude of Dr. H. K. Cowan (County Medical Officer of Health) and Dr. A. T. W. Powell, who were keen to see the far reaching possibility in work of this kind for the prevention of future emotional troubles in children and of the education of young parents in their handling, which often has a good effect also on the children of a family about whom we have not been consulted. This is an aspect of child guidance work whose importance is becoming increasingly recognised, and it is gratifying that Walthamstow should be in the forefront of this very promising new development.

The fact that one is able to deal with these problems on the spot at the Maternity and Child Welfare Centre is very reassuring to the parents, who might feel disconcerted and discouraged if it were suggested that their problems were of such magnitude as to require referral to a Child Guidance Clinic. A considerable proportion are, in fact, relatively simple cases which can be dealt with in two or three interviews by suitable discussion with the mothers, who are often ignorant of what is to be expected at the normal stages of development. Besides these, however, there are also a number of difficulties and severe problems not only in children but in the mothers, some of which require intensive and prolonged treatment.

Experience has shown that when a child's problem is taken in hand early, the prospects of solving it are much brighter than if it is allowed to drag on to school age, when children are customarily referred to the Child Guidance Clinic.

It is hoped that local medical practitioners, and doctors working in the Maternity and Child Welfare Service, will make full use of the facilities now provided in the Borough for the treatment of the under-fives.

Children are seen by appointment only, on application to the Area Medical Officer."

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

- 2 Psychiatrists (9 sessions a week)
- 2 Psychologists
- 2 Psychiatric Social Workers
- 1 Play Therapist (part-time)
- 2 Clerks

#### ILFORD CLINIC.

The following report relates to the work undertaken at this clinic during the year :—

During the past 12 months this clinic has seen considerable changes of staff. Dr. Burton retired in May and his place was taken in October by Dr. Mary Burbury. We have also now got the services of the fully qualified Psychiatric Social Workers, Miss Zaphirou, who comes to us with experience gained at St. Bartholomew's Hospital and in Cambridge, and Mrs. Guttman who has just completed the Mental Health Course in London. These two workers replace Miss Cawley who has now returned to Canada, and to whom we send our grateful thanks. The psychological service has been reinforced by Miss Read, who has also recently finished her training in London.

This alteration in the balance of the staff does of course mean that now the shortage of psychiatric time and of that of the non-medical psychotherapist is very serious ; but in the present premises, it is really impossible to cope with more sessions, and at present we quite often are reduced to one or other of the staff working in the caretaker's kitchen—a proceeding which is grossly unsatisfactory. The premises are, in fact, entirely unsuitable for the purpose of such a clinic as this, and it is to be hoped that soon-effect will be given to the provision of something more fitting.

The figures attached give a clear picture of the types of case attending and in the short space of time that I have known the Clinic, I feel it is impossible to make comment on this, since most of them are children of whom I have no direct knowledge.

Total number of cases 136 referred	Boys	102	73 per cent.
	Girls	34	27 per cent.
		—	
		136	

#### Primary reason for referral—

	Enuresis	Aggressive behaviour	Withdrawn behaviour	Sleep disturbances	Stealing
Boys	8	22	14	5	12
Girls	—	10	7	2	3
	—	—	—	—	—
Total	8	32	21	7	15
	—	—	—	—	—

	Failure to attend school		Fears and Anxiety		Sexual Offence		Speech difficulties		Habit spasms
Boys	7	..	22	..	1	..	2	..	4
Girls	2	..	4	..	—	..	—	..	3
Total	9	..	26	..	1	..	2	..	7

	Asthma		No progress at school		Hysteria
Boys	1	..	3	..	1
Girls	—	..	2	..	1
Total	1	..	5	..	2

*Disposal of 1951 referrals—*

			Therapy		Advice to parents diagnosed and advised		Residential schools		Refer to Hospitals, etc.
Boys	..	..	32	..	4	..	7	..	2
Girls	..	..	6	..	1	..	3	..	1
Total	..	..	38	..	5	..	10	..	3

	Supervision at school		Remedial teaching		Withdrawn before exam		Awaiting		Discharge improved
Boys	4	..	3	..	17	..	29	..	2
Girls	1	..	—	..	7	..	16	..	1
Total	5	..	3	..	24	..	45	..	3

*Carry over from 1950—*

Discharge improved		Unco-operative		To Residential schools		Diagnosed and Advised
30	..	9	..	6	..	5

*Treatment continuing—23*

No. of cases diagnosed by psychiatrist in 1951 .. .. 92 "

Particulars of the staff employed are as follows :—

- 2 Psychiatrists (5 sessions a week)
- 2 Psychologists
- 2 Psychiatric Social Workers
- 1 Play Therapist (part-time)
- 2 Clerks

The statistical summary on page 31 gives information relating to existing clinics.

**THE SCHOOL PSYCHOLOGICAL SERVICE.**

The Psychologist to the Education Committee reports :—

" The School Psychological Service has continued this year to function in close association with the Child Guidance Clinic Service. There are now

seven Educational Psychologists in the County, in addition to the Psychologist to the Education Committee, who takes an overall interest in the work. Two additional psychologists, Miss Winch and Miss Read, were appointed during the year, the former based on the Chelmsford Child Guidance Clinic and the latter on the Ilford Clinic, so that it is now possible to provide a school service for Dagenham and Romford. There is still a great need for a service of this kind in South Essex and in the South-East Division. What work is possible in these areas is done by the psychologists from the Chelmsford Clinic.

The psychologists have continued to act as liaison officers between the schools and the Child Guidance Clinics and it is felt that this is a very important aspect of their work, as teachers need to be kept informed of the progress of children attending the clinics and can often provide very useful information about the child's behaviour at school while he is undergoing treatment. The psychologists have also continued to provide a general advisory service to schools. Typical aspects of this work are the help given to heads of Secondary Modern Schools in grading their children on entry, and the individual testing of children thought to be in need of special educational treatment within the ordinary school. Minor forms of mal-adjustment are also often dealt with in the school by consultation between the head, the parent and the psychologist. The need for economy and the shortage of teaching staff have prevented any great expansion of the work during the year but one or two interesting experiments have been possible. In Colchester a remedial teacher has been employed, under the guidance of the Educational Psychologist, working with teaching material supplied from the Child Guidance Clinic, to take groups of children who, although of normal intelligence, are backward in reading. In the first six months of the year, out of 41 treated, 16 made more than a year's progress in reading and a further 16 between six months' and a year's progress. A similar experiment is now being made in the Leyton area, where two retired teachers are giving part-time help with remedial groups in Primary Schools. The psychologists themselves also take remedial groups in school from time to time.

All the psychologists give regular courses of lectures to teachers and it is an encouraging sign that far more requests are now made for courses on General Psychology and Mental Health than at one time, and that these courses attract a greater number of teachers. This general preventive Mental Health work should be one of the most important functions of a psychological service. In connection with this the psychologists have continued to give many talks to Parent-Teacher Associations, Young Wives' Clubs, Women's Institute groups and other bodies.

An interesting feature during the year was the One Day Conference on Handicapped Children, where the Committee's psychologists co-operated with the County Branch of the National Union of Teachers in both lecturing and providing an exhibition of books and apparatus and of children's work."

(k) UNCLEANLINESS. Inspections were carried out during the year by School Nurses and other authorised persons at all schools in the County and children were examined for cleanliness of scalp and body and for infestation with vermin. It is impossible to over-estimate the value of cleanliness surveys and subsequent following up as, without this continued surveillance, the clean child is likely to suffer. The following report relating to this subject is submitted by the Divisional School Medical Officer for South-East Essex :—

"Cleanliness surveys were held in all schools by Health Visitors/School Nurses at the beginning of each term and in general the condition of the children was good. A number of minor cases of infestation was discovered and advice notes were accordingly sent to parents. A small number of children was cleansed at the parents' request at Health Service Clinics by School Nurses. In no case was it found necessary to take legal action under Section 54 of the Education Act, 1944."

The total number of examinations carried out was 531,065 and the number of individual children who were found to be infested was 4,902.

Information relating to the issue of cleansing notices and orders in respect of children found to be infested is given below, showing comparative figures for the year 1950 :—

	1950	1951
Number of children found to be infested	6,403	4,902
Percentage for whom cleansing notices issued .. .. .	19.2	13.3
Percentage for whom cleansing orders issued .. .. .	0.6	0.7

For purposes of comparison, the infestation rates given below relate to the individual Divisions and show the number of pupils infested as a percentage of those examined in each Division :—

North-East Essex ..	3.34	Barking ..	2.00
Mid-Essex ..	0.97	Dagenham ..	2.12
South-East Essex ..	6.30	Ilford ..	1.41
South Essex ..	1.53	Leyton ..	2.85
Forest ..	2.54	Walthamstow ..	4.67
Romford ..	1.05		
		County	2.47

(l) **RECUPERATIVE HOLIDAY HOMES.** The Committee's arrangements with the Invalid Children's Aid Association were continued; a block grant is paid to the Association, together with a placement fee for each child placed by the Association in a Recuperative Holiday Home. Owing to increased costs application was made by the Association during the year for an increase in the placement fee and the Committee agreed, as from 1st June, 1951, to an increase from 10/- to 13/- per child placed. Approved Holiday Homes are used for children recommended for short stay recuperative holidays for periods up to six weeks. For longer periods the facilities available at Residential Open Air Schools are utilised.

