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ANNUAL REPORT

OF THE

Principal School Medical Officer

FOR THE YEAR

1960

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GEORGE G. STEWART, M.R.C.S., L.R.C.P., D.P.H.
PRINCIPAL SCHOOL MEDICAL OFFICER

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GEORGE G. STEWART, M.R.C.S., L.R.C.P., D.P.H.
PRINCIPAL SCHOOL MEDICAL OFFICER

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PREFACE

COUNTY HALL, CHELMSFORD

April, 1961

Telephone: Chelmsford 3231

To the Chairman, Aldermen and Councillors of the County Council of Essex

Mr. Chairman, Ladies and Gentlemen

I have the honour to present my Annual Report as Principal School Medical Officer for the year 1960.

The Report, which includes the report of the Principal School Dental Officer, has been prepared from draft material submitted by the Divisional School Medical Officers and other senior members of the staff of the Department who are concerned particularly with the School Health Service.

Generally, it can be said that 1960 was a year of progress and extension of the School Health Service when the usual facilities were made available to an increasing school population. In particular, I would like to draw attention to the considerable increase in the number of school children given protection against tuberculosis by means of B.C.G. vaccination, the improvement in the general physical condition of children examined at periodic medical inspections, the increase in the percentage of children examined at these inspections who were found to be free from defects and the additional facilities becoming available for the early detection of hearing defects.

As will be seen from the Report of the Principal School Dental Officer, a further decrease in the number of dentists employed made it quite impossible to achieve much progress in the inspection and treatment of dental defects among children. Whilst the present staffing trend continues, there is little prospect of fulfilling the Authority's statutory duty to provide a priority dental service for all school children. It can only be hoped that benefits will accrue from the use of ancillary staff, when they become available, and from the intensive dental health campaign which is being promoted throughout the County.

It is again a pleasure to record my thanks to the Education Committee for their continued interest, consideration and support. I have also appreciated very much the co-operation of the Chief Education Officer and his staff in all matters affecting the health of the school child. To my own staff, I express my warm thanks for their continued loyalty and assistance throughout another year.

I am, Ladies and Gentlemen

Your obedient Servant

GEORGE G. STEWART

Principal School Medical Officer

County Council of Essex

EDUCATION COMMITTEE

(as at 31st December, 1960)

Chairman: Councillor E. C. Hardy

Vice-Chairman: Councillor A. F. J. Chorley, M.B.E., J.P

County Council Members

Aldermen:

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The Rev. B. C. Cann
G. F. Chaplin, C.B.E., J.P
Sir Frank S. Foster, C.B.E., J.P
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C. E. Leatherland, O.B.E., J.P
Mrs. B. K. Lowton, J.P
Miss M. L. Mathieson

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Mrs. E. W. Borthwick
E. F. Castle
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Brigadier T. F. J. Collins, C.B.E.
F. J. Davis
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L. F. Saunders
W. A. Sibley
J. E. Tabor, O.B.E., M.A
H. R. Turner
L. M. Worsnop, J.P

Representatives of Divisional Executives

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L. W. Carroll
A. L. Chamberlain
S. N. Chaplin
G. Colvin, C.B.E
D. W. Day
A. C. Moles
W. A. Nichols
Mrs. O. M. J. Roberts
Mrs. D. H. M. Romanes

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A. F. Joseph, M.A
R. P. Tong, O.B.E., M.A

Persons of Experience in Education

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J. W. Gofton, O.B.E
H. B. Jenkins
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The Lady McEntee, O.B.E., J.P
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The Rev. F. J. Saurin
A. J. Smith
Brigadier J. T. de H. Vaizey

Representatives of Teachers

M. G. Hughes, M.A
A. C. Hutchinson
D. T. Meyrick
Miss A. I. Walker
Miss D. A. Williams

STAFF OF THE SCHOOL HEALTH SERVICE

(as at 31st December, 1960)

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

Principal Senior Medical Officer:
CHRISTINA GRANT, M.B., Ch.B., D.P.H., Barrister-at-Law

Senior Medical Officer (Child Health):
I. B. MILLAR, M.D., B.Ch., B.A.O., D.P.H

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

Superintendent Nursing Officer:
Miss F. S. LEADER, S.R.N., S.C.M., Q.N., H.V.Cert

County Health Inspector:
S. E. WILLIS, M.A.P.H.I

Statistician:
W. H. LEAK, B.A., F.S.S

DIVISIONAL STAFF

Divisional Medical Officers

North-East Essex	JOHN D. KERSHAW, M.D., B.S., D.P.H
Mid Essex	J. L. MILLER WOOD, V.R.D., M.R.C.S., L.R.C.P., D.P.H
South-East Essex	A. YARROW, M.B., Ch.B., D.P.H
South Essex	W. T. G. BOUL, M.B.E., M.D., D.P.H
Forest	F. G. BROWN, T.D., M.B., Ch.B., B.A.O., D.P.H
Romford	F. GROARKE, M.B., L.M., D.C.H., D.P.H
Barking	M. I. ADAMSON, M.B., Ch.B., D.P.H
Dagenham	J. ADRIAN GILLET, M.B., Ch.B., D.P.H., F.R.S.H
Ilford	I. GORDON, M.D., Ch.B., M.R.C.P., D.P.H
Leyton	G. T. CROOK, M.R.C.S., L.R.C.P., D.P.H
Walthamstow	M. WATKINS, M.R.C.S., L.R.C.P., D.P.H

Other Staff

	Number employed	Aggregate of time given to School Health Service (in terms of whole-time members of staff)
Medical Officers	94*	35.21
Dental Officers	62*	29.34
Health Visitors	280	109.6
School Nurses only	54	27.0
Nursing Assistants	36	13.6
Dental Attendants	49	37.58
Speech Therapists	32	26.05
Oral Hygienist	1	0.58
Psychiatric Social Workers	11	10.4
Physiotherapists	2	2.0
Chiropodists	10	0.79
Occupational Therapist	1	1.0

* includes sessional officers

Chapter 1

GENERAL STATISTICS

The Registrar General's estimate of population for the Administrative County at mid-year, 1960, was 1,842,500, of whom approximately 288,931 were children of school age.

School Population 1960

	Primary Schools	*Secondary Schools*	*Total*
North-East Essex	14,842	12,673	27,515
Mid-Essex	19,037	14,277	33,314
South-East Essex	17,577	11,713	29,290
South Essex	28,657	21,268	49,925
Forest	23,436	17,074	40,510
Romford	12,379	10,138	22,517
Dagenham	10,120	9,480	19,600
Barking	6,255	5,863	12,118
Ilford	13,021	10,362	23,383
Leyton	5,642	6,357	11,999
Walthamstow	8,409	9,785	18,194
Boarding Schools	—	566	566
Total 1960	159,375	129,556	288,931
Total 1959	160,907	124,923	285,830

Number of Schools

Primary Schools	717
Secondary Schools (including grammar schools)	210
Technical Colleges	7
Nursery Schools	3
Special Schools	23

Distribution of Special Schools

The 23 special schools in the Administrative County cater for handicapped pupils in the following way :—

Category of handicapped pupil	*Divisional Executive*	*Day Schools*	*Residential Schools*	*Sex*	*Accommodation*
Educationally subnormal	N.E. Essex	1	—	Mixed	80
	Mid-Essex	—	1	Male	88
	Mid-Essex	—	1	Female	75
	S.E. Essex	2	—	Mixed	210
	S. Essex	1	—	Male	120
	Forest	—	1	Male	120
	Barking	1	—	Mixed	120
	Dagenham	1	—	Mixed	100
	Leyton	1	—	Mixed	100
	Walthamstow	1	—	Mixed	100
	Total	8	3	—	1,113
Maladjusted	N.E. Essex	—	1	Male	45
	Forest	—	1	Mixed	43
	Leyton	1	—	Mixed	60
	Total	1	2	—	148
Delicate and / or physically handicapped	N.E. Essex	—	1	Mixed	100
	S. Essex	1	—	Mixed	105
	Barking	1	—	Mixed	80
	Dagenham	1	—	Mixed	80
	Ilford	1*	—	Mixed	105
	Walthamstow	1	—	Mixed	95
	Total	5	1	—	565
Partially sighted	Walthamstow	1	—	Mixed	45
	Total	1	—	—	45
Deaf	Walthamstow	1	—	Mixed	50
	Total	1	—	—	50

* A unit for cerebral palsied children is attached to this school

Children in Hospital Special Schools at end of 1960

Essex

Mid-Essex Hospital School (Black Notley) 49

Other Counties (13 other hospital schools) 54

Total 103

Chapter 2

PERIODIC MEDICAL INSPECTION

During 1960, 79,440 periodic medical inspections were carried out, a reduction of 904 from the number for the previous year when considerable progress was made in overcoming the interference created by the need to concentrate on the poliomyelitis campaign.

Medical Inspection Experimental Modifications

The experiments referred to in the Reports for 1958 and 1959 were continued during the year under review, although that in the North-East Essex Division was affected by a staffing change which tends to make difficult a proper assessment of the results gained.

The experiment in the South Essex Division continued to work satisfactorily and the heads of schools co-operated to the full by referring to the school medical officer any child about whom they were concerned. This experiment depends upon the completion of a questionnaire and, although it has entailed additional clerical and visiting work for the school nurses, no adverse criticism has been raised by the school medical officer operating the modified scheme. During the year, the medical records of 230 children attending primary schools included in this scheme were scrutinised and, of the questionnaires issued, 225 (98 per cent) were returned fully completed. Thirty parents answered "Yes" to the question, "Is there any other matter which you would like to discuss with the Doctor?" and 214 parents (95 per cent) attended the medical examination of their children. The medical records of 492 children leaving secondary schools (aged 15 years and over) were scrutinised and 473 questionnaires (94 per cent) issued to the parents of these children were returned completed. Of these children, 154 were examined; 84 for medical reasons, 21 because of defective vision and 28 because no previous examination had been recorded on the medical records. Two children were examined at their parents' request, no parents specifically asked that the examination should not take place and 19 children were examined whose parents did not complete the questionnaire.

The alternative system for the medical inspection of pupils attending schools in Harlow continued during 1960 on a permanent basis. This system, whereby the second routine medical inspection of pupils (usually carried out during the child's last year in the primary school) is dispensed with and instead the school medical officer and school nurse visit each primary/junior school at least twice a term to examine children referred by the parent, head teacher or school nurse, ensures that the school medical officer's time is spent in the examination of those children referred for a specific purpose.

The further variation which was adopted in certain parts of the Forest Division during 1958 was continued in 1960. Under this arrangement, in Chigwell, Wanstead and Woodford the second routine medical inspection was

deferred until the children reached the secondary schools. As from September, 1960 the examination of children attending secondary schools in Chingford and Waltham Holy Cross was similarly deferred.

Special Medical Examinations

During the year, 59,241 special examinations and re-examinations were carried out, this being 1,414 more than in the previous year.

Physical Condition of Children

Of the 79,440 children who received a routine medical examination in 1960, only 366 (0.5 per cent) were found to be unsatisfactory as regards their physical condition. The following table shows that the percentage of such children has decreased steadily over the past five years : it also shows the percentage of children examined who were found to be free of defects.

Year	*Percentages of children free of defects requiring treatment*	*Percentages of children unsatisfactory*	
		Essex	*England and Wales*
1956	84.5	3.0	1.71
1957	85.9	1.5	
1958	84.6	1.0	
1959	84.0	0.7	
1960	84.3	0.5	

Details concerning the numbers of children inspected at routine medical inspections during the year and the number of children found to have defects requiring treatment are shown in the following table :—

Periodic medical inspections : number of children with defects :—

Age Groups Inspected (by year of birth)	*Number of children inspected*	*Number of children with defects requiring treatment*	*Ratio of children with defects to children inspected*	*Percentage of children defined as "unsatisfactory"*
1959				
1955 and later	755	80	1 : 9.4	0.8
1954	10,877	1,392	1 : 7.8	0.7
1953	11,794	1,538	1 : 7.7	1.0
1952	2,857	473	1 : 6.0	1.6
1951	873	168	1 : 5.2	1.5
1950	1,228	273	1 : 4.5	1.3
1949	3,237	656	1 : 4.9	0.7
1948	13,883	2,546	1 : 5.5	0.8
1947	8,719	1,572	1 : 5.5	0.7
1946	1,631	297	1 : 5.5	1.4
1945	5,672	892	1 : 6.4	0.6
1944 and earlier	18,818	2,961	1 : 6.4	0.3

1960

1956 and later	658	67	1 : 9.8	0.5
1955	12,315	1,657	1 : 7.4	0.5
1954	12,477	1,741	1 : 7.2	0.5
1953	2,996	481	1 : 6.2	0.4
1952	927	193	1 : 4.8	1.2
1951	1,360	295	1 : 4.6	1.3
1950	3,210	581	1 : 5.5	0.7
1949	14,013	2,380	1 : 5.9	0.5
1948	7,551	1,353	1 : 5.6	0.6
1947	1,807	287	1 : 6.3	0.8
1946	6,592	1,019	1 : 6.5	0.3
1945 and earlier	15,534	2,443	1 : 6.4	0.2

School Meals

The number of meals served in schools was higher than ever before. I am grateful to the Chief Education Officer for providing the full report on the School Meals Service which is given in Appendix D.

Cleanliness Inspections

As will be seen from the following table, there has been over the last ten years a substantial decrease in the numbers of children found to be infested with vermin.

This general improvement over the years has allowed health visitors and school nurses to concentrate more on the habitual offenders. Accordingly, the percentages of school population infested and of inspected children infested have tended to remain much the same or to rise during the last five years. This policy of concentrating on the habitual offender is reflected in the fact that during the year it was necessary to issue 25 cleansing notices under Section 54(2) and one cleansing order under Section 54(3) of the Education Act, 1944.

Infestation with Vermin

	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Children found to be infested with vermin	4,902	3,622	3,097	2,535	1,826	1,569	1,417	1,648	1,213	1,200
Percentage of school population infested	2.2	1.6	1.3	1.0	0.7	0.6	0.5	0.6	0.4	0.4
Percentage of inspected children infested	0.92	0.67	0.55	0.42	0.32	0.28	0.24	0.37	0.33	0.35

Individual Defects

Diseases of the Lungs

Of the children given periodic medical examination for the first time in their school life, 851 were found to require either treatment or observation because of defects of the lungs. This is very nearly the same as the figure (847) for the previous year. In addition, 779 other children were found at periodic examination to have some defect of the lungs. Of those children examined specially during 1960, 138 required treatment and 173 were placed under observation because of lung defects.

Children ascertained as handicapped pupils because of lung defects continued to be admitted to special schools for the delicate or physically handicapped. The Ogilvie School, Clacton-on-Sea in the North-East Essex Health Area served the County as a whole.

Heart Disease

Of the children examined at periodic medical inspections, 168 were found to require treatment because of heart conditions and 856 were recommended for observation. Children with these conditions were referred for treatment through the usual channels.

Diseases of the ears

Hearing. It is interesting to note that whilst 117 entrants to schools were found at periodic medical examinations to have hearing defects only 28 were found among the leaver group. Some 803 children given periodic medical examination were found to be in need of observation because of hearing trouble.

Otitis Media. The incidence of otitis media in children examined at periodic inspections (14 per 1,000 children examined) was approximately the same as that for the previous year.

Other. 270 children were referred for treatment of other ear defects and 275 were considered to require observation.

Orthopaedic defects

Posture. There was a reduction in the number of children found to have postural defects requiring treatment or observation and, although it may be premature to assume that the continuing policy of supplying school furniture which complies with the British Standard Institution specifications is showing welcome results, it is hoped that this improvement will be maintained.

Feet. It is no doubt a pointer to modern times and modern fashions in footwear that the number of children examined at periodic medical inspections who were found to require treatment because of defects of the feet was in excess of the numbers requiring treatment for other individual defects with the

exception only of defective vision and skin diseases. No less than 421 children examined as entrants and therefore in the 5 to 6-year-old group had to be referred for treatment.

Other. The number of other orthopaedic defects found at periodic inspections during the year was much the same as that for 1959, namely 934 requiring treatment and 1,925 requiring observation.

