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COUNTY COUNCIL OF ESSEX
EDUCATION COMMITTEE

ANNUAL REPORT

OF THE

Principal School Medical Officer

FOR THE YEAR

1957

County Council of Essex

Health Department, County Hall, Chelmsford.

With the Compliments

of the

County Medical Officer of Health

COUNTY COUNCIL OF ESSEX
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THE SPECIAL SERVICES SUB-COMMITTEE OF THE EDUCATION COMMITTEE — 1957

Broadbent, Mrs. G.
(Commenced November 1957)

Cann, Rev. B. C.

*Chaplin, G. F.

Curtis, G. H. L.
(Resigned 2.4.57)

Davies, W. H.

Fallaize, Mrs. L.

*Foster, Sir Frank S., C.B.E.

Gofton, J. W., O.B.E.

Hall, Mrs. O.
(Commenced April 1957)

Hardy, E. C.

*Hollis, Mrs. E. F. M.

Kingham, C. E.
(Commenced April 1957)

Law, Mrs. E. G.

Littlejohn, Mrs. R. C.

Lowton, Mrs. B. K.

Meyrick, D. T.

O'Dwyer, D.
(April—June 1957)

Olsen, Mrs. E. Strom

Pawson, J. C.

Powell, P. S.

Prendergast, Mrs. A. E.
(Resigned April 1957)

Riley, Q. T. P. M.

Roberts, Mrs. O. M. J.

Rose, G. E.

Sargent, Mrs. D. M.
(Resigned April 1957)

Sibley, W. A.

Smith, Mrs. P. M. R.
(Commenced April 1957)

Spray, Mrs. D. C. P.
(Resigned April 1957)

Vaizey, Brig. J. T. de H.

Walker, Miss A. I.

Walsh, J. J.

Wright, Mrs. D. A.

*Young, Major A. M. O.B.E., T.D.

**Ex-officio member.*

ANNUAL REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER

PREFACE

COUNTY HALL,
CHELMSFORD,
September, 1958.

To the Chairman and Members of the Education Committee.

Sir, Ladies and Gentlemen,

I have the honour to present my Annual Report as Principal School Medical Officer for the year 1957. The Report of the Principal School Dental Officer forms part of it. Dr. T. K. Whitmore has again been responsible for much of the matter which is included in the former and to him and other members of my staff I wish to express my appreciation.

As will be seen from references in the body of the Report, the extension of the programme in connection with vaccination against poliomyelitis seriously interfered with the amount of routine work (including the number of children examined at periodic medical inspections) undertaken during the year. In making available all the vaccine which could be produced the Minister of Health had of course visualised this and has twice urged the desirability of making the maximum use of such supplies as are distributed even to the extent of deferring routine work. The protection of the child population against poliomyelitis is undoubtedly of paramount importance ; the deferred routine work can easily be picked up at a later date.

Attention is drawn to three points which arise in the course of the Report:—

The amount of the time of school nurses which is occupied in making head inspections and the desirability of making alternative arrangements ;

The need to extend health education in schools and the necessity for the full co-operation of parents and teachers in support of the teaching ; and

The steady rise over the last six or seven years in the number of conditions affecting the eyes requiring treatment or observation including the fact that whilst there has been no appreciable change in the numbers found upon entry to school they are all definitely higher amongst school leavers.

I have pleasure in recording my thanks to Members of the Committee for the support and assistance which they give me, to the Chief Education Officer and his staff for their willing co-operation in all matters affecting the health of the school population and to my own staff, both in the Divisions and in the Central Office, for their continued loyalty and assistance.

I have the honour to be,
Your obedient Servant,

Geo. F. Stewart

Principal School Medical Officer.

STAFF

31*st December*, 1957

CENTRAL OFFICE

Principal School Medical Officer :
GEORGE G. STEWART, M.R.C.S., L.R.C.P., D.P.H.

Deputy Principal School Medical Officer :
J. A. C. FRANKLIN, M.B., B.S., D.P.H.

Senior Medical Officer (Child Health) :
T. K. WHITMORE, M R.C.S., L.R.C.P., D.C.H.

Principal School Dental Officer :
J. BYROM, L.D.S.

DIVISIONAL STAFFS

North-East Essex Educational Division

MEDICAL OFFICERS

Divisional School Medical Officer :
*JOHN D. KERSHAW, M.D., B.S., D.P.H.

School Medical Officers :
ANN B. CLARK, M.R.C.S., L.R.C.P.
*R. E. BARRETT, M.B., B.S., M.R.C.S., L.R.C.P., D.T.M. & H., D.P.H.
*E. A. HARGREAVES, M.R.C.S., L.R.C.P., D.P.H.
*J. HARKNESS, M.B.Ch.B.
*J. R. HETHERINGTON, L.R.C.P. & S., L.R.F.P.S., D.P.H.
SYLVIA I. E. MACMILLAN, M.B., B.S., D.P.H.
*R. D. PEARCE, M.R.C.S., L.R.C.P., D.P.H.
ELEANOR M. SINGER, M.Sc., M.R.C.S., L.R.C.P., D.C.H.

In addition there are four Medical Officers undertaking 10 sessions a week on a sessional basis.

DENTAL OFFICERS

*J. F. GODFREY, L.D.S.
A. LONGDEN, L.D.S.

In addition there are four Dental Officers undertaking 16 sessions a week on a sessional basis.

**Part-time Officer*

Mid-Essex Educational Division

MEDICAL OFFICERS

Divisional School Medical Officer :

*J. L. Miller Wood, M.R.C.S., L.R.C.P., D.P.H.

School Medical Officers :

*T. D. Blott, B.Sc., M.B., B.S., D.P.H.
Joyce W. Brown, M.B., Ch.B., D.P.H.
Deidre R. Dooley, L.R.C.P. & S., D.C.H.
I. G. P. Fraser, M.B., Ch.B., D.P.H.
*Irene M. Conway Hastilow, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H. D.C.H., D.Obst.R.C.O.G.
Muriel Parkes, B.A., M.B., B.Ch., B.A.O.
*C. R. C. Rainsford, M.D., D.P.H., D.T.M.
Annette Wyatt, M.D., B.S., M.R.C.S., L.R.C.P.
Margaret Turner, M.R.C.S., L.R.C.P.

In addition there are five Medical Officers undertaking 2 sessions a week on a sessional basis.

DENTAL OFFICERS

B. G. Brown, L.D.S.
Mrs. N. S. Mezits, Dental Doctor, Latvia

In addition there are six Dental Officers undertaking 25 sessions a week on a sessional basis.

South-East Essex Educational Division

MEDICAL OFFICERS

Divisional School Medical Officer :

*W. J. Moffat, M.B., Ch.B., D.P.H.

School Medical Officers :

Jean Buchanan, M.B., Ch.B.
J. C. T. Fiddes, M.B., Ch.B.
T. H. J. Hargreaves, M.R.C.S., L.R.C.P.
*N. S. R. Lorraine, M.D., Ch.B., D.P.H.
*P. X. O'Dwyer, M.B., B.Ch., D.P.H.
J. Reach, M.D. (Prague)
Jean Troughton, L.R.C.P. & S.

DENTAL OFFICERS

H. J. Cracknell, L.D.S.
R. Maxwell, L.D.S.
*H. L. Thorn, L.D.S.

In addition there are six Dental Officers undertaking 19 sessions per week on a sessional basis.

**Part-time Officer*

South-Essex Educational Division

MEDICAL OFFICERS

Divisional School Medical Officer :

*W. T. G. Boul, M.B.E., M.D., D.P.H., F.Z.S.

School Medical Officers :

*M. J. Catton, M.B., B.S.
Elizabeth M. Hargreaves, M.B., Ch.B., D.P.H.
W. R. Howell, L.M.S.S.A.
*T. Mackinnell-Childs, M.R.C.S., L.R.C.P., M.B., B.Ch., B.A., D.P.H., (Commenced 16.12.57)
*R. G. Newberry, M.B., B.S.
P. J. Roden, L.M.S.S.A.
(Commenced 21.1.57)
Mary M. E. Rutter, M.R.C.S., L.R.C.P., M.B., B.S., D.C.H., M.D., D.P.H.
J. B. Stafford, L.R.C.P., L.R.C.S.
(Commenced 1.1.57)
Aniela A. Szwede, M.B., Ch.B.
Doris E. C. Walker, M.B., B.S., L.R.C.P., M.R.C.S., D.A.
Mair E. Williams, M.R.C.S., L.R.C.P.

DENTAL OFFICERS

R. A. Collins, L.D.S.
Mrs. C. Grieshaber,
Doctor Medicinal Dentium, Berlin University
Mrs. O. Saunders,
Diploma of Dental Surgery Latvia

In addition there are three Dental Officers undertaking 4 sessions a week on a sessional basis.

Forest Educational Division

MEDICAL OFFICERS

Divisional School Medical Officer :

*F. G. Brown, T.D., M.B., B.Ch. B.A.O., D.P.H.

School Medical Officers :

*I. Ash, M.D. (Rome), D.P.H.
*J. H. Crosby, M.B., Ch.B., D.P.H.
Gisella Eisner, M.D. (Prague) D.C.H.
*H. Franks, M.B., B.S., B.Hy., D.P.H.
J. W. Kirkbride, L.M.S.S.A.
(Commenced 15.7.57)
Lily White, M.B., Ch.B.

DENTAL OFFICERS

Mrs. L. E. Broadbent, L.D.S.
Mrs. E. Kimelman, M.D. (Vienna)

In addition there are six Dental Officers undertaking 17 sessions a week on a sessional basis.

**Part-time Officer*

Romford Educational Division

MEDICAL OFFICERS

Divisional School Medical Officer :
*James B. Samson, M.D., Ch B., D.P.H.

School Medical Officers :

J. J. Duffy, M.B., B.Ch., B.A.O., D.P.H.
Elizabeth M. Haga, M.B., B.S., L.R.C.P., M.R.C.S., D.P.H.
Sylvia R. Ingold, M.B., B.S., M.R.C.S., L.R.C.P., D.Obst.R.C.O.G.
N. P. Bhandari, M.B., B.S., L.R.C.P., M.R.C.S., C.P.H.

DENTAL OFFICERS

Miss M. L. Ell, L.D.S.
D. J. Hearns, B.D.S.

In addition there are two Dental Officers undertaking 8 sessions a week on a sessional basis.

Barking Educational Division

MEDICAL OFFICERS

Divisional School Medical Officer :
*F. L. Groarke, M.B., L.M., D.C.H., D.P.H.

School Medical Officers :

*Margaret I. Adamson, M.B., Ch.B., D.P.H.
Eileen E. Martin, M.B., Ch.B.
Eugenia Popper, M.D. (Vienna)
A. E. Seligmann, M.D. (Leipzig), D.T.M. & H.
Violet Spiller, M.D. (Geneva) M.R.C.S., L.R.C.P., D.P.H.
Mary H. Westlake, M.B., Ch.B., D.P.H.

DENTAL OFFICERS

J. Buntin, L.D.S.

In addition there are four Dental Officers undertaking 19 sessions a week on a sessional basis.

Dagenham Educational Division

MEDICAL OFFICERS

Divisional School Medical Officer :
*J. Adrian Gillet, M.B., Ch.B., D.P.H.

**Part-time Officer*

School Medical Officers :

CATHERINE FITZPATRICK, M.B., B.Ch.
FANNIE HIRST, M.B., Ch.B., D.P.H.
E. P. JAMES, M.R.C.S., L.R.C.P., L.M.S.S.A., D.Obst.R.C.O.G.
WILHELMINA C. MAGUIRE, L.M., L.R.C.P., L.R.C.S.I.
*HELEM E. MAIR, M.B., Ch.B., D.P.H.
MADELINE WEIZMANN, M.R.C.S., L.R.C.P.

In addition there is one Medical Officer undertaking 1 session each week on a sessional basis.

DENTAL OFFICERS

A. D. EVERITT, L.D.S.

In addition there are five Dental Officers undertaking 8 sessions a week on a sessional basis.

Ilford Educational Division
MEDICAL OFFICERS

Divisional School Medical Officer :

*I. GORDON, M.D., Ch.B., M.R.C.P., D.P.H.

School Medical Officers :

ANNIE COLLINS, M.B., B.Ch., B.A.O.
FRANCES E. O'CONNOR-WILSON, B.A., M.B., B.Ch., B.A.O., D.P.H., L.M.
*HELEN B. GRANGE, M.B., B.S.
*DESIREE M. B. GROSS, M.D., Ch.B., M.M.S.A., D.P.H.
R. M. NOORDIN, M.R.C.S., L.R.C.P.
P. A. C. WRIGHT, M.R.C.S., L.R.C.P., M.B., B.S., D.P.H.
(Commenced 1.7.57)

DENTAL OFFICERS

Senior Dental Officer :

E. V. HAIGH, L.D.S.

In addition there are ten Dental Officers undertaking 28 sessions a week on a sessional basis.

Leyton Educational Division
MEDICAL OFFICERS

Divisional School Medical Officer :

*M. WATKINS, M.R.C.S., L.R.C.P., D.P.H.

School Medical Officers :

ETHEL R. EMSLIE, M.D., Ch.B., D.P.H., D.C.H.
*MARY L. GILCHRIST, M.D., Ch.B., D.P.H.
MARGARET R. MCDONALD, M.B., B.S., M.R.C.S., L.R.C.P.
(Commenced 10.12.57)
ELSIE L. PEET, M.D., M.B., L.D.S.

In addition there are two Medical Officers undertaking 3 sessions a week on a sessional basis.

**Part-time Officer*

DENTAL OFFICERS

Senior Dental Officer :

A. E. Hall, L.D.S.

Dental Officers :

T. D. H. Millar, L.D.S., R.C.S.

In addition there are six Dental Officers undertaking 22 sessions a week on a sessional basis.

Walthamstow Educational Division

MEDICAL OFFICERS

Divisional School Medical Officer :

*A. T. W. Powell, M.C., M.B., D.S., D.P.H.

School Medical Officers :

Carmel P. Dooley, L.R.C.P. & S., D.P.H.
*Margaret Edwards, M.B., B.Ch., C.P.H.
*Joycelyn H. Newman, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H.
*Geoffrey Poole, M.B., B.S., D.Obst.R.C.O.G., D.P.H.
Josephine P. Werren, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H., D.Obst.R.C.O.G.

DENTAL OFFICERS

Miss D. Anklesaria, L.D.S.
R. E. Hyman, L.D.S.
G. P. L. Taylor, L.D.S.
J. Timmis, L.D.S.

In addition there is one Dental Officer undertaking 2 sessions a week on a sessional basis.

**Part-time Officer*

SCHOOL NURSING STAFF AND DENTAL ATTENDANTS

		Aggregate of time given to School Health Service work in terms of whole-time officers
Health Visitor/School Nurses	198	102.95
School Nurses only	54	
Nursing Assistants	34	11.8
Dental Attendants	52	40.85

GENERAL INFORMATION

School Population

	Primary Schools	*Secondary Schools*	*Total*
North-East	16,290	10,400	26,690
Mid-Essex	20,331	11,278	31,609
South-East	15,099	7,628	22,727
South Essex	30,053	15,833	45,886
Forest	24,441	12,925	37,366
Romford	14,708	7,330	22,038
Dagenham	12,395	8,706	21,101
Barking	7,526	5,005	12,531
Ilford	15,147	8,696	23,843
Leyton	7,606	5,746	13,352
Walthamstow	10,746	9,155	19,901
Total 1957	174,342	102,702	277,044
Total 1956	175,727	94,568	270,295

Educational Establishment

Nursery Schools	3
Primary Schools	709
Secondary Schools	197
Technical College	6

Special Schools for :	*Day*	*Residential*
Deaf children	1	—
Partially-sighted children	1	—
E.S.N. children	6	2
Maladjusted children	—	2
Physically handicapped and delicate children	5	—
Cerebral palsied children	1	—

A. ASSESSMENT OF HEALTH

There are a number of ways of judging the health of children; one is by their general physical condition. This was found to be satisfactory in 98.5% of the 73,384 school children examined at periodic medical inspections in 1957. (Appendix A. page 58).

Alternatively, insofar as a defect of any kind is only considered to require treatment if it impairs or is a threat to a child's functional well being, the extent to which children are free from defects which require treatment is an indication of the state of their health.

Table 1, below, gives, for each year since 1949, the number of children in each 100 examined at periodic medical inspections who had no defect requiring treatment.

Table 1

1949	1950	1951	1952	1953	1954	1955	1956	1957
81.1	82.1	81.7	82.9	82.4	84.3	84.7	84.5	86.0

Defects which required treatment in 1957 are dealt with in Section " C " of this report.

Medical Inspection

The reduction in the number of children examined at periodic medical inspections in 1957 (73,384) as compared with the previous year (77,180) was mainly due to the extension of the programme for poliomyelitis vaccination to include additional age groups of school children. School Medical Officers had to carry out this additional work which was done at schools and clinics.

It is hoped to recover some of the lost ground so far as younger pupils are concerned, and even in present circumstances careful watch is being kept to ensure that priority is given to all " leavers " when arranging school medical inspections.

During the academic year 1956/57 18,245 pupils left school, whereas medical inspections were carried out on 15,553 school leavers in 1956 and 16,157 in 1957.

The subject of routine medical inspections has continued to receive considerable attention. There is no doubt that the routine examination of school entrants provides an invaluable opportunity to assess their health and to acquaint their parents with the varied functions of the School Health Service. It is sometimes doubted, however, whether one intermediate medical inspection

is the most effective or efficient method of continuing the supervision of the health of school children.

Whilst the fact should not be overlooked that any meeting of child and parent with the school medical officer is an opportunity for health education, since some time is also spent in searching for defects which may need correction, it is legitimate to consider the extent to which the intermediate medical inspection reveals such defects, bearing in mind the need for early ascertainment and treatment.

Table 2 below shows that, of approximately every seven pupils examined, only one has a defect requiring treatment. The ratio varies slightly according to the age group examined: at "other periodic inspections" (most of which are inspections of children aged 10-12 years) pupils with a defect which required treatment were more frequently found than at inspections of school entrants or school leavers.

Table 2—Periodic Medical Inspections: number of children with defects

	No. of Children with defects requiring treatment	*No. of defects*	*No. of Children inspected*	*Ratio of Children with defects to Children inspected*
1956				
At Entrant Inspection	3,707	4,298	25,933	1 : 6.9
At Leaver Inspection	2,144	2,572	15,553	1 : 7.2
At other periodic inspections	6,164	6,581	35,794	1 : 5.8
TOTAL	12,015	13,451	77,280	1 : 6.4
1957				
At Entrant Inspection	3,300	3,727	25,312	1 : 7.7
At Leaver Inspection	2,153	2,635	16,157	1 : 7.5
At other periodic inspections	4,881	5,255	31,915	1 : 6.5
TOTAL	10,334	11,617	73,384	1 : 7.1

The frequency of defects in children aged 10-12 years may further be judged from Table 3 which shows that almost half the defects requiring treatment occurred in children examined at "other periodic inspections." It is also worth noting that more than two-thirds of these defects are orthopaedic conditions (chiefly those concerning a child's posture or feet), and conditions of the eyes and skin; the great majority of them are, in other words, defects which may be discovered by simple testing or observation by a health visitor/school nurse. (This point is further referred to on p. 15).