## 5. Infectious Diseases.

(i) **ACUTE POLIOMYELITIS (INFANTILE PARALYSIS).** There was no epidemic of this disease during 1951. Sporadic cases numbered 60, 18 of which were in children of school age, 8 being notified as paralytic poliomyelitis and 10 as non-paralytic poliomyelitis.

(ii) **DIPHTHERIA.** Largely due to propaganda and the willing co-operation of parents excellent progress can again be reported in respect of diphtheria



immunisation. During the year 17,774 children of all ages were given a secondary or reinforcing injection of diphtheria prophylaxis as compared with 10,719\* children during the year 1949 and 15,555\* children in 1950. In addition 2,957 children of school age received primary immunisation during the year.

#### 6. School Meals Service.

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

“ The proportion of children who took dinners at school remained in 1951 much what it had been in 1950. The increase from 6d. to 7d. in the charge to parents imposed by the Ministry of Education from 1st April, 1951, appears to have had a less discouraging effect than the earlier increase at the beginning of 1950. It was probably appreciated by most parents that the general rise in prices made this increase at any rate defensible, if hardly desirable, and that the school meal, subsidised as it is by the Exchequer to more than half its true cost, represents good value for money.

The number of schools or departments served, which includes as before every department in the County except two very small ones, shows a further slight rise to 805. The ban imposed by the Ministry on canteen buildings at existing schools has not been lifted, but it has continued permissible to carry out ‘ minor projects ’ costing less than £1,000, such as the provision of sculleries and the improvement of sanitary conditions, and thus to raise the standard of the facilities. Seven canteens at new schools have been opened during the year. The Ministry have recently granted approval in principle for new canteens to be furnished with furniture selected by the Authority rather than provided without choice by the Ministry—a minor amenity but perhaps deserving mention.

Determined efforts have been made to maintain and if possible, improve the quality and nutritional value of the meal, despite the difficulties of rising prices and strict financial control by the Ministry.

Statistics relating to the provision of meals and milk at Primary and Secondary Schools are set out below :—

Month in which a day was selected for return	No. of Pupils present	No. having Dinners	% of Pupils present having Dinner	No. having Milk	% of Pupils present having Milk
February, 1947 ..	147,380	86,267	58.5	130,459	88.5
February, 1948 ..	167,876	108,373	64.6	150,467	89.6
February, 1949 ..	169,284	109,028	64.3	150,964	89.1
June, 1949 ..	181,361	115,704	63.6	160,051	88.0
October, 1949 ..	188,321	120,861	64.2	164,862	87.5
February, 1950 ..	174,849	102,632	58.6	149,069	85.3
June, 1950 ..	188,543	105,345	55.9	164,258	87.1
October, 1950 ..	193,706	109,097	56.3	165,713	85.5
February, 1951 ..	178,547	105,960	59.3	143,894	80.6
May, 1951 ..	192,488	106,580	55.4	161,161	83.7
October, 1951 ..	201,129	112,690	56.0	170,658	84.9

#### 7. Physical Education in Schools.

The following report by the Senior Organisers (Male and Female) of Physical Education has been furnished by the Chief Education Officer :—

\*Corrected figures. Reports for 1949 and 1950 indicate 10,718 and 15,732 respectively.

"Nineteen hundred and fifty-one being Festival year, many of the physical activities in schools, and further education institutions were directed towards making a contribution to local celebrations. It was hoped to arrange a Festival of Physical Education on a County basis, but owing to financial considerations this was cancelled. In most cases the exhibitions took the form of the gymnastics and dancing that was actually being taught in the schools. So far as gymnastics was concerned, the introduction of agility work and portable apparatus into the schools during the last few years, lent itself to producing an entertaining spectacle. More important than the entertainment value, these displays were a most useful source of enlightenment to the parents, concerning the changes that are taking place in the methods of teaching, general health education and the value of changing clothes.

It must be remembered that physical education consists of many subjects, including gymnastics, games, athletics, dancing, swimming, camping, etc., and there has been a consistent improvement in every way.

This has been illustrated by the successes of Essex children in meetings and competitions at district county and national level. The Essex Schools Swimming Association won a national trophy in competition against all England, as did the Essex Schools Athletic Association. The Essex Schools Cricket Association had another successful season, losing only one inter-county match, this the first since 1947. Rounders and netball rallies have been held in all divisions, culminating in county meetings, and the Dance Festivals at Hutton continue to attract more and more participants. Sincere thanks and congratulations are due to the teachers and area organisers who give up so much time and thought to these Associations.

The conditions for physical education in our newly constructed schools are excellent, and it is to be hoped that one day our older schools will be brought into line with them. It is unfortunate, however, that the strict economy that is now in force is likely to hold up, for a considerable time, the progressive schemes of the Physical Education Organisers."

## 8. Handicapped Pupils.

The categories of handicapped pupils remain unaltered and are as defined by the Ministry of Education in 1945. Through School Medical Inspections and by the co-operation of teachers, health visitors, school attendance officers and parents, the School Medical Officer is notified of children who, it is considered, are handicapped and arrangements are made for medical examination in order to ascertain the type and degree of handicap, and whether special educational treatment appears to be required. Difficulty is still being experienced in finding residential accommodation for handicapped children, especially for the educationally sub-normal child, as vacancies in Special Schools for this type of child are very few.

Home tuition for some physically handicapped children is provided and at the end of February, 1952, 35 children were receiving this form of education, which is much appreciated by the parents. This form of tuition is only provided in a few specially selected cases of handicapped pupils who for various reasons are unable to attend a special school, or pending admission to a special school and where exceptional circumstances exist which justify the provision of home tuition.

The Acting Divisional School Medical Officer for North-East Essex writes as follows :—

“ There has been a great improvement in the system of ascertaining the handicapped pupil, and in particular the bringing to the notice of the Authority of children requiring special educational treatment at a very early age in their school career. Children of school age requiring special educational treatment and not yet ascertained are practically non-existent and certainly there are few, if any, handicapped pupils in this Division who are not discovered by the School Health Service. The parents of these unfortunate children are not concealing them but are beginning to make spontaneous enquiries as to whether anything can be done for them.”

(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 :—*

“ Department for Physically Handicapped Pupils—the average number of children present = 130.

During the year 7 girls and 11 boys were admitted :—

Cerebral Palsy .. ..	7	Hydrocephalus .. ..	1
Heart Condition (Cong.) ..	4	Poliomyelitis .. ..	1
Heart Condition (Rheum.) ..	1	Epilepsy .. ..	1
Tuberculosis (Surg.) .. ..	2	Hernia Cerebri .. ..	1
		(Traumatic)	

During the year 4 girls and 6 boys left school :—

Returned to ordinary school .. ..	6
Transferred to Residential Schools .. ..	2
Left District .. ..	2

Department for Mentally Handicapped (E.S.N.) Pupils—the average number of children in attendance = 130.

During the year 12 girls and 20 boys were admitted and during the same period 18 girls and 17 boys left.

Of the leavers :—

- 25 left on reaching school leaving age
- 3 returned to ordinary school
- 2 were found to be further ineducable
- 1 girl was admitted to Approved School
- 1 girl was transferred to Residential School for Speech Defective Pupils
- 3 left district

During the latter half of the year the school was extended by the building of 6 Medway Huts. These replaced the buildings destroyed by enemy action during the war. They provide five classrooms equipped for practical instruction, a rest room and a medical inspection room.

The delay in the arrival of heating apparatus and in equipment has prevented the use of the rooms. They promise, however, to provide once more the opportunities for practical training of the older pupils which have been so much missed during the past years.”

(b) *Grays Open Air School.*

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

“ The number of children who were in attendance here during the course of the year 1951 was 101, 51 boys and 50 girls. There were 43 new admissions and 1 re-admission.

The following table gives details about the 53 children who left the school during the year :—

Fit to resume attendance at their normal school ..	44
Admitted to Residential Special School ..	1
Fit for employment ..	5
Admitted to Residential Open Air School ..	1
Admitted to Hospital for in-patient treatment ..	1
Admitted to Heritage Craft School, Chailey ..	1
	<hr/>
	53
	<hr/>

The average length of stay of these leavers was 1 year 10 months.

It is realised that this period is normally too long and is incompatible with the original function of the Open Air School, which should aim at admissions requiring a stay of from three to six months.