Skin Diseases

During the year under review 1,191 children given periodic medical examination were referred for treatment because of skin defects and another 1,322 were referred for observation.

Other Defects

Defects of the eye, of speech and psychological defects are referred to in Chapters 5, 6 and 7 of this report.

Chapter 3

TREATMENT OF DEFECTS

Arrangements for the treatment of all defects found among school children at periodic or special inspections are made strictly in accordance with the principles, approved by the British Medical Association and the Society of Medical Officers of Health, whereby any child needing special investigation (other than ophthalmic examination) or treatment, is only referred to a specialist after prior consultation with the family doctor concerned upon whom rests the responsibility for general medical care. In consulting general medical practitioners, an opportunity is given to them to make the arrangements for the consultation or to agree that the arrangements should be made direct through the School Health Service. Copies of any reports received from specialists about school children are sent to the family doctors.

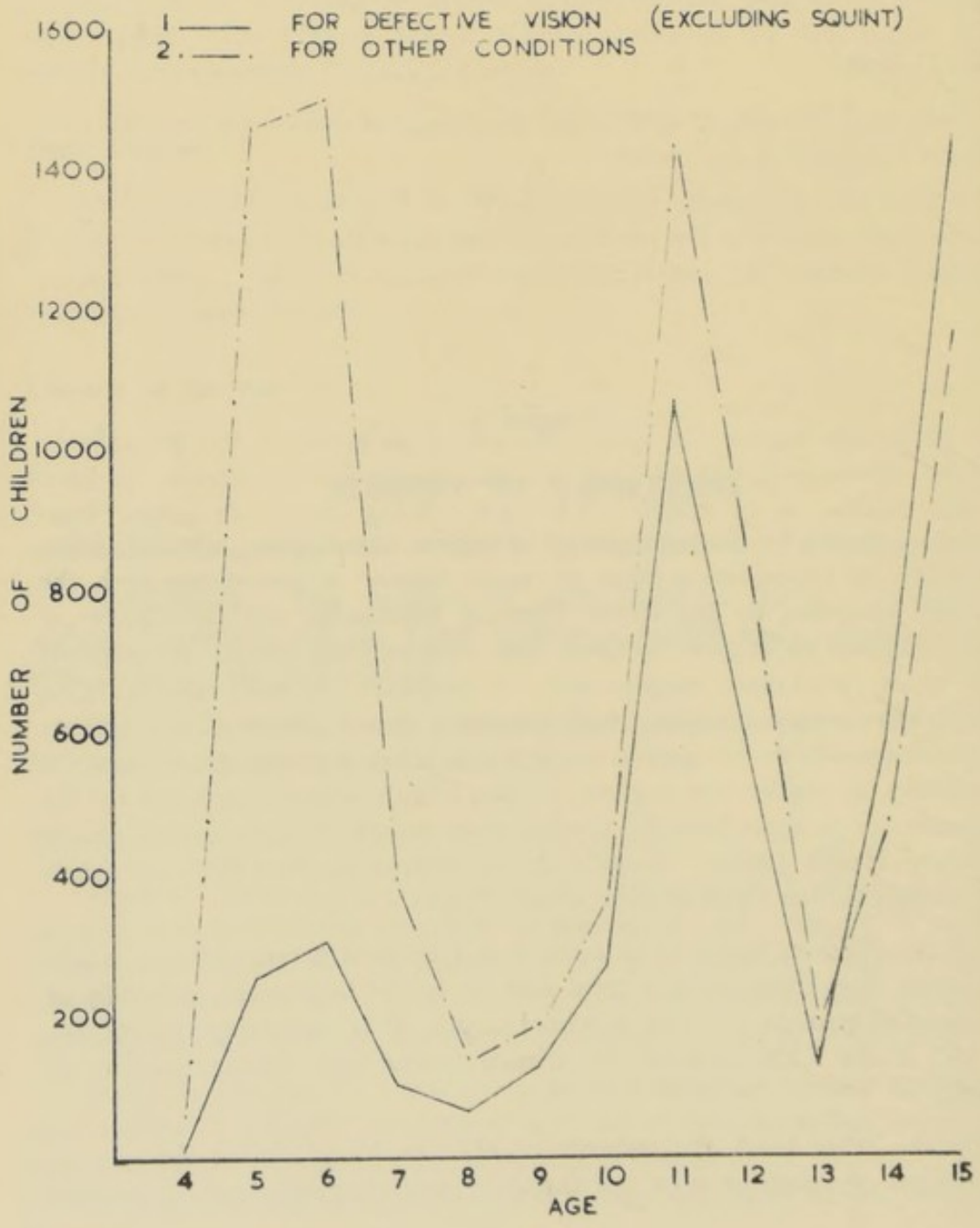
Of the children found to be in need of treatment because of skin conditions, more than three-quarters were seen at special inspections, generally at the request of parents, teachers or school nurses. It is interesting to note that only 190 of the 5,550 cases of skin disease treated had impetigo, scabies or ringworm.

On the other hand, the majority of children found during the year to have defects of vision or nose and throat defects were examined at periodic

medical inspection and not as a direct result of requests for examination by parents, teachers or school nurses.

The following diagram shows the age distribution of all pupils with defects requiring treatment, from which it will be seen that whilst " other conditions " reached 4 peaks (at ages 5, 6, 11 and 15 and over), " defective vision " only reached two peaks (at the ages of 11 and 15 and over).

PUPILS FOUND AT PERIODIC MEDICAL INSPECTIONS TO REQUIRE TREATMENT



School Clinics

As the demands for the treatment of minor ailments in children lessen, the practice continued to develop during 1960 of minor ailment clinics being used more for consultation purposes than for the actual treatment of these ailments. It has been found that it is not always possible, during busy medical inspections on school premises, to give the required individual attention and time to children who may require thorough investigation. In these circumstances and in special cases referred to the school medical officer by head teachers, school nurses or parents, arrangements are made for the children concerned to be given appointments at the nearest minor ailment clinic. Where, in an atmosphere more conducive to medical examinations, thorough investigation can be undertaken and, parents can more easily be interviewed.

The following table illustrates this tendency and shows that, with the exception of those attending for speech defects and psychological conditions, the number of children treated in minor ailment clinics during 1960 was less than in the previous year.

Number of children treated at Minor Ailment Clinics

Conditions for which treatment given	*No. of children treated*		
	1958	1959	1960
External and other eye diseases, excluding errors of refraction and squint	1,793	1,791	1,557
Diseases of the ear, nose and throat (non-operative treatment)	1,555	1,594	1,203
Skin diseases, excluding uncleanliness	5,421	5,556	5,550
Other miscellaneous minor ailments including enuresis	7,658	5,964	5,629
Psychological conditions (at child guidance clinics)	1,619	1,906	2,101
Speech defects (at speech therapy clinics)	2,705	3,056	3,420
TOTAL	20,751	19,867	19,460

The Enuresis Clinics

Arrangements continued during 1960 whereby children suffering from enuresis could have the use of enuresis alarms. These were made available, without charge, under Section 28 of the National Health Service Act, 1946. During the year, 122 of these alarms were issued on loan.

The special clinics set up in Harlow and Ilford continued during the year and, because of the increase in the number of cases referred, particularly by general medical practitioners, ten additional sessions had to be provided at Harlow.

The following details give an indication of the work undertaken and of the results obtained at Harlow Clinic :—

Number of sessions	36
Total attendances	245
Number of patients seen	91
Number of new patients	68
Of these :	
(1) number referred by family doctors	45
(2) number referred by school medical officers	18
(3) number referred by health visitors	5
Number of patients discharged :	
(a) completely cured	22
(b) greatly improved	13
(c) improved	1
(d) slightly improved	1
(e) treatment not completed	11
(f) unsuccessful	—
Number still under treatment at end of year	43

The Clinic in Ilford was transferred during the year from the Health Offices at Valentines Mansions to the new purpose-built County Health Services Clinic at Kenwood Gardens. Attendance during the year showed a marked improvement and the whole atmosphere of the Clinic was one of enthusiasm and co-operation by both parent and child.

In all 89 new cases were referred to the Clinic and these were made up as follows :—

Recommended by	*Under 5 years*		*Over 5 years*	
	Boys	*Girls*	*Boys*	*Girls*
Parents	—	—	5	2
General Practitioners	3	4	9	8
Infant Welfare Officers	10	6	—	—
School Medical Officers	—	—	18	15
Health Visitors	1	—	3	—
Hospital and clinic specialists	—	—	2	3
Total	14	10	37	28

Total attendances	430
Number of sessions	35

The results of the treatment were briefly :—

(a) Completely cured	58
(b) Marked improvement	20
(c) Improved	14
(d) No improvement	4
(e) Self-discharged or treatment not completed	19

In other Divisions there was an increase in the number of requests made through general medical practitioners for the issue on loan of electric alarms as a means of controlling nocturnal enuresis in school children. In the majority of cases treatment with these alarms was successful.

Recuperative Holidays

The continued improvement in the general standard of the health of children attending maintained schools was reflected in a further reduction in the number of children recommended for recuperative holidays. Arrangements were made for 469 children to have recuperative holidays, this being a decrease of 57 on the figure for the previous year.

Orthopaedic Clinics

During 1960, notification was received from the North East Metropolitan Regional Hospital Board indicating that it had not been found possible to fill the vacant post of physiotherapist at the clinics in Braintree, Chelmsford, Maldon and Burnham-on-Crouch. Arrangements were, however, made whereby, for the time being, school children attending these clinics received physiotherapy at St. Michael's Hospital, Braintree, the Chelmsford and Essex Hospital, Chelmsford, and St. Peter's Hospital, Maldon. The Regional Hospital Board have, however, been informed that hardship is likely to be created if the arrangements are allowed to become permanent whereby children from Burnham-on-Crouch attend St. Peter's Hospital, Maldon. It is hoped that a suitable applicant will soon be attracted to the vacant post.

There were no other major changes in the arrangements for the provision of physiotherapy. It is, however, known that the Regional Hospital Boards experienced difficulty in recruiting an adequate number of physiotherapists.

Chiropody

A directly-provided chiropody service is in operation throughout the Administrative County but, with the exception of the Barking, Dagenham, Leyton and Walthamstow Divisions (which are co-terminous with the Health Areas), treatment is limited at present to the elderly, the physically handicapped and expectant mothers. In those areas where a comprehensive

chiropody service is in operation, school children were referred to the chiropody clinics by the school medical officers. Under these arrangements, 305 children in Barking, 230 in Dagenham, 377 in Leyton and 507 in Walthamstow received chiropody treatment.

The inspection of children's feet continued to be carried out as a routine at periodic medical examinations. In the South Essex Division, a chiropodist who held a weekly session devoted to preventive chiropody reported that the greatest single problem connected with the care of children's feet still seemed to be the type of footwear worn. Girls were discouraged from wearing high-heeled shoes ; many appeared to be addicted to those of a low-cut casual type and, in order to " keep in fashion," the wearing of shoes with pointed toes remained popular. At one school ill-fitting shoes were being worn by 72 per cent of the girls and, at another, by 24 per cent of the boys.

Every opportunity was taken by chiropodists and by the health education service to give instruction and advice to school children in order to encourage the use of more suitable footwear.

The posture and foot survey of children between the ages of 9 and 11 years, referred to in the Report for 1959, was carried out in Ilford in 1960 and detailed reports by Dr. F. E. O'Connor Wilson, School Medical Officer, concerning the survey appear in Appendix B to this Report.

Ear, Nose and Throat Defects

Use continued to be made during the year of audiometry in the schools. For example, in the Mid-Essex Division this commenced in September, 1960 and the work was undertaken by a team consisting of a school medical officer and two health visitors who had received instruction in audiometry at the Audiology Unit, Grays Inn Road, London. Children were referred for this selective testing by teachers, parents and school medical officers. Of 18 children tested during the last quarter of the year, no less than eight required to be referred to an Ear Specialist because of hearing loss. It is hoped that as more specially trained staff become available this selective form of hearing testing will be extended. In the South-East Essex Division, sweep testing of children in the age range 6 to 8 years, was commenced in October, 1960 and, by the end of the year, 1,172 children had been tested. Of this number, 140 children failed the initial test but, in the majority of cases, this initial failure was due to difficulty in obtaining the co-operation of the child or to some other minor trouble causing temporary deafness. After retesting and investigation by a school medical officer, only 4 cases had to be referred to a specialist.

Taking the County as a whole, there was a decrease over 1959 in the number of defects of the Ear and also in those of the Nose and Throat which were referred for observation or treatment.

Chapter 4

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

Staff

On the 31st December the number of dental officers in post for all the dental services of the County Council was the equivalent of 31.5 whole-time dental surgeons. As a result of evening sessions, this figure was increased by the equivalent of one whole-time dental officer. North-East Essex, South-East Essex and Dagenham were without a single whole-time officer on that date. Approximately one-twelfth of the time available was devoted to the treatment of expectant and nursing mothers and children under school age. There is a need for 100 dental officers to provide basic treatment for the pupils attending the maintained schools and the school population continues to increase. The following table shows the state of the staff during the last few years and perhaps the worst feature is the persistent fall in the number of whole-time officers. The average age of those remaining is high.

Year	*Whole-time*	*Part-time and Sessional*	*Equivalent Whole-time*
1950	18	16	23.
1956	26	47	44.3
1957	21	57	39.4
1958	20	51	36.2
1959	20	57	36.5
1960	17	46	32.5

Mr. J. C. Timmis took up duty as Assistant Chief Dental Officer on the 1st April, 1960, after being on the Walthamstow area staff since 1949. He left the service of the County Council at the end of October, 1960, to take up the post of Chief Dental Officer in Staffordshire. I would like to express my appreciation of his work for this Authority as a whole-time officer during the past eleven years. The policy has now been adopted by Members that an Area Dental Officer for each Health Area will be appointed instead of one Assistant Chief Dental Officer attached to the Central Office staff.

Statistics

During the year under review, 81,034 children were inspected. Of these, 50,717 required treatment, 43,006 were offered treatment and 29,195 were actually treated. Of the children inspected 23 per cent were emergency cases and, although this figure was too high, it reflected the staffing situation. The ratio of the number of permanent teeth filled to permanent teeth extracted was 6 : 1 (1959 6 : 1, 1958 4.6 : 1) and remained good. In interpreting these

figures it must, however, be borne in mind that there are 289,000 school children in the Administrative County and less than one-third of them were inspected. Complete statistical details will be found in Part IV of Appendix A.

Premises and Equipment

The policy of re-equipping and modernising clinics has continued. The ultra high-speed compressed-air drills were tried out by experienced dental officers in several clinics and in all cases the reports of the children's reaction to these were satisfactory. Since then several of the surgeries have had this apparatus installed. New health services clinics with dental suites were opened during the year at Kenwood Gardens, Ilford and Thames View, Barking. Both these, in addition to the usual accommodation, have a small workroom and darkroom. The Centre at Ilford has two dental surgeries.

Orthodontics

The Orthodontic Consultant, Mr. R. W. Willcocks, who was appointed to the staff of the North-East Metropolitan Regional Hospital Board, has now taken up his duties. His main Centre is at Whipps Cross Hospital but, in addition, he visits Southend (where he also sees patients resident in Essex) and Colchester. He will visit Chelmsford as soon as convenient premises are provided by the Regional Hospital Board. His services are available equally to dental officers of the County Council as well as other branches of the profession. The North-West area of the Administrative County relies on the East Anglian Regional Hospital Board for this service and there is a centre at Addenbrookes Hospital, Cambridge. With this new service and the continuing help from the London Teaching Schools and the Eastman Dental Hospital, it is anticipated that a comprehensive consultant service will become available to most parts of the County. The next logical move is to bring opportunity for the treatment of complex cases to centres remote from London by consultant or senior registrar appointments. It is essential that all cases should be carefully assessed before treatment is offered as the number of children failing to complete treatment is high. The time devoted to this somewhat spectacular branch of dentistry should be strictly related to the time given to general dental treatment. 728 cases were completed during the year compared with 812 last year.