Table 3—Periodic Medical Inspections: analysis of defects in age groups

Defect	**1956** *Numbers found at periodic Medical Inspections to require treatment*			**1957** *Numbers found at periodic Medical Inspections to require treatment*		
	Entrants	*Leavers*	*Others*	*Entrants*	*Leavers*	*Others*
Eyes	865	1,196	2,345	796	1,227	1,991
Orthopaedic	968	497	1,498	638	447	1,239
Skin	196	268	571	221	271	522
TOTAL			4,414 (67%)			3,752 (71%)
Ear, Nose & Throat	1,022	230	782	812	274	522
Development	114	40	162	90	26	159
Psychological	107	27	202	137	31	163
Speech	226	13	76	239	12	83
Heart	71	41	73	51	37	58
TOTAL			5,709 (86%)			4,737 (90%)
Other	417	190	550	432	240	285
Lungs	218	49	226	243	44	147
Nervous	31	11	52 } 872	25	15	63 } 518
Lymphatic	53	4	29	32	3	9
Abdomen	10	6	15	11	8	14
TOTAL	4,298	2,572	6,581	3,727	2,635	5,255

Reference was made in the report for 1956 to an experimental break with the traditional intermediate inspection which was being contemplated in a few carefully selected schools in Colchester. Dr. J. D. Kershaw, Divisional School Medical Officer, North East Essex, reports on the progress of this pilot scheme :—

> "The beginning of the experiment was delayed by the outbreak of poliomyelitis in the Division which made considerable and urgent claims on certain members of our medical staff, so that it could not start until the autumn term. Initially it is confined to a selected group of schools in Colchester which are under the care of two school medical officers who are particularly interested in the scheme. I do not propose to make any attempt to assess its value on the evidence available after a mere three or four months of operation, but it can fairly be said

that it is proving acceptable to the schools concerned and that the school medical officers and school nurses feel that it is proving useful. It consists of replacing the routine " intermediate " inspection, in the schools concerned, by a system of regular and frequent visits by the school medical officer at which he or she examines in more detail children who have been noticed by the school nurses at " screening " surveys or by the teachers in the ordinary course of their duties as showing signs indicative of possible lapses from normal health. It is hoped that this may help in the early detection and remedying of defects which might otherwise have gone unnoticed and unchecked until the child reached the age of 11, and there is good reason to feel that it is already achieving something of this object."

It is hoped to institute a parallel scheme, covering a larger and different type of community, in the Harlow Urban District during the coming year.

Cleanliness Inspections

In 1957, to discover 1,417 cases of infestation more than half a million (568,660) head inspections were carried out. This is equivalent to the time of one health visitor working whole time for three years. The time has probably come for tactfully introducing selective inspections or alternatively inspections less frequently than once a term, and a modification of the inspection which would enable the school nurse's extensive knowledge of child health to be used more fully in such fields as health education, visiting in the home and screening of defects.

In this respect, Dr. I. Gordon, Divisional School Medical Officer, Ilford, reports the following alteration in the routine work of health visitors/school nurses in that Division :—

" The health visitor/school nurse, besides her other duties in the school has until now been carrying out routine head inspections of all children, except those at the grammar schools.

It has long been felt that this inspection was largely a waste of time; for instance, in 58,000 inspections in 1957, only 53 cases of infestation were recorded. It is felt that the time of the trained health visitor could be more usefully employed and in many of the schools this visit tended to be resented by some of the children. After prolonged discussion at Committee level and with the head teachers, the following plan was agreed and will now be implemented :—

Routine head inspections will cease unless specially requested by the Head Teacher for the whole school or for a class.

It may be noted that some schools still wish head inspections to continue.

The health visitor/school nurse will visit the school at the beginning of each term. The school staff will bring forward cases for discussion and the health visitor herself from a knowledge of the children and her records will bring cases for discussion with the staff, giving details which she feels they should know.

Once a year the health visitor/school nurse should have an opportunity of seeing each child. If necessary, of course, a head inspection for any child will not be excluded.

It will be noted that this arrangement is somewhat flexible from school to school and in some, full head inspection may continue as a routine, and in a few other schools annual nursing inspections may not take place.

The whole procedure will be reviewed after a year."

Infestation Rates

The infestation rates amongst school children have been diminishing steadily for the past seven years as will be seen by the following table :—

Table 4—Infestation rates amongst school children.

	1950	1951	1952	1953	1954	1955	1956	1957
No. of children infested with vermin per 100 inspected	1.1	0.92	0.67	0.55	0.42	0.32	0.28	0.24

Infectious Diseases

Asian influenza which first reached Essex in September 1957 caused extensive absenteeism from the schools. There were seven deaths from influenza in children aged 5-14 years as against only one in 1956. During the influenza epidemic, two children at a Walthamstow school contracted a rare acute respiratory disease, phlegmon of the glottis, which unfortunately proved fatal in each case.

In the early part of the year there was a sharp outbreak of ringworm affecting the skin and scalp in a large proportion of children at a school in Walthamstow. Priority was given to the investigation of this outbreak which fortunately was brought under control in three weeks. A timely reminder about this infection is contained in the following extract of the report of Dr. G. Poole of the Divisional School Medical Officer's staff in Walthamstow :—

"Thanks to improved social and hygienic standards, and the vigilance of School Nurses, ringworm of the scalp is now comparatively rare among school children, but the occurrence of an outbreak involving 18 per cent of a community is a salutory warning not to disregard this condition which, although not dangerous to life, can so easily disrupt a school programme and, for the individual, mean the complete loss of scalp hair for a matter of months—a matter of special concern in the case of girls."

B. PROMOTION OF HEALTH AND PREVENTION OF INFECTION

Physical Education

The following report by the Senior Organisers of Physical Education, Miss B. M. Rains and Mr. H. P. Crabtree, has been supplied by the Chief Education Officer :—

" The report submitted last year showed in some detail the extremely wide nature of Physical Education, and during 1957 the efforts to increase the opportunities for boys, girls, men and women living in Essex to take part in some health giving activities embraced by this title, have continued.

As usual a large number of training courses to improve the standard of instruction amongst teachers, coaches, and leaders were organised, and well supported. Most of these were held during the evenings, and many included demonstration classes of children.

A weekend residential course for leaders of recreative physical training in post-school classes was held for the first time. Although the facilities were not ideal the course proved to be a success, and many requests have been received to repeat it.

Another training course that was arranged for the first time was for pianists who accompany ' keep fit ' classes. Under the direction of the Physical Education Organisers this was conducted by an accompanist very experienced in this type of playing.

In June 1957, the rules of netball drawn up by the All England Netball Association were drastically changed. The objects were chiefly to quicken up the game, and to lay the foundation for better international agreement. Up to the present netball matches arranged between home and overseas teams have had necessarily to have a compromise in rules. This alteration in the rules resulted in a big demand in the Autumn Term for demonstrations and courses, and many were arranged. These rules are to be kept for three years after which they are to be reviewed.

Interschool competition in Games, Swimming, Athletics, etc. was very keen and successful rallies and meetings continued to be held in all parts of the County. An interesting ' new comer ' to these was the 1st Seven-Aside Rugby Football Tournament for secondary modern schools. It was promoted by the Rugby football section of the South East Essex Secondary Schools Sports Association and held at King John School, Thundersley. Seven secondary modern schools and two ' guest ' sides with more experience, combined in making this a great day for the lovers of Rugby football. This is to be repeated annually.

The Essex County Schools Cricket Association XI was undefeated and proved itself the strongest of the Home Counties Schools XI. Victories were gained against London, Suffolk and Kent and matches

v. Northants and Surrey were drawn. Three Essex boys were selected to play for the representative South of England XI v. the North of England XI.

An outstanding achievement in athletics in 1957 was the success of the Essex teams in the National Schools Athletic Championships. The teams representing schools in the Administrative County and the three County Boroughs won the National Championship with 197 points, Middlesex being second with 194½ points. This was the first time in the history of the championships that Essex had achieved this distinction. In addition, giving promise to the future, Essex won the Junior Girls' Trophy and the Intermediate Boys' Trophy.

Efforts continue to be made to improve the facilities for school swimming, but there are still large areas where it is not possible to teach children to swim.

The first school swimming bath built in lieu of one of the two gymnasia allowed in very large schools will be in use in 1958. This is an instructional bath 60′ × 30′ and it is hoped for more to be constructed in the future.

A very sad loss to Essex schools swimming was the tragic death on holiday of Mr. A. Mackenzie who, a very active member of the Essex County Schools Swimming Association, gave unstintingly of his time and energy to it.

In June an Essex Branch of the Royal Life Saving Society was formed and it is hoped that an even greater number of children will obtain life saving awards than in the past.

The success of the physical education demonstrations at the County Show the previous year resulted in another performance at Saffron Walden, and it seems likely to become an annual event. The 'live' shows in the marquee added attraction to the general education exhibitions.

Two of the organising staff retired on reaching the age of 60—Miss M. K. Collman from the North East Essex Division, and Mr. L. E. Last from Barking, Walthamstow and Leyton. Miss J. Welby replaced Miss Collman, but the vacancy caused by Mr. Last's retirement has not yet been filled.

It is clear from innumerable visits to schools and the results of Intercounty games, athletics, swimming, etc. that the physical education of the children of Essex Schools is in good hands. The teaching staff deserve our congratulation."

School Meals

I am indebted to the Chief Education Officer for the following report by the Organiser of the School Meals Service, Miss A. J. Halsall :—

"The number of children having meals on a typical day in the Autumn Term 1957 was 115,870. This represents a decrease on the

previous year and also a decrease in the percentage having meals. These figures were affected by the influenza epidemic. An important factor in the number of school meals being served appears to have been the increase in price to 1/-d. which dated from 1st April 1957. This particular increase is of interest as for the first time a parental contribution included some charge for overheads. Previously it was meant to cover the cost of food only, hence there has been no extra allowance for food costs, but in spite of this, efforts have been made to maintain and improve the nutritional and presentation standards of the meals.

Eighteen new kitchens have been opened at new schools, an increasing number of which are secondary schools. It is interesting to note that the percentage of children having meals in some of these schools is very high—at least two over 90%. This is satisfactory as the increased price of meals has elsewhere led to a much larger number of children bringing sandwiches. The increased demand in the secondary schools is balanced by a very low percentage in some of the new primary schools on the new housing estates.

Improvements to premises have been carried out during the year. Nine new kitchens have been approved at existing schools, and alterations, some occasioned by the Food and Hygiene Regulations 1955, to many more. Restrictions on available capital have made it impossible to carry out all the work originally planned."

A summary of the relevant figures in connection with the consumption of milk and meals will be found in Apendix B page 65.

Health Education

Health Education is one of the best ways of promoting health of school children and it forms a large part of the work of the school health staff through the schools, at medical examinations of the children and at the clinics. Much more health education still needs to be done, particularly with the older schoolchildren and the school leavers. This is borne out by the results of a five year study by an Appointed Factory Doctor,* of juveniles in employment in an area of small and very varied industries. Of their physique and health the author writes :—

"The general development of these young people is really very good. Physically they are well grown and sturdy and in excellent health. My main criticism is that so many do not keep in any way trained or fit.

As might be expected, the number of major defects is relatively small. The number of minor defects is, however, unnecessarily large. More attention to teeth, tonsils, eyes and posture would be well worthwhile. Too often they have no contact with their own doctor except when they are driven to him by pain which, also, is the only reason many of them go to the dentist.

*Youth at Work M.E.M. Herford 1957.

Rightly handled, the young people can be made health-conscious and not sickness-conscious. They show a lively interest in the how and why of health, but are woefully ignorant of the elements of physiology or health education. In particular they do not know how to breathe or why they breathe, and the same applies to posture, feeding habits and general health hygiene.

At a period of their lives when regular periodic supervision and advice might help to set the pattern for an intelligent understanding of, and interest in, health they are left far too often to their own devices and to chance. There is real need for more health education at school."

Responsibility for the health education of a school child must be shared between the parents, teachers and School Health Service staffs. The active co-operation of the parents in the home is essential if the health teaching given to children in the schools and clinics is to be effective. Teachers also, in their day-to-day contacts with the children, have an invaluable part to play and the examples they set to children are most important. This is particularly relevant with regard to smoking and lung cancer.

The School Health Education programme aims at co-ordinating the efforts of parents and teachers with those of the School Health Service staffs.

Opportunities to discuss the health of the school child were given to parents and teachers at a number of Parent-Teacher Association meetings held in various parts of the County during the year. Special films were shown and members of the medical and nursing staffs led useful discussions which followed.

The library of films, film strips and other visual aids on health subjects which is maintained as part of the Health Education Service is available for the use of school teachers and in this respect during the year under review, numerous requests for film shows, special information, leaflets and posters were met.

Many schools throughout the County now regularly extend invitations to members of the School Health staff to give group teaching to classes of children as part of the normal school curriculum, and in a number of schools such classes are arranged at weekly or fortnightly intervals throughout the term. This teaching usually takes the form of short talks or discussions on such subjects as personal hygiene, parentcraft and elementary anatomy and physiology. Special health films and other suitable display materials are used in conjunction with these talks.

It is hoped that in future the range of groups covered will be extended.

Convalescence

During the year arrangements have continued whereby upon medical recommendation school children are sent to convalescent homes for recuperation following illness. In all, 712 children were helped in this way.

Preventive Chiropody

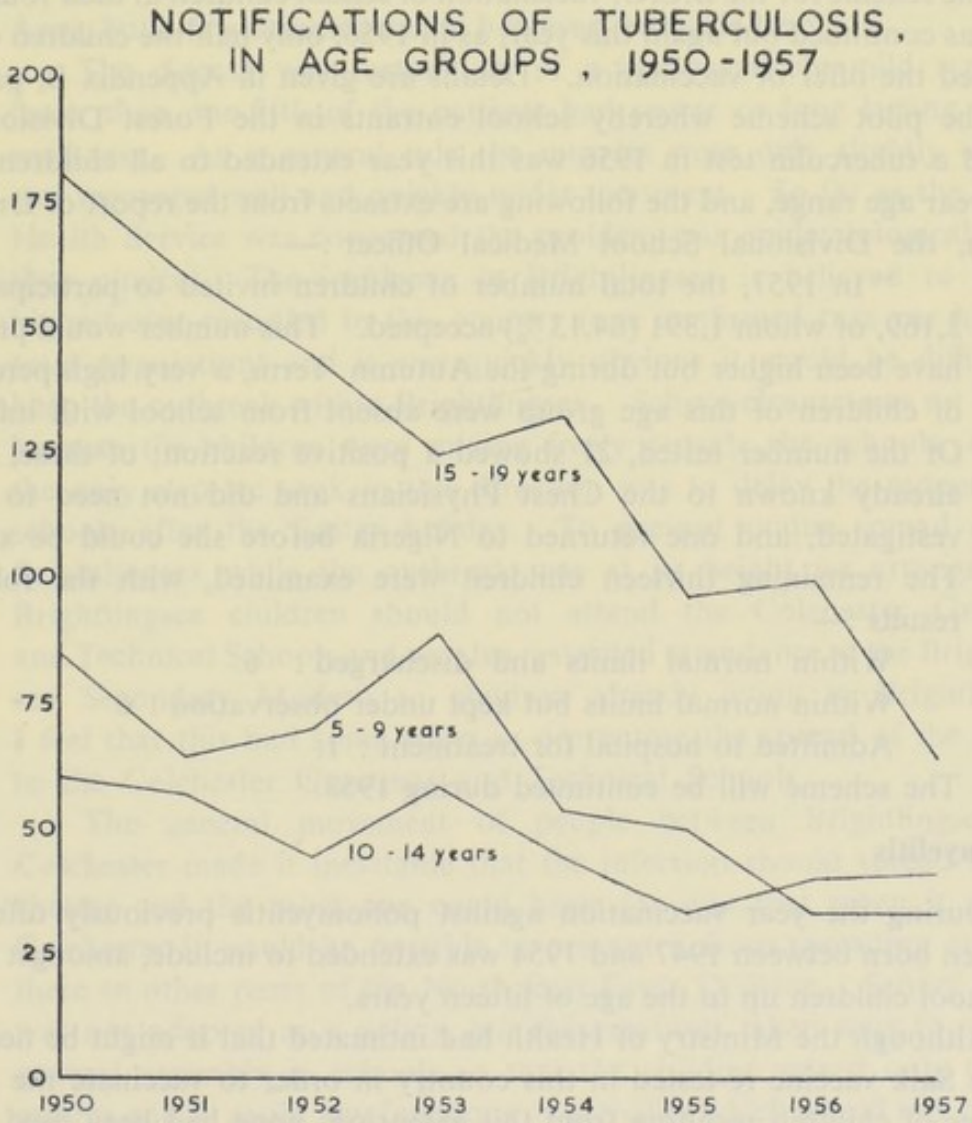
Mrs. Mallet continued her preventive chiropody sessions in the South Essex Division until October, when she transferred to the South-East Essex Division. Six secondary schools were visited in the South Essex Division, and

many of the children to whom advice had previously been given were followed up. In the last two months of the year, Mrs. Mallet began visiting the girls' secondary schools in the South-East Essex Division.

Approval was given during the year for a second session per week to be allocated to this preventive service, but by the end of the year it had not been possible to make the necessary appointment.

Prevention of Tuberculosis

It is now well known that " the general picture (of tuberculosis) in England and Wales in the last fifteen or so years is of rapidly declining mortality but of much slower reduction in notification rates."* It is therefore interesting to look at the notifications rates for school children and adolescents in Essex. The graph below shows that while the fall in the number of adolescents notified each year continues, there has been a levelling off in notifications amongst children aged 5 to 15 years. The overall incidence of tuberculosis amongst schoolchildren, based on notifications, is 0.27 per thousand children aged 5 to 14 years, the same as in 1956. No child within this age range died from tuberculosis in 1957.



*General Register Office. Studies in Medical and Population Subjects No. 10. Tuberculosis Statistics in England and Wales 1938-1955.

Measures to control this disease cannot be relaxed, however, and in the case of school children it is significant that from the statistics for B.C.G. vaccination for the last three years (see Table 5 below) there would appear to be a diminishing proportion of children who are tuberculin positive, and therefore have some degree of immunity to the disease, when they enter the age range of 15-24 years when the maximum number of notifications are made and the death rate begins to rise steeply.

Table 5—Result of Tuberculin Test in 13 year old schoolchildren, prior to B.C.G. Vaccination

	1955	1956	1957
No. of positive reactors	1,585	1,528	1,353
% of positive reactors amongst children tuberculin tested	20.2	15.4	12.2

The scheme for the B.C.G. vaccination of school children in their fourteenth year has continued but again this year, as in 1956, only half the children eligible accepted the offer of vaccination. Details are given in Appendix B, page 70.

