

[Report 1961] / School Medical Officer of Health, Essex County Council.

Contributors

Essex (England). County Council.

Publication/Creation

1961

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COUNTY COUNCIL OF ESSEX



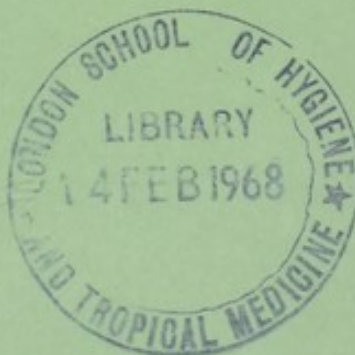
ANNUAL REPORT

OF THE

Principal School Medical Officer

FOR THE YEAR

1961



GEORGE G. STEWART, M.R.C.S., L.R.C.P., D.P.H.

PRINCIPAL SCHOOL MEDICAL OFFICER



COUNTY COUNCIL OF ESSEX



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P R E F A C E

COUNTY HALL, CHELMSFORD

April, 1962

Telephone : Chelmsford 3231

To the Chairman and Members of the Education Committee

Madam Chairman, Ladies and Gentlemen,

It is my honour to present my Annual Report as Principal School Medical Officer for the year 1961.

As from 1st April, 1961, a scheme of Divisional Administration made under the Local Government Act, 1958, with respect to primary, secondary and further education, was brought into operation in Basildon Urban District but this Report, which has been prepared with the help of Divisional School Medical Officers and other senior members of the staff of the Department who are particularly concerned with the School Health Service, relates to the Administrative County as a whole.

It is with pleasure that I draw attention to a further improvement in the health of our school children which is illustrated by the fact that of all the children examined at periodic medical inspections during the year, only 238 (0.3%) were found to be in unsatisfactory physical condition. Overall improvement in the health of school children must help them to make better use of the comprehensive education facilities provided but in this connection it is regretted that during 1961 there was a total of 17,462 cases of measles in school children which must have involved a very heavy loss of schooling.

The dental staffing position to which the Principal School Dental Officer refers in his report, continued to cause concern during 1961 and the Authority were unable to provide a priority dental service for all school children. The opportunity was, however, taken during the year to re-organise the County Dental Service by the creation of twelve posts of Area Dental Officer (in addition to the two such posts already in existence) in order to ensure a more effective day-to-day supervision of the service and to provide better career prospects for Dental Officers.

It is with pleasure that I record my thanks to the Education Committee for their consideration and support during the year, for the co-operation of the Chief Education Officer and his staff in all matters affecting the health of the school child, and to my own staff for their loyalty and help 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, 1961)

Chairman: Alderman Mrs. E. F. M. Hollis

Vice-Chairman: Alderman P. S. Powell

COUNTY COUNCIL MEMBERS

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 R. R. Batey
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 Mrs. E. W. Borthwick
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 Mrs. E. Coker, B.Sc.
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 F. J. Davis
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 Mrs. L. E. Jackson
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 A. C. Mason
 L. L. Ogier
 Mrs. M. Preston
 F. L. Ridgewell
 Mrs. O. M. J. Roberts
 J. E. Tabor, O.B.E., M.A.
 H. R. Turner
 Brig. J. T. de H. Vaizey
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 G. Colvin, C.B.E.
 D. W. Day

D. J. Maidment
 A. C. Moles
 W. A. Nichols
 A. P. Phelps
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R. P. Tong, O.B.E., M.A.

PERSONS OF EXPERIENCE IN EDUCATION

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 A. V. G. Cleall
 G. C. S. Curtis
 The Venerable J. E. Elvin
 J. W. Gofton, O.B.E.

H. B. Jenkins
 Mrs. R. C. Littlejohn
 The Rev. F. J. Saurin
 L. S. Webb

REPRESENTATIVES OF TEACHERS

O. J. Ellis
 M. G. Hughes, M.A.
 A. C. Hutchinson

Miss A. I. Walker
 Miss D. A. Williams

STAFF OF THE SCHOOL HEALTH SERVICE

(as at 31st December, 1961)

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:

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

Health Education Organiser:

C. E. WILLIAMS

DIVISIONAL STAFF

<i>Divisions</i>	<i>Divisional School Medical Officers</i>
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	R. D. PEARCE, M.R.C.S., L.R.C.P., 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	MARGARET 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
Basildon	P. X. O'DWYER, M.B., B.Ch., D.P.H

Other Divisional Staff
(excluding staff employed by Regional Hospital Boards)

				Number employed	Aggregate of time given to School Health Service (in terms of whole-time officers)
School Medical Officers	.....	.....	.....	97*	37.15
Area Dental Officers	.....	.....	.....	8	7.2
Dental Officers	.....	.....	.....	74*	35.75
Health Visitors	.....	.....	.....	260	70.29
School Nurses only	.....	.....	.....	52	36.77
Nursing Assistants	.....	.....	.....	46	16.90
Dental Attendants	.....	.....	.....	59	41.77
Speech Therapists	.....	.....	.....	33	26.88
Psychiatric Social Workers	.....	.....	.....	13	13.0
Physiotherapists	.....	.....	.....	2	2.0
Chiropodists	.....	.....	.....	13	1.31
Occupational Therapist	.....	.....	.....	1	1.0

* includes sessional officers

GENERAL STATISTICS

The Registrar General's estimate of population for the Administrative County at mid-year 1961 was 1,861,890, of whom approximately 290,188 were children of school age.

School Population 1961

	Primary Schools	Secondary Schools	Total
North-East Essex	15,086	12,916	28,002
Mid-Essex	19,418	14,757	34,175
South-East Essex	8,038	5,807	13,845
South Essex	28,359	21,637	49,996
Forest	23,992	17,760	41,752
Romford	11,960	10,335	22,295
Dagenham	9,866	9,185	19,051
Barking	6,154	5,641	11,795
Ilford	12,503	10,410	22,913
Leyton	5,453	6,005	11,458
Walthamstow	8,022	9,262	17,284
Basildon	10,453	6,576	17,029
Boarding Schools		593	593
Total 1961	159,304	130,884	290,188
Total 1960	159,375	129,556	288,931

Number of Schools

Primary Schools	725
Secondary Schools (including grammar schools)	211
Technical Colleges	10
Nursery Schools	3
Special Schools for handicapped pupils	23

Distribution of Special Schools

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

<i>Category of handicapped pupil</i>	<i>Divisional Executive</i>	<i>Day Schools</i>	<i>Residential Schools</i>	<i>Sex</i>	<i>Accommodation</i>
Educationally subnormal	N.E. Essex	1	—	Mixed	80
	Mid-Essex	—	1	Male	58
	Mid-Essex	—	1	Female	75
	Basildon	1	—	Mixed	120
	S. Essex	1	—	Male	140
	S. Essex	1	—	Mixed	70
	Forest	—	1	Male	120
	Barking	1	—	Mixed	120
	Dagenham	1	—	Mixed	100
	Leyton	1	—	Mixed	200
	Walthamstow	1	—	Mixed	100
	Total	8	3	—	1,183
Maladjusted	N.E. Essex	—	1	Male	45
	Forest	—	1	Mixed	42
	Leyton	1	—	Mixed	60
	Total	1	2	—	147
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	120
	Walthamstow	1	—	Mixed	95
	Total	5	1	—	580
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 1961

Essex

Mid-Essex Hospital School (Black Notley)	.....	.....	76
Other Counties (13 other hospital schools)	.....	.....	31
Total	.....	.....	107

Number of School Clinics

Minor ailments	.....	.....	.....	.....	.....	.....	87
Dental	.....	.....	.....	.....	.....	.....	67
Ophthalmic	.....	.....	.....	.....	.....	.....	47
Orthopaedic	.....	.....	.....	.....	.....	.....	24
Speech Therapy	.....	.....	.....	.....	.....	.....	74
Child Guidance	.....	.....	.....	.....	.....	.....	8
Physical Medicine	.....	.....	.....	.....	.....	.....	23
Ear, Nose and Throat	.....	.....	.....	.....	.....	.....	4
Paediatric	.....	.....	.....	.....	.....	.....	3
Dermatology	.....	.....	.....	.....	.....	.....	1

Further details are referred to in Appendix H.