General Anaesthetics for Dental Cases

Assistant County Medical Officers undertook most of the general anaesthetics for the dental officers and those coming new to this work were given the opportunity of having post-graduate instruction at the Eastman Dental Hospital. The County Council has an arrangement whereby places are made available at the first opportunity. 12,103 administrations were undertaken for school children. In addition to this 214 administrations for expectant and nursing mothers and 607 for pre-school children were also given.

Dental Appliances

Dental laboratories provided at Barking and Walthamstow continued with the task of fabricating appliances needed as part of a comprehensive treatment scheme. The staff establishment at Barking was one technician in charge, two senior technicians, one technician and one apprentice. The staff in post at the end of the year was one technician in charge, one senior technician and one apprentice. Two technicians left during the year to take up appointments outside the craft. The establishment at Walthamstow was one technician in charge, one senior technician and one apprentice. The staff in post remained at the full establishment except that no apprentice was engaged. The services of good dental technicians are not easy to obtain and several unsuccessful attempts have been made to bring the Barking Workshop up to establishment. The work completed during the year for school children included 202 dentures, 542 orthodontic appliances and several crowns and inlays. Some work was also let out to technicians to the profession.

Local Analgesia Investigation

It will be recalled that an investigation is proceeding in the use of a new type of dental hypodermic syringe and a new local anaesthetic. The Three Armed Forces, the staff at the Eastman Dental Hospital and several general dental practitioners are also co-operating. The work is being co-ordinated by the senior anaesthetist at the Eastman Dental Hospital. By the end of the year about two-thirds of the clinical work had been completed.

Post-Graduate Courses

Suitable courses on different aspects of dentistry are arranged from time to time by several bodies notably the Eastman Dental Hospital and the Society of Medical Officers of Health. Arrangements are made for dental officers to attend courses particularly on subjects allied to children's dentistry. Mention has been made previously in this report about post-graduate instruction on general anaesthetics.

Visitors

Several visitors came to the department and amongst these were a fluoridation study party from the dental group of the Society of Medical Officers of Health who visited Greyfriars School at Colchester, Mr. Graeme Finlay, M.P., who came to a dental health exhibition at Harlow, Miss Forrest and Dr. Thomas, both of the Ministry of Health, who saw some cases of fluoridation at Gilberd School, Colchester, Dr. Samuels the Chief Dental Officer, Sierra Leone and Dr. Zaran, Chief Dental Officer, Cairo. We were glad also to welcome several general dental practitioners who came to see dental health education in action.

Control of Dental Decay

There is a great shortage of dentists and a disturbingly high average age of those practising. The incidence of decay is still rising, especially in permanent teeth, and there is a growing awareness of the benefits of preserving a good, natural dentition. This adds up to a greater demand for treatment and it would be impossible to meet the demand if all the people asked for all the necessary treatment to be carried out. The attempts to control dental decay may be put under four headings :— (a) to increase the dental manpower available in active practice (b) to give these dentists all the ancillary help possible (c) to add a necessary trace of fluoride to the public water supply (d) to educate people in the best methods of preserving their teeth with a minimum amount of professional attention, that is, by carrying out a programme of dental health education. These matters are discussed in greater detail under the next four headings.

The Dentists' Register

The present London and provincial teaching schools are full and during 1959 (the latest figures available) 667 new names were added to the register. It is estimated that teaching facilities are needed to produce an annual output of about 800 qualified practitioners who are likely to practise in this country. This will be sufficient to make good losses by death and retirement and to build up a register more capable of meeting future needs. There are about 16,000 names on the register but it is probable that only 12,000 are engaged in active practice in this country. The equivalent of about 1,000 practitioners are engaged on local authority work whereas 2,000 are needed. The problem is aggravated by uneven distribution of dental manpower. The more salubrious parts of the country, are fairly well provided for, whereas some places are very badly covered. This state of affairs so far as medical practice is concerned has been largely adjusted through the Medical Practices Committee but a similar approach has not so far been applied in the dental profession. This poor distribution of dental surgeons is reflected in the state of the local authority dental service. Indeed, at the end of 1959, the remarkable fact emerges that, in England, two Counties and four County Boroughs were without the services of a Chief Dental Officer.

Ancillary Help

Before the introduction of the Dentists Act, 1957, there was one class of dental ancillary worker—the dental hygienist. The scope of these people is very limited and, so far as clinical work is concerned, they are allowed to clean and polish the teeth and apply medicaments locally to the gums and teeth. One of their most useful functions from a local health authority point of view is public speaking on dental health matters, a subject for which they are well trained. The hygienist is very useful in dental health programmes in schools and clinics and this applies particularly to Essex with its extensive dental

health programme. Under the Dentists Act, 1957, the General Dental Council were charged by the Privy Council to carry out an experiment in the use of a further class of dental auxiliary who would be trained to undertake, under the direction of a registered dentist, further minor dental operations, namely the filling of teeth and the extraction of milk teeth. A training school was set up and staffed and the first pupils started their two-year course at this new training school in September, 1960. After the successful completion of training, these dental auxiliaries will work in the field for a further three years and, if the experiment is a success, then the scheme will become permanent The premises were originally planned as an isolation block at the New Cross General Hospital, London, but, on the outbreak of war, all such construction stopped. The unfinished state of the building and its design, incorporating individual patients' cubicles with large observation panels between, has made it suitable for adapting to a school for dental training. It has been designed to accommodate 120 women students, i.e. an intake of 60 a year. Allowing for wastage, about 50 trained auxiliaries should become available at the end of the 1962 academic year and thereafter a similar number annually. The women will be employed in the national and local authority services and surgery accommodation will be needed in the same premises as a dental officer so that adequate direction may be available.

Fluoridation of Water Supplies

Over ten years ago reports had begun to reach this country of a new and apparently effective method of caries prevention which was being used in the United States of America and Canada, namely the addition of small amounts of fluoride to public water supplies. Epidemiological studies had shown that whilst excessively high amounts of fluoride in water could cause an unsightly mottling of the dental enamel, a concentration as low as 1 part per million (p.p.m.) produced teeth which were excellent in appearance and highly resistant to dental decay. The American findings suggested that decay could be controlled to a great extent by adding fluoride to the water up to a concentration of 1 p.p.m. Ten-year experimental studies were started in some areas in the United States of America and in one place in Canada. Before fluoridation could be seriously considered here, information had to be obtained on the dental condition of adults in high fluoride areas. In 1949-50, surveys were carried out in three areas of England where the fluoride content of the water ranged from 0.8 to 1.4 p.p.m. and, for comparison, in three similar areas where little or none was present in the water. Results showed that the incidence of decay, particularly amongst mothers in the high fluoride areas, was lower in every age group than amongst those in the low fluoride areas and the difference was maintained up to more than 40 years of age. A preventive measure such as this was clearly worthy of serious consideration and the advice of the Medical Research Council was sought. A mission from the United Kingdom visited fluoride areas in the United States of America and Canada and the mission reported that there had been a consistent reduction

in dental decay in artificially fluoridated areas to a level comparable to that found in the natural fluoride areas. The mission was satisfied that there was no scientific evidence of any hazard to health and it advised that fluoridation should be first introduced in a few selected areas in Great Britain in order to determine the extent of the benefits which might be expected under British conditions and also to allow time for suitable equipment for the treatment of the water supply in the United Kingdom to be developed. Medical and other examinations were carried out with meticulous care and in great detail and vital statistics in high and low fluoride areas were compared. As a result, it was agreed that there was no known hazard to health by artificially raising the fluoride content in water to the optimal level of 1 p.p.m. Five year proving tests are nearing completion in Anglesea, Kilmarnock and Watford and the results are awaited with great interest.

Dental Health Education

It is now generally accepted that most dental decay is caused by soft, sugary food debris adhering to the teeth. This food is turned to an acid by bacterial action and the acid in turn dissolves the highly mineralised enamel which cover the teeth and thus starts the first process of dental decay. The rapidity and extent of this breakdown depends on the natural resistance of the tooth substance and few people are blessed with a total immunity to attack. Dental health education aims at teaching the best methods of ensuring clean teeth and this in turn will help to reduce decay considerably. The best weapon available is the toothbrush used with an acceptable toothpaste or powder, the brush being used after every meal if possible. If circumstances do not permit brushing, as say after a school meal, then the mouth may be rinsed forcibly two or three times with water and the water swallowed. This is a departure from accepted table manners, but it can be done unobtrusively. Another and more pleasant cleansing procedure is to finish a meal with a hard fibrous cleansing food such as an apple, carrot or celery, which is forcibly chewed. Dental health education also attempts to correct wrong attitudes to eating such as eating decay producing snacks between meals and drinking much sugary fruit solutions. It also seeks to remove apprehension before dental inspection and treatment. This is done by introducing children to dental equipment in the familiar atmosphere of the school and amongst their fellows. Dental Health Weeks are held in schools and an exhibition is set up during the previous weekend ; here examples of decay-forming food and cleansing foods are on show. The children demonstrate to each other the cleansing effect of chewing an apple after chewing liquorice. The exhibition houses a complete dental surgery and the children, under supervision, use the dental drill, the chair and other articles and they soon become interested instead of apprehensive. Other forms of participation and visual aids are available. There is a film show and literature on the subject appropriate to the ages of the children. They are given talks and most of them are highly receptive. The high-intensity teaching during the week needs following up if it is to be effective. It will

be recalled that, with the co-operation of the General Dental Council and the Ministry of Health, a five-year project in Harlow was agreed and all the schools are to be visited. The clinics will also be visited and an approach made to some of the Women's Organisations.

During the year a circular letter from the Society of Medical Officers of Health was received via the County Council's Association which pointed out some of the evils of excessive consumption of carbohydrate, such as obesity and an increased incidence of dental decay. This letter also mentioned evidence collected about the sale of sweets and biscuits in school tuck shops. If children must eat between meals, and most need not, then the school shops should sell such things as apples, nuts and dried fruits which need chewing and thereby to a large degree are harmless to the teeth. In Leyton it has been arranged that the primary schools will sell only articles of this nature and Leyton's example could well be followed generally.

It is a matter for regret that this valuable education cannot be followed to its logical conclusion by offering treatment to all the children who have no regular private dentist. The staff is not available.

Conclusion

It is heartening to see that more conservation of the teeth is being carried out by dental practitioners, especially under the National Health Service, but one must say that this is no complete substitute for the local authority service which should actively seek out children with dental disease and invite them to attend for treatment. It is with regret that one must report a further deterioration in the service—less staff and more children—much avoidable suffering and loss of teeth. The gap continues to widen and the position gets more uncertain.

J. BYROM
Principal School Dental Officer

County Hall
Chelmsford

27th April, 1961

Chapter 5

DISEASES OF THE EYE AND DEFECTIVE VISION

Reference is made in Appendix A to the numbers of children found at periodic or special medical inspections to require treatment or observation because of diseases of the eye and defects of visual acuity. The continuing high incidence of visual defects amongst school children made it necessary to keep under constant review the arrangements made with the Regional Hospital Boards for the provision of specialist clinics.

Infant Vision Testing

I am indebted to Dr. F. Groarke, Divisional School Medical Officer, to Dr. V. Spiller, School Medical Officer and to Mr. R. F. Jamieson, Ophthalmic Surgeon for letting me have a copy of their joint article concerning the investigation undertaken by Dr. Spiller into vision testing of school entrants. This article, which was published in "The Medical Officer" in December, 1960, can be found in Appendix I to this Report.

Dyslexia

During the year an enquiry was instituted at the request of the Ministry of Education with a view to ascertaining the number of school children throughout the County who because of "word blindness" required special arrangements for their education.

Further reference will be made to this in next year's Report when the enquiry is expected to be completed.

Chapter 6

SPEECH THERAPY

The table on the next page gives details of those children with speech defects who were receiving treatment at the end of the year from which it will be seen that, as compared with 1959, 172 more children were receiving treatment at the end of 1960.

It was possible to maintain or increase the number of speech therapists employed in the Divisions and the arrangements in operation whereby students from recognised Speech Therapy Colleges visited clinics in the County and provided additional assistance went some way towards ensuring that waiting lists were kept to a minimum.

Analysis of Children receiving Speech Therapy at the end of 1960

Speech Defect	*Number of Children*					
	Under 5 years of age	*Attending infant schools*	*Attending junior schools*	*Attending secondary schools*	*Attending special schools*	TOTAL
Delayed development, including aphasia	54 (65)	72 (92)	40 (43)	12 (6)	71 (41)	249 (247)
Defect of articulation	61 (48)	627 (597)	424 (404)	84 (83)	86 (91)	1,282 (1,223)
Stammer	8 (12)	57 (45)	151 (118)	193 (164)	22 (20)	431 (359)
Stammer and articulation defect combined	6 (4)	29 (29)	25 (30)	13 (10)	8 (5)	81 (78)
Defect associated with hearing loss	2 (5)	10 (9)	17 (13)	7 (8)	5 (4)	41 (39)
Disorder of voice	1 (—)	6 (10)	13 (10)	7 (7)	5 (3)	32 (30)
Unclassified	16 (6)	10 (8)	22 (14)	6 (5)	23 (12)	77 (45)
TOTAL	148 (140)	811 (790)	692 (632)	322 (283)	220 (176)	2,193 (2,021)

NOTE: Figures in parenthesis relate to 1959

Chapter 7

CHILD GUIDANCE SERVICE

The demand on the Child Guidance Service continued during the year and it was found necessary not only to ask the North East Metropolitan Regional Hospital Board to provide additional psychiatric sessions at the Basildon, Ilford, Romford and Walthamstow Clinics but also to take the opportunity, when the Development Plan for the provision of special educational treatment was being reviewed, to look into the need for additional Child Guidance Clinics. As a result, it was considered that the very heavy demand on the Clinic at Walthamstow justified the establishment of a separate Child Guidance Service in Leyton. It is hoped that this clinic will be established in the very near future.

Of the Child Guidance Clinics already included in the Plan referred to, it has not yet been possible, largely owing to staffing difficulties to establish satellite clinics at Saffron Walden (based on the Chelmsford Clinic) or at Halstead and Clacton-on-Sea (based on the Colchester Clinic) or the single team clinic in the southern part of the Forest Division.

Staffing

The establishment and staff actually in post at the end of December, 1960, are shown in Appendix J from which it will be seen that difficulty continues to be experienced in finding adequate psychiatric cover for these Clinics and, in particular, in attracting psychiatric social workers.

Attendances

The growing demand on the Child Guidance Service is illustrated in the figures shown below :—

		Year	1959	1960
Pre-School Children	Boys	.....	48	67
	Girls	.....	27	32
			75	99
Primary School Children	Boys	.....	578	661
	Girls	.....	243	298
			821	959
Secondary School Children	Boys	.....	365	366
	Girls	.....	242	239
			607	605

The following table shows the method of referral of cases to the Clinics during the year and it will be seen that general medical practitioners made increased use of the Service.

Source of Referral	1958	1959	1960	*Expressed as percentages* 1958	1959	1960
School Medical Officers	496	404	490	33.4	27.0	29.4
General Practitioners	213	246	278	14.4	16.3	16.8
Educational Psychologists	210	165	199	14.2	11.0	11.9
Direct Referrals (parents, etc.)	157	202	184	10.6	13.4	11.0
Children's Officer	141	46	74	9.5	3.0	4.4
Probation Officers	77	60	69	5.2	4.0	4.1
Head Teachers	63	181	141	4.2	12.0	8.5
Health Visitors	7	5	6	0.5	0.3	0.3
Other Referrals (hospitals, magistrates, etc.)	119	194	222	8.0	13.0	13.6
Totals	1,483	1,503	1,663	100	100	100

The School Psychological Service

I am indebted to the Chief Education Officer for letting me have the following report on the School Psychological Service for the year 1960 :—

" The staff of psychologists has again remained unchanged during the year but it is pleasant to be able to report that the post of second psychologist for the South Essex Division has at last been filled. Mr. Ryan is now responsible for the psychological work in the Hornchurch and Brentwood areas and also attends both the Romford and the Chelmsford Child Guidance Clinics for one session a week, to help with the children from Hornchurch and Brentwood who attend these clinics because of geographical convenience.