The pilot scheme whereby school entrants in the Forest Division were offered a tuberculin test in 1956 was this year extended to all children in the 5—7 year age range, and the following are extracts from the report of Dr. F. G. Brown, the Divisional School Medical Officer :—

> " In 1957, the total number of children invited to participate was 2,169, of whom 1,391 (64.13%) accepted. This number would probably have been higher but during the Autumn Term, a very high percentage of children of this age group were absent from school with influenza. Of the number tested, 21 showed a positive reaction; of these, 7 were already known to the Chest Physicians and did not need to be investigated, and one returned to Nigeria before she could be x-rayed. The remaining thirteen children were examined, with the following results :—
>
> Within normal limits and discharged : 6.
>
> Within normal limits but kept under observation : 6
>
> Admitted to hospital for treatment : 1.
>
> The scheme will be continued during 1958."

Poliomyelitis

During the year vaccination against poliomyelitis previously offered to children born between 1947 and 1954 was extended to include, amongst others, all school children up to the age of fifteen years.

Although the Ministry of Health had intimated that it might be necessary to use Salk vaccine re-tested in this country in order to vaccinate the greater number of children resulting from this extension, none had been used by the end of the year.

General medical practitioners were given the opportunity to take part in the arrangements but the greater part of the work involved was undertaken by Assistant County Medical Officers. As has been previously noted this reduced the time available for other medical duties, but the long term view has been taken, as Dr. J. D. Kershaw, Area Medical Officer of Health and Divisional School Medical Officer for North-East Essex, explains when describing the poliomyelitis epidemic which occurred in North East Essex :—

"It is a sound policy to concentrate for the time being on poliomyelitis vaccination, since if the vaccine is as effective as we hope and expect it to be, we may be able in a comparatively few years to build up a high level of immunity in the schools and reduce the risk of epidemics of the disease.

The epidemic which started in Brightlingsea at the end of March and later spread to Colchester and other parts of the Division did not come to an end until the autumn, producing nearly 200 cases in total. Many of the patients were children below school age and a number were adults so that the complete picture of the outbreak will be more properly depicted in the general public health reports of the Area, but a few comments can, however, be made here.

The disease was fortunately of a comparatively mild type and fewer than one-fifth of the patients had severe or long lasting muscle weakness. As a general rule the muscles were only slightly affected and recovered well and quickly under treatment. So far as the School Health Service was concerned the problem was epidemiological rather than clinical. The incidence in Brightlingsea is believed to be the highest ever recorded in this country (one confirmed case per hundred total population) and it was quickly obvious it would be difficult to keep the outbreak within Brightlingsea. School closure was no answer because the children were mixing freely outside the schools, so that the only step we took in this direction was to delay the reopening of schools after the Easter holiday. To prevent undue spread outside Brightlingsea while the outbreak was at its height we arranged that Brightlingsea children should not attend the Colchester Grammar and Technical Schools and we also restricted attendance at the Brightlingsea Secondary Modern to children already living in Brightlingsea. I feel that this had some effect in preventing the spread of the disease to the Colchester Grammar and Technical Schools.

The general movement of people between Brightlingsea and Colchester made it inevitable that the infection should spread to Colchester and the most one could hope for was that when it reached Colchester it would be possible to prevent it from spreading out from there to other parts of the North East Essex Division. School closure was not adopted as a policy, but the measures taken were to suspend general assembly in schools so that the children mixed only in class groups and to avoid any functions or activities which would mix children from different schools, or bring children from outside Colchester into

contact with Colchester children. I was greatly helped in this by the spontaneous offer of Colchester Cinema Managers to suspend their Saturday morning children's film shows, which normally cause a good deal of mixing of children from widely separated parts of the area.

Whether by good luck or as a result of these measures the outbreak did not spread appreciably further. A small number of cases occurred in villages within five miles or so of Colchester, but the bigger centres like Halstead, Clacton and Harwich escaped very lightly indeed.

The period of the epidemic was a trying one for all concerned and very particularly harassing for head teachers, who had to deal with enquiries, bear anxieties and accept restrictions at my suggestion without, of course, having medical knowledge to give them confidence and support. To them and to everyone else who helped to keep within bounds what might have been a disasterous epidemic my medical colleagues and I would like to tender our thanks."

The numbers of children contracting poliomyelitis in the last two years, and the deaths of children in the same period are given in Table 5 below :—

Table 6—Poliomyelitis 1957

	1956		1957	
	5-9 yr.	10-14 yr.	5-9 yr.	10-14 yr.
Non-paralytic	18	9	48	21
Paralytic	14	3	68	26
	32	12	116	47
Total cases	44		153	
Deaths	2		2	

Diphtheria

Owing to the intensive poliomyelitis vaccination campaign, a limitation was placed on the diphtheria immunization programme during the year. The number of children who received " booster " injections was reduced to 15,170 a reduction of 12% over the previous year. For the first time there was no case of diphtheria in a school child in Essex.

C. ASCERTAINMENT AND TREATMENT OF DEFECTS

School (Minor Ailment) Clinics

A list of Minor Ailment Clinics appears in Appendix C (page 76) from

which it will be seen that in Barking and Leyton there is a session every morning in each clinic and there is a daily session at the school clinic in Colchester. Elsewhere in the County, sessions vary from two or three a week to one a month.

The Education Act, 1944, placed upon local education authorities the duty of ensuring that arrangements are available for the free medical treatment of pupils attending their schools. It is well known that since the National Health Service came into operation in 1948 local authorities have been providing less and less of this treatment themselves, and Essex is no exception. The pattern of the change since the inception of the National Health Service is interesting. There are six main groups of conditions for which the Education Committee still provide treatment. Although apparently there has been no change in the character of these groups since 1950, the amount of treatment provided is shown by a comparison of the figures for 1950, 1955 and 1957, (see Table 7 below).

Table 7—Number of Children Treated in the Committee's Clinics

Conditions for which treatment given	*No. of Children Treated*		
	1950	1955	1957
1. External and other eye diseases, excluding errors of refraction and squint	2,975	1,978	1,967
2. Diseases of the ear, nose and throat (non-operative treatment)	3,164	2,040	1,589
3. Skin diseases, excluding uncleanliness ...	7,193	5,294	5,293
4. Other miscellaneous minor ailments including enuresis	18,696	11,790	8,750
5. Psychological conditions (at child guidance clinics)	1,116	724	1,066
6. Speech defects (at speech therapy clinics)	1,561	2,486	2,882
TOTAL	34,705	24,312	21,547

The amount of treatment for external conditions of the eye has diminished over the years and in 1957, only half as many children attended for treatment of diseases of the nose and throat, or ears, as in 1950.

Skin conditions continue to form a good proportion of the cases treated at minor ailment sessions, but half the cases consist of a miscellany of minor maladies. Included in this number are children who have attended the enuresis clinic in Ilford. This clinic has been operating for a number of years and the following is an extract from the report of Dr. P. A. C. Wright, School Medical Officer in charge of the clinic since Dr. J. M. Pooley left in July, for the year ended December 31st 1957 :—

"This clinic, now well established, has continued to be held on Wednesday mornings at the Ilford Public Health Offices. Again there has been an increase in the number of new cases, and rather more of these have come from General Practitioners than in previous years. Total attendances show a very slight fall due to some sessions being cancelled because of illness.

During the 12 months ended December 31st 1957 there have been 79 new cases, made up as follows :—

Recommended by :	*Under 5 years*		*Over 5 years*	
	Boys	*Girls*	*Boys*	*Girls*
Parents	—	—	2	—
General Practitioners	4	—	2	1
Infant Welfare Centre Officers	9	6	—	—
School Medical Officers	1	—	30	20
Health Visitors	—	1	2	1
	14	7	36	22

Total — 79 cases

Total attendances (old and new cases) —372

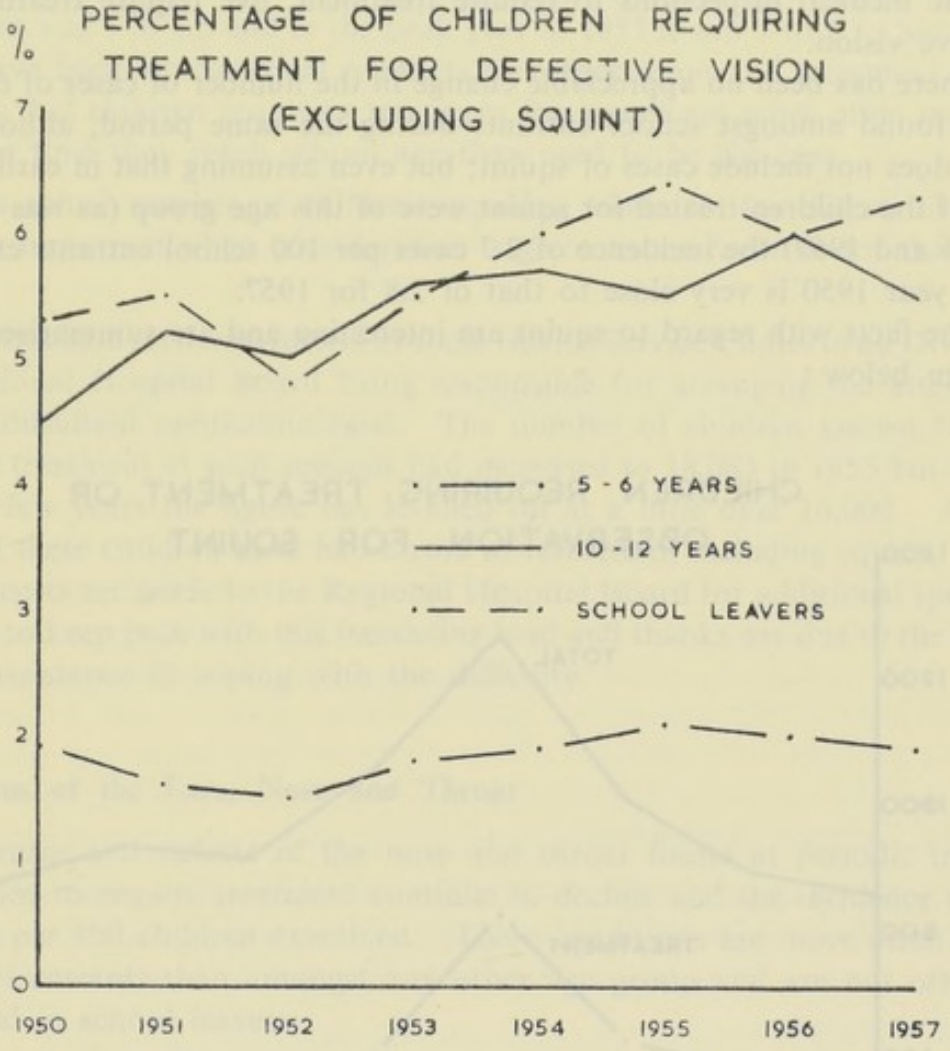
Number of sessions — 40

Diseases of the Eye and Defective Vision

I have discussed on previous occasions the prominence amongst school children of conditions affecting the eye. The details are given in Appendix B, page 66, but the salient facts are as follows :—

1. The total number of children found at periodic and special inspections to require treatment for defects of vision (excluding squint) has risen consistently from 3,611 in 1950 to 4,641 in 1956 and stood at 4,156 in 1957.
2. The total number requiring observation during the same period has risen steadily from 1,621 to 3,270 and was 2,689 in 1957.
3. The incidence of visual defects (excluding squint) found to require treatment, for every 100 children examined at periodic medical inspections has increased from 3.6 in 1950 to 4.7 in 1956 and was 4.5 in 1957.

4. This incidence may be broken down according to the various age groups of the children examined; the result is shown in the graph below :



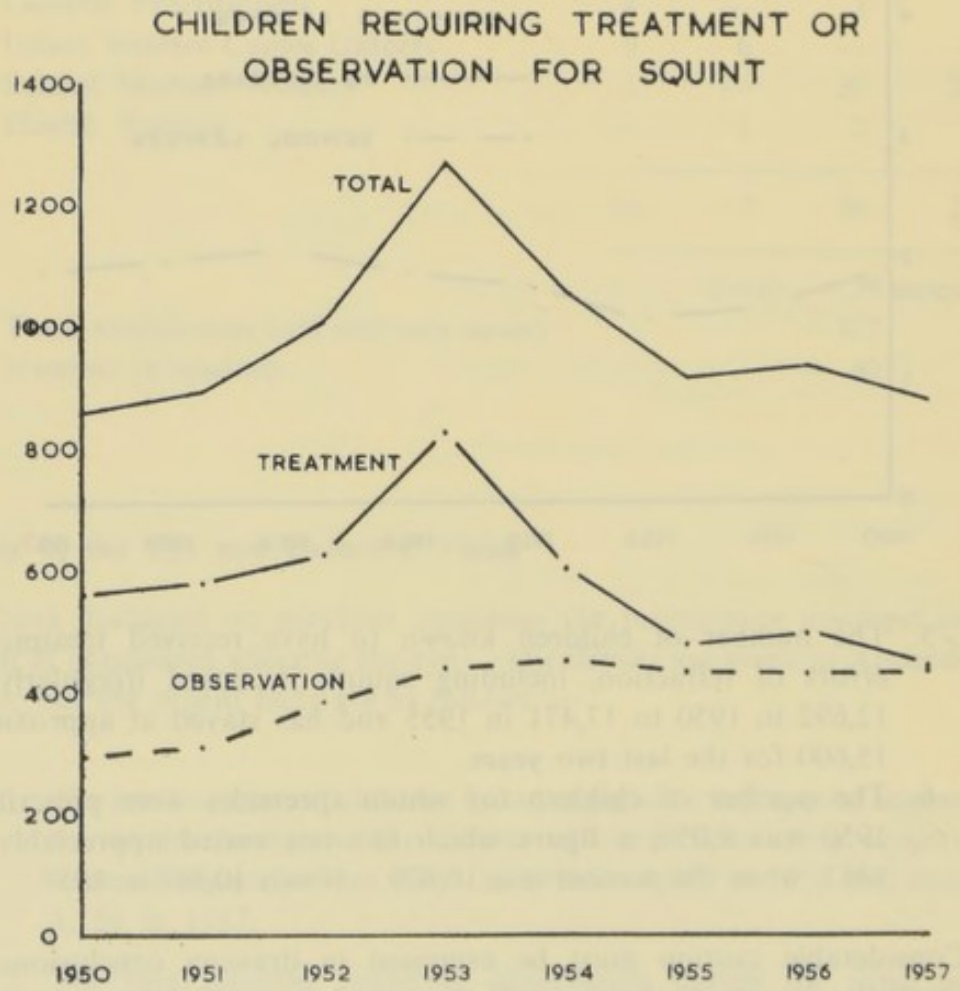
5. The number of children known to have received treatment for errors of refraction, including squint, increased irregularly from 12,692 in 1950 to 17,471 in 1955 and has stayed at approximately 15,600 for the last two years.
6. The number of children for whom spectacles were prescribed in 1950 was 8,059, a figure which has not varied appreciably since 1953, when the number was 10,629. It was 10,987 in 1957.

Considerable caution must be exercised in drawing conclusions from these statistics but it seems quite safe to state that visual defects are still the commonest found at periodic medical inspections to require either treatment or observation, and that, excluding squint, the increasing incidence that has been evident since 1950 is confined to children of secondary school age, being rather more among school leavers than among children aged 10 to 12 years. This means that not only has the total number of children with visual defects

in the County increased since 1950—quite understandably in view of the larger school population—but that defects of vision (excluding squint) in secondary school children are actually more frequently found than six or seven years ago. It is therefore not surprising that out of every 14 children found at periodic medical inspections to require treatment, five require treatment for defective vision.

There has been no appreciable change in the number of cases of defective vision found amongst school entrants during the same period, although the graph does not include cases of squint; but even assuming that in earlier years 60% of the children treated for squint were of this age group (as was the case in 1956 and 1957) the incidence of 2.7 cases per 100 school entrants examined in the year 1950 is very close to that of 2.8 for 1957.

The facts with regard to squint are interesting and are summarised in the diagram below :



There was a peak incidence in 1953 when 13 out of every thousand school children examined at periodic medical inspections had a squint requiring treatment or observation. The reason for this peak is uncertain; it did occur during the year when the highest number of school entrants were examined

and since more than half the cases of squint are normally found in this age group, this may be the explanation. Prior to 1956, figures are not available of the number of defects in age groups, so this must remain surmise.

Up to 1953 the ratio of cases requiring observation to those requiring treatment was 1 to 1.5 and in the peak year of 1953 it was 1 to 1.7. Since then there have been almost equal numbers for observation and treatment, which suggests that children requiring treatment for squint are more often receiving it by the time they reach school age than used to be the case.

The actual number of children requiring treatment for defects of vision becomes important when consideration is given to the facilities for that treatment.

Ophthalmic sessions are held in some Health Service Clinics in all Divisions, the Regional Hospital Board being responsible for arranging the attendance of the consultant ophthalmologist. The number of children known to have received treatment at such sessions had increased to 18,083 in 1955 but during the last few years the figure has levelled off at a little over 16,000. All but a few of these children have had errors of refraction, including squint. Each year requests are made to the Regional Hospital Board for additional specialist sessions to keep pace with this increasing load and thanks are due to the Board for its assistance in coping with the difficulty.

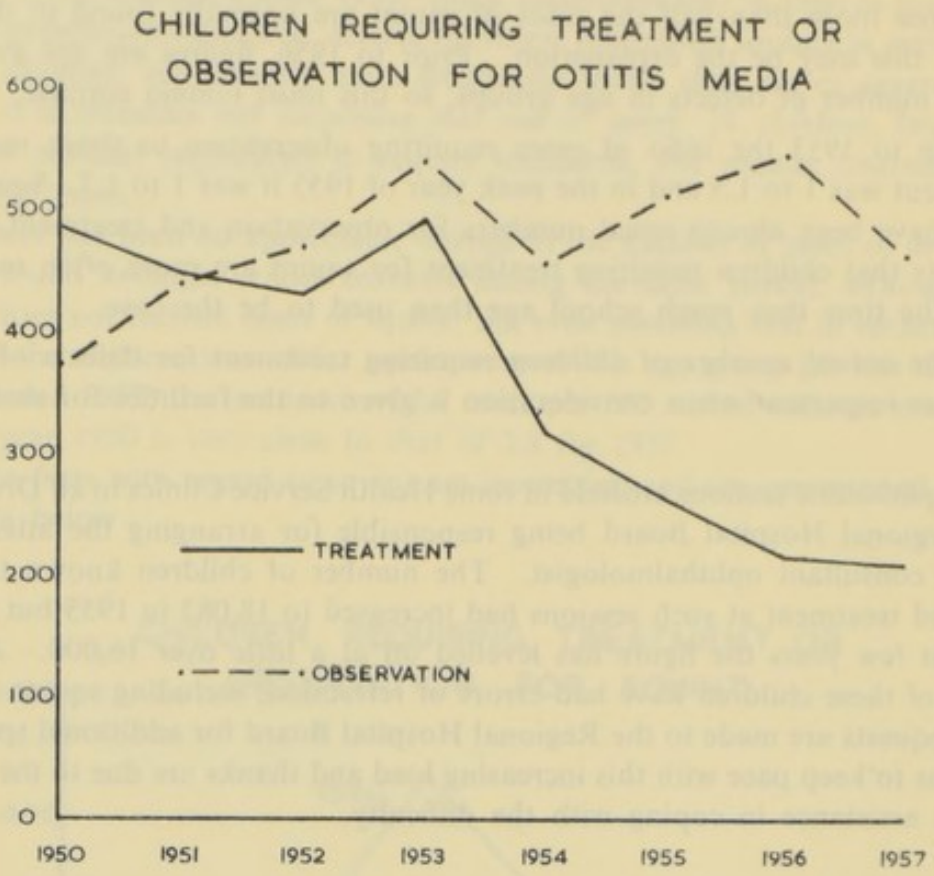
Conditions of the Ears, Nose and Throat

Diseases and defects of the nose and throat found at periodic medical inspections to require treatment continue to decline and the incidence is now only 1.4 per 100 children examined. These conditions are more often found in school entrants than amongst any other age group and are not often encountered in school leavers.