MEDICAL INSPECTIONS

(See also appendix A)

A total of 79,591 pupils were examined at periodic medical inspections during 1961, this being an increase of 151 over the number of such examinations carried out during the previous year. In addition 55,194 special or re-inspections were carried out in 1961, this figure being 4,047 less than the figure for 1960.

Periodic Medical Inspection Experimental Modifications

Reference has been made in previous Reports to alternative schemes which might replace periodic medical inspection and to the experiments carried out in this respect in the North East and South Essex, and Forest Divisions. The experiment in the two schools in the North East Essex Division continued to work satisfactorily and was extended during the year to a third school but no further extension was carried out owing to the shortage of nursing staff.

The experiment introduced in 1959 in certain parts of the South Essex Division was discontinued because of the additional burden of clerical work falling upon the medical and nursing staff and also because the Divisional

School Medical Officer concerned came to the conclusion that the procedure by which the child's health is judged by a questionnaire completed by parents can be misleading. Since these revised arrangements were discontinued towards the end of 1961, the conventional procedure of periodic medical inspection has now been reverted to throughout the Division except that those children attending schools included in the experiment will be submitted for medical inspection on entering infants schools and again during the last year of compulsory education. At the time these children would normally receive their second periodic inspection before leaving junior schools, only those who are found by teachers, parents, visiting School Medical Officers or School Nurses to be in need of examination would be brought forward and examined.

This slight variation of the more usual arrangements will be carried out for a trial period of one year.

The modified arrangements for periodic medical inspection which were introduced in Harlow (the Forest Division) during 1959 and which were referred to in my last Annual Report continued on a permanent basis in 1961. In other parts of this Division the second periodic medical inspection continued to be carried out during the child's first year of secondary school life.

FINDINGS AT MEDICAL INSPECTIONS

(See also Appendix A)

Physical Condition of School Children

Of the 79,591 children inspected during 1961 only 238 (0.3% were found to be unsatisfactory as regards their physical condition. This represents a further improvement in the general condition of the children and the following tables shows the improvement over the last six years :—

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	
1961	84.7	0.3	

Information relating to the numbers of children inspected at periodic medical inspections during 1961 as compared with 1960 and the number of

those children found to have defects requiring treatment are shown in the following tables :—

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"
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
1961				
1959 and later	336	61	1 : 5.5	—
1956	10,176	1,256	1 : 8.1	0.4
1955	10,805	1,293	1 : 8.4	0.5
1954	1,961	257	1 : 7.6	0.3
1953	613	113	1 : 5.4	0.5
1952	987	219	1 : 4.5	0.6
1951	3,966	602	1 : 6.6	0.3
1950	12,887	2,122	1 : 6.1	0.3
1949	6,315	1,126	1 : 5.6	0.3
1948	1,641	293	1 : 5.6	0.2
1947	8,929	1,406	1 : 6.4	0.3
1946 and earlier	20,975	3,296	1 : 6.4	0.1

Cleanliness Inspections

Although the total of 338,911 individual examinations of pupils in schools by school nurses and other authorised persons which were carried out in 1961 was a reduction of 2,329 in the figure for 1960, there was a corresponding reduction in the number of individual pupils found to be infested.

It was generally possible during the year for health visitors and school nurses to concentrate more on the habitual offenders and it is interesting to note that whilst 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, during 1960, only 12 and 3 such orders respectively were issued in 1961. The general improvement in this matter for the last 10 years is shown in the following table :—

Infestation with Vermin

	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
Children found to be infested with vermin	3,622	3,097	2,535	1,826	1,569	1,417	1,648	1,213	1,200	1,187
Percentage of school population infested	1.6	1.3	1.0	0.7	0.6	0.5	0.6	0.4	0.4	0.4
Percentage of inspected children infested	0.67	0.55	0.42	0.32	0.28	0.24	0.37	0.33	0.35	0.35

Further details are set out in Appendix A.

School Meals Service and School Milk Scheme

I am once again indebted to the Chief Education Officer for letting me have the report on the school meals service and milk in schools scheme which is given in Appendix G to this Report.

TREATMENT OF DEFECTS

(See also Appendix A)

Diseases of the Lungs

A total of 376 children (as compared with 432 last year) examined at periodic medical inspections were referred for treatment because of defects of their lungs and a further 1,120 children were referred for observation because of these defects. Of the number found to require treatment 158 were examined as entrants, 62 at intermediate examinations (generally at 10-11 years of age) and 156 as school leavers. In addition 118 children were examined at special inspections carried out during the year and referred for treatment because of lung defects. Children ascertained as physically handicapped pupils because of lung defects were admitted to special schools for the delicate or physically handicapped, and in this connection the Ogilvie School, Clacton-on-Sea, served the County as a whole.

Heart Disease

During the year 167 children examined at periodic medical inspections were referred for treatment because of heart defects and this was only one less than the figure for the previous year. In addition 27 children brought forward for special examination were found to require treatment because of these defects.

Diseases of the ears

Hearing. Of the 219 children discovered at periodic medical inspections to require treatment because of hearing disabilities 46 were found among the leaver group and 96 as entrants. These figures seem to support the view that defects and diseases of the ears are being detected earlier in school life than was the case in the past.

Otitis Media. There was a welcome drop in the number of children examined at periodic medical inspections and found to require treatment because of otitis media, the figure for 1961 being 144 as compared with 168 for the previous year.

Other. There was an appreciable decrease in the number of children found to require treatment because of other defects of the ear, the total for 1961 being 109, whereas the figure for 1960 was 270.

Orthopaedic defects

Posture. In my Report for 1960 reference was made to the decrease in the number of children found at periodic medical inspections to require either treatment or observation because of postural defects. A further improvement is shown by the fact that the total of 1,493 postural defects found in 1961 was 343 less than the previous year. No doubt the Authority's continuing policy of providing school furniture, which complies with the British Standards Institution specifications, played its part in this improvement.

Feet. During 1961 there was a further increase in the number of children found to have defects of the feet and in all 2,456 children were referred for either treatment or observation. Of this total no less than 338 children in their first year of school life required treatment, whilst 275 leavers also required treatment because of defects of their feet.