The percentage of children seen by the psychologists in work in the schools remained as before at about 1 per cent of the school population. As was mentioned last year, this does not represent the number of children needing help but only what it is possible to do with the staff available. Much more work could be done in the schools, and the Schools Psychological Service would be greatly improved, if it were possible to appoint social workers on the lines of the welfare officers for handicapped pupils who are already working in the County. Although the greater number of children sent to the psychologists for examination and help were sent in the first instance for educational failure, almost all of them

proved to have emotional and family problems as well. This means that if the child is to be helped adequately, either the psychologist or the head of the school, must work with the parents. It is not possible or indeed right for the psychologists to do much of this work.

The trends noted in former years have persisted and continued to increase. Teachers deal successfully themselves with straightforward cases of educational backwardness and the children whom the psychologists are asked to see are increasingly those of reasonably good ability whose failure in school is due to other causes. The psychologists also find themselves asked to examine and report on children with more complex problems. During the year several of the psychologists have taken specialised courses of training in the assessment of deaf and spastic children.

There has been a steady increase during the year in the setting up of remedial classes, both for maladjusted children and for children of good intelligence who have failed to learn to read. It is felt that work of this kind is of the utmost importance, as it can prevent more serious maladjustment later on and can prevent a backward child from becoming maladjusted. The nature of these groups must vary with the needs of the area. For example, in rural areas, peripatetic teachers, who concentrate on one or two small schools for a term and then move on to other schools, are of great value, as these backward children cannot attend a day special school and do not need to be removed from their homes to a boarding school if they can be given this kind of help.

The psychologists have also continued with what may perhaps be called general mental health work in the County. Discussions with teachers and parents, talks to Parent-Teacher Association meetings, Women's Institute groups and Young Mothers' Clubs, all do something to re-assure parents and teachers about their handling of children and to build up the right "climate of opinion" about how human beings should treat each other.

The psychologists have continued to act as liaison officers between the child guidance clinics and the schools, keeping teachers in touch with the work at the clinic, and trying to make them feel that they are members of a team of people working together to help the child to re-adjust himself. It is a great draw-back that pressure of work limits what can be done in this field. Teachers are always welcome at the child guidance clinic, however, and several of the clinics hold regular meetings for teachers in the area which they serve."

Chapter 8

HANDICAPPED PUPILS

Appendix F gives a summary of the numbers of children ascertained at he end of the year as handicapped pupils. The total number so ascertained vas 11.4 per thousand of the school population as compared with 11.1 per housand for 1959 and 11.4 for 1958.

Blind and Partially Sighted Pupils

At the end of the year, 58 children (two more than the previous year) were ascertained as blind and, of these, six were awaiting placement in esidential schools.

Incidence of Blind Pupils per 1,000 school population

The following figures show the trend over the last ten years :

1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
0.22	0.23	0.25	0.23	0.22	0.24	0.23	0.21	0.20	0.20

During the year, only 3 children were newly ascertained as requiring special educational treatment because of blindness, this being only half the number so ascertained in the previous year. There was, however, an appreciable increase in children ascertained as partially sighted. Sixteen partially sighted children were newly placed in special schools or homes and, at the end of the year, only four were awaiting placement.

The Joseph Clarke School for the Partially Sighted, Walthamstow, now takes children from an area which has been extended recently to include Walthamstow, Leyton, Leytonstone, Chingford, Chigwell, Woodford, Loughton, Harlow, Romford, Ilford, Dagenham, Barking, Hutton, Hornchurch, South Ockendon, Basildon and Edmonton, Wood Green, Hornsey, Tottenham and Enfield in Middlesex.

Children attending this special school are kept under ophthalmic supervision and this was well maintained during the year. Mr. G. M. Williams, the Headmaster, has reported that four pupils were fitted with low visual acuity aids, three having telescopic aids and one having a Keeler-type aid. At the end of the year the visual acuity of the 52 children in attendance was as follows :—

3	had	acuity	less than	6/60
14	had	acuity	of	6/60
13	,,	,,	,,	6/36
12	,,	,,	,,	6/24
10	,,	,,	,,	6/18

Twenty-one of the children had monocular vision, four had additional physical handicaps and six also had poor intellectual capacity.

Deaf and Partially Deaf Children

Ten children were ascertained as requiring special educational treatment because they were deaf and 25 were so ascertained because of partial deafness. Ten deaf and 21 partially deaf children were newly placed during the year and 4 deaf and 5 partially deaf children were awaiting placement in residential special schools at the end of the year. Two deaf children and one partially deaf child awaited places in day special schools.

Whilst there was no extension of the area served by the William Morris School for the Deaf, the school continued to cater for children from a very wide area. Mr. K. S. Pegg, the Headmaster of this Special School, has reported that, at the beginning of the year, there were 53 children on the roll ; ten were admitted during the year whilst five left. Of the 58 pupils attending the school at the end of 1960, 21 were classified as deaf and the other 37 as partially deaf.

With regard to the equipment and teaching arrangements at the school, Mr. Pegg reports as follows :

> " During the year three loop induction amplifiers were installed, together with other items of specialist equipment. It is hoped that, in the near future, all classrooms will be fully equipped with powerful and selective amplifying equipment. Unfortunately the efficiency of this equipment will be impaired because of the impracticability of improving the acoustics of the existing classrooms.
>
> In January, 1960, Mr. Head, the Peripatetic Teacher of the Deaf appointed by Essex but based on this school, took up his appointment It soon became apparent that the amount of work involved was too much for one teacher, and Miss Hodges was appointed and commenced in December.
>
> Three hundred and twelve children attended the school for pure-tone audiometric tests and a number for speech audiometric tests and a number for speech audiometry. The pure-tone tests are very ably conducted by Mrs. Leach, S.R.N.
>
> In October and November Dr. Dooley conducted a full medical inspection.
>
> A total of one hundred and seventy-nine minor treatments have been given by Mrs. Leach.
>
> In May, I visited a new school for the deaf in Bremen and met a number of otologists and educationists. Whilst the children do not receive many of the benefits enjoyed by children in this country, the school buildings and equipment are of very high standard.

During the year we have received our usual very large number of visitors, and the children have visited factories, museums and places of interest.

An approach was made to the Ministry of Health in the hope that more convenient arrangements could be made for the issue and maintenance of individual hearing aids. At present aids, etc., are issued from a centre in London. Unfortunately the alternative arrangements which were offered would have proved to be just as inconvenient had they been accepted."

Delicate Pupils

There was a considerable reduction in the number of children found during 1960 to require ascertainment for special educational purposes because of their being delicate ; the number ascertained was 118, this being 57 less than that for the previous year. Although 125 delicate children were newly placed during the year, 33 were awaiting placement in residential schools and 11 in day special schools at the end of the year. The practice continued of admitting both delicate and physically handicapped children to the same special schools and, in this connection, I am indebted to Dr. W. T. G. Boul, Divisional School Medical Officer for the South Essex Division, for the following report on the work undertaken at the Grays Open Air School :—

" Posture and breathing exercises, bar exercising, postural drainage and rest still continue, the rest period being an hour for the under elevens and half an hour for the older children.

A number of children made periodic visits to the Thurrock Chest Clinic, Tilbury, Orsett and various London Hospitals, at which they were out-patients and, in addition to this, four children had in-patient treatment at The Hospital for Sick Children, Great Ormond Street, Tilbury Hospital and Hill End Hospital, St. Albans. One boy and one girl were admitted to Residential Open Air Schools and three children (one boy and two girls) attended the Child Guidance Clinic. Four boys and two girls received speech therapy.

Attendances on the whole were poor although two boys made a complete year's attendance and three boys and one girl completed two terms without absence. Some children had very long absences, 13 of periods between four weeks and a whole term. One boy suffering from congenital heart disease could not attend during severe weather and one girl was absent all the Spring term after a severe attack of rheumatic fever the previous autumn.

All children whose parents were agreeable and who had not previously been protected against diphtheria and poliomyelitis, were immunised during the year.

	Boys	Girls	Total
No. of pupils during the year 1960-61	46	44	90
No. of pupils on register in January, 1960	39	33	72
No. of pupils admitted	7	11	18
No. of pupils leaving	9	11	20

Locality Distribution

Grays	6	9	15
South Ockendon	10	13	23
Aveley	5	2	7
Stifford Clays	3	8	11
Tilbury	4	7	11
Rainham	3	2	5
Stanford	2	1	3
Corringham	1	—	1
West Thurrock	4	1	5
Purfleet	2	1	3
Chadwell	2	—	2
North Stifford	1	—	1
Hornchurch	1	—	1
Laindon	1	—	1
Orsett	1	—	1

It will be seen that over 42 per cent of the pupils came from the South Ockendon and Grays areas.

Leavers	Boys	Girls	Total
To ordinary school	4	4	8
Removed from district	1	2	3
Of school-leaving age and fit to leave	3	2	5
Admitted to Residential Open Air School	1	1	2
Admitted to E.S.N. School	—	1	1
Died	—	1	1

This follows the general pattern of last year, except that a significantly higher number were fit to leave and attend ordinary schools.

Average length of stay of leavers

Boys : 4 years 6 months (range 1 year 3 months—9 years)

Girls : 2 years 1½ months (range 3 months—5 years 7 months)

Average Age

19 Boys, 21 Girls under 11 years

19 Boys, 12 Girls over 11 years

Average increase in height and weight

Boys : 2.15 ins. and 7 lb. 15 ozs

Girls : 1.9 ins. and 5 lb. 12 ozs

This again follows the general pattern of last year's figures.

Conditions for which new entrants were admitted

	Girls	*Boys*	*Total*
Asthma and/or eczema	4	3	7
Recurrent bronchitis	2	—	2
Bronchiectasis	1	—	1
Rheumatic carditis	1	—	1
Dextro-cardia with Congenital Cardiac Defect	—	1	1
Periodic syndrome	1	1	2
Debility	1	1	2
Diabetes insipidus	—	1	1
Chronic Superative Otitis Media (wearing hearing aid)	1	—	1

Deaths

Congenital Heart Diseases (following operation)	1	—	1

It will be seen that almost 50 per cent. of the new entrants were admitted as a result of respiratory conditions."

Educationally subnormal children

Following receipt of the Ministry of Education Circular 12/60 dated 13th September, 1960, it was agreed that—

(1) the Chief Education Officer or the Principal School Medical Officer and their recognised Deputies should be authorised to serve notice in writing upon the parent of a child to submit the child for examination under Section 57 of the Education Act, 1944 as amended by the Mental Health Act, 1959.

(2) the Chief Education Officer, or an authorised member of his staff be authorised to pass relevant information to the Health Committee in cases where it is recommended that a child may require supervision (community care) by the Health Committee after leaving school.

(3) Divisional Executives of Excepted Districts, to whom powers under Section 57 of the Education Act, 1944, are delegated, should be asked to consider making parallel arrangements for cases arising in their area.

Formal notices and informal letters, based on the drafts submitted by the Ministry of Education, requiring and inviting parents to bring children forward for examination under Sections 34(1) and 57(1) of the Education Act, 1944, as amended, were supplied to the Divisional School Medical Officers for use after 1st November, 1960, when the Mental Health Act, 1959, came into operation. These notices and letters appear to be meeting their purposes well.

During the year, 334 children were newly ascertained as requiring special educational treatment at special schools or in boarding homes because of educational subnormality and 300 children were newly placed in special schools or homes. The position regarding placement of ascertained educationally subnormal children is unfortunately not at all good for, at the end of December, 1960, no less than 222 ascertained children were awaiting placement in day special schools and 103 in residential special schools. From the evidence available, there is no doubt that great difficulty is experienced in finding suitable accommodation for the educationally subnormal child in the age range 5 to 7 years. The need for additional places both in day and residential special schools for the educationally subnormal is recognised by the Education Committee and it is hoped that it will be possible to achieve an improvement in the not too distant future.

During the year, 27 children were admitted to the Moat House Day Special School and, at the end of the year, 114 children from the South-East Essex Division were attending.

The Chigwell High View School, which provides residential accommodation for educationally subnormal boys, had 109 pupils on the roll at the end of 1960 and Dr. F. G. Brown, Divisional School Medical Officer for the Forest Division, has kindly let me have the following short report concerning the school.

> "The age range of the pupils is from 11 to 16 years with intelligent quotients ranging from just below 50 to over 80. The main reasons for placement at a residential school are social problems either of behaviour or bad home background. Most of the boys come from homes within the County.
>
> A local general practitioner is the "family" doctor and visits the school every day.
>
> The school medical officer reports that the defects noted at routine inspections at this school are no greater than those found at other schools. Their behaviour, however, is that of younger children with apprehension of new experiences; they need organising and supervision during the performance of their tasks. It is reported that the boys have developed a keen interest in horticulture and, in addition, successfully laid a new concrete path.
>
> Since the school opened in 1958, seventeen boys have left the school on attaining the age of sixteen years. Each boy was re-assessed before

leaving and in only one case was it considered advisable to recommend that the boy be kept under supervision after leaving school.

Six pupils received speech therapy at the clinic at Manford Way.

A small number of pupils were in the course of receiving specialised dental treatment when the dental officer resigned. The Principal School Dental Officer arranged for treatment to be continued by a dental officer employed by Ilford. With the closure of the local school dental clinic, requests for urgent dental treatment for pupils at this school has presented a problem which is now being looked into."

Physically Handicapped Pupils

Seventy-two children were ascertained as being physically handicapped and, whilst no less than 70 were newly placed in special schools or homes, 10 were awaiting placement in day special schools and 14 in residential special schools at the end of the year.

I am indebted to Dr. D. M. B. Gross, School Medical Officer, for the following report on the Cerebral Palsy Unit at Becontree which was opened there in 1955.

" The Unit opened in May, 1955. During the year in question the number of children on roll varied, being 24 on 31st December, 1959, and 18 on 31st December, 1960.

During the year under review, 7 children were examined with a view to admission. Of these, 3 were accepted, 2 from Romford and the other from South Essex.

The 4 children rejected came from the areas shown below :—

Dagenham—Considerable mental retardation
South Essex—Severe degree of backwardness
Romford—Mild spastic
Walthamstow—Too backward and immature

During the year, 6 children were discharged for the following reasons :—

Ilford—Removed from area
To residential special school
Dagenham—Transferred to another day special school
Romford—Unable to make progress
Upminster—School-leaving age
Mid Essex—Removed from area

We were fortunate in appointing two physiotherapists during the year, which has brought the staff up to establishment.

Dr. Woolf, the Consultant in Physical Medicine, resigned in June owing to pressure of other work and Mr. H. Lee, Orthopaedic Surgeon, was appointed in his place. He was able to take over at once and there was no gap between the appointments.

Several new pieces of apparatus have been ordered and will soon come into use ; they will ease the work of teachers and welfare workers.

In all respects the work of the Unit is proceeding smoothly. There is one child on the waiting list."

I am also grateful to Dr. Gross for the following report on the Benton Open Air School at Ilford.

" During 1960, the number of children on roll varied, being 76 on 31st December, 1959, and 66 on 31st December, 1960.

There were 17 admissions and 27 discharges. Recommendations for admission were received from the following sources :—

School Medical Officer	1
Borough Education Officer	8
Hospitals	5
Others	3
	17

The diagnoses were as follows :—

Sub-acute rheumatism	1
Rheumatoid arthritis	1
Paralysis of legs	1
Muscular dystrophy	1
Slipped left femoral epiphyses	1
Spina bifida	1
Lung collapse	1
Congenital Heart	3
Asthma	2
Left hemiparesis	1
Hemiplegia	1
Mild Cerebral Palsy	1
Nephrosis	1
Bronchiectasis	1
	17

The 27 children discharged left for the following reasons :—

Fit for ordinary school	10
Left school (over age)	4
Admission to special school	4
Left district	7
Others	2
	27

The work of the school continued as in previous years and there is nothing outstanding to report. The routine medical inspections have been regularly carried out and children have been referred to special clinics as necessary.

I should like to thank all the staff for their continued help and co-operation."