It is believed that there is now a greater conservatism with regard to tonsillectomy but this is by no means general and the number of children undergoing this operation still fluctuates widely in different divisions. Tables in Appendix B (pages 68 and 69) give details of tonsillectomy rates in the County.

There were no significant changes in the remaining conditions of the nose and throat which required either operative or any other kind of treatment. Except for otitis media, it is not possible to give detailed information concerning those conditions of the ear for which children have received treatment, but from the tables of defects found at periodic and special medical inspections it is again clear that over the last few years there has been no significant change in the amount of treatment provided for school children in the specialist clinics and hospital departments.

Otitis media is now less frequently found at periodic medical inspections and there are fewer cases arising at special examinations. The number of children known to have required operative treatment for this condition has remained fairly constant since 1951. (See graph below).



Hearing Defects. Audiometry

Figures concerning these defects since 1950 appear in Appendix B, page 71.

The two main pilot surveys of the use of pure tone audiometers, referred to in last year's report, made considerably less progress during the year than had been anticipated.

In the urban division, Barking, the survey started late in the year having been held up by poliomyelitis vaccination. As a result, only 184 children were tested. These children were either at Faircross Special School or attending the E.N.T. or Speech Therapy Clinics. Twenty three of the children were referred to the E.N.T. Consultant and subsequent investigation revealed that 17 had defective hearing of such a degree that they required special consideration in their class and the majority of these were not previously known to have this hearing loss.

In the rural division, North-East Essex, the start of the survey was still further delayed by the outbreak of poliomyelitis. The figures available are therefore not yet sufficiently detailed to be of value.

Some further information was obtained from the Walthamstow division, where a third pure tone audiometer was issued for use in the William Morris School for the Deaf. The School Medical Officer concerned attended a course on deafness in children, organised by the Post Graduate Medical Federation at the Audiology Unit, Grays Inn Road, London, and he subsequently instructed a clinic nurse in the method of pure tone testing. Consequently when the

audiometer was not being used at the School, it was possible for certain children to be referred to her weekly session at the Central Clinic. Of 60 children so tested, 18 failed the test and were examined by the School Medical Officer. Up to the end of the year one child had been found to have normal hearing and five, following further investigation by the E.N.T. Consultant, were found to have a hearing loss requiring special consideration in their ordinary class.

Speech Defects

The number of children receiving treatment for speech defects at any one time has steadily increased (see table 7 page 25), so that the figure of 2,882 in 1957 is nearly twice that for 1950. This is due partly to the increased school population but also to the improved facilities for speech therapy ; the fact that 1% of the school population received therapy during the year, compared with 0.75% in 1950, is an indication of how the service is now able to meet the demand rather than of an increased incidence of speech defects that require treatment.

Romford, where the staff of therapists has been well below establishment for some little while, was the only division where significantly fewer children were receiving therapy. The establishment for the County has, however, been again increased from 21 to 27, on the basis of the need to employ one therapist for every ten thousand children. It is anticipated that Romford will be the first division to benefit from this increase, thus allowing for more regular visiting of schools by the speech therapists which is one of the most fruitful methods of discovering the children who need treatment.

A number of divisional school medical officers have referred in their reports to the value of these visits to schools. Thus, Miss C. M. Borthwich, Speech Therapist in Walthamstow :—

> " An innovation this year has been an afternoon meeting of mothers, to whom a talk on speech therapy was given. Between twenty and thirty mothers attended. This was only a small percentage of those invited, but nevertheless enough to make the meeting a success. Considerable interest was expressed and it did encourage one or two to request private interviews with me. I hope to make this meeting an annual event."

In South Essex :—

> " Many children resident on the L.C.C. Aveley Estate who have speech defects, have been awaiting treatment. The Estate was, until August 1957, served by a part-time therapist, but since then, due to the appointment of a full-time therapist to the Division, it has been possible to make some progress in establishing speech therapy in that area.
>
> Closer contact with schools, both by visits and lectures/discussions with the teachers, has been established, resulting in a mutual under-

standing of aims and a speech consciousness among teachers in an area where the speech standard is low."

whilst in the central and south-eastern area of Mid Essex :—

"Clinics have continued to be held at 6 Centres and the two half-day sessions at Burnham and Southminster have proved adequate. An experiment during the year to transfer all patients from Southminster to Burnham for treatment was not successful. Further encouragement, and many visits to homes and schools has now largely solved the problem of poor attendance at these two places.

Attendance at the other clinics has been, on the whole, satisfactory, although there is a marked falling off during school holidays.

The waiting list has been greatly decreased, largely through interviewing and advising as soon as possible after the referrals are received. In this way, parents are often able to help with pre-treatment techniques, thus shortening the time needed for direct therapy when they can be admitted to clinic. Treatment of pre-school children has in most cases given them a better start at school.

It has also been possible to visit the Child Guidance Clinics for discussion of problem cases."

During the year six further Vortexian tape-recording machines were purchased so that for the first time each division is now able to have the full-time use of one machine. This has been very much appreciated, and the value of the machines is emphasized in the following report from Miss Upson, Speech Therapist in the Forest Division :—

"I have found the tape recorder of considerable assistance in the treatment of both dyslalic and stammering children. It gives the child, particularly the older stammering patient, a true appreciation of his own speech and in nearly every case, a degree of confidence, previously lacking. It is an advantage to be able to repeat a certain passage to illustrate a particular point of the child's speech from which useful discussion can arise. With the dyslalic child, practise in reading can be undertaken, each reading being compared and improved upon. In some cases a patient is over conscious of his speech, which may in turn arouse further tension in him but, on hearing his voice, he can be shown that the defect is not as severe as he believed. It is useful to compare recordings made at the beginning of treatments with those made some time later and to note improvements and so forth."

An analysis was made at the end of the year of the age and defects of the children receiving treatment as follows :—

Table 8—Analysis of Children receiving Speech Therapy

Speech Defect	*No. of Children*			
	Under 5 years of age	*Of primary school age*	*Of secondary school age*	*Total*
Delayed development, including aphasia	26	26	1	53
Defect of articulation	174	1,540	114	1,828
Stammer	22	371	242	635
Stammer and articulation defect combined	3	50	4	57
Defect associated with hearing loss	2	11	3	16
Disorder of voice	—	18	8	26
Unclassified	13	44	9	66
TOTAL	240	2,060	381	2,681

Of the total number of children, 77% were attending primary schools and 14% secondary schools ; the remaining 9% were of pre-school age.

Until now there has been only one special school in the country for children who require more highly specialised and concentrated treatment than can be provided in speech therapy clinics, the Moor House School in Surrey. It deals mainly with children with severe aphasia and speech defects due to organic or structural abnormalities. Many of these children receive treatment in the plastic surgery unit at the nearby Queen Victoria Hospital, East Grinstead. The waiting list is a long one.

It is therefore welcome news that the Ministry of Education has approved the use of the John Horniman Home, run by the Invalid Children's Aid Association, as from January 1958, for children aged 5—9 years who require special educational treatment on account of a speech defect. The school side has been planned in close co-operation with Moor House School, to which children will be transferred at the age of 9 if they are then still in need of such specialised treatment.

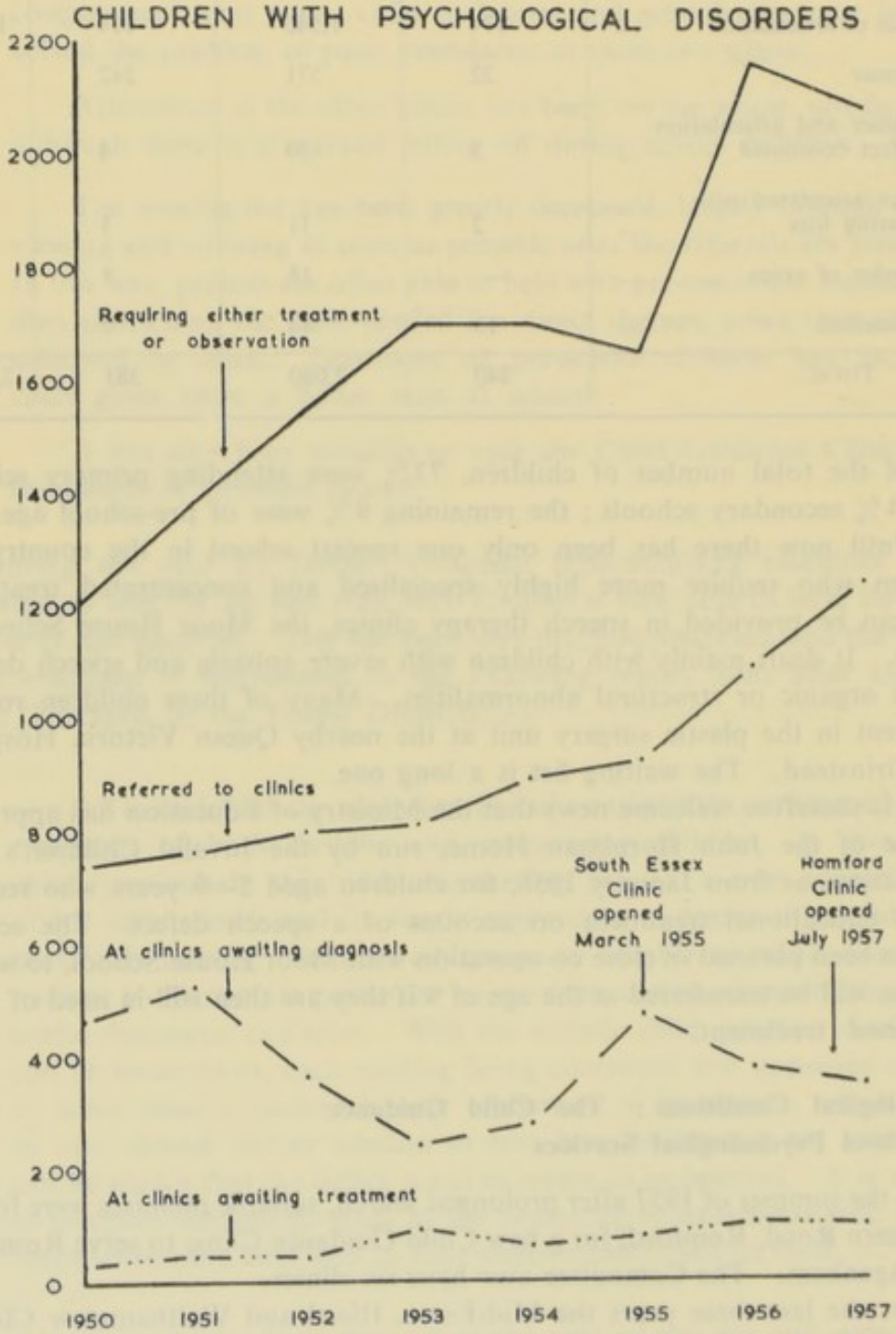
Psychological Conditions : The Child Guidance and School Psychological Services

In the summer of 1957 after prolonged search, suitable premises were found in Western Road, Romford, for a new Child Guidance Clinic to serve Romford and Dagenham. The Committee now have six clinics.

For the last three years the Mid-Essex, Ilford and Walthamstow Clinics have each been serving a school population two to three times as great as that for which their full establishment of staff was intended, and it was hoped that

with the opening of the sixth clinic in Romford there would be some indication by the end of the year that the Child Guidance Service was beginning to meet the heavy demands made upon it.

There has, in fact, been a slight reduction in the number of children awaiting diagnosis and this is a continuation of the trend which began with the opening of the South Essex Clinic in 1955. However, the number of children awaiting treatment on 31st December, 1957 was the same as a year ago and there has been little variation in this figure since 1953 (see graph below).



The reasons for this are clear. In the first place there has been a steady increase since 1950 in the number of children found at routine periodic medical

inspections to require either observation or treatment for psychological disorders, and 60% of these children are referred to child guidance clinics (see graph).

At the same time there have been insufficient staff to provide a full diagnostic and therapeutic service, and a number of clinics have concentrated on diagnosis during the year in an attempt to reduce the waiting lists to a reasonable size. Staffing difficulties have been partly due to changes in psychiatrists, particularly at the Walthamstow and South Essex Clinics, and partly due to actual shortage of trained personnel. Outstanding in this respect is the lack of psychiatric social workers. The full establishment for the six clinics is 12 but the number employed amounted to the equivalent of only 7, and the South-Essex Clinic has never had a psychiatric social worker since it opened in 1955.

It is indeed fortunate that the work of the educational psychologists, who are employed for half their time in the child guidance clinics, has not been hampered by similar difficulties. This is shown by Miss E. M. Bartlett, Psychologist to the Education Committee, in her report on the School Psychological Service :—

> "The staff of nine psychologists has remained unchanged again this year, and this is a very satisfactory aspect of the work, not only in the School Psychological Service, but in the Child Guidance Clinics also, where it is very helpful, particularly in building up the confidence of the schools, to have a member of the staff who remains constant through the often frequent changes of psychiatrist, and to a lesser extent, of psychiatric social workers. In the School Psychological Service, stability of staff is essential if good work is to be done, since it takes the psychologist several years to get to know the Heads and staffs of schools in an area and to become skilled in dealing with the types of problem which particular areas and varieties of social background are likely to produce.
>
> In November the staff was increased by the appointment of an additional psychologist, Mr. E. C. Hopkins, who is based on the Basildon Child Guidance Clinic and serves the schools in the South East Division of the County, although he is also, for the time being, attending one day a week at the Mid-Essex Child Guidance Clinic.
>
> The work of the Chelmsford Child Guidance Clinic was also relieved earlier in the year by the opening of the Romford Child Guidance Clinic, and these developments have enabled more children found through the School Psychological Service in the Mid Essex Division, to be referred to the Clinic at an earlier stage, and with a better hope of successful treatment. This earlier referral of children needing help is an important piece of safe-guarding and preventive work, and at this particular Clinic, some 22% of the referrals during the year was made by the Educational Psychologist. In other parts of the County, the pressure of work has, on the contrary, increased. The psychologist working in the Leyton and Forest areas, for example, who in 1949

interviewed 263 children, in 1957 interviewed 411 children. As she puts it " I suppose the more children there are needing help, the harder you work to get them seen." By this process of " working harder," the percentage of the school population interviewed by the psychologists during the year has again been kept at about 1%.

The tendency towards a different slant in the type of cases seen, which was noted in 1956, has become even more marked. As teachers grow more knowledgeable about the discovery and treatment of the straightforward run of backward children, and as the Committee's provision in Day and Boarding Special Schools for these children improves, it is inevitable that the shift of emphasis in the psychologist's work should be more and more towards trying to help with the educational problems of children of average or above average ability where emotional and personality factors play a large part in the causation of the school failure. In this connection also, the work of the Psychologist to the Education Committee in the Grammar and Technical schools of the County has become increasingly heavy. There appears to be a growing body of opinion among psychiatrists that not all types of problem behaviour and personality difficulties are suited to intensive psycho-therapy, and that in a good many cases, " re-education " in its widest sense, through the co-operation of teachers, parents, and Educational Psychologists, is more likely to succeed. Thus the psychologists, more often than in previous years, now find that their contacts with a child are not limited to a single testing interview, but involve seeing him through his difficulties over a period of time. These trends are again reflected in the proportion of children of good intelligence who are now seen by the psychologists. For example, in Mid Essex 73% of the children seen were of average or above average intelligence, and in North East Essex the percentage was very similar at 69%.

The psychologists have again helped teachers in the organisation of Special Classes for Backward Children of poor intelligence, but, as was noted in previous years, this work is increasingly being carried out by the schools, with little reference to the psychologists, who have been more concerned again with organising remedial classes and groups for children of good ability who are failing at school. The number of part-time remedial teachers doing this work has increased to the extent that the financial and staffing position in the different areas of the County has allowed, and a new and interesting development has been the appointment of a full-time peripatetic teacher, with a special training for this sort of work, in the rural areas of Mid-Essex. This teacher works in close contact with the psychologist, and it is hoped that an extension of the work may be possible in the near future as it seems the only satisfactory way of dealing with the backwardness of children in the rural areas if a special school is not needed, and where the numbers are too small for the organisation of a special class.

In other respects the work of the psychologists has gone on much as before. They have continued to act as liaison officers between the Child Guidance Clinics and the schools, following up the progress of children receiving treatment and keeping the teachers informed about what is being done for the child.

They have also taken part in the Lecturing programme in the County and have given a great many talks to Parent Teachers' Associations, Young Wives' Clubs, Womens' Institutes, and other bodies. Work of this type should make a contribution to preventive mental health in that it helps parents to understand the nature of growth in children, and should enable both parents and teachers to become more sensitive to the type of problem behaviour needing skilled help, and more tolerant of problems which are simply a sign of growth and of a healthy drive towards independence."

Since the skilled staff required for the child guidance service are not available, attention is being paid more and more to the preventive aspects of mental health. This involves, amongst other things, early guidance for children who are not yet seriously maladjusted and earlier referral to the clinics of those who show signs of becoming so. Some of the early guidance can be done by the medical officers working in the Child Health Service but in doing so at present they need the help of the consultant psychiatrists.

Earlier guidance and referral was the aim behind the opening in 1951 of the first pre-school child guidance session by Dr. Helen Gillespie, Consultant Psychiatrist, at the Walthamstow Clinic. It is unfortunate that this had to be discontinued this year.

However, Dr. Susannah Davidson, Consultant Psychiatrist at the Ilford Clinic, reports as follows on a similar experiment :—

" This year our plan to explore the possibilities of preventive work through a closer contact with the Maternity and Child Welfare Service has made a beginning, but it is too early yet to assess its results. Four Clinics have been visited, three of them at monthly intervals, by members of our staff and discussion groups have been initiated with school medical officers and health visitors, with a group of mothers of young children and with a group of ante-natal mothers. In one Clinic one of our staff attends regularly to give interviews to individual mothers seeking advice. All mothers have temporary problems of maladjustment with their children from time to time, but we are anxious to know how many fail to clear up without further assistance and are likely to be referred eventually to the Child Guidance Clinic, and in which cases later troubles can be avoided by an earlier approach to the problem.