A total of 834 children (as compared with 327 last year) examined at periodic medical inspections during 1961 had to be referred for treatment because of other orthopaedic conditions. Of these 217 were school entrants, 290 school leavers and 327 were in other age groups. Some 1,946 children were referred for observation because of these defects. Although there were no major changes in the provision of physiotherapy provided by the Regional Hospital Boards, difficulties of recruiting an adequate number of physiotherapists remained.

Skin Conditions

During 1961 no less than 5,208 children required treatment because of skin diseases and of these 3,940 were examined at special inspections. It is interesting to note, however, of this large number of skin diseases only 14 were cases of ringworm of the scalp or body, 13 of scabies and 132 of impetigo.

Chiropody

In the four Divisions of Barking, Dagenham, Leyton and Walthamstow a directly provided chiropody service continues to operate for school children. In the remainder of the County chiropody treatment is at present limited to the elderly, the physically handicapped and to expectant mothers. In Dagenham, 1,003 treatments were given during the year to school children who were seen either by a school medical officer or the school nurse before being referred to the chiropodists. Some 311 school children were treated for the first time at Chiropody Clinics in that Division and these children made a total of 2,397 attendances. It is interesting to note that 227 of these new cases required treatment because of verrucae and 64 because of corns. A total of 550 new cases were seen at special weekly sessions, which were set aside for school children in Walthamstow. These children made a total of 2,260 attendances.

During the year every opportunity was taken, both by chiropodists and health education staff, to give instruction and advice to school children in order to foster interest in the care of their feet.

Minor Ailments

The demand for the treatment of minor ailments at school clinics fell during 1961. Continued use, however, was made of these clinics for special medical examinations and for the purpose of giving advice to parents. In the school clinics parents often feel more at ease than in a busy medical inspection session in school.

The following table illustrates the trend of some of the defects treated at these clinics :—

Conditions for which treatment given	No. of children treated		
	1959	1960	1961
External and other eye diseases, excluding errors of refraction and squint	1,791	1,557	1,298
Diseases of the ear, nose and throat (non-operative treatment)	1,594	1,203	1,056
Skin diseases, excluding uncleanliness	5,556	5,550	5,251
Other miscellaneous minor ailments including enuresis	5,964	5,629	4,593
TOTAL	19,867	19,460	12,198

Enuresis

During 1961 the arrangements whereby children suffering from enuresis could have the use of enuresis alarms free of charge under Section 28 of the National Health Service Act, 1946, continued and were extended to meet the actual demand.

The special Enuresis Clinics in Harlow and Ilford continued to operate during the year although in the case of the Harlow Clinic only 25 sessions were held as compared with 36 in the previous year. Despite this decrease of 11, 92 patients were seen at the Clinic during 1961, this being one more than in 1960. The following details give an indication of the work undertaken at the Harlow clinic and of the results achieved.

Number of sessions	25
Number of patients seen	92
Number of new cases referred	59

Of these number referred by :

(1) family doctors	37
(2) school medical officers	20
(3) child guidance clinic	1
(4) health visitor	1

Number of patients discharged :

(a) cured	21
(b) greatly improved	25
(c) improved	7
(d) treatment not completed	24
(e) referred to child guidance clinic	2

At the Ilford Enuresis Clinic only 22 sessions were held as compared with 35 in the previous year. The number of new cases seen was 55 as compared with 89 last year.

A total of 280 attendances were made at the Ilford Enuresis Clinic during 1961 by old and new cases and at the end of the year 40 children had been discharged as completely cured whilst 43 were either self discharged or their treatment was not completed.

The following table shows how the 55 new cases came to be referred to the Ilford Clinic :—

Recommended by	Under 5 years		Over 5 years	
	Boys	Girls	Boys	Girls
Infant Welfare Officers	6	8	—	—
School Medical Officers	—	—	17	7
General Practitioners	1	—	7	—
Parents	2	—	1	1
Health Visitors	2	1	—	—
Consultants	—	—	—	2
Total	11	9	25	10

Diseases of the Eye and Defective Vision

The number of children examined at periodic or school inspections during 1961, who were recommended for treatment or observation because of diseases of the eye and defective vision, totalled 11,715, this being only 26 less than the

total for the previous year. Of this total no less than 9,504 were cases of defective vision. 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 staffing and provision of specialist ophthalmic clinics.

I am indebted to Dr. V. Spiller, School Medical Officer of Barking for her interesting article concerning "Sibling follow up of children with visual defects." The article can be found in Appendix E.

The medical treatment of all defects was carried out through the normal channels either at school clinics, or by the family doctor concerned, or at hospitals.

Recuperative Holidays

Arrangements were made during the year for 404 children to have recuperative holidays, this figure being 65 less than for the previous year.

Follow-up

The Health Visitors continued to visit the homes of children where necessary to ensure that treatment is carried out.

Dyslexia

Reference was made in my Annual Report for 1960 to an enquiry which was instituted at the request of the Ministry of Education with a view to ascertaining the number of school children in the County, who because of word blindness, might require special arrangements for their education. As a result of investigations made by the Divisional School Medical Officer 29 children were referred for special examination by Dr. J. N. Horne of the Ministry of Education who kindly submitted to me individual reports on each child examined.

As a result of the examinations the following broad classifications were made :—

Functional strephosymbolia	.....	.....	.....	.....	1
Familial strephosymbolia	.....	.....	.....	.....	6
Strephosymbolia without family history	.....	.....	.....	.....	2
Poor visual memory/poor level of intelligence	.....	.....	.....	.....	3
Visual defect	.....	.....	.....	.....	1
Poor auditory memory	.....	.....	.....	.....	2
Dull child	.....	.....	.....	.....	5
Primary emotional problem	.....	.....	.....	.....	4
Major primary emotional disorder	.....	.....	.....	.....	2
Educational element and functional strephosymbolia	.....	.....	.....	.....	1
Over confident and inaccurate child	.....	.....	.....	.....	1
Emotional factor	.....	.....	.....	.....	1

Divisional School Medical Officers have been advised of the medical findings concerning these children for the arrangement of the necessary treatment.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER FOR 1961

Staff

On the 31st December, 1961 the number of dental officers in post for all the dental services of the County Council was the equivalent of 35.75 dental surgeons. As a result of voluntary evening sessions, this figure was increased by the equivalent of about one whole-time officer. 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 at least 100 dental officers to provide basic treatment for the so called priority classes in the Administrative County. During the year Members adopted the policy that each Health Area and delegatee Authority should have an Area Dental Officer and that the post of Assistant Chief Dental Officer should be removed from the establishment. At the time of writing, Basildon, Basildon Delegatee Authority and the South-East Essex, Forest, Barking and Dagenham Health Areas were without an Area Dental Officer. Indeed, South-East Essex, Basildon and Dagenham were without any whole-time dental officer. The following table shows the staffing situation during the last few years. The worst feature is the fact that the average age of the whole-time staff is 48 years.

<i>Year</i>	<i>Whole-time</i>	<i>Part-time and Sessional</i>	<i>Equivalent Whole-time</i>
1950	18	16	23.
1957	21	57	39.4
1958	20	51	36.2
1959	20	57	36.5
1960	17	46	32.5
1961	19	55	35.75

Statistics

During the year under review 86,243 children were inspected, 51,771 required treatment, 43,977 were offered treatment and 27,705 were actually treated. Of the children inspected 19% were emergency cases for the relief of pain or other emergency states. A good proportion of these cases could have been avoided if the staffing situation had been anything like reasonable. The ratio of permanent teeth filled to permanent teeth extracted was 6.6 : 1 (1960 6.0 : 1, 1959 6.0 : 1, 1958 4.6 : 1). Most of the dental officers' time is spent on conserving the teeth. In interpreting these figures which are of themselves good it must, however, be borne in mind that of the school children towards which the committee has a responsibility, less than one-third were inspected. A detailed statistical return is to be found in Part IV of Appendix A.