*Medical Inspection.*

The weekly visit of the Assistant School Medical Officer continued during 1951, ensuring continuous remedial work, arrangements for specialist advice and treatment, and close contact and co-operation between school and home.

After-care medical inspection of leavers has continued during the year. Children who had returned to normal school were invited with their parents to the Open Air School some months after discharge to report progress. Only in one case was it necessary to arrange for re-admission here during 1951. The Medical Officer was satisfied in all other cases that recovery had been maintained and that the children had settled down to normal routine and activities.

*Locality Distribution.*

	Boys	Girls	Total
Aveley .. ..	1	2	3
Chadwell St. Mary ..	2	2	4
Grays .. ..	25	19	44
Horndon-on-the-Hill ..	2	—	2
Orsett .. ..	—	3	3
Rainham .. ..	2	2	4
South Ockendon ..	2	2	4
South Stifford ..	2	2	4
Stanford-le-Hope ..	1	5	6
Tilbury .. ..	11	10	21
West Tilbury ..	—	2	2
West Thurrock ..	2	1	3
Wickford .. ..	1	—	1
	<hr/>	<hr/>	<hr/>
	51	50	101
	<hr/>	<hr/>	<hr/>

*Physiotherapy.*

Excellent work in physiotherapy has been done during 1951 under the guidance of Miss Scott, the County Physiotherapist, and her Assistant, Mrs. Dempster, in consultation with the School Medical Officer. The number receiving treatment was 18 boys and 15 girls, making a total of 33.

The Assistant School Medical Officer reports that physiotherapy has proved particularly beneficial in cases of bronchitis and asthma. Several pupils have been discharged from the school as a result of the improvement shown, and have resumed attendance at their normal school. Two cases of bronchiectasis are having postural drainage and their condition has improved.

*Age Distribution on the Last Schoolday of 1951 (20th December, 1951).*

		Boys		Girls		Total
5 years	..	2	..	3	..	5
6	"	3	..	5	..	8
7	"	4	..	4	..	8
8	"	7	..	3	..	10
9	"	5	..	6	..	11
10	"	5	..	4	..	9
11	"	1	..	—	..	1
12	"	2	..	8	..	10
13	"	3	..	1	..	4
14	"	2	..	—	..	2
15	"	1	..	1	..	2
		35	..	35	..	70

*Weight and Height.*

The average increase in weight during the year in the case of girls was 8lb. 3oz. with a corresponding increase in height of 2½ins.

The average increase in weight during the year in the case of boys was 7lb. 2oz. with a corresponding increase in height of 2½ins.

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

*General.*

	Boys		Girls		Total
Debility .. .. .	3	..	6	..	9
Debility following Glandular Fever .. .. .	—	..	1	..	1
Debility following Rheumatic Fever .. .. .	—	..	1	..	1
Debility following plastic repair to left kidney ..	1	..	—	..	1
Delicate child, contact Pulmonary T.B. .. ..	—	..	1	..	1
Sub-normal development ..	—	..	1	..	1
Anæmia .. .. .	3	..	2	..	5
<i>Eye.</i>					
Defective Vision (now left) ..	—	..	1	..	1
<i>Ear (and Debility).</i>					
Chronic Otorrhœa (now left)	—	..	1	..	1

	Boys	Girls	Total
<i>Cardiovascular.</i>			
Mitral Stenosis .. ..	3	1	4
Pulmonary Stenosis .. ..	—	1	1
Rheumatic Carditis .. ..	—	1	1
<i>Lung.</i>			
Asthma .. ..	9	—	9
Bronchial Asthma .. ..	10	5	15
Chronic Bronchitis .. ..	8	10	18
Bronchiectasis .. ..	2	5	7
Atelectasis .. ..	—	1	1
Emphysema .. ..	1	—	1
<i>Tuberculosis.</i>			
Non-Pulmonary .. ..	1	1	2
Pulmonary .. ..	3	4	7
<i>Central Nervous System.</i>			
Cerebellar Ataxia .. ..	1	—	1
<i>Muscular System.</i>			
Generalised Muscle Hyptonia ..	2	—	2
<i>Deformities.</i>			
Residual Right Hemiplegia ..	—	1	1
Spina Bifida .. ..	1	—	1
Deformity following Polio-myelitis .. ..	—	2	2
<i>Psychological Difficulty and Backwardness</i> .. ..	3	2	5
<i>Rheumatism.</i>			
Acute Rheumatism .. ..	—	1	1
Sub-acute Rheumatism .. ..	—	1	1
	51	50	101

The number of children recommended for admission to the Open Air School by the Chest Physician was 7 boys and 15 girls, a total of 22."

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

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

" Number in attendance at the end of 1951—

Physically Handicapped and Open Air Section .. ..	66
Educationally Sub-normal .. ..	118

The figure of 66 relating to physically handicapped children includes 16 from Dagenham, East Ham and Romford, and 78 children from Dagenham, East Ham and Ilford are included in the figure of 118 in respect of educationally sub-normal pupils."

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

Dr. I. Gordon, the Acting Divisional School Medical Officer of Ilford, has provided the following report :—

" During 1951, the number on the roll varied from 76 on 31-12-50 to 81 on 31-12-51. The number of admissions was 36 and the number of discharges was 31.

Debility without any other defect accounted for a total of 13 children in 1951, as against 17 in 1950. Three of the 13 were discharged to ordinary schools during the course of the year, and 1 left on reaching school leaving age.

The tendency noted in 1950 towards becoming more specifically a school for physically handicapped children was again emphasised and is reflected in the following list of recommendations for admission :—

<i>School Medical Officer—</i>				<i>Paresis of arms, hands</i>			
Asthma .. .. .	..	6		and legs .. .. .	..	1	
Asthma and bronchitis .. .. .	..	6		Diplegia of athetoid type .. .. .	..	1	
Bronchitis .. .. .	..	3		Muscular dystrophy .. .. .	..	1	
Bronchiectasis .. .. .	..	1		Amyotonia congenita .. .. .	..	1	
Debility .. .. .	..	3		Sub-normal nutrition .. .. .	..	1	
Debility and malnutrition .. .. .	..	1		<i>Tuberculosis Officer—</i>			
Pulmonary catarrh .. .. .	..	1		T.B., right hip .. .. .	..	1	
Colitis .. .. .	..	1		Arrested T.B., left hip .. .. .	..	1	
Otitis media .. .. .	..	1		Subnormal nutrition .. .. .	..	1	
Suspected T.B., left tibia .. .. .	..	1		<i>Others—</i>			
Congenital deformities .. .. .	..	1		Debility and nervousness .. .. .	..	1	
Spastic diplegia .. .. .	..	1		Spastic paraplegia .. .. .	..	1	

The 31 children not now on the roll ceased attendance for the following reasons :—

Fit for ordinary school .. .. .	19	Admitted to Gregg's School .. .. .	1
Left school—over age .. .. .	3	Admitted to St. Patrick's .. .. .	
Admission to convalescent homes .. .. .	2	Open Air School .. .. .	1
Unfit for school attendance .. .. .	1	Admitted to Royal Wanstead .. .. .	
Admitted to hospital .. .. .	1	School .. .. .	2
		Gone to Switzerland .. .. .	1

The so-called spastic class continued to develop along the previous lines, special therapy such as weaving and model making being introduced. The use of walking machines and tricycles was extended.

In 1951 the composition of the class was as follows :—

Cerebral Palsy .. .. .	6
General muscular dystrophy .. .. .	1
General muscular dystrophy and spina bifida occulta .. .. .	1
Talipes and wasting of calf muscles and poor speech .. .. .	1
<b>Total .. .. .</b>	<b>9</b>

In addition to the above two milder cases of spasticity attended the ordinary classes of the school.

One child of three years of age is down for admission to the spastic class when he reaches school age.

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

Administration of milk in school .. .. .	30
Administration of cod liver oil emulsion .. .. .	30
Administration of malt and oil, etc. .. .. .	1

Referred to Orthopaedic Surgeon .. .. .	1
" " Ophthalmic Surgeon .. .. .	2
" " Aural Surgeon .. .. .	1
" " Rheumatism Specialist .. .. .	1
" " Dental Surgeon .. .. .	8
Recommended asthma exercises .. .. .	2
" convalescent home treatment .. .. .	1
" Child Guidance Clinic .. .. .	3
" Speech Clinic .. .. .	1

A course of asthma injections was given to 10 children during the year.

Four children received artificial sunlight treatment during the year.

Owing to the depleted dental staff it was not possible for the Dental Surgeon to visit the school for the purpose of inspection. Twenty-one children attended the Dental Surgery for treatment.

The provision of extra rest and cod liver oil and milk continued as before and children with lung diseases were given daily deep breathing exercises.

The rebuilding of the rest hall is nearing completion and it is hoped to extend the activities of the school after Easter, 1952, as a result."