Maladjusted Pupils

There was an appreciable increase in the number of children newly ascertained during the year as being maladjusted, the figure being 126 as compared with 103 in the previous year. Whilst 91 children were placed satisfactorily during the year, there was a continuing and growing demand for residential accommodation for these pupils. At the end of the year, 68 pupils were awaiting suitable vacancies in residential special schools ; this being 21 more than those awaiting placement at the end of 1959.

Maladjustment is a handicap which requires early attention and it is hoped that more places in residential special schools will become available in the near future.

I am indebted to Dr. G. T. Crook, Divisional School Medical Officer for Leyton, for the following detailed report on the Lea Bridge Day School for Maladjusted Children which was opened in September, 1959.

"This school opened in September, 1959, with 2 teachers and 13 children ; 4 girls and 9 boys, ranging in age from 7 to 12 years.

By the end of 1960, there were 23 children and 3 full-time teachers and one teacher part-time who specialised in teaching children with special reading difficulties.

Mr. Giles, who had been teacher in charge, was appointed in November as Head Teacher, an appointment which gave great satisfaction to all those in any way concerned in the school's well-being as there

is no doubt that his work in establishing this school has been of the highest order.

Initially, the school was only 2 classes and the school premises were shared with a small infant school of 2 classes ; the playing space for outdoor activities was very much limited as the open ground at the rear of the premises was used by a nearby secondary school. It was obvious after the first six months that the school would only fulfil its object fully if it could expand to such a size that numbers justified the appointment of a Head Teacher with sufficient teaching staff that he or she could be more or less free of routine teaching and the school be self-contained in its own premises and with plenty of space for outdoor activities of a constructive and imaginative kind.

These objectives were fortunately secured. The infant school moved out, the large piece of open ground was freed for the use of the school, and in September, 1960, the school started to function as a quite independent unit.

The number of children in the school remained the same until the end of the Summer term. In June all the children except one attended, with their 2 teachers in charge, a week-end camp in the grounds of Hassobury School. It was a great success and the teachers found it a valuable experience in giving them even more insight than just school contact gave of the problems of the children in their care. So many of the children come from homes with limited interests and resources that it could not but be helpful to them to extend their experiences and widen their horizon in this way. It is hoped to repeat the experiment in 1961.

At the end of the first school year, one boy returned to a secondary modern school. He was a less severely disturbed child than the majority of the others and it was felt that, since he was keen to try to cope with the ordinary school, the request should be granted. The child guidance clinic staff and teaching staff were hopeful that he would be all right. By the end of his first term, however, he had broken down again and he has been re-admitted and has settled in happily.

One boy admitted in January proved such an impossible pupil that home tuition was recommended and this, coupled with continued treatment at the child guidance clinic, is proving helpful to him. This boy had had to be excluded from his ordinary school for impossible behaviour. He is a child who might be called " brain damaged " and this type of child poses a very special problem and one to which we do not yet know the answer. A similar type of boy was admitted in the autumn term for a trial period but he also had to be excluded and admitted to a hospital for further investigation. He is to attend a residential school eventually.

These very aggressive, non-co-operative children appear to be over-stimulated by the higher emotional tensions and the freer atmosphere which exists in a school like this and our experience after 15 months suggests that such a school is not for them.

The staff of the child guidance clinic are actively concerned in the treatment and supervision of the children in the school and are constantly in touch with the teachers. It is essential that the staffing of the child guidance clinic should be generous in order to allow for frequent attendances of children to have therapy from the psychiatrist, help from the educational psychologist and frequent contact with the parents from the psychiatric social workers. The school medical officer also should be able to visit every 2 to 3 weeks in each school term or be able to attend the school at short notice when the inevitable crisis blows up.

The school teachers do a most valuable piece of work out of school, taking children out after school hours or at the week-end to various places of interest or entertainment—theatre, zoo, museums, etc. Every home has been visited by the child's teacher and helpful contacts made with parents, often themselves hostile or emotionally disturbed and difficult. The teachers find that in this way they are helped to see the child's problems in a clearer light and know better how to deal with the child's difficulties.

These schools cannot be anything but costly in the use of highly trained staff. A generous staffing ratio of highly trained and dedicated teachers is an essential, indeed fundamental, necessity if the children are to benefit from attendance at such a school.

Experience of this school has also shown that of great importance too is the quality and temperament of the ancillary staff. The school caretaker must have infinite patience, resource, initiative and compassion and not be one bound by his book of rules. In this respect, Lea Bridge Road School has been very fortunate and has found such a man. Equally the school secretary, the mid-day assistant and the coach attendant have to be exceptional people to cope with these immature, disturbed and often very unhappy children.

The work is very exacting and demanding for all the staff in the school but already good results can be seen. The great majority of the parents are deeply grateful for the help given. One father reported his boy is 100 per cent improved. This boy has completely lost a nervous tic that irritated beyond endurance his parents and the staff of his previous school.

Those concerned with the school feel that it has justified its foundation and are watching with interest its progress."

Epileptic Pupils

During the year, the placement of pupils who required special educational treatment because of epilepsy was as follows :—

Day School	4
Non-maintained Residential Schools	38
Educated at home under arrangements made in accordance with Section 56 of the Education Act, 1944	1
Awaiting placement	2

The incidence of epileptic pupils remained unchanged at 0.15 per thousand school population.

Chapter 9

B.C.G. VACCINATION

The extended scheme for the vaccination of school children against tuberculosis continued during 1960 and the offer was made to children of thirteen years of age and upwards who were still at school. Where appropriate, the offer was also made to children who, although under the age of thirteen, were in classes where the other pupils had reached that age. Because of this extension of the offer of vaccination, it has not been possible to give the acceptance rate, as in previous years, since no reliable estimate of the population involved can be made. The following table gives an indication of the work carried out during the year and it is interesting to record that 6,722 more children were vaccinated in 1960 than in the previous year.

B.C.G. Vaccination, 1960

Division	*Number of children skin tested*	*Positive reactors at preliminary test*		*Number of children who received B.C.G. vaccination*
		Number	*Percentage*	
North-East Essex	3,580	559	15.6	2,988
Mid-Essex	2,030	270	13.3	1,760
South-East Essex	1,543	86	5.6	1,355
South Essex	4,416	291	6.6	4,009
Forest	18,819	172	9.1	1,440
Romford	697	49	7.0	632
Barking	1,215	88	7.2	1,127
Dagenham	1,461	104	7.1	1,266
Ilford	1,612	110	6.8	1,472
Leyton	856	68	7.9	783
Walthamstow	948	106	11.2	841
Total	20,247	1,903	9.4	17,673

For comparative purposes, the results of tuberculin tests of school children carried out prior to B.C.G. vaccination during the last six years were as follows :—

	1955	1956	1957	1958	1959	1960
Number of positive reactors	1,585	1,528	1,353	1,318	1,097	1,903
Percentage of positive reactors amongst children tuberculin tested	20.2	15.4	12.2	11.0	8.9	9.4

This represents a real improvement since 1955 which was the first full year of the operation of this scheme for the vaccination of school children.

Chapter 10

INFECTIOUS DISEASES

Table II of Appendix G shows that the number of cases of infectious diseases among school children was approximately one-third of the total for the previous year. This decrease was however due almost entirely to the fact that 1959 was a "measles year," there being a total of 15,200 cases, whereas there were only 1,860 during 1960. It is pleasing to report an improvement in the position concerning acute paralytic and non paralytic poliomyelitis, only 4 cases being notified, 2 of which were non-paralytic. Scarlet fever, whooping cough and measles again accounted for most of the absenteeism during the year and the following table gives particulars of the number of notifications of these diseases among school children during the years 1954 to 1960.

	1954	1955	1956	1957	1958	1959	1960
Scarlet fever	1,571	860	905	1,019	1,580	2,171	1,558
Whooping Cough	1,487	951	2,553	1,751	486	380	1,888
Measles	3,237	14,601	4,069	13,703	4,306	15,200	1,860

It is quite an alarming thought that, during 1960, school children in the Administrative County must have lost something in the region of 16,000 weeks of school attendance from these three common infectious diseases.

In January, 1960, there was an outbreak of diphtheria in Walthamstow, the first in ten years, which resulted in five cases with one death (in a child who had not been immunised) and the discovery of 74 carriers. The child

who died was of pre-school age but had been in contact with school children who were found to be carriers.

There was an epidemic of nephritis in the Halstead Rural District and this was investigated by Dr. John Harkness in his capacity of Medical Officer of Health of this District. A full account of his investigations, which were the subject of a paper published in the Lancet in July, 1960, is given in Appendix H to this Report.

At Kennylands Secondary Modern Boarding School, the medical supervision of which is carried out by Dr. I. Gordon, Divisional School Medical Officer for the Ilford Division, there was an acute epidemic of tonsillitis which made day and night nursing a necessity. The co-operation of other Divisions in providing additional nursing cover during the epidemic was appreciated. There was also a mild outbreak of haemolytic streptococcal sore throats at the Elmbridge Secondary Modern Boarding School but this was quickly brought under control.

FOOD POISONING AND INTESTINAL INFECTION

During the year, outbreaks of intestinal infection occurred at different times in schools in four Divisions of the County. In November, 1960, there was an outbreak of food poisoning in the North-East Essex Division when 24 children and 3 members of the school staff out of a total of 127 people who had had a school dinner were affected. Following detailed investigation it was thought reasonable to assume that the outbreak was due to meat which had been contaminated before being delivered to the school.

Chapter 11

ACCIDENTS

I am indebted to the Chief Constable of Essex for making available the following information relating to road accidents in the Essex County Police District in which children under fifteen years of age were involved.

Of the 13 fatal accidents (4 more than in 1959) 10 children were killed as pedestrians, two were killed as passengers and one whilst riding a pedal cycle.

	1959	1960
Child pedestrians injured	453	520
Child pedal-cyclists injured	421	400
Child passengers injured	302	307

Casualties in age groups

Years	Casualties 1959	1960
0— 1	11	7
1— 2	25	18
2— 3	39	37
3— 4	69	71
4— 5	83	68
5— 6	73	97
6— 7	74	80
7— 8	74	100
8— 9	86	85
9—10	88	80
10—11	81	89
11—12	111	100
12—13	108	110
13—14	132	145
14—15	131	153
Total	1,185	1,240

The main causes of these accidents and the age groups involved were as follows :—

	Pedestrians 0-5 *years*	5-15 *years*
Crossing road masked by moving or stationary vehicle	27	111
Crossing road not masked by vehicle	49	209
	Pedal Cyclists 0-5 *years*	5-15 *years*
Turning right without due care	1	92
Inattention or attention diverted	—	49

It is of interest to note that 421 of these accidents occurred between the hours of 3 p.m. and 6 p.m. with the peak of 198 between 4 p.m. and 5 p.m. ; 220 accidents occurred on Saturdays, 172 on Mondays and 171 on Fridays.

Chapter 12

HEALTH EDUCATION

Increased emphasis was placed during the year on the need to direct health education to school children and, in particular, on such important aspects as dental health (to which the Principal School Dental Officer has

referred in Chapter 4), foot health, personal hygiene and smoking and lung cancer.

The continuing and extending co-operation of the teaching staffs of schools was very much appreciated and made the fieldwork of the school nurses more satisfying and worthwhile. Foot health and dental health exhibitions were staged at a number of schools whilst lectures, generally supported by films, film strips and visual aids, were given on a wide variety of subjects including prevention of accidents, mothercraft, foot health, dental health, general health, hygiene, home-making and the care of the skin.

From recent experience gained in promoting health education in schools, it seems clear that a profitable approach can be made to children attending infant schools and it may well be that these children are becoming more receptive to visual-aid methods of teaching.

Chapter 13

PHYSICAL EDUCATION

A report by the Senior Organisers of Physical Education has been supplied by the Chief Education Officer and is included in this Report as Appendix C.

APPENDIX A

MEDICAL INSPECTION AND TREATMENT

RETURN FOR THE YEAR ENDED 31st DECEMBER, 1960

Part I.—Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

Table A.—Periodic Medical Inspections.

Age Groups Inspected (By year of birth)	*No. of Pupils Inspected*	*Physical Condition of Pupils Inspected*			
		Satisfactory		*Unsatisfactory*	
		No.	*% of Col. 2*	*No.*	*% of Col. 2*
(1)	(2)	(3)	(4)	(5)	(6)
1956 and later	658	655	99.5	3	0.5
1955	12,315	12,254	99.5	61	0.5
1954	12,477	12,416	99.5	61	0.5
1953	2,996	2,985	99.6	11	0.4
1952	927	916	98.8	11	1.2
1951	1,360	1,343	98.7	17	1.3
1950	3,210	3,187	99.3	23	0.7
1949	14,013	13,947	99.5	66	0.5
1948	7,551	7,509	99.4	42	0.6
1947	1,807	1,793	99.2	14	0.8
1946	6,592	6,573	99.7	19	0.3
1945 and earlier	15,534	15,496	99.8	38	0.2
TOTAL	79,440	79,074	99.5	366	0.5

Table B.—Pupils found to require Treatment at Periodic Medical Inspections (excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (By year of birth) (1)	*For defective vision (excluding squint)* (2)	*For any of the other conditions recorded in Part II* (3)	*Total individual pupils* (4)
1956 and later	11	61	67
1955	252	1,454	1,657
1954	308	1,495	1,741
1953	113	393	481
1952	63	140	193
1951	124	184	295
1950	272	361	581
1949	1,069	1,434	2,380
1948	585	842	1,353
1947	131	188	287
1946	584	478	1,019
1945 and earlier	1,442	1,166	2,443
TOTAL	4,954	8,196	12,497

Table C.—Other Inspections

Number of Special Inspections	25,802
Number of Re-inspections	33,439
Total	59,241

Table D.—Infestation with Vermin

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	341,240
(b) Total number of individual pupils found to be infested	1,200
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	25
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	1

Part II—Defects Found by Medical Inspection During the Year

able A.—Periodic Inspections

Defect Code No. (1)	Defect or Disease (2)	Periodic Inspections							
		Entrants		Leavers		Others		Total	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
4	Skin	251	476	429	397	511	449	1,191	1,322
5	Eyes—a. Vision	688	1,289	1,912	574	2,354	1,125	4,954	2,988
	b. Squint	353	261	58	54	203	152	614	467
	c. Other	82	118	59	102	88	118	229	338
6	Ears—a. Hearing	117	409	28	151	102	243	247	803
	b. Otitis Media	89	279	29	110	50	177	168	566
	c. Other	67	136	31	48	72	91	170	275
7	Nose and Throat	624	2,296	85	232	300	837	1,009	3,365
8	Speech	382	506	22	52	128	171	532	729
9	Lymphatic Glands	61	667	8	62	25	206	94	935
10	Heart	66	370	42	195	60	291	168	856
11	Lungs	182	669	52	161	198	388	432	1,218
12	Developmental—								
	a. Hernia	47	158	7	29	22	80	76	267
	b. Other	64	716	61	268	202	545	327	1,529
13	Orthopaedic—								
	a. Posture	121	288	183	361	398	485	702	1,134
	b. Feet	421	733	176	244	415	410	1,012	1,387
	c. Other	316	742	214	490	404	693	934	1,925
14	Nervous System—								
	a. Epilepsy	11	47	8	29	45	42	64	118
	b. Other	34	203	21	62	83	131	138	396
15	Psychological—								
	a. Development	54	315	12	51	200	220	266	586
	b. Stability	87	645	16	112	115	421	218	1,178
16	Abdomen	17	112	9	37	24	94	50	243
17	Other	147	132	93	93	244	153	484	378

Table B.—Special Inspections

Defect Code No. (1)	*Defect or Disease* (2)	*Special Inspections*	
		Pupils requiring Treatment (3)	*Pupils requiring Observation* (4)
4	Skin	4,297	222
5	Eyes—		
	(a) Vision	873	420
	(b) Squint	64	23
	(c) Other	566	81
6	Ears—		
	(a) Hearing	181	105
	(b) Otitis Media	79	24
	(c) Other	246	42
7	Nose and Throat	773	254
8	Speech	384	148
9	Lymphatic Glands	44	34
10	Heart	40	105
11	Lungs	138	173
12	Developmental—		
	(a) Hernia	14	9
	(b) Other	120	139
13	Orthopaedic—		
	(a) Posture	61	53
	(b) Feet	328	133
	(c) Other	661	183
14	Nervous System—		
	(a) Epilepsy	14	24
	(b) Other	126	73
15	Psychological—		
	(a) Development	175	103
	(b) Stability	245	194
16	Abdomen	69	92
17	Other	2,241	745