Premises and Equipment

The new clinic at Hutton has a dental suite and modern equipment has been installed. The dental surgery at Marks Road Clinic, Romford, has been enlarged and re-equipped and the premises at Laindon have also been extended. In many of the older smaller premises the sites preclude any extensions but it is becoming the pattern now that the rooms and equipment are as good as they can be made. The compressed air turbine drills are living up to their reputation and by virtue of their ultra high speeds (upwards of a quarter of a million revolutions per minute) tooth substance is cut with a minimum pressure. The cutting is carried out under a constant stream of cooling water and the result is less vibration and less discomfort for the children and more often satisfactory work is possible on the first visit of a young patient.

Orthodontics

This branch of dentistry is the one which deals with the treatment of irregular teeth and is almost wholly connected with the permanent dentition. Consequently treatment does not usually begin before the child is about 11 years old. It is a very "popular" form of treatment and some of the results are highly spectacular and gratifying to all concerned. The consultant orthodontist appointed by the North East Metropolitan Regional Hospital Board continues to make his centre at Whipps Cross Hospital and to visit Colchester and Southend. No place has yet been found for him in any of the Chelmsford hospitals. The north-west tip of the County around Saffron Walden continues to look to the East Anglian Regional Hospital Board for its orthodontic consultant cover. 688 cases were completed by the dental officers and this is to be compared with 728 last year.

General Anaesthetics for Dental Cases

The same provisions as reported last year continue for post-graduate courses for Assistant County Medical Officers, the County Council having an arrangement with the Department of General Anaesthetics at the Easman Dental Hospital. Ten thousand six hundred and fifty-five administrations were undertaken for school children during the year and in addition to this, teeth were extracted under general anaesthesia for 236 mothers and 611 pre-school children. The general anaesthetic machines are serviced regularly by the makers' engineers to ensure that the calibrating mechanism is correct and thus the supply of oxygen to the patient can be predetermined. All the machines have a high pressure emergency oxygen supply which can be brought into play immediately by pressing a single button.

Dental Appliances

The County Dental Laboratories at Walthamstow and Barking continue with the work of making dentures, orthodontic appliances and many other items. Good class dental technicians are not easy to come by at present and we are fortunate at the time of writing to have sufficient staff to cope

with demands made on laboratories. Some work is let out privately as it is deemed prudent to keep business relationships with one or two good firms who are competent to take any sudden overload. The two laboratories produced during the year 558 orthodontic appliances and 235 dentures for school children. Other pieces of work such as crowns and inlays were also undertaken. In addition to this work for school children the laboratories undertake most of the denture work for the mothers who are treated by the authority under Section 22 of the National Health Service Act.

Local Analgesia Investigation

Members will recall that they granted permission for dental officers to co-operate with general practitioners, hospitals and the armed forces in an investigation in the use of a new local anaesthetic and a new type of hypodermic syringe. The tests were completed during the year but as yet no statistical results have been issued.

Post-Graduate Courses in Dentistry

In line with many other activities the practice of dentistry, particularly children's dentistry, has undergone very rapid changes during the last decade and the advance in knowledge has been remarkable. Some of the changes of thought are of academic interest chiefly but on the other hand certain modern techniques, equipment and materials have a strong bearing on day-to-day practice. Mention has already been made in this report regarding the courses in general anaesthetics for Assistant County Medical Officers. Some of the dental staff attended at lectures given under the auspices of the Society of Medical Officers of Health (Children's Dentistry) and the Royal Institute of Public Health and Hygiene (Dental Health in Children).

Visitors

Dr. Sadri, Chief Dental Officer of Iran, and Dr. Rudco, Chief Stomatologist of the U.S.S.R. Ministry of Health, and Vice-Rector of the Moscow Institute of Medical Stomatology, came to see the organisation, premises and equipment in the County Council service. The Dental Health Education Programme elicited much interest and there were visits to Harlow from Mr. Kenneth Thompson, the Parliamentary Secretary to the Minister of Education, and his private secretary Mr. Graham, Miss E. M. Knowles, a Senior Dental Officer of the Ministry of Health, Dr. Wynne, Dental Adviser at the Ministry of Education, one or two general practitioners and the final year dental students from The London Hospital Dental School.

Control of Dental Decay

The incidence of dental decay is still rising in the permanent dentition although the increase for the temporary teeth may be flattening out a little. I mentioned in my last report that there is a disturbingly high average age of

dental practitioners and unaided these cannot cope with the work needed and I suggested that a combination of four methods of controlling the disease should be encouraged, namely:— (a) to increase the number of dental graduates; (b) to provide a maximum of ancillary help for these dentists; (c) to add a necessary trace of a fluoride salt to the water; (d) to carry out an extended programme of dental health education. The plans for increasing the number of dental graduates have now been made known. In London the University College Hospital is at present under reconstruction. The London Hospital and Kings are to be rebuilt and the Eastman Dental Hospital is to be extended. Guys Hospital Dental School is to be rebuilt after 1970. In the provinces a new school is under construction at Birmingham and new schools are projected for Cardiff, Newcastle and Leeds whilst Manchester, Bristol and Liverpool are to be extended. This building programme with adequate teaching staff should take care of wastage and eventually build up a Register of suitable size. The first of the New Cross dental auxiliaries will be leaving for field work in the autumn of 1962 and thereafter an annual output of around 60 qualified auxiliaries will become available for local authority and hospital work. If the three year tests in the field are satisfactory it is possible that other schools may be opened in different parts of the country.

Tests to show the efficacy or otherwise of adding up to 1 p.p.m. of a fluoride to water to reduce the incidence of dental decay have now been completed in Great Britain. These tests have been undertaken at Watford, Anglesey and Kilmarlock and the results are expected soon and are awaited with great interest.

The dental health education project at Harlow has had to be curtailed owing to the lack of suitable staff but at the time of writing an appointment has been made and it is hoped that normal working will be resumed in the near future.

In 1920 at a conference in Manchester Professor Adami, M.D., F.R.S., Vice-Chancellor of the University of Liverpool, said "I feel strongly that if the dental condition of our children and our population is to be improved it must be through the development of a proper National Dental Service, with inspectors whose duty it is to inspect the teeth of school children regularly; to advise and to act as missionaries, educating the people in preventive measures." There is just the same need for preventive work today and the spearhead of the attack should be the School Dental Service.