Arising partly from the work with the Maternity and Child Welfare Clinics and partly from an increasing contact with general practitioners we have had a large number of young children referred this year, and have had a small group of pre-school children in treatment for several months."

Paediatric and Rheumatism Clinics

The Paedriatric Clinics in Barking, Ilford and Walthamstow have continued as before.

It used to be the practice to hold a Rheumatism Clinic in Ilford and a Cardiac Clinic in Walthamstow. In September 1956 Dr. Kenneth Playfair resigned his appointment to the Ilford Clinic, after 19 years service with the authority, and the functions of the Clinic were transferred to the paedriatric unit under Dr. I. Anderson at King George Hospital, Ilford.

In Ilford, where acute rheumatism (up to the age of 16) is still notifiable, there were only eight cases in 1956 and 12 in 1955 is the highest figure since 1950.

During the year the last remaining special clinic for rheumatism and cardiac conditions in Walthamstow has been merged with the Paediatric Clinic. This merger is described in Dr. A. T. W. Powell's report by Dr. Elchon Hinden, Paediatrician to Whipps Cross Hospital, under whose care the Paediatric Clinic continues :—

> " There has been no material change in the work of the school consultative clinic. As before, most of the children are referred by the School Medical Officers; in a few cases the initiative comes from a teacher or from the family doctor. It is noteworthy that ' malnutrition ' is hardly ever a reason for referring a child nowadays.
>
> Rheumatic fever used to be a major scourge of schoolchildren. There was a heavy death-rate in the initial attack, ranging from 10% to 30%; and of those who did not die, up to one-third were left with damaged hearts. Those children had very little chance of escaping a life of invalidism, with auricular fibrillation and death in congested failure menacing them from their thirties onwards. At best, an attack of rheumatic heart disease meant several months of illness and school absence, and the next few years blighted by the fear of relapse. The treatment of the actual clinical illness was not the responsibility of the public health authorities, but the overall supervision of the child and his education, and particularly the prevention of relapses, clearly was. Often special educational methods—from home teaching to the hospital school—were required for the disabled children.
>
> The post-war years have seen a great decline in the severity of this fell disease. Attacks are milder, and hardly ever fatal; complete recovery is the rule, and relapse is rare. It is not certain what exactly is responsible for this. Undoubtedly, the new chemical drugs (first the sulphonamised and now penicillin) have had a powerful effect; but it is likely that improved housing and nutrition are also very important. Finally, we have to consider a secular change in the invasive powers of the haemolytic streptococcus—the causative organism. This is shown, similarly, in the declining incidence and severity of scarlet fever. We should not be too complacent about this ; what wanes may wax again. But be the causes what they may, there is no

doubt of the effect; and in Walthamstow, as in the rest of the country, rheumatic fever is now a disease of trifling importance. The numbers of children attending the Rheumatism Supervisory Clinic, and particularly the new patients, have so fallen off that its Medical Director, Dr. Mary Wilmers, has felt justified in suggesting closing the clinic as a separate entity, and amalgamating it with the general school consultative clinic; and this was done from the beginning of 1957. I feel that many generations of Walthamstow schoolchildren owe a great debt of gratitude to Dr. Wilmers and to her predecessor, Dr. Wilfred Sheldon, for their painstaking and most valuable work.

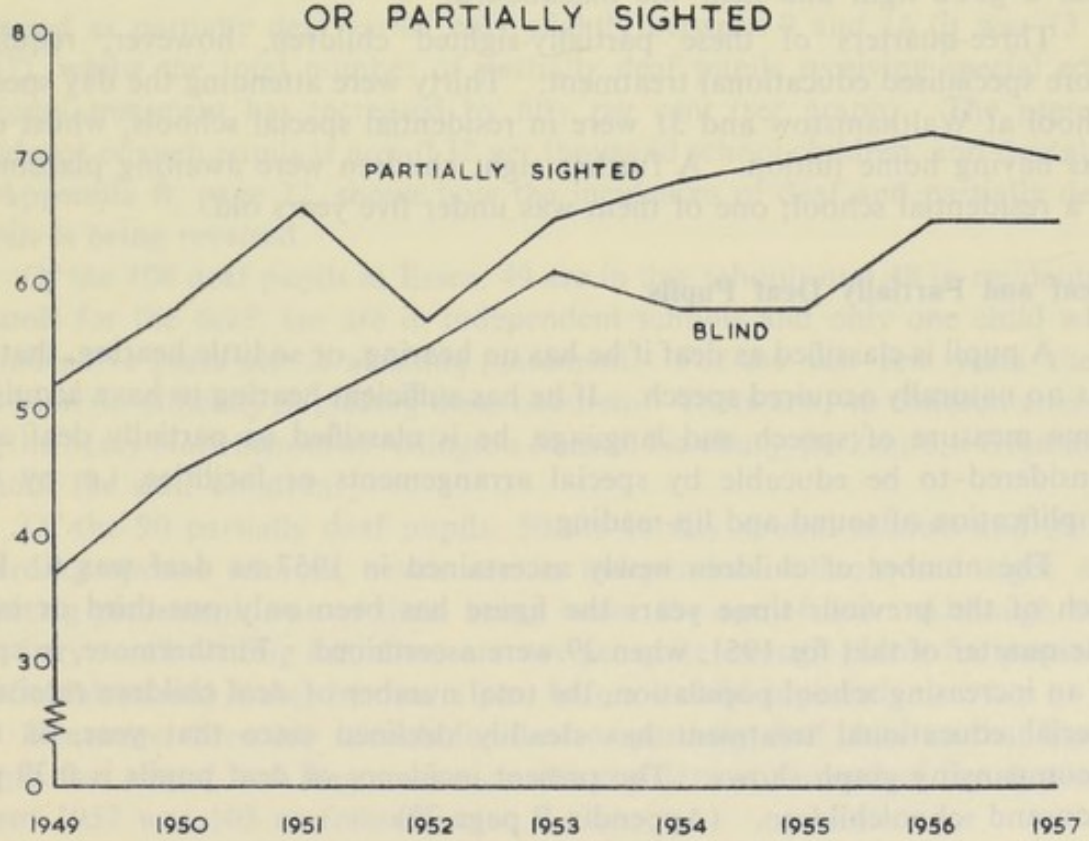
I should like to thank my colleagues in the School Health Service for the honour they do me in seeking my opinion, and the family doctor for permitting the reference; and to my colleagues at Whipps Cross Hospital, Dr. Walther, Pathologist and Dr. Tettmar, Radiologist, for granting me the facilities of their departments."

D. ASCERTAINMENT AND SPECIAL EDUCATIONAL TREATMENT OF HANDICAPPED PUPILS

Blind and Partially-Sighted Pupils

A pupil is classified as blind if he has no sight or if his sight is, or is likely to become, so defective that he will require to be educated by methods not involving the use of sight. If it is thought that he has sufficient sight to enable him to be educated by special visual methods, he is classified as partially-sighted.

CHILDREN REGISTERED AS BLIND OR PARTIALLY SIGHTED



There were 65 children ascertained as blind and 70 as partially-sighted, in the County on 31st January 1958. Reference to the graph on page 39 will show how the numbers have been increasing slightly each year since 1949 (the first year for which accurate statistics are available).

The main reason for this increase has no doubt been the frequency of retrolental fibroplasia, a disease which affects babies born prematurely. Now that the cause of this condition is known, new cases should seldom occur.

There were only two children newly ascertained as blind during 1957 compared with the average number of eight a year, whilst the number of eight children newly ascertained as partially-sighted is the lowest for five years.

Of the 65 blind school children, 47 were attending residential schools for the blind and four were receiving home tuition. Five of the children were at Condover Hall, Shrewsbury, a school run by the Royal National Institute for the Blind for blind children with additional handicaps. At the end of 1957, there were 14 children (five of whom were under five years old) awaiting placement in a special residential school; the waiting period is never unduly long.

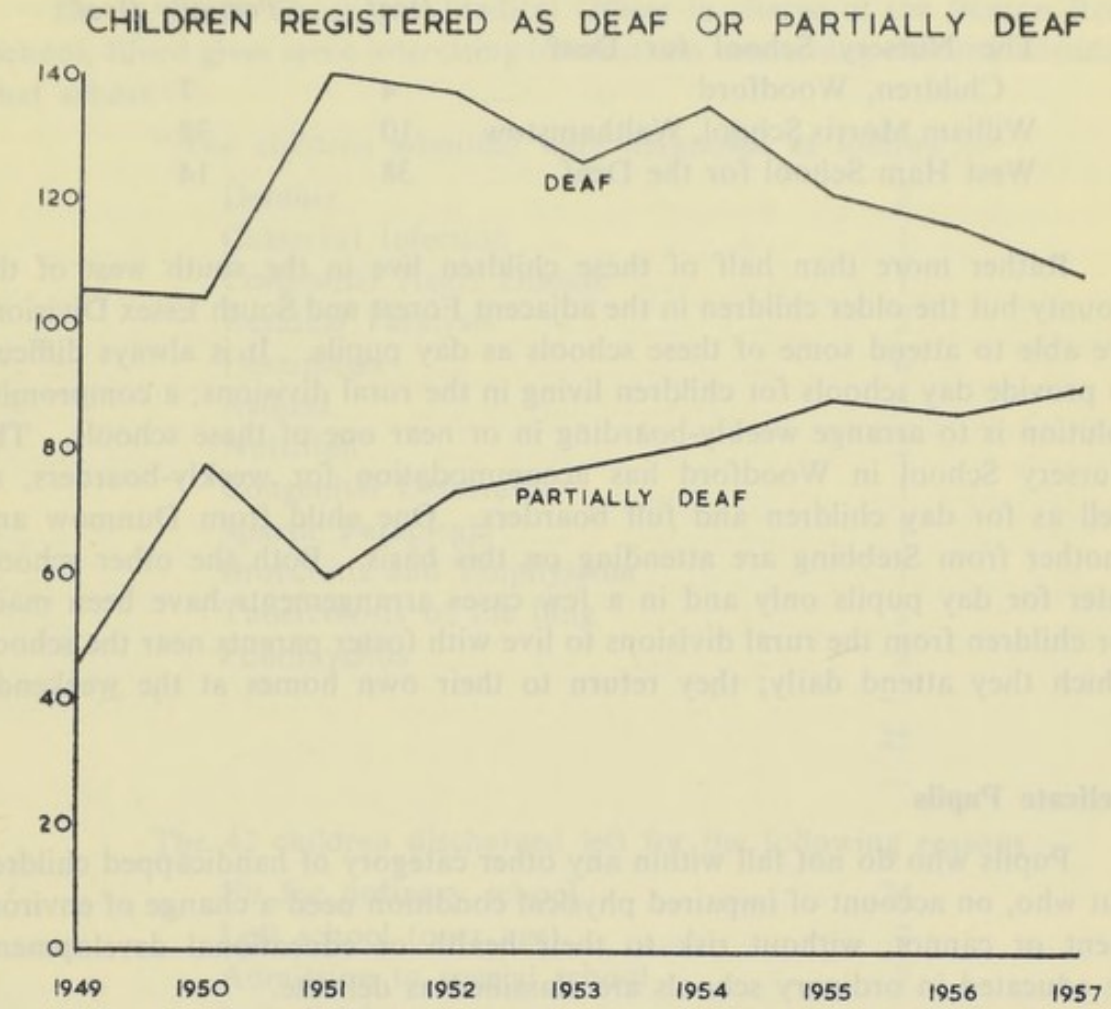
Also at the end of 1957, there were 91 children ascertained as partially-sighted. This is 21 more than the number appearing on the graph, since these pupils were attending ordinary schools and the figures for these cases only became available this year. It is a fact, however, that nearly a quarter of partially-sighted pupils have sufficient sight for them to be able to manage in an ordinary school, without detriment to their sight or their education. They receive special educational consideration, such as a position in the class near a good light and near the blackboard.

Three-quarters of these partially-sighted children, however, required more specialised educational treatment. Thirty were attending the day special school at Walthamstow and 31 were in residential special schools, whilst one was having home tuition. A further eight children were awaiting placement in a residential school; one of them was under five years old.

Deaf and Partially Deaf Pupils

A pupil is classified as deaf if he has no hearing, or so little hearing, that he has no naturally acquired speech. If he has sufficient hearing to have acquired some measure of speech and language, he is classified as partially deaf and considered to be educable by special arrangements or facilities, i.e. by the amplification of sound and lip-reading.

The number of children newly ascertained in 1957 as deaf was 6. For each of the previous three years the figure has been only one-third or even one-quarter of that for 1951, when 29 were ascertained. Furthermore, in spite of an increasing school population, the total number of deaf children receiving special educational treatment has steadily declined since that year, as the accompanying graph shows. The present incidence of deaf pupils is 0.39 per thousand schoolchildren. (Appendix B page 72).



On the other hand, during the same period, the number of children newly assessed as partially deaf varied only slightly between 9 and 16 (it was 13 in 1957), whilst the total number of partially deaf pupils receiving special educational treatment has increased by fifty per cent (see graph). The present incidence of such pupils is now 0.32 per thousand school children, and the table in Appendix B, page 72, shows how the incidences of deaf and partially deaf pupils is being reversed.

Of the 108 deaf pupils in Essex, 49 are in day schools and 48 in residential schools for the deaf; ten are in independent schools and only one child who is under five years old, is awaiting placement. For the last few years there has been no difficulty in placing these children. There are two children attending the Mary Hare School at Arlington Manor, Newbury, Berkshire, a Grammar School for deaf children.

Of the 90 partially deaf pupils, 50 are in day special schools and 25 in boarding special schools; seven are in independent schools and eight are awaiting placement, one of them being under the age of five. Although this is a very small waiting list, there are not yet quite enough places for partially deaf children and it may be over a year before a child is placed.

There are three day schools for deaf or partially deaf children that Essex pupils can attend and the number on the registers at the end of the Autumn Term 1957 was 105 as follows :—

	Deaf	*Partially Deaf*
The Nursery School for Deaf Children, Woodford	4	7
William Morris School, Walthamstow	10	32
West Ham School for the Deaf	38	14

Rather more than half of these children live in the south west of the County but the older children in the adjacent Forest and South Essex Divisions are able to attend some of these schools as day pupils. It is always difficult to provide day schools for children living in the rural divisions; a compromise solution is to arrange weekly-boarding in or near one of these schools. The Nursery School in Woodford has accommodation for weekly-boarders, as well as for day children and full boarders. One child from Dunmow and another from Stebbing are attending on this basis. Both the other schools cater for day pupils only and in a few cases arrangements have been made for children from the rural divisions to live with foster parents near the school, which they attend daily; they return to their own homes at the weekends.

Delicate Pupils

Pupils who do not fall within any other category of handicapped children but who, on account of impaired physical condition need a change of environment or cannot, without risk to their health or educational development, be educated in ordinary schools are classified as delicate.

On 31st December 1957 there were 428 delicate pupils in the county, rather more than last year, giving an incidence of 1.54 per thousand school children. (Appendix B page 72). At the same time the number of children newly assessed as delicate each year continues to fall and this year was 216 compared with 235 in 1956 and 361 five years ago.

Two years ago the waiting list for admission to open air schools was only 18 but at the end of this year it was 51, because the loss of available places following the closure of some schools outside the county (to which reference was made in my report last year) has not yet been made good. However, the Committee's residential open air school at Clacton opened in January 1958 and this will have admitted a large number of those children still awaiting placement.

The 428 delicate children receiving special educational treatment were placed as follows :—

Day schools	226
Residential schools	134
Independent schools	6
Boarding homes	5
Receiving home tuition	6
Awaiting placement	51

Dr. D. N. B. Gross, the Medical Officer in charge of the Benton Road School, Ilford gives some interesting information concerning children attending that school :—

"The children admitted were diagnosed as follows :—

Debility	2
Catarrhal Infection	1
Congenital Heart Disease	1
Residual Paralysis	2
Hemiplegia	6
Asthma	4
Nutrition	2
Congenital Deformity	1
Spastic Paraplegia	1
Bronchitis and Emphysema	1
Tuberculosis of the lung	2
Poliomyelitis	2
	25

The 42 children discharged left for the following reasons :—

Fit for ordinary school	24
Left school (over age)	7
Admission to special school	7
Left district	
	42"

It will be noticed that just over half the children admitted could be classified as physically handicapped, a figure which may be compared with the proportion (42%) of delicate children at the Wingfield House School for the Physically Handicapped at Walthamstow.

Continuing on the work at Benton Road School, Dr. Gross remarks :—

> "The work of the school has continued along the same lines as in the previous year. The impression is gained, however, that the children are perhaps more severely handicapped than in the past. The close liaison with the Cerebral Palsy Unit is most helpful in assessing borderline cases, which can be tried out in either school before a final decision is reached."

Physically Handicapped Pupils

Physically handicapped pupils are those who, whilst not suffering solely from a defect of sight or hearing, by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools.

Over the last four years the number of physically handicapped children (excluding those in hospital special schools), requiring special educational treatment has varied between 325 and 352—it was 335 at the end of 1957 — whereas during the four year period 1950-1953 the number varied between 27 and 319. This increase, however, is commensurate with the increase in the school population, and a physical handicap is not more common nowadays among school children, in fact it is slightly less common (Appendix B, page 72). The incidence has fluctuated a little during recent years but for the second year running it is 1.2 per thousand school children. This compares with an incidence of 1.65 per thousand found as a result of a special survey carried out by the Ministry of Education in 1951 and tallies with the range of 1.1—1.3 recorded in that survey for Counties in the southern and eastern regions of the country (excluding London and Middlesex).

The vast majority of children in hospital special schools are also physically handicapped and to obtain a true picture of the incidence and placement of these children they must be included. In 1957 there were 137 in hospital special schools, and when these are added to the number attending or awaiting admission to special schools, or receiving home tuition, the total for 1957 becomes 472, giving an incidence of 1.7 per thousand school children.

The placement of the 335 physically handicapped children in 1957 was as follows :—

Day schools	....	187
Residential schools	....	58
Independent schools	....	20
Boarding home	....	1
Home tuition	....	33
Waiting placement	....	36 (of whom four were under five years)

The day schools to which these children are admitted are the Committee's open air schools and the Wingfield House School for Physically Handicapped at Walthamstow. In his annual report, the Headmaster of this school, Mr. G. M. Williams, draws attention to several matters of interest :—

> "The school, with an accommodation of 95 children, has now 84 children on roll with nine children awaiting admission. The catchment area of the school has increased and now comprises Walthamstow, Leyton, Chingford, Wanstead, Woodford, Chigwell, Loughton, Debden, Waltham Abbey and Harlow. Two children have also been admitted from Middlesex.
>
> The children on roll at the end of the year were classified as follows :—
>
> | | |
> |---|---|
> | Delicate (Ministry of Education category 'j') .... | 36 |
> | Physically Handicapped (Ministry of Education category 'h') .... | 45 |
> | Epileptic (Ministry of Education category 'f') .... | 3 |

The number of children with more than one handicap has increased, several children having a physical handicap allied to educational sub-normality. Four children have three or more defects and there are 12 non-ambulant children on roll.