- (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 roll at ..	138
31st December, 1951	
Average attendance ..	116
New admissions ..	28
Discharges .. ..	18

*Knotts Green.*

Number on roll at ..	90
31st December, 1951	
Average attendance ..	70

*Classification of Cases.*

Orthopaedic .. ..	20
Delicate .. ..	44
Cardiac .. ..	6
Chest .. ..	14
Miscellaneous .. ..	6

- (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 for Walthamstow :—

*School for the Partially Sighted—Report of Headmaster.* "The following table shows the classification of children at the end of the year :—

	Walthamstow			Essex County			Out-County			Totals	
	Boys	Girls		Boys	Girls		Boys	Girls		Boys	Girls
Blind ..	1	1	..	3	1	..	—	—	..	4	2
Partially Sighted ..	4	3	..	7	7	..	10	12	..	21	22
	5	4	..	10	8	..	10	12	..	25	24

The catchment area from which the children are drawn is almost 30 miles across, comprising the Forest, Ilford, Romford, Dagenham and Leyton Divisions of Essex, and the Tottenham, Wood Green, Enfield, Hornsey Divisions of Middlesex and from West Ham. This is almost the limit of travel even for older children and it will be appreciated that some of the smaller children have to make a long and tedious journey each day to school. The medical supervision of the school has been well catered for. Dr. I. Gregory has made a special visit each term to examine the children's sight, and a three day full general medical examination was made by Dr. Watkins who commented favourably on the general condition of the children. Most children are now in possession of a second pair of glasses, and breakages are quickly put in hand without loss of school time.

The school made educational visits to the C.W.S. Boot Factory, National History Museum, Ideal Homes Exhibition, Bertram Mills Circus at Olympia and to St. Andrews Paper Mills.

During the year two children were transferred to ordinary school, one to High School, one to Residential School for the Blind and five left for employment.

The school was visited by Student Teachers, Student Health Visitors, County Medical staff, and various individuals (one from Sierra Leone, two from South Africa, one from Trinidad).

I would like to express my appreciation to all staff for their efforts on behalf of the children, and particularly to Miss Ramage, upon whom, as Senior Assistant, much responsibility has fallen.

During the year the average attendance was 39 and the number on roll 45."

*School for the Deaf—Report of Headmistress.* "At the beginning of 1951 there were twenty children on the roll, and at the end of the year the numbers had increased to thirty-four, increased accommodation having been made available.

Seventeen children were totally deaf, and one of these seems ineducable (a four year old).

Seventeen children were partially deaf, and four of these may be educationally sub-normal.

During the course of the year four boys left. Three went to residential schools for the deaf, and one has been attending the George Gascoigne Secondary School (for children with normal hearing).

Eighteen new children were admitted during the year of all ages between two to thirteen years and of all degrees of deafness and mental development.

There were three qualified teachers at the end of 1951.

The annual examination by the Aural Specialist was carried out in addition to the usual medical inspection."

*School for the Physically Handicapped—Report of Headmaster.* "This year there has been a marked drop in the average attendance showing that the general health was not so good as in former years. This may have been influenced by the greater number of younger children now in the school. The average age of the children in this school has fallen by four years, there being now two infant classes as against one formerly. The experiment of an Open Air Group in the Forest was again carried out, but the difficulty of securing adequate accommodation limited the project to a period of four weeks. Even this short essay proved to be well worth while.

In March the school was specially opened to enable it to be visited by foreign delegates attending a course on the Ascertainment and Rehabilitation of Physically Handicapped Children.

The school continued the practice of former years in opening during part of the summer holidays, when a 90 per cent. voluntary attendance was maintained.

Educational visits were made to Saffron Walden, South Kensington Science Museum, Ideal Homes Exhibition and a special visit to the seaside.

We were visited during the year by Student Teachers, Student Health Visitors and individuals from Malaya, Sierra Leone and Trinidad.

Dr. Watkins has made regular weekly visits and his interest is invaluable to the working of the school. We have had daily visits from Mrs. Haynes, School Nurse, and a total of 1,065 minor treatments were made.

Mrs. Mayer joined the staff as Nursing Assistant in October.

Mrs. W. Morris as Senior Assistant has carried a great burden of responsibility during the year.

I must again acknowledge my indebtedness to all staff, teaching, medical, welfare and transport, for their valued co-operation in the work of the school."

*School for the Educationally Sub-Normal—Report of Headmistress.*  
"The average number on roll was 65. Two boys and three girls were excluded as ineducable.

Four boys and four girls proceeded to employment during the year. So far only one boy has failed to hold a job.

The school was visited by students in training on two occasions.

Three batches of E.S.N. Diploma Students from London University visited the school.

A Psychologist from the Royal Eastern Counties Institution has carried out further research during the year.

A Social Science Research Worker from the same Institution has been following up those who have left school recently, in order to ascertain the Social Quotient. Results will be duly forwarded to the Borough Education Officer.

Some of the senior scholars entered for the local school sports, and all stayed the course. Eight swimming certificates were gained during the year."

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

The Acting Divisional School Medical Officer for North-East Essex, Dr. W. H. Alderton, reports as follows :—

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

Number on roll 31st December, 1951	..	33
Average attendances	.. ..	23.5
New admissions	.. ..	5
Discharges	.. ..	4

The School continues to do good and useful work under difficult circumstances and the need for considerably greater provision for the education of educationally sub-normal children is required in this Division."

(ii) **SPECIAL SCHOOLS—BOARDING.** As was anticipated in last year's report, the problem relating to the placement of maladjusted children has been somewhat alleviated with the opening of Doucecroft Hostel, Kelvedon, in November, 1951, where there is accommodation for 15 maladjusted children and at Nazeing Park, opened in February, 1952, for the accommodation of approximately 40 maladjusted junior boys and girls. With the opening of this hostel and Special School, arrangements have been made for psychiatrists from the Child Guidance Clinics to maintain regular psychiatric supervision of the children, and further details will be given in next year's report when the experience gained from these arrangements will be available.

The periodic medical inspections will be carried out once a year, and will be arranged by the two Divisional School Medical Officers concerned, who will also be responsible for supervising the hygiene arrangements, and the children's dietaries.

Arrangements have also been made for a local medical practitioner to provide free treatment for the children under Part IV of the National Health Service Act.

It is anticipated that the Residential Special School at Ramsden Hall, Ramsden Heath, referred to in last year's report will be opened early in 1952 for the accommodation of approximately 50 educationally sub-normal senior boys.

Although these County facilities have considerably eased the situation as regards boarding Special School placements, it will still, however, be necessary for the Education Committee to continue making some provision for Essex children in other boarding Special Schools. Consequently, places will continue to be allocated for Essex children at such Special Schools as at the East Anglian Schools for the Blind and Deaf at Gorleston, and the Royal Eastern Counties Institution Special Schools for educationally sub-normal pupils at Colchester, Halstead and Cambridge.

Similarly, though no doubt to a steadily diminishing extent, it will still be necessary for the Committee to utilise some of the independent schools under Section 9 (1) of the Education Act, 1944.

(iii) **HEARING OF SCHOOL CHILDREN.** An audiometric survey of the school children in the Borough of Barking was carried out by the Audiometrician during the period from September, 1950 to July, 1951, and included all the school children with the exception of those in the infants' departments.

Total number of children investigated by Mass Audiometry in Barking	8,651
Number of children referred for further investigation or treatment on account of defective hearing	187 (2.16%)
Number of children among the 187 whose hearing is known to have been improved	68
Number of children among the 187 who were not previously known to have defective hearing	40
Number of children provided with Hearing Aids as a direct result of this Survey	8

The statistical analysis of the 187 children who were referred for treatment or further investigation was as follows :—

Category.			Result of Treatment, etc.	
No hearing defect found .. ..	10	..	Normal hearing	
Wax in ears .. ..	40	..	Hearing improved	
Catarrh .. ..	8	..	" "	
Coryza .. ..	4	..	" "	
Otitis media .. ..	5	..	" "	
Congenital Unilateral deafness ..	2	..	No change	
Already receiving treatment at hospital or from private doctor ..	12	..	No information	
Already under care of Aural Specialist .. ..	2	..	No information	
Found to require no immediate treatment, but to be kept under observation ..	1	..	Hearing improved	
Already on waiting list for admission to Special Schools for Partially Deaf .. ..	3	..	Provided with hearing aids	
Appointments not kept—				
(a) Left the district .. .. (records forwarded)	2	..	No information	
(b) Now left School .. ..	2	..	" "	
(c) Mother taking child to private doctor .. ..	1	..	" "	
(d) Still outstanding—				
Cases being followed up ..	8	..	" "	
Referred to Aural Specialist for further investigation ..	87			
Total .. ..	187			

As regards those 87 children who were referred to the Aural Specialist, the details available at the time this report was being prepared are as follows :—

Treated by the Aural Specialist .. ..	27
Recommended for removal of tonsils and adenoids .. ..	13
Referred to hospital for further investigation .. ..	2
No immediate or further treatment recommended—to be kept under observation .. ..	24
Recommended for Hearing Aids .. ..	5
Appointments not kept—	
Left district (records forwarded) .. ..	1
Still outstanding—cases being followed up .. ..	15
Total .. ..	87

It will be noted that of the 187 children discovered in the course of the Survey to have hearing defects 68 had their hearing improved after being referred to various clinics. Moreover, 40 of these children had not previously been known to be suffering from defective hearing. These facts in themselves bear adequate witness to the great value to be obtained from these audiometric surveys of school children.