J. BYROM

The table below gives details of those children with speech defects who were receiving treatment at the end of 1961 at speech therapy clinics provided by the Council

Analysis of Children receiving Speech Therapy at the end of 1961

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	79 (54)	86 (72)	15 (40)	6 (12)	66 (71)	252 (249)
Defect of articulation	104 (61)	717 (627)	390 (424)	100 (84)	98 (86)	1,404 (1,282)
Stammer	7 (8)	51 (57)	143 (151)	159 (193)	20 (22)	380 (431)
Stammer and articulation defect combined	3 (6)	29 (29)	26 (25)	7 (13)	5 (8)	90 (81)
Defect associated with hearing loss	3 (2)	14 (10)	17 (17)	6 (7)	6 (5)	46 (41)
Disorder of voice	5 (1)	17 (6)	4 (13)	9 (7)	6 (5)	51 (32)
Unclassified	15 (16)	10 (10)	13 (22)	4 (6)	16 (23)	58 (77)
TOTAL	216 (148)	919 (811)	618 (692)	291 (322)	217 (220)	2,261 (2,193)

NOTE : Figures in parenthesis relate to 1960

CHILD GUIDANCE SERVICE

Reference was made in my Report for 1960 to the increasing demands on the Child Guidance Service and that it had been decided the very heavy case load at the West Essex Child Guidance Clinic at Walthamstow justified the establishment of a separate Child Guidance Clinic in Leyton. Whilst the necessary approvals have been obtained to the establishment of this Clinic, it was not possible for it to be opened in 1961. Arrangements are going ahead, however, with the view that the consultant psychiatrist in charge of the Unit for disturbed Children at Whipps Cross Hospital, will also be in clinical charge of the Clinic.

Staffing

The establishment and staff in post at the end of December 1961 are shown in Appendix H.

Attendances

The following table shows how cases were referred to Child Guidance Clinics during the year and it will be seen that general medical practitioners are making increased use of the service.

Source of Referral	1959	1960	1961	Expressed as percentages		
				1959	1960	1961
School Medical Officers	404	490	470	27.0	29.4	28.2
General Practitioners	246	278	263	16.3	16.8	15.7
Educational Psychologists.....	165	199	205	11.0	11.9	12.2
Direct Referrals (parents, etc.)	202	184	224	13.4	11.0	13.3
Children's Officer	46	74	45	3.0	4.0	2.7
Probation Officers	60	69	66	4.0	4.1	3.9
Head Teachers	181	141	152	12.0	8.5	9.1
Health Visitors	5	6	17	0.3	0.3	1.0
Other Referrals (hospitals, magistrates, etc.)	194	222	233	13.0	13.6	13.9
Totals	1,503	1,663	1,675	100	100	100

Further information about pupils dealt with is to be found in Appendix B.

The School Psychological Service

The Chief Education Officer, to whom I am indebted, has let me have the following report on the School Psychological Service for the year 1961 :—

“ The only change in the staff of psychologists this year has been that Mr. Hopkins left the County at the end of November on his appointment to a post in Norwich. This stability of staff, coupled with the fact that

an additional psychologist was appointed last year, has meant that there has been an increase in the number of children seen this year by the psychologists, i.e. some 3,500 or rather more than one per cent. of the total school population. As in previous years, the majority of the children were from junior schools and the basic reasons for referring them were failure in school work, and problems of behaviour not sufficiently severe to need full Child Guidance investigation. This is what one would expect. During the second year in the junior school the problem of educational backwardness becomes more acute both to the child and to his teacher, while it is at the age of eight years, when a child is emerging from the sheltered, dependent state of infancy into the independence of the junior school stage, that problems of aggressive, difficult behaviour and of delinquency become more marked. It often happens, however, that the particular problem for which help is sought masks a deeper and more complex one. Thus many of the children referred for failure at school prove to be of average or even better ability, and quite a number of the delinquent and troublesome children turn out to have personality problems so severe that they need to be sent on to the Child Guidance Clinic. When this happens, it is very useful that the psychologist has a foot in both camps and can help to see the child through his difficulties by keeping in touch with the school and advising the staff about his needs. It is also useful that it is not necessary to draw a clear line between backwardness and maladjustment when neither is very marked. The policy of setting up small remedial groups and classes for children with the common problem of backwardness, but with a wide variation of ability and a diversity of emotional needs, enables many children to be helped who might otherwise have to go to a special school or be sent away from home. These mixed groups are of great value as the children seem to help each other in many ways and the smallness of the groups enables the teacher to make very helpful relationships with the children as individuals. It would be useful, however, if some more permanent and suitable accommodation could be made for these groups, along the lines suggested in the recent Ministry of Education circular, as it is difficult to establish the best atmosphere for learning in the temporary and makeshift conditions often prevailing at present.

The psychologists have continued the policy of working with and through the teachers, leaving the latter to assess the needs of what one might call the more straight-forward cases of educational backwardness, and handing over to remedial teachers much of the work formerly done by a psychologist in the Child Guidance Clinic. This is reflected in the decreasing number of children given such help in the Child Guidance Clinics. It will always be useful, however, for psychologists to carry on some of this work in order to keep in touch with the problem as it affects the teacher.

Other aspects of the work have continued much as usual. The psychologists have again taken part in supervising the practical work of educational psychologists in training, and have continued to give talks and lectures on aspects of child development to teachers, Parent Teacher Associations, House Parents and various Women's Groups. It is felt that work of this kind is a useful contribution to preventive mental health work and also helps parents and teachers to distinguish between problems needing professional help and those which are simply the natural expression of the maturing process."

HANDICAPPED PUPILS

Appendix C to this report gives a summary of the numbers of children ascertained at the end of 1961 as handicapped pupils. The total number so ascertained was 12.0 per thousand of the school population as compared with 11.4 per thousand for 1960 and 11.1 for 1959.

Blind and Partially Sighted Pupils

At the end of 1961 there were 55 school children ascertained as being blind and of these children 49 were placed in boarding schools, one was attending a special school as a day pupil, one was receiving education at home, whilst four were awaiting placement. There were 80 school children ascertained as partially sighted pupils, 51 of whom were attending special schools as day pupils, 22 were in boarding schools, one was being educated at home and six were awaiting placement either in day or residential schools.

So far as the incidence of blind pupils is concerned the following figures show the trend of the last ten years :—

1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
0.23	0.25	0.23	0.22	0.24	0.23	0.21	0.20	0.20	0.19

During 1961 five children were newly assessed as needing special educational treatment at special schools or in boarding homes because of blindness, this being an increase of two over the figure for 1960. On the other hand, only 9 children were ascertained as partially sighted this being a decrease of 8 over the previous year.

The catchment area of the Joseph Clarke School for the Partially Sighted, Walthamstow, was again extended and at the end of the year the children on the roll came from Barking, Basildon, Chigwell, Chingford, Dagenham, Harlow, Hatfield Heath, Hornchurch, Hutton, Ilford, Leyton, Loughton, Pitsea, Rayleigh, Rainham, South Ockendon, Woodford and Walthamstow. In addition children from Edmonton, Finsbury Park, Hornsey, Southgate, Tottenham and Wood Green also attended the school. Mr. G. M. Williams, the Headmaster of the school, reports that this wide area represents almost the limit of travelling, especially for young children, many of whom are spending almost two hours a day travelling to and from the school.

At the end of the year the visual acuity (Snellen) after correction in the school was:—

5	children	had	acuity	of	vision	of	less	than	6/60
17	children	had	acuity	vision	of	6/60			
14		do				6/36			
23		do				6/24	or	more	

Twenty-one children in the school had monocular vision, whilst there were three children who had not been accurately ascertained. It was estimated there were eight children attending this school whose intellectual abilities were above average, 30 of average ability, eight below average, ten were dull and six within the educationally subnormal range.