The school has enjoyed the valued co-operation of the Orthopaedic Clinic, and Miss Garrett, C.S.P. has given much helpful advice and assistance during the year.

As in former years swimming instruction was continued at the Technical College baths, a mixed class attending every Friday, asthmatics in particular are encouraged to join this class as well as other physically handicapped children. Several swimming certificates were gained.

The school was kept open during the August holiday period on a voluntary basis, 45 children attending and maintaining a 92 per cent attendance during the period. Visits were made to Thorpe Bay, Whipsnade Zoo, Bishop's Stortford and to the Forest, and throughout the whole period only one day had to be spent inside.

During the year 23 children left the school, 11 being transferred to ordinary schools, four to residential schools, two to the school for educationally sub-normal, four to employment and two left the district.

The average number on roll was 86.6 and an average attendance of 67.1 was registered."

There are many special schools throughout the country to which children requiring residential treatment are sent. Four pupils are attending the Lord Mayor Treloar College, Alton, where secondary school courses, including work leading to the General Certificate of Education, were established in 1955, for the more able physically handicapped boys. Prior to this, grammar school education was not available except by home tuition. It may be noted (Appendix B page 74) that the majority of children receiving home tuition do so on account of a physical handicap.

Half the Essex children in hospital special schools were in Black Notley Hospital and Highwood Hospital, Brentwood. A full list appears in Appendix B page 74.

Pupils with Cerebral Palsy

Cerebral palsy is only one of many kinds of physical handicap and not all children afflicted require special educational treatment. Nevertheless, they represent about a fifth of the physically handicapped children in special schools.

By the end of the year there were 22 children on the register of the special cerebral palsy unit in Ilford and the staff establishment there was complete except for the vacant post of nurse. There are now two full-time physiotherapists working at the unit. The unit has now been equipped with a tape recorder, which the speech therapist has found invaluable, and a ciné camera,

which has been useful in visually recording the physical handicap and achievements of children on admission for comparison with their later progress.

During the last two-and-a-half years, the turn over at the unit was as follows :—

Table 9—Admissions and Discharges, Ilford Cerebral Palsy Unit, 1955-57

	No. of applications	*No. admitted*	*No. not suitable*	*Parents refused admission*	*No. discharged*	*No. on register at end of year*
May-Dec. 1955	50	21	26	3	4	17
1956	14	7	7	—	5	19
1957	12	6	6	—	3	22

Of the 12 children discharged all except three had been assessed during the three month period of trial admission and left for the following reasons:—

Found to be ineducable	4
Transferred to open air school	3
Transferred to residential school	1
Transferred to hospital special school	1

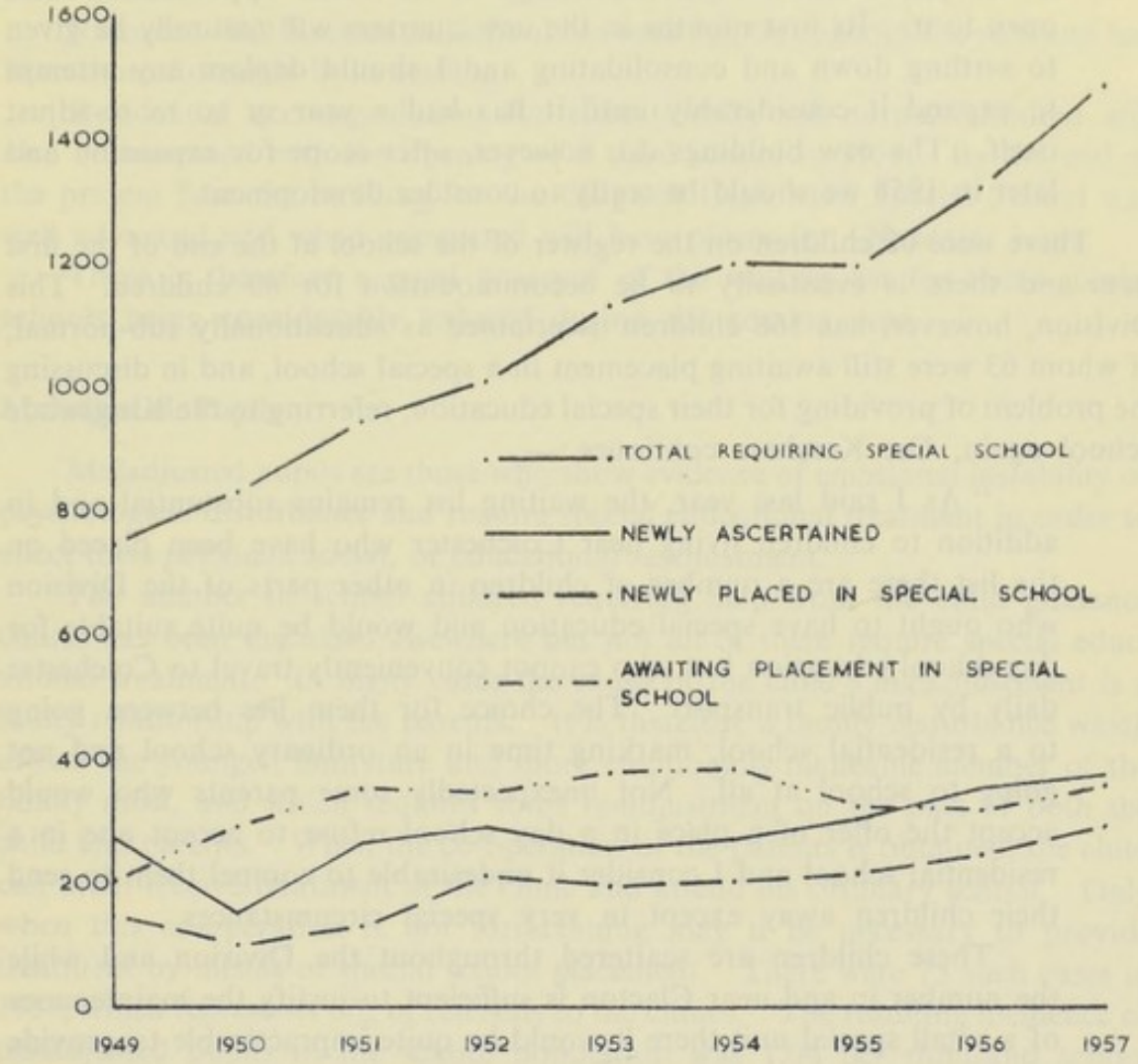
In summary, it is seen that of 76 children for whom applications were made in the 2½ years the unit has been open, 39 were considered or found to be unsuitable. After the first 50 applications had been received in the first year, the number seems to have settled to approximately a dozen a year of whom about half were found to be not suitable.

Educationally Sub-Normal Pupils

Educationally sub-normal pupils are those who, because of limited ability or educational retardation resulting from any other circumstance, require some special form of education wholly or partly in substitute for the education normally given in ordinary schools.

Of all the handicapped children requiring special educational treatment very nearly half (48%) are mentally handicapped. During 1957 there were 373 children newly ascertained as educationally sub-normal, and by the end of the year the number of children (1,479) requiring education in a special school was twice the number in 1949 (743), and 357 were still awaiting placement (see graph below).

EDUCATIONALLY SUB-NORMAL PUPILS



By the end of 1957, the number of children in Essex formally ascertained as educationally sub-normal, whether or not they were attending special schools, was 1,892, giving an incidence of 0.68% of the total school population.

Of the 1,122 educationally sub-normal children receiving special educational treatment, 793 were at day schools and 265 in residential schools, whilst 31 were in independent schools and 33 were receiving home tuition.

The school in the North East Essex Division used to be known as the Stockwell School when occupying a site in Stockwell Street, Colchester ; it developed from a special class which was started in 1906 in one room of what was then the Stockwell Street Primary School. Whilst every effort had since been made to brighten the rooms no amount of redecoration could overcome insufficient classroom accommodation and inadequate toilet facilities, and a steeply sloping playground was a great disadvantage. During 1957 arrangements were completed for transferring the Stockwell Street School, to better premises in Lexden Road. This school is now known as the Kingswode Hoe School. Referring to this move, Dr. Kershaw reports :—

" At the beginning of the autumn term the Colchester Special

School at last moved into new and adequate premises and I hope that it will prove able to take advantage of the fuller opportunities now open to it. Its first months in the new quarters will naturally be given to settling down and consolidating and I should deplore any attempt to expand it considerably until it has had a year or so to re-adjust itself. The new buildings do, however, offer scope for expansion and later in 1958 we should be ready to consider development."

There were 62 children on the register of the school at the end of the first term and there is eventually to be accommodation for 80 children. This Division, however, has 166 children ascertained as educationally sub-normal, of whom 63 were still awaiting placement in a special school, and in discussing the problem of providing for their special education, referring to the Kingswode School again, Dr. Kershaw continues :—

"As I said last year, the waiting list remains substantial and in addition to children living near Colchester who have been placed on the list there are a number of children in other parts of the Division who ought to have special education and would be quite suitable for day school education but who cannot conveniently travel to Colchester daily by public transport. The choice for them lies between going to a residential school, marking time in an ordinary school and not going to school at all. Not unexpectedly some parents who would accept the offer of a place in a day school refuse to accept one in a residential school and I consider it undesirable to compel them to send their children away except in very special circumstances.

These children are scattered throughout the Division and while the number in and near Clacton is sufficient to justify the maintenance of a small special unit there it would be quite impracticable to provide special units in such places as Halstead and Manningtree. The time has come, in fact, when we must face the question of providing transport to the Colchester school for these isolated children. It is not a cheap method of giving them the special education they need but it is cheaper, more practical and, in my view, more effective for many of them than sending them away from their homes."

In Mid-Essex, there are still 62 children awaiting admission to special schools. There are already 158 children receiving special consideration in ordinary schools and a beginning has already been made in assisting these schools by the appointment of a peripatetic teacher for retarded children, now working in the Lambourne-Ongar region of the division. It is proposed to appoint a second teacher next year, to work in the Southminster region.

There are 64 children living in South East Essex awaiting special school education, but this Division's problems will shortly be eased by the opening of a day school in Basildon to accommodate 120 boys and girls aged 5 to 16 years.

The Corbetts Tey special school has now built up a register of 139 children.

Hassobury Residential School has never been able to take its full number of

pupils since it re-opened in June 1956 because it has never had its full complement of staff.

Ramsden Hall Residential School has been full throughout the year and has been more fortunate in its staffing.

Residential accommodation for educationally sub-normal children will also be increased with the opening of a third school in 1958. By the end of the present year the building for the Chigwell High View Special School was well advanced and when completed will have places for 120 senior boys.

There is therefore a good prospect of the waiting list for these special schools being considerably reduced during the coming year.

Maladjusted Pupils

Maladjusted pupils are those who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social, or educational readjustment.

The number of school children requiring help from the child guidance clinics has been discussed elsewhere but not all of them require special educational treatment. In many cases the cause of the child's maladjustment is a faulty relationship with the parents. It is therefore a family disturbance which affects the younger, immature and more emotionally malleable member of the family most, and which requires some re-adjustment on the part of both the child and parents. When the co-operation of the parents is obtained, the child can often receive treatment at the clinic and attend his ordinary school. Only when this co-operation is not forthcoming may it be necessary to provide treatment by means of special school placement. There were 75 such cases in 1957, which represents 6% of referrals to the clinics. The resulting incidence of maladjusted pupils in the school population was 1.04 per thousand school children (Appendix B p. 75) which is considerably more than it was eight years ago.

In her report on Nazeing Park School, Dr. H. Gillespie, the Consultant Psychiatrist, shows the proportion of children there due to family disturbances and it is noted that eight out of the nine children leaving the school still require to be away from their homes for the greater part of the year :—

> "There are now 40 children in attendance at the School. Nine children have left during the year, and the following were the modes of disposal :
>
> | | |
> |---|---|
> | Senior School for maladjusted children | 4 |
> | Normal boarding school | 3 |
> | Home and day school | 1 |
> | Residential School for educationally sub-normal children | 1 |
>
> Six children were retained at the school over the age of 11, as they were not considered ready for transfer.

Out of 40 pupils now at the school :—

4 have no homes of their own

4 have completely unco-operative parents, unlikely to change their ways of handling the children

15 have very disrupted homes, with no hope of improvement or change.

It will be seen from the above data that the majority of our pupils present a problem requiring long term treatment. This is due to the fact that children are selected largely for admission to Nazeing Park School in virtue of the gravity of their problems. In the case of such children it is frequently impossible to secure the necessary change in the home conditions which would make them suitable for the child's return. Hence the need of continued residential placement in so many of these cases.

In fact, it is clear that in many cases the problem will continue after school leaving age, and that suitable provision should be made for the after care of these children (e.g. by the provision of hostels) to consolidate the good work already done with them.

The school atmosphere continues to be a happy one, and the children seem relaxed and secure.

The psychiatric work continues on the previously adopted plan of seeing the children as often as possible in the time available."

As regards the Homestead School at Langham, Nr. Colchester, the Psychiatrist reports :—

" I have been impressed by the atmosphere in the school and have had an opportunity of seeing all of the boys in an unofficial capacity as I have lunched with them and made a point of sitting at a different table each time, and I have also interviewed a considerable number of them who may have had at the time, an outstanding problem.

I consider that the great majority of boys are making statisfactory progress as a result of the group spirit prevailing at Homestead. It is interesting to observe these boys who have come from homes in which they are restricted, and in which there is an inconsistent atmosphere, respond to the secure routine and permissive atmosphere of Homestead.

It has been learnt by experience that too many very disturbed or deliquent boys can upset the atmosphere of the whole school and for this reason it would seem wise not to place more than a few boys of this type in the school at one time, as they can so easily destroy the therapeutic atmosphere which is of such great value to the average maladjusted child in the school.

Since Mr. Doron's arrival at the Clinic it has been possible to send boys from Homestead for regular treatment in the Clinic, although

this, at the moment, is only a small beginning. The treatment has taken two forms—that of group and individual therapy.

In consultation with Mr. Cowling it had been considered advisable, in an attempt further to aid treatment, that regular meetings of a clinical type should be held at which all members of the staff and the visiting psychiatrist would be present. It was decided that these should take place at regular monthly intervals. Only one meeting has so far occurred and it is to be hoped that these will become a regular feature at which problem boys and their handling can be discussed. I consider that the therapeutic influence of the school can be aided in this way."

Of the 290 maladjusted pupils in the county who require special educational treatment, 117 were in special boarding schools and 101 were in independent boarding schools; 22 were in boarding homes whilst one was attending a special day school and three were having home tuition.

Sixteen of the children in boarding homes were at Doucecroft, the Committee's boarding hostel for maladjusted senior pupils and of this Dr. J. E. G. Vincenzi, the Consultant Psychiatrist, reports :—

" During the year 1957 there were few changes in the population of the Hostel, there being only three discharges and two admissions. During the summer term owing to an urgent case the hostel population was increased to 16. The ratio of boys and girls has stayed the same, there being 14 boys and 2 girls.

I made visits to the hostel at approximately three weekly intervals except during the school holidays. The majority of the time of these sessions was spent discussing cases with the Warden, but a few interviews were given to individual children. One child has attended the Mid-Essex Child Guidance Clinic as I felt more direct treatment was necessary for him.

Of the three children who left the hostel during 1957 only one could have been said to have made a satisfactory adjustment and was able to return to a normal life at home. One of the remaining two went to the Wallingford Farm Training Scheme, but the third, whose home had never been satisfactory, has made a rather poor adjustment and is in need and likely to be in need of much supervision for some years to come, and it is in this respect that the service provided by the hostel leaves much to be desired. The Home Office provides full after care for approved schools, and the Children's Department supervise their children up to the age of 18, but children ascertained as maladjusted have to return to what are often very unsatisfactory homes before adolescence is completed, and a long while before they are mature enough to manage without help. I believe it should be possible for the Warden of the hostel who has developed a close relationship with these children to have the means at his disposal to visit and advise them, this could well be co-ordinated with the Welfare Officer of the Education Department.

It has been difficult to find a satisfactory Assistant Warden for the hostel and two Assistant Wardens have been appointed and have left during the year. One of the problems is the absence of satisfactory accommodation. However, a new appointment has now been made."

At the end of the year there were 46 maladjusted pupils awaiting placement in residential schools, the number having gradually increased since 1949. (table 10) :—

Table 10

	1949	1950	1951	1952	1953	1954	1955	1956	1957
No. of maladjusted pupils awaiting residential placement	28	30	34	28	36	31	37	41	46

Some of these children have the additional handicap of being educationally sub-normal and this particular combination of dual handicaps is the one which presents the greatest problem so far as special school placement is concerned (see page 75). It is anticipated that next year The Ramsden Hall School at Ramsden Heath, Nr. Billericay for senior educationally sub-normal boys, will be approved by the Ministry of Education for the admission of maladjusted senior boys up to a total of half its capacity of 45 boys.

Epileptic Pupils

Epileptic pupils are those who, by reason of epilepsy, cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils. From a survey carried out towards the end of 1956 and detailed in my report for that year, it will be remembered that the incidence of epilepsy amongst school children was 0.8 per 1,000 and that just over two-thirds of them were leading normal school lives in ordinary schools. The incidence of children seriously affected to the extent of requiring special educational treatment is similar to what it was eight years ago (Appendix B page 73) and the actual number of these children has varied very little from year to year ; in 1957 there were 44, who were placed as follows :—

Day schools	3
Residential schools	28
Receiving home tuition	1
Hospital Special School	9
Awaiting placement	3 (of whom one was under five years)

The day schools referred to are either open-air schools or schools for the physically handicapped situated in the County. The residential schools are the independent St. Elizabeth's School at Much Hadham, Hertfordshire,

the Manchester Education Committee's School, Soss Moss, in Cheshire, and the schools attached to the Lingfield, Maghull and David Lewis epileptic colonies, which are run by voluntary bodies.

In spite of the closing during the year of the school attached to the Chalfont St. Peter's Colony, it has been possible to place most of those newly ascertained as epileptic pupils, so that of 17 children newly ascertained during the last two years, only three are still awaiting placement. The chief difficulty experienced is in placing children who, in addition to having epilepsy, present severe behaviour disorder on account of the epilepsy. Essex is fortunate in having within its boundaries St. Faith's Hospital School at Brentwood. It is managed by the North East Metropolitan Regional Hospital Board and at the end of the year accommodated nine Essex children as boarders. There is a possibility that children living within daily reach of this school may be able to attend as day pupils and such a move is to be welcomed.

Pupils with Dual Handicaps

The number of children actually attending special schools for pupils with dual handicaps has increased only slightly since returns were first made in 1954; the number waiting for admission to such schools has increased fourfold. (See Appendix B page 75).