Moreover, it is necessary to emphasise that many of the 187 children are still awaiting an appointment with an aural specialist, whilst others are still attending various clinics for treatment by aural specialists. There are also those children awaiting operations for removal of tonsils and adenoids.

When the final assessments of these children are available it is therefore reasonable to assume that the number of children whose hearing has been improved will be considerably more than the total of 68 mentioned in the statistics which were available at the time of preparing this report.

As a direct result of the survey it is also of special interest to point out that a total of 8 children have been provided with Hearing Aids. Three of these children were already on the waiting lists for admission to a Special School for the Partially Deaf, but in the ordinary way, the Hearing Aids would not have been provided until they had entered the Special School. Obviously it is of considerable advantage to such children to accustom themselves to the use of the Hearing Aid as soon as possible, and especially so having regard to the delays which often occur before a place becomes available for the child in the Special School.

As indicated in previous reports these surveys are carried out by means of the group testing method, and a gramophone audiometer is used for this purpose. Group testing, or mass audiometry as it is sometimes referred to is the only practical method for carrying out rapid surveys of large numbers of school children.

The main purpose of audiometric surveys of school children is to discover those children with slight defects of hearing who have never previously been known, or even suspected, to be suffering from deafness, and whose education is in consequence being hampered according to the degree of their hearing handicap. Every child discovered to have a hearing defect in the course of the survey is at once brought to the notice of the class teacher by the audiometrician, and the type and degree of the child's deafness is explained to the teacher so that an immediate arrangement can be made to give the child the most suitable place in the class to help offset the hearing defect.

In all minor degrees of deafness this is probably all that is necessary to overcome the handicap, but every child discovered in the survey will also in due course be examined at the School Clinic in the first instance, and if further investigation is found to be necessary will later be referred to the Aural Surgeon.

Sometimes, a child previously assumed to be dull and backward has been labouring under the disability of deafness. By discovering this and bringing it to the notice of the teacher it may be possible to effect considerable improvement in the child's tuition.

(iv) TUBERCULOSIS. The following table gives information relating to the number of cases of tuberculosis notified during the year divided into five year age groups with comparative figures for the year 1950 :—

Age Group.	5—9		10—14		15—19	
	1950	1951	1950	1951	1950	1951
Pulmonary Males ..	22	19	19	16	76	62
Females ..	31	20	24	20	86	77
Non-Pulmonary Males ..	17	14	5	14	8	11
Females ..	13	12	12	7	11	10

#### *Trials of Anti-Tuberculosis Vaccine.*

In connection with the scheme for protection against Tuberculosis by B.C.G. vaccine the following report is submitted by the Divisional School Medical Officer for the Forest Division, Dr. F. G. Brown :—

“ In conjunction with the Medical Research Council investigations as to the value of B.C.G. (*Bacillus Calmette-Guerin*) immunisation have continued during the year. All the pupils participating in the trials are volunteers and are selected from children aged 14 +, who are about to leave Secondary Modern Schools, 9 of the schools in this Division being involved.

The first part of the scheme (initial tuberculin testing, x-raying and inoculation of selected volunteers) is now nearing completion and the last of the present series of these trials will take place in January, 1952.

The second part of the scheme, that of following up the volunteers by regular annual inspection after they leave school, will then commence and continue for a period of three years. In the meantime, with the object of keeping in contact with every participant and reminding him of his part in the scheme, School Nurses visit the home twice a year to enquire of the health of the volunteer and the nature of his employment and to record any illnesses or contact with tuberculosis.”

#### *Mass Radiography.*

The Divisional School Medical Officer for the South-East Essex Division, Dr. W. J. Moffat, reports as follows :—

“ One feature of the year's work was the visit of the Mass Radiography Unit from Broomfield Hospital (Dr. Yell) to this Division. Only children of 14 years of age and upwards were invited for examination as it was not considered justifiable to include other age groups. Generally speaking, the response was good, some 75 per cent. of the total number of children in the selected age groups actually being x-rayed. In all 1,014 children were seen and of these 13 were recalled for further investigation. This resulted in 4 children being referred to the Chest Clinic. Two were cases of primary tuberculosis (non-infective), one showed changes in the lung following whooping cough and one was a case of atypical pneumonia. In addition there were 4 cases of inactive primary tuberculosis discovered but it was not considered necessary to investigate these further.

Wherever the Unit was set up sessions were held for the general public and all County staff, particularly teaching and canteen staff, were invited to attend. There were no cases of respiratory tuberculosis discovered in any members of the staff.”

(v) **MEDICAL OFFICERS APPROVED UNDER REGULATION 53 FOR THE ASCERTAINMENT OF EDUCATIONALLY SUB-NORMAL CHILDREN.** During the year arrangements were made for four medical officers to attend the three weeks Course organised by the University of London jointly with the National Association for Mental Health, and having complied with all the other requirements of the Ministry they were, in due course, approved for 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 47.

## 9. Nursery Schools.

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

*“ Medical Inspection.* Regular inspections have been carried out each month. Entrants are examined as a routine. Each pupil is examined at least once in the course of the term.

Any case requiring special attention is seen at every inspection, and some cases calling for further immediate examination or attention are seen by appointment at the Coval Lane Clinic as soon as possible, i.e. within a day or two after the inspection.

The commonest morbid condition is chronic enlargement of infected tonsils, with recurrent upper respiratory catarrh, some attacks with febricula, and occasional cases of dysphagia. There are also, at times, cases with chronic purulent nasal discharge.

All such cases are regarded as being acute and infectious, and for this reason urgent efforts are made to ensure prompt examination and treatment by the E.N.T. Clinic; until this is provided, exclusion from school is necessary; the young patient suffers chronic malaise, progress is retarded, and at times hard-pressed mothers may be involved in undue hardship.

*Special Clinics.* Where indicated, patients have been referred to the Eye Clinic, also for Dental treatment, and for Speech Therapy, though the majority of these children have not yet reached the age where such therapy can be given with success or benefit.

*General Health.* These special cases, discussed in the previous paragraphs, fortunately form the exception rather than the rule in the school population. General health has been good; growth and progress in mind and body has advanced steadily; there has been no major epidemic to cause the closing of the schools; and there is no feature of special significance calling for comment: a satisfactory position.

*Immunisation.* Sessions were held for Diphtheria and/or Pertussis, as required.

Propaganda is carried out by the Superintendents and the Health Visitors, and few conscientious objectors are met with.

*Nutrients.* The provision of these dietary supplements has been maintained as and when required.

## SUMMARY OF HANDICAPPED PUPILS

Category	Newly placed in Special Schools or Homes	Newly ascertained as requiring education at Special Schools or boarding in Homes	Number attending Special Schools		Number boarded in Homes	Attending Assisted Schools	Number remaining unplaced
			Day Pupils	Boarding Pupils			
Blind ..	12	9	1	41	—	—	8
Partially Sighted ..	25	21	26	27	—	—	12
Deaf ..	29	23	45	66	—	3	14
Partially Deaf ..	22	8	27	16	—	1	13
Delicate ..	345	343	269	148	2	2	87
Physically Handicapped	56	78	152	32	—	1	60
Educationally Sub-normal	129	266	474	99	—	16	351
Maladjusted ..	45	40	1	33	23	83	34
Epileptic ..	8	8	1	21	—	—	5
Total ..	671	796	996	483	25	106	584

*Conclusion.* Finally, I would say that it has been a pleasant duty to work in these schools, and to find friendly co-operation from the pupils, the parents and the staff, both of the Health and the School Departments."

NURSERY SCHOOL, WALTHAMSTOW. The Divisional School Medical Officer for Walthamstow sends the following information :—

*Report of Headmistress.* "The Nursery School's good health record was not maintained at the beginning of 1951. Attendance during the Spring Term was the lowest I have ever known owing to influenza and colds in January and February and an outbreak of dysentery in March. Everything possible was done to prevent the spread of dysentery, but the result was disappointing as fifty-one children and three adults caught the disease. During the rest of the year the children's health was good."