It is interesting to note that 16 senior pupils travelled to the school independently and that eight of these pupils make daily journeys involving changes of buses or trains.

The average number on roll during 1961 was 54.7 with an average attendance of 47.96. During the year 12 children were admitted and seven discharged as follows:—

- 2 to residential schools for the partially sighted
- 1 to a grammar school for the partially sighted
- 4 to employment (1 as a laboratory assistant, 1 as a shop assistant, 1 as an apprentice hairdresser and the other to factory work).

Deaf and Partially Deaf Children

Nine children were ascertained as requiring special educational treatment because of deafness during 1961, this being a reduction of one over the figure for 1960. There was, however, quite a big decrease in the number of pupils ascertained as being partially deaf, the figure for 1961 being 13, as compared with 25 for the previous year. At the end of the year three deaf pupils and five partially deaf pupils were awaiting placements either in day or residential schools.

The William Morris School for the Deaf in Walthamstow continued during 1961 to serve a wide catchment area, pupils attending from the South-East Essex, South Essex, Forest, Barking, Romford, Ilford, Leyton and Walthamstow Divisions. The average number of pupils on the roll during the year was 54 and the average attendance of 50 must be considered to be very good. Five practically deaf and 3 profoundly deaf children were admitted during 1961 to the school and 17 left. These leavers were placed in the following way:—

Employment	.....	.....	.....	.....	.....	8
Further training	.....	.....	.....	.....	.....	1
Residential schools for the deaf	.....	.....	.....	.....	.....	2
Partially deaf units	.....	.....	.....	.....	.....	2
Ordinary schools	.....	.....	.....	.....	.....	4

Mr. K. S. Pegg, the Headmaster of this Special School, reports as follows about the teaching arrangements and equipment used by the pupils :

"Children continue to attend the audiology unit, Grays Inn Road, London, so that impressions may be taken for hearing aid inserts, and during the year children took part in an experiment concerned with binaural speech audiometry tests. Following these tests a number of children were issued with two individual hearing aids in an attempt to prove the value of binaural listening especially for children with dissimilar loss in each ear.

"During October each child was issued with an O.L.57 individual hearing aid with a special case—there were 6 types of case, each made from a different material—in an attempt to find the most suitable case material. The trial was arranged by the Ministry of Health and the Post Office Engineers.

"Four new group hearing aids have been purchased, 2 are in full use and the others will be used when the extra classrooms, which have been made available to the school, are ready for occupation."

Delicate Pupils

I was able to report last year that there had been a considerable reduction in the number of children found during the year to require ascertainment for special educational purposes because of their being delicate, the figure of 118 children so ascertained being 57 less than the previous year. A total of 124 children were ascertained during 1961 as being delicate and at the end of the year 36 delicate pupils were awaiting placement in day or residential schools. It is interesting to note that 126 delicate children were newly placed during 1961, this being one more than in 1960.

The practice continued during 1961 of admitting both delicate and physically handicapped children to special schools and in this connection I am indebted to Dr. R. D. Pearce, Divisional School Medical Officer for the South Essex Division for his report on the work undertaken at the Grays Open Air School :—

"Remedial treatments were continued throughout the year. On the recommendation of Dr. Fleming of the Ministry of Education when he visited the school on the occasion of a general inspection, rest on beds was discontinued for the senior children. A quiet half hour period in their classrooms being substituted, whilst the junior and infant children rested on beds for three-quarters of an hour instead of the previous hour. A number of children made periodic visits to the Thurrock Chest Clinic, Tilbury and Orsett Hospitals, and also to various London Hospitals at which they were patients. Some children have had periods of in-patient treatment lasting for a few weeks, in one case almost a whole term. One

boy was admitted to a residential open air school and one has returned from such a school. Many children have made quite good attendance during the year, some completing at least one full term's attendance, but no child has made a complete year's attendance.

"On the first school day of the year 30 of the 70 children were over 11 years of age. One girl living in the area of South East Essex Division was admitted because she could not be admitted to a similar type of school in that area.

"Unfortunately the school suffered the loss by death of two girls during the year, one suffering from congenital heart disease, died after operation, and the other suffering from fibro cystic disease of the pancreas."

Educationally subnormal children

During 1961 334 children were newly ascertained as requiring special educational treatment in special schools or boarding homes because of educational subnormality. This total was the same as that for the previous year.

In September 1961 a Day Special School for educationally subnormal pupils was opened in temporary premises in Nazeing in the Forest Division. This school, known as Barn Mead School, opened with 38 pupils on the roll. Eight of these pupils were transferred from the special school at Leyton and the remainder were selected from a waiting list of pupils who previously had been ascertained and recommended for special educational treatment in a special school. The capacity of the school with its limited accommodation is 45, and this has now been reached. The school caters for children in the 6—15 year-old range.

The accommodation at the Margaret Brierley School for the educationally subnormal, Walthamstow, was greatly improved during 1961, an annexe for two reception classes being opened in the grounds of the Thomas Gamuel Infant School, and more space made available for the older boys and girls. Mr. L. F. Green, Headmaster of this school, reports as follows on the interesting activities carried on during 1961 :—

"A club for the older boys and girls meets one day a week after school. Socials have been held at which those who have left school in the past have been made welcome. The sympathy of Mrs. Dowling at the Leyton Baths has enabled many pupils to learn to swim and helped the timid ones to have no fear of the water."

It is interesting to note that 8 of the 9 school leavers from this school found employment as factory workers (4), shop assistants (2), machinist (1) and garage hand (1).

The waiting list for admission to the Corbetts Tey Special School in the South Essex Division is still considerable. In the circumstances the pressure to find places for young children continued during 1961. During that year one child attending this special school was returned to an ordinary school, one was recommended for residential placement and of the school leavers 23 were reported to the Health Committee as requiring community care. Seven children were examined during the year and found to be ineducable and excluded from the school.

The Treetops School for educationally subnormal children which was opened in the South Essex Division in 1960, had 60 children on the roll at the beginning of the year under review. Twelve children were admitted during 1961 and 15 left during the year. Of these 15 leavers 7 were excluded because they were found to be ineducable, 3 went to other schools, 5 took up employment, 1 working in a bakery, 2 at a transport depot, 1 in a factory and another in a store. The school caters for a wide range taking boys and girls during the ages of 6—16 years.

Maladjusted Pupils

During 1961 105 children were newly ascertained as maladjusted pupils as compared with a total of 126 for 1960. In all 114 maladjusted pupils were newly placed at the end of the year, 68 children were awaiting placement in residential special schools and 2 in day schools.

Maladjustment amongst school children calls for early attention and delay in finding suitable placement creates additional difficulties.

Epileptics

Only eight children were assessed during 1961 as requiring special educational treatment because of epilepsy, this being a reduction of 6 over the figure for the previous year. At the end of the year 4 epileptic children were attending special schools as day pupils, 33 were at residential schools, one was being educated at home, whilst 3 were awaiting placement in residential schools.

The incidence of epileptic children fell from 0.15 per thousand school population in 1960 to 0.13 per thousand in 1961.