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

for the Year 1957

Staff

On 31st December, the number of dental officers in post was 21 whole-time and 57 part-time and sessional officers giving an equivalent whole-time total of 39.4. Establishment is 94. The corresponding figures for last year are 26 whole-time and 47 part-time officers with an equivalent whole-time strength of 44.3. The staff continues to give about 1/11th of its time to the treatment of patients from the authority's maternity and child welfare clinics. The principle of part-time work has become established and the year saw 59 professional staff changes. It appears that a relatively short time is needed for a newly qualified dental surgeon to become established in National Health Service practice nowadays, and during the period between his opening the practice and being fully occupied there, time is available for local authority work. In present circumstances, the part-time officers contribution to the service is most valuable and in terms of sessions is nearly half the total. No efforts are spared to engage staff but the basic obstacle to the recruitment of full-time officers is undoubtedly the more attractive financial reward of general practice. The institution of evening sessions adds approximately the equivalent of one full-time dental officer to the staff and this figure is not included in the total equivalent mentioned above.

Premises and Equipment

The new Health Services clinic at Oxlow Lane, Dagenham, was opened in September and has a self contained dental suite with waiting room, dark room, a small laboratory and two surgeries separated by a recovery room. The equipment is modern and adequate with a dental unit, operating light, modern chair and x-ray equipment. The decoration is pleasing and I think the centre will bear comparison with any in the country. More progress has been made in re-equipping other premises. At Walthamstow Town Hall, arrangements are being completed whereby the dental units in the five surgeries have pipe lines from a common air compressor and using a technique whereby controlled air and water jets are made available to play on the tooth under treatment high speed cutting is made possible. This results in the tooth being kept cool and free from vibration which are two of the causes of discomfort during conservation work. Also at Walthamstow, a room is being partitioned off to make a small x-ray surgery which will do away with the need to push the x-ray machine from one surgery to another. This is a waste of time, inconvenient and is detrimental to the machine. The dental surgeries at Hornchurch and Laindon have been re-equipped and x-ray apparatus has been provided at Hadleigh, Rayleigh and Craylands. Local authority premises and equipment should bear comparison with those found in other branches of the profession.

Statistics

During 1957, 89,867 children were inspected and of these 61,683 were found to require treatment. 54,161 were offered treatment and 38,323 actually treated. The ratio of the number of permanent teeth filled to the number of permanent teeth extracted due to dental disease is 5.1 : 1. Last year this ratio was 5.5 : 1. The deterioration is due to previous years neglect owing to lack of staff and similarly many children not inspected this year will soon become a priority call on the staff for relief of pain, with a resulting interruption of routine conservation work, to say nothing of the permanent effect on the children due to the loss of these teeth, many of which could undoubtedly have been saved.

Orthodontics

Consultant services are now available for the area around Saffron Walden which is within the catchment of the East Anglian Regional Hospital Board. The area covered by the North East Metropolitan Regional Hospital Board is still without orthodontic cover as this Board has not yet appointed a consultant, but at the time of writing such appointment is understood to be imminent. 1,074 cases were completed by the staff and this is to be compared with 944 cases completed last year. It is important to keep this type of work to a reasonable level as the bulk of the time available should be taken up with the usual procedures of dental surgery.

General Anaesthetics

Selected Assistant County Medical Officers continue to attend the Eastman Dental Hospital for post-graduate instruction in the administration of nitrous oxide gas (dental gas) and arrangements are being made for them to attend the same institution to gain experience in the administration of anaesthetics other than nitrous oxide. The arrangement with the North East Metropolitan Regional Hospital Board whereby a consultant anaesthetist visits Walthamstow and Romford continues.

Post Graduate Instruction for Dental Officers

Some of the full-time dental officers attended a course of instruction at the Eastman Dental Hospital in October which was organised by the dental section of the Society of Medical Officers of Health. The topic was preventive dentistry and covered dental health education, preventive orthodontics, treatment planning and some instruction in public health administration. The lecturers were all experienced in their line and the course was well worth while.

Dental Appliances

The dental laboratories at Walthamstow and Barking continue to be fully occupied with the fabrication of orthodontic appliances and dentures for school children and expectant and nursing mothers. Work is taken from school clinics, maternity and child welfare centres and the health centres at Harold Hill and Aveley. The laboratory at Barking has been moved from its former site in a wooden hut to a permanent brick building nearby. These premises are a great improvement and have made a first class workshop with room for the proper unpacking and dispatching of work. The changeover was arranged to give a minimum interference with output. 314 dentures and 816 orthodontic appliances, together with several crowns, inlays and bridges and all the appropriate study models and special trays were made during the year for school children. To this must be added all the denture work undertaken for expectant and nursing mothers. A considerable amount of this work is also let out to mechanics to the profession at agreed rates.

Dental Inspections

The staffing position is reflected in the fact that of the 89,867 children inspected, 23,608 were special cases most of whom were seeking treatment for the relief of pain or some other obviously undesirable condition. This proportion is many times too great and shows the service we are able to offer at present.

Dental Treatment

The time is now due when there should be restrictions in the number of individual children who are referred for comprehensive treatment and this

number should be such that the children can be seen at least once a year. It is stressed that if the interval between courses of treatment is much more than annually there will be risk that the time spent previously on treatment will be wasted. There is ample evidence that a large increase in the number of children treated by general dental practitioners has occurred since the advent of the National Health Service and it is recalled that the regulations of this service allow three inspections and necessary treatment per year without fee.

The incidence of dental decay is increasing and it has been shown that in the London school children 22.2 per cent of new entrants were caries free in 1950 but in 1956 only one five year old child in 70 was caries free. It is generally thought that there is a definite relationship between the consumption of highly refined carbohydrates such as are found in toffees and biscuits and the incidence of dental decay. This applies especially when these confections are eaten between meals. It is thought that the sugar is broken down by bacteria and that one of the end products of this action is an acid which attacks the enamel of the tooth. It is to be noted that only a few minutes are needed for this action to be completed. The latest available Board of Trade figures are disturbing and the amount of sugar used for confectionery and chocolates is given as 481,000 tons in 1938, 200,000 tons in 1942 but 628,000 tons in 1956. It is significant that during the years of sugar rationing, the incidence of dental decay was at its minimum for recent times. The practice of eating biscuits and the like with the mid-session school milk is to be strongly deprecated—a pappy mixture of biscuit and milk is one of the finest media for producing dental decay. Likewise some attention could well be given in regard to school meals to the fact that a valuable preventive of dental decay is to finish off a meal with a cleansing fibrous food such as raw apple, celery and the like. The chewing of such food brings into vigorous play the muscles of the cheeks and lips. It has a mechanical detergent action and increases the flow of saliva all of which help to remove the sticky remains of a meal. Another help after a meal would be for two or three mouthfuls of water to be swished forcibly round the mouth and between the teeth and then swallowed. It is recognised that this may involve some alteration to our accepted table manners but it can be done fairly unobtrusively and is only needed when facilities for tooth brushing are not available. The problem of dental decay is so widespread that any method of prevention should be investigated and carried out if at all possible.

Dental Health Education

As with other ailments the prevention of dental decay is better than its cure and with this in view a programme of dental health education has been embarked on with the co-operation of the Health Education Organiser. An exhibition stand was made available at the Public Health Exhibition held at Leyton Town Hall and at the Essex Show, and at both these the dental hygienist was in attendance. The Essex Show, included a special visit from the students of the Saffron Walden Teachers Training College. An exhibit

showing a modern dental surgery was held in Clacton in co-operation with the National Farmers Union ' eat more apples ' campaign. An oral hygienist was also in attendance here and demonstrated the soft clinging caries-producing food such as chocolate cakes and toffees and the cleansing effect of raw fruit and celery. Children were invited to eat some of the cake, the mouth was examined in a good light and then the effect of chewing the raw fruit was seen in a most spectacular manner, on further examination. Films were shown and teaching materials and literature were available. A special film show and talk was put on for students from the St. Osyth's Training College. Films are in regular loan to Area Medical Officers for use in clinics and schools and the mobile " Family Doctor " dental exhibition unit is on tour. An oral hygienist has a programme of visits to schools in Metropolitan Essex where she gives instruction on mouth hygiene and the care of the teeth. The dental health education campaign is being stepped up in 1958 and a fairly ambitious programme is under consideration.

The Dentists Act of 1957 came into force during the year and this is an Act to consolidate the enactments relating to dentists and other dental workers with certain corrections and improvements. Under this Act, (Statutory Instrument 1957 No. 1423). The Ancillary Dental Workers Regulations 1957 were made and this has to do with the registration, training and examination and discipline of certain classes of dental ancillary workers. I understand that the General Dental Council which is the governing body so far as the dental profession is concerned is actively considering the training of dental nurses who will be authorised to undertake certain dental operations now performed only by dentists. The Council is also contemplating a much more vigorous policy towards dental health education than it has done previously, although this has not been inconsiderable in the past.

During the year the Committee gave permission for professional staff of the Royal Dental Hospital to carry out examinations of the teeth of school children in Colchester and Chelmsford for assessment purposes of the incidence of dental decay in districts where the drinking water has a high or low fluorine content. Consent was also given for the visit of a senior member of the professional staff of the London Dental School to visit a Barking school to inspect children with a view to assessing any relationship to the general development of children and the state of the teeth.

J. Byrom.

APPENDIX A

MEDICAL INSPECTION AND TREATMENT RETURNS

YEAR ENDED 31ST DECEMBER, 1957

Table 1

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

A.—Periodic Medical Inspections.

(1) Number of Children examined :—	
5 years	25,312
10—12 (plus) years	25,068
14 years	16,157
Total	66,537
(2) Additional Periodic Inspections	6,847
Grand Total	73,384

B.—Other Inspections.

Number of Special Inspections	35,237
Number of Re-inspections	37,710
Total	72,947

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 III (3)	Total individual Pupils (4)
5 years	486	2,933	3,300
10—12 (plus) years	1,434	2,581	3,768
14 years	1,019	1,255	2,153
Total	2,939	6,769	9,221
Additional Periodic Inspections	429	769	1,113
Grand Total	3,368	7,538	10,334

D.—Classification of the Physical Condition of Pupils Inspected in the Age Groups Recorded in Table 1.A.

Age Groups Inspected (1)	*Number of Pupils Inspected* (2)	*Satisfactory*		*Unsatisfactory*	
		No. (3)	*% of Col. (2)* (4)	*No.* (5)	*% of Col. (2)* (6)
5 years	25,312	24,852	98.2 (96.7)	460	1.8
10—12 + years	25,068	24,724	98.6 (96.8)	344	1.4
14 years	16,157	15,980	98.9 (99.1)	177	1.1
Additional Periodic Inspections	6,847	6,748	98.6 (94.6)	99	1.4
Total	73,384	72,304	98.5 (97.0)	1,080	1.5

(The figures in brackets Col. 4 refer to 1956).

Table II

Infestation with Vermin

(1)	Total number of individual examinations of pupils in the schools by the school nurses or other authorised persons	568,660
(2)	Total number of individual pupils found to be infested	1,417
(3)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	21
(4)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	7

Table III

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1957.

A. PERIODIC INSPECTIONS

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS				TOTAL (Including all other age groups inspected)	
		Entrants		Leavers			
		Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
4	Skin	221	389	271	186	1,014	900
5	Eyes—						
	(*a*) Vision	491	870	1,140	424	3,368	2,222
	(*b*) Squint	232	253	38	41	401	407
	(*c*) Other	73	113	49	140	245	411
6	Ears—						
	(*a*) Hearing....	53	263	30	53	141	488
	(*b*) Otitis Media	46	239	20	45	102	414
	(*c*) Other	91	76	147	29	350	153
7	Nose and Throat	622	1,957	77	119	1,015	2,744
8	Speech....	239	388	12	22	334	517
9	Lymphatic Glands	32	670	3	38	44	875
10	Heart	51	287	37	123	146	646
11	Lungs	243	672	44	111	434	1,085
12	Developmental—						
	(*a*) Hernia	33	72	3	13	57	131
	(*b*) Other	57	397	23	75	218	918
13	Orthopaedic—						
	(*a*) Posture	113	219	179	181	683	859
	(*b*) Feet	209	399	111	128	762	871
	(*c*) Other	316	720	157	269	879	1,626
14	Nervous system—						
	(*a*) Epilepsy	11	37	7	18	42	102
	(*b*) Other	14	127	8	32	61	266
15	Psychological—						
	(*a*) Development	67	168	18	38	167	383
	(*b*) Stability	70	438	13	62	164	849
16	Abdomen	11	60	8	25	33	143
17	Other	432	173	240	67	957	419

Table III (Continued)

B. SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	Special Instructions	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin	4,257	254
5	Eyes—		
	(*a*) Vision	788	467
	(*b*) Squint	46	31
	(*c*) Other	806	160
6	Ears—		
	(*a*) Hearing	140	114
	(*b*) Otitis Media	110	51
	(*c*) Other	311	58
7	Nose and Throat	860	349
8	Speech....	418	119
9	Lymphatic Glands	29	42
10	Heart	67	84
11	Lungs	209	250
12	Developmental—		
	(*a*) Hernia....	6	18
	(*b*) Other	123	112
13	Orthopaedic—		
	(*a*) Posture	82	44
	(*b*) Feet	305	117
	(*c*) Other	1,023	263
14	Nervous System—		
	(*a*) Epilepsy	21	19
	(*b*) Other	149	116
15	Psychological—		
	(*a*) Development	110	95
	(*b*) Stability	184	128
16	Abdomen	35	22
17	Other	4,249	1,060

Table IV

Treatment Tables

Group 1.—Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	1,967	3,260
Errors of refraction (including squint)	—	15,710
Total	1,967	18,970
Number of pupils for whom spectacles were prescribed	—	10,987

Group 2.—Diseases and Defects of Ear, Nose and Throat

	Number of cases known to have been treated	
	By the Authority	Otherwise
Received operative treatment—		
(*a*) for diseases of the ear	—	72
(*b*) for adenoids and chronic tonsillitis	—	2,197
(*c*) for other nose and throat conditions	—	109
Received other forms of treatment	1,589	653
Total	1,589	3,031
Total number of pupils in schools who are known to have been provided with hearing aids		
(*a*) in 1957	9	26
(*b*) in previous years	20	135

Group 3.—Orthopaedic and Postural Defects

	By the Authority	Otherwise
Number of pupils known to have been treated at clinics or out-patient departments	—	4,810

Group 4.—Diseases of the Skin (excluding Uncleanliness, for which see Table II)

	Number of cases treated or under treatment during the year
Ringworm—	
(i) Scalp	17
(ii) Body	14
Scabies	21
Impetigo	247
Other skin diseases	4,994
Total	5,293

Group 5.—Child Guidance Treatment

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority	1,066

Group 6.—Speech Therapy

Number of pupils treated by Speech Therapists under arrangements made by the Authority	2,882

Group 7.—Other Treatment Given

(*a*)	Number of cases of miscellaneous minor ailments treated by the Authority	8,615
(*b*)	Pupils who received convalescent treatment under School Health Service arrangements	712
(*c*)	Pupils who received B.C.G. vaccination	9,386
(*d*)	Other than (*a*), (*b*) and (*c*) above	
	1. Enuresis	135
	Total (*a*)—(*d*)	18,848

Table V

Dental Inspection and Treatment

(1)	Number of pupils inspected by the Authority's Dental Officers—	
	(*a*) At Periodic Inspections	66,259
	(*b*) As specials	23,608
	Total	89,867
(2)	Number found to require treatment	61,683
(3)	Number offered treatment	54,162
(4)	Number actually treated	38,323

(5)	Attendances made by pupils for treatment	115,732
(6)	Half days devoted to—	
	Periodic Inspection	1,064
	Treatment	15,823
	Total	16,887
(7)	Fillings—	
	Permanent Teeth	53,589
	Temporary Teeth	19,414
	Total	73,003
(8)	Number of teeth filled—	
	Permanent Teeth	47,456
	Temporary Teeth	18,340
	Total	65,796
(9)	Extractions—	
	Permanent Teeth	10,373
	Temporary Teeth	37,519
	Total	47,892
(10)	Administration of general anaesthetics for extraction	19,815
(11)	Orthodontics—	
	(*a*) Cases commenced during the year	1,770
	(*b*) Cases carried forward from previous year	2,312
	(*c*) Cases completed during the year	1,074
	(*d*) Cases discontinued during the year	469
	(*e*) Pupils treated with appliances	2,402
	(*f*) Removable appliances fitted	1,572
	(*g*) Fixed appliances fitted	98
	(*h*) Total attendances	16,185
(12)	Number of pupils supplied with artificial dentures	294
(13)	Other operations—	
	Permanent Teeth	26,577
	Temporary Teeth	10,460
	Total	*37,037

* including 1,343 operations carried out by oral hygienists.

APPENDIX B.

School Meals Service

Particulars of children having milk and meals in primary and secondary schools

Month in which a day was selected for Return	*No. of Pupils Present*	*No. having dinner*	*Per cent. of pupils present having dinner*	*No. having milk*	*Per cent. of pupils present having milk*
October 1947	169,556	106,372	62.1	153,671	90.7
October 1948	179,631	115,621	64.3	160,750	89.5
October 1949	188,321	120,861	64.2	164,862	87.5
October 1950	193,706	109,097	56.3	165,713	85.5
October 1951	201,129	112,690	56.0	170,658	84.9
October 1952	213,111	119,068	55.9	178,604	83.8
October 1953	225,740	108,781	48.2	192,562	85.3
October 1954	236,884	113,959	48.1	200,830	84.8
October 1955	243,523	124,833	51.3	—	—
*October 1955	245,140	—	—	208,781	85.2
October 1956	254,158	126,768	49.9	—	—
*October 1956	254,365	—	—	214,842	84.5
October/ November 1957	247,956	115,870	46.7	—	—
*October/ November 1957	248,758	—	—	207,148	83.3

*Including boarders

(The figures for October/November 1957, were affected by the influenza epidemic.)