Part III—Treatment Tables

able A.—Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with
xternal and other, excluding errors of refraction and squint	4,253
rrors of refraction (including squint)	21,175
Total	25,428
Number of pupils for whom spectacles were prescribed	12,192

Table B.—Diseases and Defects of Ear, Nose and Throat

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	104
(b) for adenoids and chronic tonsillitis	4,541
(c) for other nose and throat conditions	176
Received other forms of treatment	2,851
Total	7,672

Total number of pupils in schools who are known to have been provided with hearing aids—

(a) in 1960	48
(b) in previous years	224

Table C.—Orthopaedic and Postural Defects

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patient departments	7,610
(b) Pupils treated at school for postural defects	234
Total	7,844

Table D.—Diseases of the Skin (excluding uncleanliness, for which see Table D of Part I)

	Number of cases known to have been treated
Ringworm—	
(a) Scalp	7
(b) Body	15
Scabies	5
Impetigo	163
Other skin diseases	5,360
Total	5,550

Table E.—Child Guidance Treatment

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	2,101

Table F.—Speech Therapy

Pupils treated by Speech Therapists	3,420

Table G.—Other Treatment Given

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	5,197
(b) Pupils who received convalescent treatment under School Health Service arrangements	469
(c) Pupils who received B.C.G. Vaccination	17,674
(d) Other than (a), (b) and (c) above Enuresis	232
Total	23,572

Part IV—Dental Inspection and Treatment Carried out by the Authority

(1)	Number of pupils inspected by the Authority's Dental Officers—	
	(a) At Periodic Inspections	62,186
	(b) As specials	18,848
	Total	81,034
(2)	Number found to require treatment	50,717
(3)	Number offered treatment	43,006
(4)	Number actually treated	29,195
(5)	Number of attendances made by pupils for treatment (including that recorded at 11(h) below)	91,465
(6)	Half days devoted to—	
	(a) Periodic (School) Inspection	713
	(b) Treatment	14,084
	Total	14,797
(7)	Fillings—	
	(a) Permanent Teeth	45,868
	(b) Temporary Teeth	16,710
	Total	62,578
(8)	Number of teeth filled—	
	(a) Permanent Teeth	40,589
	(b) Temporary Teeth	15,722
	Total	56,311
(9)	Extractions—	
	(a) Permanent Teeth	7,669
	(b) Temporary Teeth	24,067
	Total	31,736

(10) Administration of general anaesthetics for extraction	12,103
(11) Orthodontics—	
(a) Cases commenced during the year	1,137
(b) Cases brought forward from previous year	1,846
(c) Cases completed during the year	728
(d) Cases discontinued during the year	296
(e) Pupils treated by means of appliances	2,759
(f) Removable appliances fitted	889
(g) Fixed appliances fitted	51
(h) Total attendances	12,176
(12) Number of pupils supplied with artificial teeth	202
(13) Other operations—	
(a) Permanent Teeth	*19,680
(b) Temporary Teeth	8,441
Total	*28,121

* Including 908 operations carried out by Dental Hygienists

APPENDIX B

FOOT DEFECTS

Dr. F. E. O'Connor Wilson, School Medical Officer, Ilford, reports as follows:—

"A survey was taken of foot and leg defects found in children between the age of nine and eleven years throughout all the Ilford schools.

During the survey, footwear was examined and advice given concerning the proper shoes and socks to be worn. There was a definite

improvement shown in the number of foot and leg defects compared with the number found in the last survey in 1955.

Number of children examined	5,271
,, with defects	1,430
,, of girls with defects	766
,, ,, boys ,, ,, ...	664

The percentage of defects were found to be fairly well distributed over the different areas in which our schools are situated ; the school children in South Ilford having the least number of defects.

Feet were examined for cleanliness, deformities of bone and skin abnormalities. Children found to have corns and verrucæ who were not being treated privately were referred to the chiropodist's clinic or local hospital.

Condition	*Number*	*Per-centage*	*Condition*	*Number*	*Per-centage*
Flat Feet	176	12.3	Valgus Angles	17	1.2
Genu Valgum	105	7.3	Verrucæ	105	7.3
Genu Varum	161	11.2	Hammer Toes and Bunions	21	1.5
Hallux Valgus	160	11.2	Curled and Deflec-ted Toes	541	37.8
Skin defects	76	5.4	Corns	68	4.8

Of the total number of children examined, 27.1 per cent had foot or leg defects.

Hallux Valgus was found in 11.2 per cent and could be due to wearing shoes which were too narrow and pointed. Curled toes and deflected terminal phalanx of the great toe accounted for 37.8 per cent of the defects. This is a big percentage of the total and is probably due to badly fitting shoes. Many shoes favoured by schoolgirls nowadays are badly shaped. Casuals and shoes with pointed toes are probably responsible for the deformity of toes since casuals and slip-on shoes tend to become loose through wear and the only way to hold them on is by curling the toes to grip the shoes and prevent them slipping.

Shoes that are too short also cause bending of the toes, especially where the middle toe is longer than the great toe. Of the few cases of hammer toe found, 1.5 per cent were probably due to this cause.

I would like to stress the importance of having shoes properly fitted in shops where the feet are measured with a foot gauge. Some plimsolls

are supplied by the school authority and the fitting of these should be done by an adult and not left to the children. Plimsolls and football boots are worn for short periods only and can be kept for too long to spare expense and the child tends to squeeze his feet into them. Passing on shoes to younger children is a doubtful saving too, as this may damage the feet.

The best type of footwear should be made of leather, have plenty of room for the toes and be big enough to allow for growth. The heel should be stout and not too high and the shoe should fit firmly to the heel, laced or with a strap across the middle of the foot to prevent slipping.

Children who had verrucæ were advised to keep the affected foot covered when doing physical training and not to go to the baths until better. The few cases of athlete's foot were also warned about infection—most of them were already treated.

Of the 5,271 children examined only 96 were found to have dirty feet."

DEFECTS OF POSTURE

"A survey of the children's posture was done at the same time as that of the feet. The age group was nine to eleven years old.

Number of children examined	5,271
Number with Faulty Posture	654 or 12.4 per cent.
Number of girls with Faulty Posture	365 or 6.9 per cent.
Number of boys with Faulty Posture	289 or 5.5 per cent.

All children with postural defects were referred for treatment and will be reviewed in a few months' time. Most of these defects included flat chests and were due to slackness or weakness of the muscles. Poor chest development can result from repeated attacks of tonsillitis and nasal obstruction and when these conditions are left too long before being remedied, the breathing is affected and shallow respirations produce poor development of the chest. Breathing exercises correct these cases when the cause has been removed.

Many of the children held themselves badly but could stand correctly when told to do so. Crouching in chairs looking at television programmes or sitting at desks which are too low for them is a frequent cause of round shoulders. Chairs and desks in schools should be the correct height for the pupil, preferably adjustable, owing to the great difference in children's heights.

Good posture helps a child mentally as well as physically. It will aid confidence and assist in keeping the brain alert. Many employers prefer children who have a good appearance. This is especially so where girls are employed and the girl with a good carriage can often make a good impression when seeking employment."

APPENDIX C

The following report by the Senior Organisers of Physical Education has en submitted by the Chief Education Officer.

" The attitude towards physical education continues to broaden, the general standard of cleanliness and dress is high ; it is most unusual to find children, both primary and secondary, not suitably clad for any physical activity.

Canoeing, sailing, climbing, camping, etc., are becoming increasingly popular. Parties of children are going further afield, Switzerland, Wales, Scotland, etc., and courses in these subjects held for teachers are well attended.

The year opened auspiciously for Essex when a class of girls from Erkenwald Secondary School, Barking, was invited to demonstrate modern educational gymnastics to the Physical Education Association of Great Britain and Northern Ireland. This was a great honour and the teachers and girls concerned are to be congratulated on their fine display. In order that Essex women teachers might have an opportunity of seeing the work of this class, an open evening was arranged at the school.

Following last year's experiment, another residential keep-fit course for leaders was held at Wansfell and the interest in post-school physical education was again amply demonstrated.

The first Annual Schools' Sailing Regatta was held in lovely weather at Heybridge Basin. Many schools took part and the children showed their skill in a large variety of sailing craft, including canoes. The first teachers' courses in sailing were held on a Barking lake and at Burnham-on-Crouch. Because of their success and the interest shown by teachers, these are to be repeated. Camping was a part of many schools' activities and good use was made of the Committee's sites. In addition many parties travelled further afield. An innovation was the visit of a group of Ilford children to Capel Curig where they had instruction in climbing, expeditions, etc.

There has been a tremendous increase in the efforts to improve swimming facilities. As has been mentioned in previous reports, closed and heated baths are provided instead of a second gymnasium at some new secondary schools. Two are now in use and at least two more should be completed next year.

There are many schemes by schools to provide their own swimming baths in conjunction with Parent-Teachers' Associations. Laindon Secondary School has completed its bath and it was successfully used last summer. In three primary schools, Kings Road, Chelmsford, Glebe School,

Rayleigh and New Thundersley Primary, prefabricated baths (40 ft. x 20 ft.) were erected on a flat surface and proved a great success. They were the first of their type to be used in the country and great interest has been shown in them both from inside and outside Essex.

Still larger numbers of children took part in the games rallies, dance festivals and athletic meetings which were arranged. Outstanding features were :—

In the Athletic Championships of Great Britain, Essex children were 2nd in the aggregate of points. King John School, Thundersley, had 2nd, 3rd, 4th and 6th places in the Girls' National Trampoline Championship ; in the Boys', Woodlands School, Basildon, had 2nd and 4th places and won the team Championship of Great Britain.

Boxing, Cricket and Rugby Football all provided Essex boys with county and inter-county competitions and in all these they had a large share of international honours.

The Essex Schools' Basket Ball Association, and the Essex Schools' Badminton Association were newly formed, thus ensuring continued support for these games, and the opportunity to compete in inter-county competitions.

Courses for teachers in all branches of physical education were held by the Organisers throughout the County.

During the year, there was only one change in the Physical Education Organiser's staff. Mrs. D. Baird-Taylor resigned, and her place was taken by Miss P. Pleasance who, after spending four years lecturing in a training college, came to take up organising duties in Mid-Essex and Dagenham."

APPENDIX D

Miss A. J. Halsall, the School Meals Organiser, reports as follows :—

"The number of school children having meals on a typical day in October was 141,158. This figure shows an increase of over 2 per cent on the corresponding figure in 1959, and represents 52.6 per cent of the school attendance.

The charge for school dinners to day pupils at maintained schools remained unchanged at 1/- during the year. Approximately 25 new kitchens were opened including some at schools where previously a conveyed meal was supplied. The current building programmes contain plans for the provision of new kitchens at many more existing schools, particularly small kitchens at aided schools, where improvements have been accelerated by the Minister's decision to increase the grant to the Managers from 50 to 75 per cent. Considerably more than half the schools in the County now have a kitchen on the premises.

Experiments have been tried in two of the Authority's new secondary schools which have been built on the ' house system.' Dining takes place in small groups of up to 70 children in ' house rooms ' provided in various parts of the school. This has proved to be a great advantage in social training and the possibility of breaking down larger dining groups in new schools is being further investigated.

Attention is now being given to the problem of training school meals staff and towards the end of the year a Training Organiser was appointed. It is hoped that, during the coming year, courses of training for all grades of school meals staff will be established throughout the County.

A summary of the relevant figures on the consumption of milk and meals is given below :—

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, 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
Oct/Nov, 1957	247,956	115,870	46.7	—	—
Oct/Nov, 1957	248,758	—	—	207,148	83.3
Sept/Oct, 1958	262,891	126,011	49.5	—	—
Sept/Oct, 1958	263,584	—	—	221,658	84.1
Sept/Oct, 1959	268,512	135,443	50.5	—	—
Sept/Oct, 1959	269,432	—	—	226,158	83.9
Sept/Oct, 1960	268,317	141,158	52.6	—	—
Sept/Oct, 1960	268,623	—	—	218,427	81.3

* Including boarders † The figures were affected by an influenza epidemic

APPENDIX E

Table I—Incidence of psychological conditions amongst pupils and their referral to Child Guidance Clinics

(1)	1957 (2)	1958 (3)	1959 (4)	1960 (5)
(1) Total school population	277,044	281,800	285,830	288,931
(2) Children undergoing routine periodic medical inspections.	73,384	73,383	80,344	79,440
(3) Children found to require treatment for a psychological condition:				
(i) at routine periodic medical inspections (rate per 1,000 children inspected).	331 (4.5)	300 (4.1)	483 (6.0)	484 (6.1)
(ii) at special inspections	294	429	451	420
(4) Children at all inspections requiring observation for psychological conditions.	1,455	1,612	1,862	2,061
(5) Total children requiring treatment or observation for psychological conditions.	2,080	2,341	2,796	2,965
Rate per 1,000 school population.	7.5	8.3	9.8	9.7
(6) Number of such children referred to child guidance clinics.	1,247 (60%)	1,483 (63%)	1,503 (54%)	1,667 (56%)
(7) Number awaiting diagnosis at 31st December.	351	397	406	499
(8) Number diagnosed but awaiting treatment at 31st December.	91	168	129	129

Table 11—Distribution of treatment of pupils at Child Guidance Clinics, 1960

	North-East Essex	Mid-Essex	South-East Essex	South Essex	Forest	Romford	Ilford	Walthamstow	Total
Psychiatrist:									
Treatment cases	43	166	56	91	65	244	59	94	818
Supervision cases	254	109	87	73	17	24	50	10	624
Awaiting treatment	4	5	33	—	29	—	—	4	75
Psychotherapist:									
Treatment cases	47	43	34	67	33	40	46	38	348
Awaiting treatment	—	—	12	12	—	8	21	—	53
Psychiatric Social Worker:									
Cases advised	213	181	202	157*	43	267	383	273	1,719
Awaiting advice	12	12	25	7*	17	31	21	62	187
Educational Psychologist:									
Remedial education	14	39	29	1	6	52	15	24	180
Awaiting remedial education	—	8	8	—	2	16	—	1	35

* Work done by Educational Psychologist

Table III—Child Guidance Clinics—Cases referred, diagnosed, and awaiting diagnosis, 1960

	North-East Essex	Mid-Essex	South-East Essex	South Essex	Forest	Romford	Ilford	Walthamstow	Total
Cases referred to Clinic during 1960	149	249	262	157	153	256	165	276	1,667
Cases diagnosed and found not to require treatment	39	4	2	16	4	40	11	27	143
Cases diagnosed and kept under supervision	24	90	82	29	24	—	67	42	358
Cases diagnosed and which received specific treatment:									
At the Clinic	43	65	61	71	54	179	11	74	558
By placement in residential school	2	1	8	4	3	—	5	9	32
Cases diagnosed and awaiting specific treatment:									
At the Clinic	5	5	22	11	20	8	21	—	92
By placement in residential school	5	—	3	6	3	9	6	5	37
Cases withdrawn before diagnosis	7	17	11	28	21	19	13	27	143
Cases still under investigation	30	24	9	15	17	31	30	58	214
Cases awaiting first appointment at 31st December	12	12	82	7	16	10	26	120	285

Table I—Handicapped Pupils requiring Special Educational Treatment—Prevalence per 1,000 School Children