Physically Handicapped Pupils

During 1961 82 children were ascertained as requiring special educational treatment at special schools or boarding homes because of physical handicaps, this being 12 more than during the previous year, although 7 more physically handicapped pupils were newly placed during the year. Eight were awaiting placement in day special schools or 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 :—

" During the year in question the number of children on roll varied between 18 on 31st December, 1960, and 23 on 31st December, 1961.

In reviewing the work undertaken throughout this period, 8 children were examined in connection with suitability for admission; of these, 5 were accepted and came from the following areas :—

Ilford	.....	.....	2
Romford	.....	.....	2 (1 under school age)
South Essex	.....	.....	1

The 3 children rejected, with the reason for rejection and the responsible Authority concerned were :—

Romford	.....	(A) Very young and immature but child was eventually accepted for a National Spastic Society Home.
South Essex	.....	(A) Progressive muscular dystrophy—very disturbed child and resisted medical examination.
		(B) Too backward and immature.

The admissions during the year numbered 7, which include 3 children who were seen in 1960, and admitted in 1961, and 4 of the children found suitable as stated above. This, therefore, leaves two children on the waiting list. One who has yet to reach school age and a child of school age seen in 1959 who is not yet ready for admission.

Those pupils discharged numbered 2 and the reason, together with the Authority concerned, is as follows :—

Mid-Essex	.....	Had reached school leaving age.
Ilford	.....	Transferred to an ordinary day school.

During the year an audiometric survey of all the children at the Unit was undertaken. The results have not yet been collated but already valuable information has been obtained which is of the greatest help in dealing with the children concerned. Otherwise the work of the Unit has proceeded smoothly and I should like once again to thank the staff for their continued co-operation and interest and their efforts in dealing with children who are often very difficult and in whom progress is necessarily very slow. It is hoped that in the comparatively near future the establishment of a nursery assessment class will further increase the scope of the Unit."

At the end of 1961 there were 95 children on the roll of the Wingfield House School for the Physically Handicapped, Walthamstow, the children being drawn from the South Essex, Leyton and Walthamstow Divisions in

Essex and also from Middlesex. The average number on the roll was 87.5 with an average attendance of 71.9. The 95 children on the roll at the end of 1961 were classified as follows :—

Delicate	.....	.....	.....	.....	27
Physically handicapped	.....	.....	.....	.....	65
Epileptic	.....	.....	.....	.....	3

B.C.G. VACCINATION

In May, 1961 the existing facilities for B.C.G. vaccination were extended to children between the ages of 10 and 13 years.

It will be seen from the following table, which gives an indication of the work carried out during the year, that 141 more children received B.C.G. vaccination during the year under review.

B.C.G. Vaccination, 1961

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	639	60	9.4	579
Mid-Essex	2,775	327	11.8	2,448
South-East Essex	1,174	73	6.2	1,091
South Essex	3,943	230	5.8	3,624
Forest	3,134	211	6.7	2,750
Romford	1,526	76	5.0	1,341
Barking	1,164	100	8.6	1,064
Dagenham	1,569	71	4.5	1,438
Ilford	1,479	99	6.7	1,285
Leyton	1,007	63	6.3	903
Walthamstow	1,586	220	13.9	1,291
Total	19,996	1,530	7.6	17,814

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

	1956	1957	1958	1959	1960	1961
Number of positive reactors	1,528	1,353	1,318	1,097	1,903	1,530
Percentage of positive reactors amongst children tuberculin tested	15.4	12.2	11.0	8.9	9.4	7.6

INFECTIOUS DISEASES

Appendix D to this report shows that the total number of notifications of infectious and other notifiable diseases in school children received during 1961 was 13,722 more than the total received in the previous year. This increase was almost entirely due to the fact that 1961 was a "measles year", there being 17,462 cases of measles notified as compared with 1,860 during 1960 and 15,200 in 1959. There was, however, a reduction in the number of cases of whooping cough and scarlet fever notified. Nevertheless, these three common infectious diseases accounted for most of the absenteeism during the year. In this connection reference was made in my report for 1960 to the fact that school children in the Administrative County must have lost something in the region of 16,000 weeks of school attendance because of measles, whooping cough and scarlet fever. The total loss of schooling during 1961 must have been in the region of 56,000 weeks. It is known that during this epidemic of measles, which seemed to reach a peak from February to May, attendance in some infant schools fell to 50%.

There was another outbreak of Sonne dysentery at the Kennylands Secondary Modern Residential School, this persisting throughout the whole of the Easter term. This school also had an epidemic of measles followed by chickenpox and german measles during the autumn term. These outbreaks placed a great strain on the nursing staff of the school and outside assistance had again to be enlisted.

Two cases of acute paralytic poliomyelitis were notified during 1961, this figure being the same as for the previous year, but there were four cases of non-paralytic poliomyelitis, this being two more than in 1960.

HEALTH EDUCATION

It is with pleasure that I record my appreciation of the continued co-operation of teaching staff in allowing the extension of health education activities in school. It was possible during 1961 to stage dental health and foot health exhibitions at a number of schools throughout the Administrative County, whilst lectures supported by suitable films, film strips and visual aids were given on a wide variety of subjects including mothercraft, foot health, personal hygiene, home-making and care of the skin.

It has now been found that the teaching staffs are asking more and more for guidance and assistance in health education matters and there was an increased demand during the year for nursing staff to visit schools and talk to senior girls. To be of value these talks have, however, to be carefully prepared and are presented by specially selected health visitors who are able to impart information freely and give confidence to the pupils.

PHYSICAL EDUCATION

I am indebted to the Chief Education Officer for supplying the report by the Senior Organisers of Physical Education which is included in this Report as Appendix F.

ACCIDENTS

I am again indebted to the Chief Constable of Essex for letting me have the following information relating to road accidents in the County Police District in which children under 15 years of age were involved.

There were 19 fatal accidents during 1961, an increase of 6 over the figure for the previous year and 10 of the children concerned were killed as pedestrians, 7 when riding pedal cycles and 2 when passengers in vehicles.

	1960	1961
Child pedestrians injured	520	542
Child pedal cyclists injured	400	399
Child passengers injured	307	331

Casualties in age groups

Years	Casualties	
	1960	1961
0— 1	7	10
1— 2	18	21
2— 3	37	37
3— 4	71	74
4— 5	68	80
5— 6	97	91
6— 7	80	89
7— 8	100	95
8— 9	85	98
9—10	80	82
10—11	89	85
11—12	100	101
12—13	110	118
13—14	145	150
14—15	153	160
Total	1,240	1,291

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	41	124
Crossing road not masked by vehicle	51	222
	Pedal Cyclists	
	0-5 years	5-15 years
Turning right without due care	—	77
Inattention or attention diverted	1	53

No less than 438 accidents occurred during the peak hours of 3 and 6 p.m. with a peak of 185 accidents between 4 and 5 p.m. A total of 224 accidents occurred on Saturdays, 177 on Mondays and 170 on Fridays and Sundays

APPENDIX A

MEDICAL INSPECTION AND TREATMENT

RETURN FOR THE YEAR ENDED 31st DECEMBER, 1961

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)
1957 and later	336	336	100.0	—	—
1956	10,176	10,133	99.6	43	0.4
1955	10,805	10,747	99.5	58	0.5
1954	1,961	1,956	99.7	5	0.3
1953	613	610	99.5	3	0.5
1952	987	981	99.4	8	0.6
1951	3,966	3,956	99.7	10	0.3
1950	12,887	12,849	99.7	38	0.3
1949	6,315	6,295	99.7	20	0.3
1948	1,641	1,638	99.8	3	0.2
1947	8,929	8,900	99.7	29	0.3
1946 and earlier	20,975	20,952	99.9	23	0.1
TOTAL	79,591	79,353	99.7	238	0.3