Defects and Diseases of the Eye

	1950	1951	1952	1953	1954	1955	1956	1957
Vision								
Total requiring treatment at periodic medical inspection	2,386	2,892	2,487	2,937	3,257	3,339	3,680	3,368
Total requiring treatment at special examinations	1,225	1,122	1,171	1,260	1,146	982	961	788
	3,611	4,014	3,658	4,197	4,403	4,321	4,641	4,156
Total requiring observation at routine periodic medical inspection	1,312	1,341	1,403	1,610	2,354	2,602	2,757	2,222
Total requiring observation at special examinations	309	236	292	329	420	526	513	467
	1,621	1,577	1,695	1,939	2,774	3,128	3,270	2,689
Squint								
Total requiring treatment at periodic medical examinations	394	440	490	698	497	404	445	401
Total requiring treatment at special examinations	170	143	134	136	107	80	59	46
	564	583	624	834	604	484	504	447
Total requiring observation at periodic medical examinations	264	279	348	396	406	397	416	407
Total requiring observation at special medical examinations	32	35	38	44	51	41	20	31
	296	314	386	440	457	438	436	438

Defects and Diseases of the Eye—*Continued*

Errors of Refraction (*Including Squint*)—Known to have received treatment	12,692	14,931	10,488	13,688	14,854	17,471	15,557	15,571
Spectacles — Prescribed	8,059	9,153	9,770	10,629	11,276	10,729	10,196	10,987
Obtained	7,254	7,692	9,268	9,423	9,950	9,523	—	—
Diseases of the Eye—External								
Total requiring treatment at periodic medical examination	316	316	335	431	267	255	281	245
Total requiring treatment at special examination	1,324	1,368	1,262	1,280	874	721	677	806
	1,640	1,684	1,597	1,711	1,141	976	968	1,051
Total requiring observation at periodic medical examination	237	263	306	332	318	307	347	411
Total requiring observation at special examination	154	93	126	107	122	88	114	160
	391	356	432	439	440	395	561	571
Known to have received treatment :								
By Local Authority	2,975	2,161	2,111	2,162	2,033	1,978	1,885	1,967
Otherwise	285	427	464	1,251	738	612	795	680
TOTAL	3,260	2,588	2,575	3,413	2,771	2,590	2,680	2,647
Incidence of visual defects (excluding squint) found at periodic medical inspections to require treatment, per 100 children examined	3.6	3.9	3.5	3.7	4.3	4.4	4.7	4.6

Tonsillectomy Rates in Divisions—1957

Division	*No. of School Entrants examined*	*No. of School Entrants who have had tonsillectomy*	*%*	*No. of Children aged 10-12 and 14 years examined*	*No. of Children aged 10-12 and 14 years who have undergone tonsillectomy*	*%*	*No. of Children known to have received operative treatment for adenoids and chronic tonsillitis*	*% School Population*
North East Essex	2,260	115	5.1	4,923	587	11.9	313	1.2
Mid-Essex	2,102	9	0.4	2,402	5	0.2	13	0.4
South East Essex	2,539	88	3.5	2,813	296	10.5	174	0.76
South Essex	5,222	520	10.0	7,933	2,121	26.7	385	0.83
Forest	3,970	208	5.2	5,292	608	11.5	117	0.31
Romford....	2,158	120	5.6	3,399	544	16.0	309	1.4
Barking	968	52	5.4	2,315	536	23.1	177	1.4
Dagenham	1,933	99	5.1	3,700	370	10.0	141	0.67
Ilford	1,861	124	6.7	3,687	778	21.1	550	2.3
Leyton	944	89	9.4	2,577	459	17.8	15	0.11
Walthamstow	1,355	77	4.3	2,184	287	13.1	3	0.01

Tonsillectomy Rates—1957

Age Group	*Sex*	*Number Inspected*	*Number found to have undergone Tonsillectomy*	*Percentage found to have undergone Tonsillectomy*
5 years	Boys	12,751	816	5.9
	Girls	12,561	685	
10-12 + years	Boys	12,489	2,041	15.8
	Girls	12,579	1,932	
14 years	Boys	8,221	1,354	16.2
	Girls	7,936	1,264	

B.C.G. Vaccination of School Children—1957

Division	*Number of children offered vaccinations* (*a*)	*Number Accepting* (*b*)	*% Acceptance Rate* (*c*)	*Positive Reactors at preliminary test*		*Number of children receiving B.C.G. vaccination* (*f*)	*Cases of post-vaccinal complications* (*g*)
				Number (*d*)	*%* (*e*)		
North East Essex	667	351	52.6	85	24.2	264	—
Mid-Essex	2140	1375	64.2	267	19.4	1052	—
South East Essex	2233	683	30.6	74	10.8	591	—
South Essex	2408	1511	62.7	178	11.8	1219	—
Forest	2926	1787	61.1	177	9.9	1591	1
Romford....	946	776	82.0	81	10.4	728	—
Barking	1275	928	72.8	73	7.9	855	—
Dagenham	1795	848	47.2	89	10.5	698	—
Ilford	3876	999	25.8	78	7.8	786	—
Leyton	1312	666	50.8	86	12.9	577	—
Walthamstow	1926	1191	61.8	165	13.8	1025	—
TOTAL	21504	11115	51.7	1353	12.2	9386*	1

* i.e. 96.1 of negative reactors.

Hearing Defects noted at periodic and special Medical Inspections to require treatment or observation

	Number of Defects							
	1950	1951	1952	1953	1954	1955	1956	1957
Number requiring treatment	419	432	475	557	498	413	451	281
Number requiring observation	327	474	543	591	678	670	766	602
TOTAL	746	906	1,018	1,048	1,176	1,083	1,217	883

Incidence of Handicapped Pupils Per 1000 School Children—1949-1957

	School Population	Blind	Partially Sighted	Deaf	Partially Deaf	Delicate	Physically Handicapped		Educationally Sub-Normal	Maladjusted	Epileptic	
							(excluding those in hospital schools)	(including those in hospital special school)			(excluding those in hospital schools)	(including those in hospital special school)
1949	201,892	0.18	0.25	0.54	0.22	2.24	1.35		3.18	0.60	0.16	
1950	207,893	0.21	0.27	0.51	0.37	2.24	1.27		4.11	0.73	0.13	
1951	218,514	0.22	0.30	0.64	0.26	2.32	1.25		4.30	0.79	0.12	
1952	231,477	0.23	0.24	0.59	0.31	2.08	1.37		4.33	0.95	0.15	
1953	242,037	0.25	0.27	0.52	0.31	1.91	1.27		4.64	0.93	0.13	
1954	251,989	0.23	0.27	0.53	0.32	1.90	1.39		4.73	0.95	0.11	
1955	261,620	0.22	0.26	0.46	0.33	1.64	1.31		4.54	0.94	0.11	
1956	270,295	0.24	0.26	0.43	0.30	1.44	1.20	(1.66)	4.95	0.98	0.14	(0.17)
1957	277,044	0.23	0.25	0.39	0.32	1.54	1.20	(1.71)	5.06	1.04	0.12	(0.16)

Summary of Handicapped Pupils—1957

Category	*Newly placed in special schools or homes*	*Newly assessed as needing special educational treatment at special schools or in Boarding Homes*	*Number attending special schools*		*Attending assisted Schools*	*Number boarded in homes*	*Educated under arrangements made under Sec. 56*		*Number remaining unplaced*	
			Day Pupils	*Boarding Pupils*			*At home*	*In Hosp.*	*Day*	*Residential*
Blind	4	2		47	—	—	4	—	—	14
Partially sighted	15	8	30	31	—	—	1	—	2	6
Deaf	7	6	49	48	10	—	—	—	—	1
Partially Deaf	17	13	50	25	7	—	—	—	2	6
Delicate	183	216	226	134	6	5	6	—	7	44
Physically Handicapped	60	70	187	58	20	1	33	72	7	29
Educationally sub-normal	286	373	793	265	31	—	33	—	190	167
Maladjusted	62	75	1	117	101	22	3	—	—	46
Epileptic	8	7	3	28	—	—	1	—	—	3
Speech defect	—	—	—	3	—	—	—	—	—	1
	642	770	1,339	756	175	28	81	72	208	317 (525) (44 patients referred)

Admissions to Hospital Special Schools—1957

Highwood Hospital, Brentwood	28
Black Notley Hospital, Braintree	42
Canadian Red Cross Hospital, Taplow, Bucks.	1
Alexandra Hospital, Luton	4
The London Hospital	16
Cold Ash Hospital, Oxford	1
St. Helen's Hospital, Ipswich	3
Robert Jervis & Agnes Hunt Hospital, Oswestry	1
Marlborough Childrens' Convalescent Hospital School, Wiltshire	3
Heritage Craft School, Chailey	8
St. Vincents Hospital, Eastcote, Pinner	6
Scotton Bank Sanatorium, Knaresborough	1
Cheyne Hospital, West Wickham, Sevenoaks	1
Victoria Home, Broadstairs	1
Heswall and Thingwall, Wirral, Cheshire	1
Queen Mary's Hospital, Carshalton	5
Tadworth Court (Great Ormond Street Hospital)	6
St. Ebba's Hospital School, Epping	4
Middlesex County Council (various schools)	6
	138
St. Faith's (Epileptic) Hospital, Brentwood	9
	147

Placement of Pupils with Dual Handicaps

Date	*Total No. Placed*	*No. with a Physical Handicap*	*No. with a Mental Handicap*	*No. of E.S.N. Maladjusted Children*	*Total Waiting Placement*	*No. with a Physical Handicap*	*No. with a Mental Handicap*	*No. of E.S.N. Maladjusted Children*
2. 2.54	22	9	18	8	4	1	1	—
6.10.54	22	8	19	9	10	2	8	1
2. 2.55	22	9	19	8	4	1	3	—
19.10.55	18	9	15	7	4	1	3	—
9. 3.56	22	10	19	8	—	—	—	—
23.10.56	23	8	20	11	4	1	3	2
26. 2.57	25	9	19	10	4	4	1	—
22.10.57	23	6	19	11	24	9	22	12
31. 1.58	28	7	24	11	18	6	16	7

APPENDIX C.

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, Colchester Road, Halstead	Wednesdays a.m.	
Sible Hedingham Secondary School, Sible Hedingham	Thursdays a.m. (during school term)	
Essex County Health Services Clinic, 31 Skelmersdale Road, Clacton-on-Sea	Mondays p.m.	
New Church Schoolroom, Brightlingsea	Wednesdays p.m.	In conjunction with C.W.C's.
Great Bentley Village Hall, Gt. Bentley	4th Friday p.m.	

MID-ESSEX DIVISION :

Essex County Health Services Clinic, Coggeshall Road, Braintree	Tuesdays 10.0 a.m.
Essex County Health Services Clinic, Crouch Road, Burnham-on-Crouch	2nd Monday 10.0 a.m.
Essex County Health Services Clinic, Coval Lane, Chelmsford	Every Monday 9.30 a.m.
Essex County Health Services Clinic, Wantz Chase, Maldon	1st, 3rd and 5th Friday 10.0 a.m.
Congregational Church Hall, Ongar	2nd and 4th Thursday 2.0 p.m.
Essex County Health Services Clinic, 69 High Street, Saffron Walden	Fridays 10.0 a.m.
Central Hall, Stanstead	2nd Thurdsay 9.30 a.m.
Essex County Health Services Clinic, Guithavon Street, Witham	1st and 3rd Thursday 9.30 a.m.
Essex County Health Services Clinic, 58 New Street, Dunmow	2nd, 4th and 5th Monday 10.0 a.m.

SOUTH-EAST ESSEX DIVISION :

Essex County Health Services Clinic, Great Wakering	Fridays a.m.

SOUTH-EAST ESSEX DIVISION—*Continued.*

Essex County Health Services Clinic, Rocheway, Rochford	Tuesdays a.m.
Essex County Health Services Clinic, Eastwood Road, Rayleigh	Tuesdays a.m.
Essex County Health Services Clinic, Kenneth Road, Thundersley	Thursdays a.m.
Essex County Health Services Clinic, Nevendon Road, Wickford	Mondays a.m.
Essex County Health Services Clinic, High Road, Pitsea	Mondays a.m.
Essex County Health Services Clinic, Florence Road, Laindon	Fridays a.m.
Essex County Health Services Clinic, Laindon Road, Billericay	Thursdays a.m.
Essex County Health Services Clinic, Furtherwick Road, Canvey Island	Mondays a.m.
Essex County Health Services Clinic, High Road, South Benfleet	Thursdays 10.45 a.m.
Essex County Health Services Clinic, Craylands, Timberlog Lane, Basildon	Tuesdays & Fridays a.m.
Essex County Health Services Clinic, London Road, Hadleigh	Fridays a.m.
Public Hall, Hockley	2nd and 4th Wednesday a.m.

SOUTH ESSEX DIVISION :

Essex County Health Services Clinic, 39 Queen's Road, Brentwood	Wednesdays a.m.
Essex County Health Services Clinic, Westland Avenue, Hornchurch	Tuesdays & Thursdays a.m.
Essex County Health Services Clinic, Abbs Cross Lane, Hornchurch	Thursdays a.m.
Essex County Health Services Clinic, 61 Athelstan Road, Harold Wood	2nd and 4th Friday only a.m.
Essex County Health Services Clinic, Upminster Road, Rainham	Thursdays a.m.
Essex County Health Services Clinic, 230 St. Mary's Lane, Upminster	Wednesdays a.m.
Essex County Health Services Clinic, Glasson House, High Street, Grays	Wednesdays a.m.
Essex County Health Services Clinic, Newton Road, Tilbury	Mondays & Fridays a.m.
St. Margaret's Hall, Corringham Road, Stanford-le-Hope	Mondays & Thursdays a.m.

SOUTH ESSEX DIVISION—*Continued.*

Village Hall, North Road, South Ockendon, Nr. Grays	Mondays a.m.
Essex County Health Services Clinic, Stifford Long Lane, Grays	Thursdays a.m.
Essex County Health Services Clinic, River View, Chadwell St. Mary	Tuesdays a.m.
Aveley Health Centre, Darenth Lane, South Ockendon	Fridays a.m.
Essex County Health Services Clinic, South End Road, South Hornchurch, Rainham	Mondays & Thursdays a.m.
Essex County Health Services Clinic, Hall Road, Aveley, Purfleet	Fridays a.m.
Essex County Health Services Clinic, London Road, Purfleet	1st Wednesdays p.m.
Three Arch Bridge Health Services Clinic, Cherry Avenue, Brentwood	Tuesdays a.m.
Essex County Health Services Clinic, Rheidovale, Princess Margaret Road, East Tilbury	1st, 3rd and 5th Thursdays a.m.

FOREST DIVISION :

Essex County Health Services Clinic, Manford Way, Chigwell	Thursdays a.m.
Essex County Health Services Clinic, Hatch Lane, Chingford	1st, 2nd and 4th Monday p.m.
Essex County Health Services Clinic, Marmion Avenue, Chingford	Mondays a.m.
Essex County Health Services Clinic, 15 Regent Road, Epping	1st and 3rd Tuesday a.m.
Nuffield House, The Stow, Harlow	Alternate Fridays a.m.
Essex County Health Services Clinic, Loughton Hall, Rectory Lane, Loughton	Thursdays a.m.
Essex County Health Services Clinic, The Cedars, Sewardstone Road, Waltham Abbey	2nd and 4th Tuesday a.m.
School Clinic, 93 High Road, South Woodford	Fridays a.m.

ROMFORD DIVISION :

Essex County Health Services Clinic, Hulse Avenue, Collier Row	Mondays a.m.
Parklands School	Thursdays a.m.
Hilldene School	Tuesdays a.m.

ROMFORD DIVISION—*Continued.*

Essex County Health Services Clinic, Marks Road	Saturdays a.m.
Harold Hill Health Centre, Gooshays Drive, Harold Hill	Mondays & Tuesdays a.m.

BARKING DIVISION :

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 DIVISION :

Five Elms School	Mondays p.m. & Fridays a.m.
Essex County Health Services Clinic, Becontree Avenue	Mondays & Thursdays a.m.
Essex County Health Services Clinic, Ballards Road	Mondays p.m.
Essex County Health Services Clinic, Ashton Gardens, Chadwell Heath ..	Tuesdays a.m.
Essex County Health Services Clinic, Ford Road	Monday a.m. and Thursdays p.m.
Kings Wood School, Harbourer Road, Hainault	Mondays 9.30 a.m. 1st and 3rd in month
Essex County Health Services Clinic, Oxlow Lane	Wednesdays 9.30 a.m.

ILFORD DIVISION :

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

LEYTON DIVISION :

Essex County Health Services Clinic, Granleigh Road, Leytonstone, E.11	Daily a.m. including Saturdays
Essex County Health Services Clinic, Leyton Green Road, Leyton	Daily a.m.

LEYTON DIVISION—*Continued*

Essex County Health Services Clinic, Dawlish Road, Leyton	Daily a.m. including Saturdays

WALTHAMSTOW DIVISION :

Town Hall	Mondays, Wednesdays, Fridays and Saturdays a.m.
Essex County Health Services Clinic, Silverdale Road, Highams Park	Tuesdays a.m.
Essex County Health Services Clinic, Low Hall Lane, Markhouse Road	Mondays and Thursdays a.m.

Specialist Clinics

Type of Clinic	*No. of Sessions Monthly*	*Name of Specialist*
North-East		
Ophthalmic	22	Dr. H. S. Sweet
Orthopaedic	1⅔	Mr. D. M. Dunn
Physical Medicine	16	Dr. K. W. Nichols Palmer
Ear, Nose and Throat	1	Mr. J. M. Green
Mid		
Ophthalmic	23	Dr. A. H. Staples
		Dr. G. Searle
		Dr. J. J. Reilly
		Dr. H. S. Sweet
		Mr. Foulds
Orthopaedic	14	Mr. H. A. H. Harris
		Mr. D. M. Dunn
		Mr. R. W. Butler
South-East		
Ophthalmic	16	Dr. G. T. Foster Smith
		Dr. B. C. Dench
South		
Ophthalmic	29	Dr. H. J. Thorne
		Dr. J. J. Regal
		Dr. G. R. Bhatia
		Dr. D. E. Hone
		Dr. M. Cripps
Orthopaedic	1	Mr. G. Barclay
Forest		
Ophthalmic	20	Dr. G. Searle
		Dr. R. M. Harvey
		Dr. A. D. Fox
		Dr. G. F. Ensor
		Dr. J. J. Reilly
Orthopaedic	5	Mr. H. G. Korvin
		Mr. G. R. Fisk
		Mr. M. Mason
		Mr. G. Rigby-Jones

Type of Clinic	*No. of Sessions Monthly*	*Name of Specialist*
Romford		
Ophthalmic	8	Mr. Dias
		Dr. D. E. Hone
		Dr. J. J. Regal
Orthopaedic	2	Mr. G. Barclay
		Mr. A. M. A. Moore
Barking		
Dermatology	2	Dr. P. Deville
E.N.T.	4	Miss M. Mason
Ophthalmic	12	Dr. R. F. Jamieson
Orthopaedic	2	Mr. Leon Gillis
Paediatric	2	Dr. S. B. Dimson
		Dr. T. Savage
Dagenham		
Orthopaedic	1	Mr. A. M. A. Moore
Ophthalmic	8	Dr. J. Regal
		Dr. H. Macfarlane
Ilford		
Orthopaedic	7	Mr. M. Mason
		Mr. H. A. Korvin
Ophthalmic	17	Dr. M. H. Malik
		Dr. H. J. Thorne
		Dr. J. J. Reilly
Aural	4	Miss M. M. Mason
Paediatric	2	Dr. A. Russell
Cerebral Palsy Unit	4	Dr. D. L. Woolf
Leyton		
Ear, Nose and Throat	1	Dr. D. V. Furlong
Ophthalmic	8	Dr. Logan Adams
Orthopaedic	4	Mr. J. M. Oatley
Walthamstow		
Ear, Nose and Throat	4	Dr. A. Cammock
		Mr. F. Clarke
Ophthalmic	20	Dr. H. Ho
Paediatric	2	Dr. E. Hinden
Orthopaedic	1	Mr. G. Rigby-Jones

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