Year	School Population	Blind	Partially Blind	Deaf	Partially Deaf	Delicate	Physically Handicapped	Educationally Sub-normal	Maladjusted	Epileptic	Speech Defects
1950	207,893	0.22	0.28	0.52	0.37	2.25	1.38	4.00	0.73	0.13	—
1951	218,514	0.23	0.30	0.61	0.26	2.33	1.35	4.32	0.80	0.12	—
1952	231,477	0.24	0.25	0.59	0.32	2.09	1.57	4.43	0.95	0.16	
1953	242,037	0.25	0.27	0.52	0.32	1.92	1.45	4.65	0.93	0.14	—
1954	251,989	0.23	0.27	0.53	0.32	1.91	1.75	4.73	0.95	0.12	—
1955	261,620	0.22	0.27	0.46	0.34	1.74	1.60	4.55	0.95	0.12	—
1956	270,295	0.23	0.27	0.43	0.32	1.48	1.41	4.88	0.99	0.14	—
1957	277,044	0.23	0.25	0.39	0.32	1.54	1.47	5.34	1.05	0.13	—
1958	281,800	0.21	0.26	0.36	0.34	1.62	1.51	5.40	1.06	0.14	—
1959	285,830	0.20	0.23	0.34	0.34	1.55	1.52	5.70	1.11	0.15	—
1960	288,931	0.20	0.26	0.35	0.38	1.38	1.48	5.91	1.26	0.15	0.04

Table II—Summary of Handicapped Pupils—1960

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 Independent 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	3	1	47	—	—	4	—	—	6
Partially sighted	16	17	40	24	—	—	1	—	5	4
Deaf	10	10	44	39	13	—	—	—	2	4
Partially Deaf	21	25	71	21	13	—	—	—	1	5
Delicate	125	118	161	123	18	6	9	37	11	33
Physically Handicapped	70	72	226	99	7	1	45	27	10	14
Educationally sub-normal	300	334	977	340	41	—	25	—	222	103
Maladjusted	91	126	23	116	127	23	7	—	1	68
Epileptic	20	14	4	38	—	—	1	—	—	2
Speech Defects	3	2	—	6	—	—	—	—	—	5
TOTAL	660	721	1,547	853	219	30	92	64	252	244
									(496) (39 patients refused)	

APPENDIX G

Table I—Causes of Deaths in Age Groups 5—14 years 1958, 1959 and 1960

Cause of death (1)	Males			Females		
	1958 (2)	1959 (3)	1960 (4)	1958 (5)	1959 (6)	1960 (7)
1. Tuberculosis—respiratory	–	–	–	1	–	–
2. Tuberculosis—other	–	–	–	1	–	–
3. Syphilitic disease	–	–	–	–	–	–
4. Diphtheria	1	–	–	–	–	–
5. Whooping cough	–	–	–	–	–	–
6. Meningococcal infections	–	–	–	–	–	–
7. Acute poliomyelitis	–	1	–	–	3	–
8. Measles	–	2	–	–	1	–
9. Other infective and parasitic diseases	1	–	1	–	4	–
10. Malignant neoplasm, stomach	–	–	–	–	–	–
11. Malignant neoplasm, lung and bronchus	–	–	–	–	–	–
12. Malignant neoplasm, breast	–	–	–	–	–	–
13. Malignant neoplasm, uterus	–	–	–	–	–	1
14. Other malignant and lymphatic neoplasms	10	10	3	3	4	4
15. Leukaemia and aleukaemia	2	7	9	5	2	2
16. Diabetes	–	–	–	–	–	–
17. Vascular lesions of the nervous system	–	2	1	–	1	2
18. Coronary disease, angina	–	–	–	–	–	–
19. Hypertension with heart disease	–	–	–	–	–	–
20. Other heart disease	–	1	1	–	–	1
21. Other circulatory disease	–	–	–	–	–	1
22. Influenza	1	1	–	2	3	–
23. Pneumonia	1	2	6	4	2	–
24. Bronchitis	–	1	1	1	1	–
25. Other diseases of the respiratory system	1	–	2	5	1	–
26. Ulcer of stomach and duodenum	–	–	–	–	–	–
27. Gastritis, enteritis and diarrhoea	–	2	1	1	–	–
28. Nephritis and nephrosis	2	1	2	1	–	–
29. Hyperplasia of prostate	–	–	–	–	–	–
30. Pregnancy, childbirth, abortion	–	–	–	–	–	–
31. Congenital malformations	5	5	6	7	7	7
32. Other defined and ill-defined diseases	10	13	9	13	8	11
33. Motor vehicle accidents	7	5	13	3	3	7
34. All other accidents	14	8	11	1	4	1
35. Suicide	–	–	–	–	–	–
36. Homicide and operations of war	–	1	–	–	1	–
ALL CAUSES	55	62	66	48	45	37

Table II—Notification of Infectious and Other Notifiable Disease in schoolchildren, 1960

Health Area/Division	*Scarlet Fever*	*Whooping Cough*	*Acute Poliomyelitis Paralytic*	*Acute Poliomyelitis Non-Paralytic*	*Measles*	*Dysentery*	*Food Poisoning*	*Tuberculosis Respiratory*	*Tuberculosis Other*	*Acute Pneumonia*	*Others**	*Total*
North-East Essex	148	246	—	—	351	15	—	1	—	10	1	772
Mid-Essex	135	152	—	—	278	154	6	3	2	10	5	745
South-East Essex	172	203	—	1	369	40	1	7	1	2	2	798
South Essex	234	302	—	—	49	90	25	6	4	18	4	732
Forest	276	215	—	—	328	194	9	5	—	11	4	1,042
Romford	96	188	—	1	131	304	12	6	1	4	—	743
Barking	72	40	—	—	17	9	—	2	—	6	—	146
Dagenham	86	138	—	—	5	19	—	2	—	2	—	252
Ilford	181	222	—	—	31	48	15	1	1	12	3	514
Leyton	31	19	1	—	142	8	3	1	—	6	1	212
Walthamstow	117	120	1	—	83	63	16	1	1	7	4	413
TOTAL—1960	1,558	1,888	2	2	1,860	1,001	89	37	10	88	24	6,559
TOTAL—1959	2,171	380	15	8	15,200	364	106	31	15	144	19	18,453

* "Others" comprise—Diphtheria 4; Erysipelas 4; Meningococcal infection 6; Acute encephalitis, infective 1; Acute encephalitis, post infectious 4; T.B. Meninges and C.N.S. 4; Paratyphoid fever 1.

APPENDIX H

"EPIDEMIC" NEPHRITIS IN NORTH ESSEX †

JOHN HARKNESS
M.B. Edin., D.P.H., D.I.H., D.Obst
Medical Officer of Health, Halstead Urban and Rural Districts, Essex

In March, 1959, the head teacher of a village primary school informed me that 3 of her pupils, 2 of whom were brothers, had recently developed acute nephritis. The parents of all the children were considerably alarmed. The epidemic nature of acute nephritis, due to a type 12 *Streptococcus pyogenes*, has been pointed out (George et al. 1958, Pleydell and Hall-Turner 1958), and it was decided to investigate this outbreak.

Investigation

Nose and throat swabs were obtained from all the children, the teachers, and the domestic staff. Bottles for urine specimens were distributed together with an explanatory letter to the parents, and the specimens were collected on the following day. *Strep. pyogenes* was isolated from 11 children, and the only 4 which were typed were found to be type 12. 1 case of acute nephritis was discovered, and the urine of 8 other children was found to contain red blood-cells. None of the adults were carriers of *Strep. pyogenes* and none showed any urinary abnormalities. All the children who were carriers were excluded from school and given a seven-day course of oral penicillin. Subsequent swabs showed them to be free from infection. None of the patients with acute nephritis had any history of sore throats.

As a check on the spread of infection outside the school, all the older children from the village who attended the secondary school (school I) four miles away were examined, and 2 of them were found to be carrying *Strep. pyogenes* type 12. Nose and throat swabs were also taken from children attending another secondary school (school II) seven miles away, and none of the children were found to be carrying *Strep. pyogenes*.

No further cases of nephritis were notified in the district until six months later when 1 was reported from a boys' private school eight miles from the school originally affected. He was a day-boy and had attended school for only one day after the summer holiday when he developed acute nephritis. Fourteen days previously he had had an acute pharyngitis which had been treated with a course of sulphonamides. Nose and throat swabs were taken from all the boys in his class and his contacts at home. 5 of the boys in his class were found to be carrying *Strep. pyogenes*, of which there were 2 type 12, 2 type 22, and 1 type 4. His mother and a friend of his were found to be carrying *Strep. pyogenes* type 12. All the carriers were given a week's course of oral penicillin.

† *Reprinted from* THE LANCET, *July* 16, 1960, *pp.* 146-147

Six weeks later 1 of the 2 boys who had been carriers of a type 12 *Strep. pyogenes* developed acute nephritis. After his first course of penicillin he had remained well for three weeks, after which he had developed an acute pharyngitis which was treated with oral penicillin. Three weeks later acute nephritis developed. All the boys in the school, the staff, and the children of the staff who were in contact with the boys had nose and throat swabs taken and the urine investigated. 19 were found to be carrying *Strep. pyogenes,* which in 18 was type 12. Of these 18, 16 were in close contact as they were boarders, and only 1 day-boy was found to be a carrier. The urines of 4 boys contained red blood-cells, and the urines of 4 others contained casts. The urines of 3 adults contained red blood-cells. All the carriers were given a week's course of oral penicillin.

Data on the outbreaks are summarised in the accompanying table. The outbreaks in the two schools showed one important difference. In the first school no history of a preliminary sore throat was elicited, while in the second school there was a sharp outbreak of sore throats among the boarders in the latter part of November and the early part of December. This difference may have been due to the closer contact in a boarding-school and a consequent increase in the load of infection which produced clinical symptoms. 1 boy developed acute nephritis despite two separate courses of oral penicillin, to which the organism was reported to be sensitive. This suggests an undue sensitivity to the organism rather than insufficient treatment. The exclusion of carriers and the treatment with penicillin proved to be effective in preventing the spread of infection in the first school, but in the second school it was not effective. This may have been due to the failure to investigate the whole school on the first occasion, with the consequent continued presence of a carrier, or it may have been due to the introduction of the casual organism at a later date.

Summary

277 people were investigated (23 of them twice) after detection of 6 cases of nephritis. 28 of the contacts were found to be carrying *Streptococcus pyogenes* type 12. 20 children were found to have symptomless urinary abnormalities, which suggests that the spread of infection was or had been more widespread than the carrier-rate indicated. Oral administration of penicillin to carriers in these semi-closed communities apparently helped to reduce the spread of infection.

I wish to thank all the general practitioners for their assistance in investigating this outbreak, and Dr. J. D. Kershaw for reading the draft of this paper. I should like to acknowledge the assistance I received from the article by George et al. (1958) in formulating the method of investigation.

REFERENCES

George, J. T. A., McDonald, J. C., Payne, D. J. H., Slade, D. A. (1958) *Brit. med. J.* ii, 1381.

Pleydell, M. J., Hall-Turner, W. J. A. (1958) *ibid.* p. 1382.

Data on Outbreaks of Acute Nephritis

Time	School	No. investigated	Carrying Strep. pyogenes	Carrying Strep. pyogenes type 12	With acute nephritis	Urine contained:	
						Red blood-cells	Casts
February, 1959	Village school	84	11	4 (only 4 typed)	4	8	0
	Secondary school I	37	2	2	—	Not examined	
	Secondary school II	31	0	0	—	Not examined	
October, 1959	Boys' school	23	5	2	1	Not examined	
	Home contacts	4	2	2	0	—	—
December, 1959	Boys' school—						
	Boarders	71	16	15	1	4	3
	Day-boys	27	1	1	—	0	1
	Contacts—						
	Other children	4	2	2	—	0	1
	Adults	19	0	0	—	3	0
	Totals	300	39	28	6	15	5

APPENDIX I

INFANT VISION TESTING†

A Disturbing Experiment

By F. GROARKE, M.B., L.M., D.C.H., D.P.H
Lately Medical Officer of Health, Barking MB, and Area Medical Officer, Essex*

V. SPILLER, M.D., M.R.C.S., L.R.C.P., D.P.H
Assistant County Medical Officer of Health, Essex, and

R. F. JAMIESON, M.B., D.O.M.S.
Ophthalmic Surgeon

In the *British Medical Journal* of 24th January, 1959, Mr. R. B. Wellesley Cole points out that permanent amblyopia is likely to result if defective vision is not ascertained and corrected in very young children.

As a result of this article we tried out various methods of testing visions in our nurseries and nursery schools and came to the conclusion that the Sjögren hand card was accepted readily by very young children. Although we were unable to obtain literature or verbal information on surveys or investigations on this test, we received assurances that the test conformed to Snellen principles. In April, 1959, we therefore commenced using it on all entrants to our infant schools. We did, however, feel that it would be of interest to compare this method of vision testing with one other method, and the following experiment was started in March, 1960.

With the co-operation of the head teachers of our infants schools an investigation was carried out on all infant entrants in one particular term. The school nurses continued to use the Sjögren hand card method and did not disclose their results to the head teachers. The head teachers, after individual demonstrations and explanations from one of us, carried out the E test on the same group of children, again without disclosing their results to school nurses. On the whole the experiment went off very well. The teaching staff were most interested and helpful.

Only visions of 6/12 or less were counted as defective and were referred up to our ophthalmic surgeon. In the teachers' group an original 48 children were found with visions of 6/12 or less but were retested by one of us and the numbers cut down to a total of 31, who were then referred up to the specialist. Incidentally, this retest was made particularly easy because the children had been recently tested and knew quickly what was expected of them. For this reason the E test is best carried out with children watching each other ; they then look forward to their turn to hold the E and one can point to the E's on the card in any order or size, so that there is no likelihood of memorizing.

† *Reprinted from* THE MEDICAL OFFICER, *9th December*, 1960 (**104**, 352—354)

* Dr. Groarke is now MOH, Romford MB, and Area MO, Essex

Four hundred and sixty-eight (468) children were tested by both methods. he results were as follows :—

31 (6.6 per cent) children were found defective by the E card method.

3 children only were found defective by the hand card method.

Of the 31 children originally sent for, eight failed repeatedly to attend for fraction and will have to be followed up carefully. Two attended opticians preference to our specialist and were ordered glasses.

Twenty-one (21) attended our specialist. Of these :—

11 were found to be in need of glasses.

8 had abnormal refractions (some quite severe) but did not yet require glasses.

2 appeared to have normal refractions.

Refractions under atropine are set out in Table I.

Summarising : 74 per cent of those sent for attended for examination.

Of these :—

56.6 per cent (60 per cent) required glasses immediately.

34.8 per cent (29 per cent) had refractive errors, many of which will require correction in the near future.

8.7 per cent (11 per cent) appeared to have normal vision.

TABLE I

	Right eye	Left eye	Right eye	Left eye
(1)	+4.5 sph / +4.0 cyl	+6.5 sph / +6.0 cyl	(12) +1.5 sph / + 1.5 R. and L cyl	
(2)	+4 sph / +3 .R and L cyl		(13) +5.5 sph / +2.0 cyl	+4.0 sph / +2.0 cyl
(3)	+1.25 sph / +1.0 R. and L cyl		(14) +5.5 sph / +4.0 cyl	+6.5 sph / +3.0 cyl
(4)	+6.5 sph / +6.5 cyl	+7.0 sph / +7.0 cyl	(15) +6.0 sph / +6.0 cyl	+8.0 sph / +5.5 cyl
(5)	+4.5 sph / +4.5 R. and L cyl		(16) +1.5 sph / +0.5 cyl	+3.0 sph / L +0.5 cyl
(6)	+9.0 sph / +7.0 cyl	+8.0 sph / +6.0 cyl	(17) +4.5 sph / +3.5 R. and L cyl	
(7)	+6.5 sph / +6.5 R. and L cyl		(18) —8 sph / —9 cyl	—5 sph / —5.5 cyl

TABLE I (Continued)

Right eye	Left eye	Right eye	Left eye
(8) +2.5 / +2.5	+5.0 / +5.0	(19) +3.0 / +2.0 R. and L	
(9) +2.5 / +2.5 R.and L		(20) +4.5 / +2.5 R. and L	
(10) +3.0 / +2.5 R. and L		(21) +4.5 / +4.5 R. and L	
(11) +4.5 / +4.5 R. and L			

Although the numbers investigated by us are small they correspond very nearly with the percentages, given in brackets, found by Jones and Jenkins (1960) on much larger numbers of children, using the Pugmire-Sheridan Test Chart. Five children seemed to be suffering from unilateral amblyopia.