#### 10. School Camps.

As indicated in last year's Report, the School Camps at Hydon Heath and Itchingfield were closed on 31st August, 1951, as their maintenance could no longer be justified in view of the poor attendance figures. The remaining School Camp at Kennylands, near Reading, and the Camp School at Elmbridge, near Guildford, continued to function, the Kennylands Camp being used primarily for children of Secondary School age for short stay periods and the Camp School at Elmbridge for children who will attend for the whole of their Secondary School life.

#### 11. Health Education.

The responsibility for Health Education in schools is shared between the staff of the Education Department and the Health Department. There is, and probably always will be, a divergence of view as to which side should make the greatest contribution but the very fact that Health Education is an embracing name for both physical and mental health, ensures that for all time the teacher with opportunities for continuous and close touch with the school child, must bring a great influence to bear, even if not teaching specific subjects which might be thought to be more easily recognisable as those falling within the imagined purview of Health Education.

In the infant school, the teaching of Health Education very largely falls into the category of habit formation, and here the accent must be on constant reiteration. In regard to the use of the handkerchief and the necessity for the washing of hands, it is only constant repetition which will ensure a lesson being learnt, and the person for this job must obviously be the teacher. In the Junior, Secondary Modern, Technical and Grammar Schools, Health Education has to compete as a subject with a full curriculum, but as its aim is to produce healthy living, the true educationalist cannot reject its claims; rather he should see it as a subject which pervading the whole field of learning and teaching, acts as leaven to lighten the whole.

Health Education can effectively infiltrate into lessons on geography, scripture, mathematics and history, while it gains, of course, special significance in the realms of physical recreation and training, domestic science, nature study

and biology. Perhaps the group in which immediate and more positive action can be taken to teach Health Education, is the 14-15 year group at the Secondary Modern School. The extra year at school is a great opportunity to be seized, more adequately to equip the child with knowledge, to appreciate and overcome the difficulties of adolescence and the business of entering a competitive world to make a living. To these senior school groups, the staff of the Health Department have special qualifications to offer which makes their presence usually, both necessary and welcome. The doctor, school nurse, health visitor, health education officer and district sanitary inspector can, and do contribute much to the spread of knowledge on healthy living, and try at all times to supplement rather than supplant any other Health Education activity carried on within the school.

But a report on Health Education in schools cannot be narrowly confined to work carried on within the prescribed hours of nine to four or even within the boundaries of the school, for intimately bound up with this matter is the work with parent/teacher organisations, or their equivalent, and other organisations catering for youth, such as youth clubs, church clubs and cadets of the St. John Ambulance Brigade and the British Red Cross Society, and the instructional work undertaken with school meal organisers and their assistants. Thus the range of Health Education work falling within the orbit of this report includes the following work done by Health Department staff, but grateful acknowledgement is also made of the all-the-year-round work of teachers and their efforts to promote the ideal of healthy living.

Courses on Mothercraft and Hygiene, in charge of a health visitor, have been provided for senior girls at several Secondary Modern Schools throughout the year, and have been extremely well received. Teaching apparatus and other illustrative matter has been provided by the Health Department.

Film shows have been given in many schools, always with a doctor or other member of the Health Department staff in attendance to tie up the threads and answer questions. Subjects have included "Round Figures", "Your Children's Teeth", "A Modern Guide to Health", "Growing Girls", etc.

Lectures have been given in several schools by doctors, health visitors, the health education officer and by pupil health visitors from the Health Visitors Training Course at the South-East Essex Technical College. These have been well received and many questions have been asked and answered and have served to prove the interest that school children have in matters affecting health.

In various parts of the County assistance has been provided for schools by way of the loan of material depicting aspects of the work of the Health Department on school open days. Much of this work has been done as a result of contact sought by the school children themselves who as part of the exercise have written or made a personal call to explain what they were trying to put across and seek help and guidance.

A training class for girls wishing to become certificated Nursery Nurses is held at one of the Technical Colleges and is in charge of a health visitor who devotes some three hours a week to this tuition.

Many lectures and film shows have been arranged for parent/teacher associations and kindred organisations and given by doctors, health visitors and other medical speakers.

Health visitors in several parts of the County have played active parts in teaching or examining cadets of school age belonging to the St. John Ambulance Brigade and the British Red Cross Society, and their efforts have been appreciated.

School meals organisers and their assistants have been able to meet together for instruction by medical officers of health on the problem of food hygiene and clean food preparation and this has been a very practical form of Health Education with the school child acting as beneficiary.

While it is the responsibility of the Education Department to finance lectures by outside speakers to school leavers on the subject of sex education and problems of emotional and physical change in the adolescent period, the experience of the Health Department is always available in recommending lecturers for this delicate work, where combined qualities of knowledge and personality are so important. At least one school regularly avails itself of help in this way.

Lectures and film shows have also been given to youth clubs and other young people's organisations by personnel of the Health Department, and it is hoped that the work will expand even more in the very near future.

**APPENDIX.****Report of Chief Dental Officer.**

I have the honour to present my seventeenth annual report on the dental care of children of school age in the Administrative County of Essex. This report is a statutory requirement of the Education Act, 1944, and is to be submitted in a separate part of the annual report of the School Medical Officer.

The year just completed has on many occasions brought the Dental Service into unenviable prominence by questions in Parliament and reports in the Press of the inability of children to secure dental attention for conservative treatment and often for the relief of pain. The answers to questions and the Press reports have seldom, if ever, conveyed to the public that the Dental Officer who continues to serve in Local Health Authority Clinics is really doing a fine job of work under adverse circumstances and even if some of his colleagues have been allured away to service under the National Health Service Act, 1946, they are only showing a very human tendency in joining a service which was deliberately made attractive for a specific reason.

During 1951 a certain amount of movement has continued among the dental personnel and when they tendered resignations, in most cases another Dental Officer has been found to fill the vacancy on a full-time or equivalent sessional basis.

Although this cannot be regarded as entirely satisfactory it is at least satisfactory to report that the changes throughout the year have checked the decline, and indeed have finished with the balance in the favour of the Local Health Authority's service to the extent of approximately one full-time Dental Officer.

Expressed in terms of Dental Officers, the staff at the end of the year was 19 officers undertaking full-time duties together with an equivalent of 5 full-time officers undertaking sessional duties.

Of notable importance was the negotiation of a national salary scale and conditions of service for full-time Dental Officers employed by Local Health Authorities. This long awaited achievement by Committee "C" of the Dental Whitley Council on which I am by your agreement able to sit as a member of the staff side, was the result of months of negotiation, and if not entirely satisfactory to Dental Officers the result is at least gratefully accepted, but I and many others who are qualified to speak, are of the opinion that it can hardly be regarded as a scale which will attract dentists to return to the Service unless there are other factors as yet unknown which may turn the balance in favour of salaried service.

Unfortunately, but I think rightly, the Whitley Council confined their deliberations to negotiating suitable scales for full-time Dental Officers and it is intended at a later date to consider the remuneration of part-time and sessional officers. Lack of a satisfactory scale for salaried officers is undoubtedly having a very adverse effect on recruitment to the Local Health Authority Service and I

am sorry to say that at the time of writing this report, I have no news of the proposed meeting to be held in January, 1952, to deliberate on this very necessary item. I must say I am very interested indeed in furthering this type of help in our Service since there is no escape from the fact that there are not enough dentists in the country to deal with our total population and in consequence I am of the opinion that given a reasonable sessional fee there are many dentists with a kindly regard for the welfare of the young who will be willing to devote a proportion of their time to treatment of priority patients.

I also mentioned last year a mission which the Ministry of Health sent to New Zealand to study the Dental Nurses Scheme which operates in that country. The mission has presented its report to the Ministry of Health which is favourable to what they saw, but in paragraph 116 of the report they say "Should His Majesty's Government decide to accept some like system of dental auxiliaries, we recognise that it would be a matter for those responsible to consider what modifications would be necessary to adapt that system to the existing pre-school and school dental services in this country, and in what directions these services would require to be modified: and it would also be important to secure the fullest co-operation with the dental profession as was, in fact, done in New Zealand."

This paragraph is therefore very important in consideration of the Bill which received its first reading in Parliament towards the close of the year and I shall confine myself with the observation that Local Health Authority Dental Officers are aghast at the implications in Section 18 which in effect open the Dentists Act, 1921, to the practice of dentistry by less qualified persons than the men who were admitted to the Register by that Act and they also feel that the recommendations of the mission in paragraph 116 are in no way being carried out namely to enlist the co-operation of the profession.

Although there has been a severe curtailment in building, a modicum of progress has been made during the year.

To this end a building in Dawlish Road, Leyton, was opened after its conversion to our needs and in addition to other County Health Services a dental suite was provided comprising two surgeries and a recovery room.

Later in the year an up-to-date Health Clinic was opened at Manford Way on the Hainault Estate and I must say that the dental suite in this Centre is very attractive indeed, comprising two surgeries, a recovery room, an interviewing room, a dark room for processing x-ray films and a work room for prosthetic dentistry.

The equipment is on a generous scale but it is a matter for regret that it cannot at present be put to more regular and extensive use.

Each year I have made mention of the value and increasing requests from parents for orthodontic treatment to their children. These requests continue to grow and throughout the year I have held many such clinics in various parts of the County. These sessions for orthodontics really commenced as an effort to complete treatment for patients living in areas which were without the services of a Dental

Officer and were in danger of having the progress of previous treatment entirely lost.

These sessions are now being held regularly and as is inevitable, patients have been added to the lists and in consequence the sessions have become a regular feature in certain areas. I have also held clinics in different parts of the County where there is no staff and when suitable lists can be made up of casuals to justify the holding of a session these sessions have always been very heavy but I think have been warranted by the relief they give to patients in the areas served.

My report on the work of the Dental Service would be incomplete without some examination of the figures and statistics of the returns of work through the year and to that end I shall make this examination on the lines of previous years. It has been said that statistics can be made to tell any story but in this case I think on the whole they demonstrate two things, one a very creditable amount of work has been performed by the Dental Officers and secondly there is a vast amount of work awaiting to be done and the achievement is only a percentage of this task.

A comparison between the figures for 1950 and 1951 demonstrates that 1,716 fewer children were inspected during the course of 1951 and of the number inspected, those requiring treatment have increased by 4,849.

The total numbers of patients treated and attendances necessary to complete treatment are less and inevitably the fillings and extractions are also less.

I find this a matter for deliberation and can only suggest that although the year has ended with a slightly increased establishment, one must remember that the increase did not become effective until late in the year and furthermore, the tendency for children who are approaching the time for leaving school to become interested in dental treatment is steadily increasing and in nearly every case the work necessary to produce dental fitness is great and in a larger proportion of cases, cavities are large and are time consuming in their preparation.

The ratio of fillings at 3.5 to every permanent tooth extracted is not so good as in previous years and I regret to report that the extraction rate of temporary teeth to fillings in temporary teeth at 3.5 is an increase over the rate for the previous year. Other operations in permanent teeth have increased but the figures will need to be broken down in future years to apportion the results between Dental Officers and Oral Hygienists.

Specials or casuals still continue to be a problem not only in preventing organised inspection but they are a constant reminder of the inability of the staff to function as a preventive service. Dental Officers are always keenly conscious of the harm which may be done to the dental arch by the premature extraction of teeth through no fault of the Dental Officers.

It is of interest to recall that during the year an increasing amount of prosthetic work has been constructed in the Council's laboratories at Barking and Walthamstow. In previous years this work was carried out by private technicians but the County Medical Officer has agreed with my suggestion that in time it should all be carried out by the Council's staff. Apart from the financial advantages the personal contact between Dental Officers and the laboratory staff produces

better results in the construction of difficult appliances for orthodontic work. During the year one laboratory has produced approximately 300 orthodontic appliances, fixed and removable, for County patients, and including crowns and in-lays for prosthetic restorations and approximately 50 dentures. These laboratories are staffed by technicians of good experience and the equipment and lighting are of a high order indeed. The staff are, however, working to the limit of their capacity and it is impossible at this stage to divert more work to them without increasing the staff. In these circumstances I have recommended that no extra work from other districts in the County should be diverted to the workshops but the time should be awaited when improved staffing will justify the opening of another laboratory to serve the Mid- and North-East Essex Divisions of the County.

Arrangements are in hand for the regular inspection of maladjusted and educationally sub-normal children in hostels and special schools throughout the County which are to follow the one opened in November, 1951.

### Minor Ailment Clinics.

#### NORTH-EAST ESSEX DIVISION.

School Clinic, Trinity Street, Colchester ..	Mondays to Fridays p.m.
Essex County Health Services Clinic, 38, Main Road, Harwich .. .. .	Tuesdays and Fridays a.m.
Essex County Health Services Clinic, 15, Head Street, Halstead .. .. .	Wednesdays a.m.
Sible Hedingham Secondary School, Sible Hedingham .. .. .	Thursdays a.m. (during school term)
Essex County Health Services Clinic, Skelmersdale Road, Clacton-on-Sea ..	Mondays p.m.
New Church Schoolroom, Brightlingsea ..	Wednesdays p.m.
Great Bentley School, Great Bentley ..	4th Tuesday p.m.
} In conjunction with C.W.C's.	

#### MID-ESSEX DIVISION.

Congregational Hall, Ongar .. ..	Thursdays a.m.
Essex County Health Services Clinic, Coval Lane, Chelmsford .. .. .	Daily a.m.
Essex County Health Services Clinic, Coggeshall Road, Braintree .. .. .	Tuesdays a.m.
Essex County Health Services Clinic, 47, Stortford Road, Dunmow .. ..	Tuesdays and 2nd, 4th and 5th Fridays a.m.

Essex County Health Services Clinic, 69, High Street, Saffron Walden .. ..	Tuesdays a.m.
Central Hall, Stansted .. ..	1st and 3rd Wednesdays a.m.
Essex County Health Services Clinic, Guit-havon Street, Witham .. ..	Mondays and Thursdays a.m.
Essex County Health Services Clinic, Crouch Road, Burnham-on-Crouch .. ..	2nd Monday a.m.
Essex County Health Services Clinic, Wantz Chase, Maldon .. ..	Tuesdays, Wednesdays and Fri-days a.m.

## SOUTH-EAST ESSEX DIVISION.

Village Hall, Great Wakering .. ..	Wednesdays a.m.
Essex County Health Services Clinic, Roche-way, Rochford .. ..	Wednesdays a.m.
Essex County Health Services Clinic, East-wood Road, Rayleigh .. ..	Tuesdays a.m.
Essex County Health Services Clinic, Kenneth Road, Thundersley .. ..	Fridays a.m.
Essex County Health Services Clinic, Neven-don Road, Wickford .. ..	Thursdays a.m.
Essex County Health Services Clinic, Broad-way, Pitsea .. ..	Mondays a.m.
Essex County Health Services Clinic, Florence Road, Laindon .. ..	Wednesdays a.m.
Essex County Health Services Clinic, Laindon Road, Billericay .. ..	Wednesdays a.m.
Essex County Health Services Clinic, Further-wick Road, Canvey Island .. ..	Fridays a.m.
Essex County Health Services Clinic, London Road, South Benfleet .. ..	Mondays a.m.
Essex County Health Services Clinic, Timber-log Lane, Vange .. ..	Thursdays a.m.
Essex County Health Services Clinic, London Road, Hadleigh .. ..	Fridays a.m.

## FOREST DIVISION.

Essex County Health Services Clinic, 93, High Road, South Woodford .. ..	Fridays a.m.
Essex County Health Services Clinic, Friday Hill House, Chingford .. ..	1st, 2nd and 4th Mondays p.m.
Essex County Health Services Clinic, Marmion Avenue, Chingford .. ..	Mondays a.m.
Essex County Health Services Clinic, 15, Regent Road, Epping .. ..	Thursdays a.m.

Temporary Health Services Clinic, 29/31, Rochford Avenue, Loughton .. ..	Thursdays a.m.
Essex County Health Services Clinic, Seward- stone Road, Waltham Abbey .. ..	1st and 3rd Mondays a.m.
Essex County Health Services Clinic, Manford Way, Chigwell .. ..	Thursdays a.m.

#### SOUTH ESSEX DIVISION.

Essex County Health Services Clinic, 39, Queen's Road, Brentwood .. ..	Wednesdays a.m.
Essex County Health Services Clinic, West- land Avenue, Hornchurch .. ..	Tuesdays a.m.
Essex County Health Services Clinic, Abbs Cross Lane, Hornchurch .. ..	Thursdays a.m.
Kim's Hall, Vicarage Road, Hornchurch ..	Fridays a.m.
61, Athelstan Road, Harold Wood ..	Fridays a.m.
Essex County Health Services Clinic, Upminster Road, Rainham .. ..	Thursdays a.m.
St. Lawrence Hall, Upminster .. ..	Wednesdays a.m.
Essex County Health Services Clinic, Glasson House, High Street, Grays .. ..	Tuesdays and Wednesdays a.m.
Essex County Health Services Clinic, Old Manor Road, Tilbury .. ..	Fridays a.m.
St. Margaret's Hall, Corringham Road, Stanford-le-Hope .. ..	Mondays a.m.
Congregational Hall, North Road, South Ockendon, near Grays .. ..	Mondays a.m.
Essex County Health Services Clinic, Stifford Long Lane, Grays .. ..	Thursdays a.m.
Aveley Belhus Park, J.M. School, Stifford Road, Aveley .. ..	Wednesdays a.m.
Essex County Health Services Clinic, Chadwell St. Mary .. ..	Tuesdays a.m.