The 13 children where glasses were ordered, had been assessed in school as shown in Table II :—

TABLE II

	E		Hand	
	R	L	R	L
(1)	6/9	6/12	6/6	6/6
(2)	6/9	6/18	6/6	6/6
(3)	6/9	6/24	6/6	6/9
(4)	6/18	6/24	6/18	6/6
(5)	6/6	6/36	6/9	6/9
(6)	6/18	6/18	Unable to test (foreign)	
(7)	6/18	6/18	6/9	6/9
(8)	6/9	6/12	6/12	6/18
(9)	6/6	6/18	absent	
(10)	6/18	6/12	6/6	6/6
(11)	6/60	6/60	6/36	6/24
(12)	6/18	6/12	6/6	6/6
(13)	6/9	6/18	6/6	6/9

It cannot even be said that the hand card results were due to unsatisfactory technique, since 13 different schools (and their school nurses) were involved

and all had had forwarning of the possible pitfalls in connection with distance, lighting, hand movement, etc.

We have wondered whether the child, having seen the larger hands, gets a general impression of them as being an oval with a light half (the finger side) and a dark half (the palm side). Then, if the smaller hands are becoming blurred, he gauges the position of the hand by this dark-light effect, instead of seeing the position and direction of the fingers as intended. In the case of the E's the distribution of light to dark is not so clearly cut through the centre of the image.

It is interesting to note that only 3.2 per cent of the children tested with the E chart were unable or unwilling to carry out the test. This is exactly the same figure as that found by Drs. Pugmire and Sheridan (1960) with their method.

Conclusion

The Sjögren hand test does not appear to be sufficiently reliable as a vision screening method in school entrants because in our hands the proportion of false negatives has proved to be high when the E test is used as a check.

It may be that Sjögren's method, as indeed he suggests, should be reserved for pre-school children who readily co-operate in its performance. It will at least detect severe deficiencies, and one can hope to discover the less severe ones by using the E method at school entry. Alternatively one can use some of the interesting tests devised by Dr. Sheridan (1960) and which were unfortunately only described after we had finished our experiment.

REFERENCES

Cole, R. B. Wellesley (1959): *Brit Med. J.*, i. 202.

Ingram, R. M. (1960): THE MEDICAL OFFICER, **103**, 178.

Jones, G. R., and Jenkins, M. W. (1960): THE MEDICAL OFFICER, **104**, 165.

Pugmire, G. E., and Sheridan, M. D. (1960): THE MEDICAL OFFICER, **103**, 177.

Sheridan, M. D. (1960): *Brit. Med. J.*, ii, 453.

APPENDIX J

MINOR AILMENT CLINICS

NORTH-EAST ESSEX DIVISION

Essex County Health Services Clinic, Shrub End, Colchester	Fridays p.m.
School Clinic, Trinity Street, Colchester	Mondays to Fridays p.m.
Essex County Health Services Clinic, 38 Main Road, Harwich	Tuesdays 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
Great Bentley Village Hall, Great Bentley	4th Friday p.m. | with C.W.C.s

MID-ESSEX DIVISION

Essex County Health Services Clinic, Coggeshall Road, Braintree	Tuesdays 10.0 a.m.
Essex County Health Services Clinic, Coval Lane, Chelmsford	Mondays 9.30 a.m.
Essex County Health Services Clinic, Wantz Chase, Maldon	1st, 3rd and 5th Friday 10.0 a.m.
Essex County Health Services Clinic, Bowes Field, Ongar	2nd and 4th Thursday 2.0 p.m. In conjunction with C.W.C.
Essex County Health Services Clinic, 69, High Street, Saffron Walden	Thursdays 10.0 a.m.
Central Hall, Stansted	2nd Thursday 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.
St. Peter's Room, Coggeshall	4th Monday 10.0 a.m.
St. Mary's, Kelvedon	1st, 3rd and 5th Friday 10.0 a.m.

SOUTH-EAST ESSEX DIVISION

Essex County Health Services Clinic, Great Wakering	Mondays a.m.
Essex County Health Services Clinic, Rocheway, Rochford	Tuesdays a.m.
Essex County Health Services Clinic, Eastwood Road, Rayleigh	Tuesdays and alternate Saturdays a.m.

SOUTH-EAST ESSEX DIVISION—Contd.

Essex County Health Services Clinic, Kenneth Road, Thundersley	Thursdays a.m.
Essex County Health Services Clinic, Nevedon Road, Wickford	Mondays a.m.
Essex County Health Services Clinic, High Road, Pitsea	Wednesdays a.m.
Essex County Health Services Clinic, Florence Road, Laindon	Tuesdays 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	2nd and 4th Fridays a.m.
Essex County Health Services Clinic, Craylands, Timberlog Lane, Basildon	Wednesdays and Saturdays a.m.
Essex County Health Services Clinic, London Road, Hadleigh	1st, 3rd and 5th Fridays a.m.
Public Hall, Hockley	2nd and 4th Wednesdays a.m.
Essex County Health Services Clinic, 119 Honeypot Lane, Basildon	Fridays a.m.

SOUTH ESSEX DIVISION

Essex County Health Services Clinic, 38, Queen's Road, Brentwood	Wednesdays a.m.
Essex County Health Services Clinic, Westland Avenue, Hornchurch	Tuesdays and 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	1st, 3rd and 5th Fridays only a.m.
Essex County Health Services Clinic, Upminster Road, Rainham	Mondays and Thursdays a.m.
Essex County Health Services Clinic, 230 St. Mary's Lane, Upminster	Wednesdays a.m.
Essex County Health Services Clinic, Grays Park, Bridge Road, Grays	Wednesdays a.m.
Essex County Health Services Clinic, Newton Road, Tilbury	Mondays a.m. and Fridays 2nd, 4th and 5th a.m.
St. Margaret's Hall, Corringham Road, Stanford-le-Hope	1st, 3rd, 4th and 5th Fridays a.m.
107 South Road, South Ockendon, Near 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	Alternate Tuesdays a.m.

SOUTH-ESSEX DIVISION—Contd.

Aveley Health Centre, Darenth Lane, South Ockendon	Tuesdays and Fridays a.m.
Essex County Health Services Clinic, Southend Road, South Hornchurch, Rainham	Mondays and Thursdays a.m.
Essex County Health Services Clinic, Hall Road, Aveley, Purfleet	Fridays a.m.
Essex County Health Services Clinic, London Road, Purfleet	1st Tuesday p.m.
Three Arch Bridge Health Services Clinic, Cherry Avenue, Brentwood	1st, 3rd and 5th Tuesdays a.m.
Essex County Health Services Clinic, Rheidovale, Princess Margaret Road, East Tilbury	1st Wednesday p.m.

FOREST DIVISION :

Essex County Health Services Clinic, Manford Way, Chigwell	Alternate Thursdays a.m.
Essex County Health Services Clinic, Hatch Lane, Chingford	1st and 3rd Mondays p.m.
Essex County Health Services Clinic, Marmion Avenue, Chingford	2nd, 4th and 5th Mondays a.m.
Essex County Health Services Clinic, 15 Regent Road, Epping	1st and 3rd Tuesdays a.m.
Addison House, Fourth Avenue, Harlow	Alternate Fridays a.m.
Nuffield House, The Stow, Harlow	Alternate Fridays a.m.
Keats House, Harlow	Alternate Thursdays 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 Tuesdays 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.
Essex County Health Services Clinic, Marks Road	Saturdays a.m.
Harold Hill Health Centre, Gooshays Drive, Harold Hill	Mondays and Tuesdays a.m.

BARKING DIVISION :

Central Clinic, Vicarage Drive, Ripple Road, Barking	Each morning
Porters Avenue Clinic, Porters Avenue, Dagenham	Each morning
Woodward Clinic, Woodward Road, Dagenham	Each morning
Upney Clinic, Upney Lane, Barking	Each morning

DAGENHAM DIVISION :

Five Elms School	Mondays p.m. and Fridays a.m.
Essex County Health Services Clinic, Becontree Avenue	Mondays and Thursdays a.m.
Essex County Health Services Clinic, Ballards Road	Mondays p.m.
Essex County Health Services Clinic, Ashton Gardens, Chadwell Heath	2nd, 4th and 5th Tuesdays a.m.
Essex County Health Services Clinic, Ford Road	Mondays a.m. and Thursdays p.m.
Kings Wood School, Harbourer Road, Hainault	1st and 3rd Mondays 9.30 a.m.
Essex County Health Services Clinic, Oxlow Lane	Wednesdays 9.30 a.m.
Essex County Health Services Clinic, Marks Gate	1st and 3rd Tuesdays a.m.

ILFORD DIVISION

Essex County Health Services Clinic, Kenwood Gardens, Ilford	Tuesdays and Fridays a.m.
Public Health Offices, Valentines Mansion, Emerson Road, Ilford	Tuesdays a.m.
Newbury Hall, Perryman's Farm Road, Newbury Park	Fridays a.m.
Essex County Health Services Clinic, Goodmayes Lane, Goodmayes	Wednesdays and Fridays a.m.

The Tuesday and Wednesday clinics above-mentioned are combined with Immunisation Clinics.

LEYTON DIVISION

Essex County Health Services Clinic, Granleigh Road, Leytonstone, E.11	Daily a.m. including alternate Saturdays
Essex County Health Services Clinic, Leyton Green Road, Leyton	Daily a.m. including Saturdays
Essex County Health Services Clinic, Dawlish Road, Leyton	Daily a.m. including alternate 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 Essex Division :		
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
In addition there are 22 Physiotherapy sessions a month.		
Mid-Essex Division :		
Ophthalmic	34	Dr. A. H. Staples Dr. M. A. K. Malik 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
In addition there are 9 Physiotherapy sessions a month.		
South-East Essex Division :		
Ophthalmic	16	Dr. G. T. Foster-Smith Dr. B. C. Dench
South Essex Division :		
Ophthalmic	38	Dr. W. H. Clark Dr. G. F. Foster-Smith Dr. H. J. Thorne Dr. T. J. Regal Dr. D. E. Hone
Orthopaedic	3	Mr. G. Barclay
In addition there are 20 Physiotherapy and 32 Orthoptic sessions a month		
Forest Division :		
Ophthalmic	25	Dr. G. F. Ensor Dr. W. Laybourne
Orthopaedic	5	Mr. H. G. Korvin Mr. G. R. Fisk Mr. M. Mason Mr. G. Rigby-Jones
In addition there are 60 Physiotherapy and 46 Orthoptic sessions a month.		

Type of Clinic	No. of Sessions Monthly	Name of Specialist
Romford Division :		
Ophthalmic	8	Dr. B. G. Dias Dr. D. E. Hone Dr. J. J. Regal
Orthopaedic	2	Mr. G. Barclay Mr. A. M. A. Moore
Barking Division :		
Dermatology	2	Dr. P. Deville
Ear, Nose and Throat	4	Miss M. Mason, F.R.C.S.
Ophthalmic	16	Dr. R. F. Jamieson
Orthopaedic	2	Mr. Leon Gillis, F.R.C.S.
Paediatric	2	Dr. T. Savage
Dagenham Division :		
Orthopaedic	1	Mr. A. M. A. Moore
Ophthalmic	8	Dr. J. Regal Dr. H. Macfarlane

In addition there are 32 Physiotherapy sessions a month.

Ilford Division :		
Orthopaedic	7	Mr. M. Mason Mr. H. G. Korvin
Ophthalmic	17	Dr. P. Lancer Dr. H. J. Thorne Dr. M. N. Laybourne
Ear, Nose and Throat	4	Miss M. Mason, F.R.C.S.
Paediatric	2	Dr. A. Russell
Cerebral Palsy Unit	2	Mr. H. B. Lee, F.R.C.S.
Leyton Division :		
Ear, Nose and Throat	1	Dr. D. V. Furlong
Ophthalmic	8	Dr. Logan Adams
Orthopaedic	4	Mr. H. A. Oatley

In addition there are 12 Orthoptic sessions a month.

Walthamstow Division :		
Ear, Nose and Throat	4	Dr. A. Cammock
Ophthalmic	20	Dr. H. Ho
Paediatric	2	Dr. E. Hinden
Orthopaedic	1	Mr. G. Rigby-Jones

In addition there are 40 Physiotherapy and 24 Orthoptic sessions a month.

CHILD GUIDANCE CLINICS

Address of clinic (1)	*Estimated population served* (2)	*Establishment of staff* (3)	*Posts filled as at 31.12.60* (4)	*No. Weekly Sessions* (5)
Winsley House, High Street, Colchester.	27,500	Psychiatrists (Part-time—9 sessions weekly)	2 (6 sessions)	6
		Psychologists (Full-time—2)	1	—
		Psychiatric Social Workers (Full-time—2)	2	—
		Psychotherapist (Full-time—1)	1	—
		Remedial Teacher (Full-time—1)	1	—
		Clerks (Full-time—2)	2	—
146 Broomfield Road, Chelmsford.	38,250	Psychiatrists (Part-time—9 sessions weekly)	2	7
		Psychologists (Full-time—2)	1	—
		Psychiatric Social Workers (Full-time—2)	1	—
		Psychotherapist (Full-time—1)	1 (10 sessions)	—
		Remedial Teacher (Full-time—1)	1 (4 sessions)	—
		Clerks (Full-time—3)	3	—
119 and 121 Honeypot Lane, Basildon.	29,404	Psychiatrists (Part-time—5 sessions weekly)	1	5
		Psychologist (Full-time—1)	1	—
		Psychiatric Social Workers (Full-time—1 and Part-time 1 x ½ time).	1 (part-time)	4
		Psychotherapist (Part-time—5 sessions weekly)	1 (part-time)	4
		Clerks (Full-time—2)	2	—
Whitehall Lodge, Whitehall Lane, Grays.	49,925	Psychiatrists (Part-time—6 sessions weekly)	3 (6 sessions)	6
		Psychologists (Full-time—2)	2	—
		Psychiatric Social Workers (Full-time—2)	—	—
		Psychotherapists (Part-time—6 sessions weekly)	2 (6½ sessions)	—
		Clerks (Full-time—1 and Part-time—1 x ½ time)	1.8	—

Address of clinic (1)	*population served* (2)	*Establishment of staff* (3)	as at 31.12.60 (4)	No. Weekly *Sessions* (5)
Galen House, Town Centre, Harlow.	14,000	Psychiatrists (Part-time—6 sessions weekly)	1 (6 sessions)	6
		Psychologist (Full-time—1)	1 (6 sessions)	—
		Psychiatric Social Worker (Full-time—1)	1	—
		Psychotherapist (Part-time—5 sessions weekly)	1	—
		Clerks (Full-time—2)	2 (1 full-time)	—
			(1 part-time)	—
62 Western Road, Romford.	43,000	Psychiatrists (Part-time—9 sessions weekly)	3 (9 sessions)	6
		Psychologists (Full-time—2)	2 (1 full-time and 4 sessions).	—
		Psychiatric Social Workers (Full-time—2)	1	—
		Psychotherapist (Full-time—1)	1 (5 sessions)	—
		Clerks (Full-time—3)	3	—
Loxford Hall, Loxford Lane, Ilford.	36,200	Psychiatrists (Part-time—9 sessions weekly)	2	7
		Psychologists (Full-time—2)	2 (1 Full-time and 6 sessions).	—
		Psychiatric Social Workers (Full-time—3)	2	—
		Psychotherapist (Full-time—1)	2	—
		Clerks (Full-time—3)	3	—
263 High Street, Walthamstow.	58,800	Psychiatrists (Part-time—9 sessions weekly) + 2 additional sessions a week for 12 months from December, 1960	2	11
		Psychologists (Full-time—2)	2	—
		Psychiatric Social Workers (Full-time—3)	3	—
		Psychotherapist (Full-time—1)	3	8
		Clerks (Full-time—3)	4	—

Note.—All the psychotherapists were employed on a part-time basis in 1960

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