#### ROMFORD.

Essex County Health Services Clinic, Hulse Avenue .. ..	Mondays a.m.
Havering Road School .. ..	Thursdays a.m.
Straight Road School .. ..	Tuesdays a.m.
Essex County Health Services Clinic, Marks Road .. ..	Saturdays a.m.

**BARKING.**

Essex County Health Services Clinic, Vicarage Drive, Ripple Road, Barking .. ..	Each morning
Essex County Health Services Clinic, Porters Avenue, Dagenham .. ..	Each morning
Essex County Health Services Clinic, Woodward Road, Dagenham .. ..	Each morning
Essex County Health Services Clinic, Upney Lane, Barking .. ..	Each morning

**DAGENHAM.**

Five Elms School .. ..	Mondays p.m. and Fridays a.m.
Essex County Health Services Clinic, Becontree Avenue .. ..	Mondays a.m. and Thursdays p.m.
Fanshawe School .. ..	Mondays a.m.
Hunters Hall School .. ..	Thursdays a.m.
Essex County Health Services Clinic, Ballards Road .. ..	Tuesdays p.m.
Essex County Health Services Clinic, Ashton Gardens, Chadwell Heath .. ..	Tuesdays a.m.
Essex County Health Services Clinic, Ford Road .. ..	Wednesdays and Fridays p.m.

**ILFORD.**

Newbury Hall, Perryman's Farm Road, Ilford .. ..	Tuesdays and Fridays a.m.
Essex County Health Services Clinic, Goodmayes Lane, Ilford .. ..	Wednesdays and Fridays a.m.

**LEYTON.**

Essex County Health Services Clinic, Granleigh Road, Leytonstone .. ..	Daily a.m., including Saturdays
Essex County Health Services 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.
Essex County Health Services Clinic, Low Hall Lane, Markhouse Road .. ..	Mondays and Thursdays a.m.

# MEDICAL INSPECTION AND TREATMENT RETURNS

YEAR ENDED 31ST DECEMBER, 1951.

Table I

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

*A.—Periodic Medical Inspections.*

(1) No. of Inspections :—

Entrants .. .. .	27,764
Second Age Group .. .. .	20,154
Third Age Group .. .. .	20,547
Total .. .. .	68,465

(2) No. of other Periodic Inspections .. .. .	5,887
Grand Total .. .. .	74,352

*B.—Other Inspections.*

No. of Special Inspections .. .. .	42,197
No. of Re-inspections .. .. .	46,194
Total .. .. .	88,391

*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 .. .. .	465	4,899	5,263
Second Age Group .. .. .	1,049	2,910	3,821
Third Age Group .. .. .	1,128	2,379	3,356
Total (prescribed groups) .. .. .	2,642	10,188	12,440
Other Periodic Inspections .. .. .	250	996	1,170
Grand Total .. .. .	2,892	11,184	13,610

Table II

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR  
ENDED 31ST DECEMBER, 1951

Defect Code No.	Defect or Disease  (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of defects		No. of defects	
		Requiring treatment  (2)	Requiring to be kept under obser- vation, but not requiring treatment (3)	Requiring treatment  (4)	Requiring to be kept under obser- vation, but not requiring treatment (5)
4	Skin .. ..	1,016	536	3,129	186
5	Eyes—				
	(a) Vision .. ..	2,892	1,341	1,122	236
	(b) Squint .. ..	440	279	143	35
	(c) Other .. ..	316	263	1,368	93
6	Ears—				
	(a) Hearing .. ..	173	384	259	90
	(b) Otitis Media ..	182	384	267	56
	(c) Other .. ..	299	260	730	34
7	Nose or Throat ..	2,049	3,972	1,692	502
8	Speech .. ..	256	351	229	48
9	Cervical Glands ..	119	1,383	152	56
10	Heart and Circulation	202	525	103	64
11	Lungs .. ..	461	1,256	417	204
12	Developmental—				
	(a) Hernia .. ..	105	173	18	14
	(b) Other .. ..	169	566	130	51
13	Orthopædic—				
	(a) Posture .. ..	832	595	106	35
	(b) Flat Foot .. ..	1,706	851	267	74
	(c) Other .. ..	1,462	1,334	772	169
14	Nervous System—				
	(a) Epilepsy .. ..	31	62	30	24
	(b) Other .. ..	138	236	208	80
15	Psychological—				
	(a) Development ..	66	191	126	41
	(b) Stability .. ..	153	452	279	74
16	Other .. ..	2,257	997	9,298	1,078

**B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED  
DURING THE YEAR IN THE AGE GROUPS**

Age Groups (1)	Number of Pupils Inspected (2)	A (Good)		B (Fair)		C (Poor)	
		No. (3)	% of Col. (2) (4)	No. (5)	% of Col. (2) (6)	No. (7)	% of Col. (2) (8)
Entrants .. ..	27,764	12,379	44.6	14,778	53.2	607	2.2
Second Age Group ..	20,154	9,037	44.8	10,788	53.5	329	1.6
Third Age Group ..	20,547	10,208	49.7	10,061	49.0	278	1.4
Other Periodic Inspections .. ..	5,887	2,951	50.1	2,897	49.2	39	0.7
<b>Total .. ..</b>	<b>74,352</b>	<b>34,575</b>	<b>46.5</b>	<b>38,524</b>	<b>51.8</b>	<b>1,253</b>	<b>1.7</b>

**Table III**

**INFESTATION WITH VERMIN**

(1) Total number of examinations in the schools by School Nurses or other authorised persons .. ..	531,065
(2) Total number of individual pupils examined .. ..	198,546 (approx.)
(3) Total number of individual pupils found to be infested ..	4,902
(4) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) ..	651
(5) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) ..	35

**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 .. ..	..	..	..	18	10
(ii) Body .. ..	..	..	..	104	3
Scabies .. ..	..	..	..	59	—
Impetigo .. ..	..	..	..	360	5
Other skin diseases ..	..	..	..	5,742	243
<b>Total .. ..</b>	<b>..</b>	<b>..</b>	<b>..</b>	<b>6,283</b>	<b>261</b>

*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 .. .. .					2,161	427
Errors of refraction (including squint) .. .. .					337*	14,594
Total .. .. .					2,498	15,021
Number of pupils for whom spectacles were—						
(a) Prescribed .. .. .					227*	8,826
(b) Obtained .. .. .					187*	7,505
Total .. .. .					414	16,331

\*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 .. .. .	—	72
(b) For adenoids and chronic tonsillitis .. .. .	—	2,531
(c) For other nose and throat conditions .. .. .	—	155
Received other forms of treatment .. .. .	2,981	675
Total .. .. .	2,981	3,433

*Group 4.—Orthopædic and Postural Defects.*

(a) Number treated as in-patients in hospitals .. .. .	85	
(b) Number treated otherwise, e.g. in clinics or out-patient departments .. .. .	6,350	33

*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 .. .. .	993	27

*Group 6.—Speech Therapy.*

Number of cases treated.		
By the Authority.		
		Otherwise.
Number of pupils treated by Speech Therapists .. .. .	1,674	4

*Group 7.—Other Treatment Given.*

						Number of cases treated.	
						By the Authority.	Otherwise.
(a)	Miscellaneous Minor Ailments ..	..	..	..	..	20,828	1,171
(b)	Other ..	..	..	..	..	—	345
Total ..						20,828	1,516

**Table V****DENTAL INSPECTION AND TREATMENT.**

(1)	Number of pupils inspected by the Authority's Dental Officers—						
	(a)	Periodic age-group	....	..	..	..	24,251
	(b)	Specials ..	..	..	..	..	26,808
	(c)	Total ..	..	..	..	..	51,059
(2)	Number found to require treatment ..						40,150
(3)	Number referred for treatment ..						38,480
(4)	Number actually treated ..						40,017
(5)	Attendances made by pupils for treatment ..						78,146
(6)	Half-days devoted to—						
	(a)	Inspection ..	..	..	..	..	659
	(b)	Treatment ..	..	..	..	..	9,973
	Total (a) and (b) ..						10,632
(7)	Fillings—						
	Permanent teeth	..	..	..	..	..	26,433
	Temporary teeth	..	..	..	..	..	10,707
	Total	..	..	..	..	..	37,140
(8)	Number of teeth filled—						
	Permanent teeth	..	..	..	..	..	24,179
	Temporary teeth	..	..	..	..	..	10,419
	Total	..	..	..	..	..	34,598
(9)	Extractions—						
	Permanent teeth	..	..	..	..	..	7,627
	Temporary teeth	..	..	..	..	..	41,211
	Total	..	..	..	..	..	48,838
(10)	Administration of general anæsthetics for extraction ..						20,759
(11)	Other operations—						
	(a)	Permanent teeth	..	..	..	..	25,208
	(b)	Temporary teeth	..	..	..	..	11,865
	Total (a) and (b) ..						37,073