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)
1957 and later	12	54	61
1956	200	1,116	1,256
1955	254	1,103	1,293
1954	57	212	257
1953	43	83	113
1952	93	149	219
1951	307	372	602
1950	956	1,299	2,122
1949	503	685	1,126
1948	153	154	293
1947	778	703	1,406
1946 and earlier	2,102	1,417	3,296
TOTAL	5,458	7,347	12,020

Table C.—Other Inspections

Number of Special Inspections	.....	.....	.....	23,609
Number of Re-inspections	.....	.....	.....	31,585
			Total	55,194

Table D.—Infestation with Vermin

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	.....	.....	338,911
(b) Total number of individual pupils found to be infested	.....		1,187
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)			12
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)			3

Part II—Defects Found by Medical Inspection During the Year

Table A.—Periodic Inspections

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		Total	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
(1)	(2)								
4	Skin	175	371	618	512	475	440	1,268	1,323
5	Eyes—								
	a. Vision	503	1,264	2,813	798	2,142	1,024	5,458	3,086
	b. Squint	300	243	82	85	175	128	557	456
	c. Other	66	72	66	123	93	189	225	375
6	Ears—								
	a. Hearing	96	398	46	106	77	258	219	762
	b. Otitis Media	55	255	36	95	23	142	144	492
	c. Other	18	117	53	83	38	112	109	312
7	Nose and Throat	521	2,009	129	462	237	878	887	3,349
8	Speech	257	476	23	68	123	133	403	677
9	Lymphatic Glands	67	500	7	102	22	226	96	828
10	Heart	42	285	65	225	60	351	167	861
11	Lungs	158	520	62	190	156	410	376	1,120
12	Developmental—								
	a. Hernia	39	103	7	27	19	70	65	200
	b. Other	63	518	79	241	141	578	283	1,337
13	Orthopaedic—								
	a. Posture	49	217	198	342	283	404	530	963
	b. Feet	338	637	295	302	440	464	1,053	1,403
	c. Other	217	643	290	568	327	735	834	1,946
14	Nervous System—								
	a. Epilepsy	15	57	23	35	32	49	70	141
	b. Other	24	171	33	71	45	164	102	406
15	Psychological—								
	a. Development	41	218	30	85	162	177	233	475
	b. Stability	61	412	18	128	105	345	184	885
16	Abdomen	15	91	11	36	21	94	47	221
17	Other	87	133	108	116	172	161	367	410

Table B.—Special Inspections

Defect Code No.	Defect or Disease	Special Inspections	
		Pupils requiring Treatment (3)	Pupils requiring Observation (4)
(1)	(2)		
4	Skin	3,940	188
5	Eyes—		
	(a) Vision	643	317
	(b) Squint	56	23
	(c) Other	464	55
6	Ears—		
	(a) Hearing	189	75
	(b) Otitis Media	54	20
	(c) Other	270	46
7	Nose and Throat	562	168
8	Speech	302	128
9	Lymphatic Glands	20	21
10	Heart	27	67
11	Lungs	118	96
12	Developmental—		
	(a) Hernia	8	12
	(b) Other	66	85
13	Orthopaedic—		
	(a) Posture	54	57
	(b) Feet	298	127
	(c) Other	510	167
14	Nervous System—		
	(a) Epilepsy	10	20
	(b) Other	98	77
15	Psychological—		
	(a) Development	163	109
	(b) Stability	261	156
16	Abdomen	63	24
17	Other	1,848	597

Part III—Treatment Tables

Table A.—Eye Diseases, Defective Vision and Squint

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint	2,353
Errors of refraction (including squint)	22,394
Total	24,747
Number of pupils for whom spectacles were prescribed	10,711

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

	<i>Number of cases known to have been dealt with</i>
Received operative treatment—	
(a) for diseases of the ear	134
(b) for adenoids and chronic tonsillitis	3,047
(c) for other nose and throat conditions	84
Received other forms of treatment	3,190
Total	6,455
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1961	74
(b) in previous years	252

Table C.—Orthopaedic and Postural Defects

	<i>Number of cases known to have been dealt with</i>
(a) Pupils treated at clinics or out-patient departments	7,552
(b) Pupils treated at school for postural defects	158
Total	7,710

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

	Number of cases known to have been dealt with					
Ringworm—						
(a) Scalp						5
(b) Body						9
Scabies						13
Impetigo						132
Other skin diseases						5,092
Total						5,251

Table E.—Child Guidance Treatment

	Number of cases known to have been dealt with					
Pupils treated at Child Guidance Clinics						2,332

Table F.—Speech Therapy

Pupils treated by Speech Therapists						3,547
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Table G.—Other Treatment Given

	Number of cases known to have been dealt with					
(a) Pupils with minor ailments						4,399
(b) Pupils who received convalescent treatment under School Health Service arrangements						404
(c) Pupils who received B.C.G. Vaccination						17,814
(d) Other than (a), (b) and (c) above						194
Enuresis						194
Total						22,811

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	.....	.....	.....	.....	.....	70,215
(b) As specials	.....	.....	.....	.....	.....	16,028
Total	.....	.....	.....	.....	.....	86,243

(2) Number found to require treatment	.....	.....	.....	.....	.....	51,771
(3) Number offered treatment	.....	.....	.....	.....	.....	43,977
(4) Number actually treated	.....	.....	.....	.....	.....	27,705

(5) Number of attendances made by pupils for treatment (including that recorded at 11(h) below)	86,620
(6) Half days devoted to—	
(a) Periodic (School) Inspection	727
(b) Treatment	13,491
	Total 14,218
(7) Fillings—	
(a) Permanent Teeth	43,592
(b) Temporary Teeth	15,054
	Total 58,646
(8) Number of teeth filled—	
(a) Permanent Teeth	38,203
(b) Temporary Teeth	14,068
	Total 52,271
(9) Extractions—	
(a) Permanent Teeth	6,595
(b) Temporary Teeth	20,726
	Total 27,321
(10) Administration of general anaesthetics for extraction	10,655
(11) Orthodontics—	
(a) Cases commenced during the year	838
(b) Cases brought forward from previous year	1,959
(c) Cases completed during the year	688
(d) Cases discontinued during the year	245
(e) Pupils treated by means of appliances	2,542
(f) Removable appliances fitted	812
(g) Fixed appliances fitted	14
(h) Total attendances	10,732
(12) Number of pupils supplied with artificial teeth	235
(13) Other operations—	
(a) Permanent Teeth	*17,979
(b) Temporary Teeth	8,773
	Total *26,752

* Including 495 operations carried out by Dental Hygienists

APPENDIX B

Child Guidance Tables, 1961

Table 1—Cases referred, treated and closed at each clinic

	Colchester	Chelmsford	Basildon	Grays	Harlow	Romford	Ilford	Waltham- stow	All Clinics
Cases referred during 1961	162	239	253	163	168	246	168	276	1,675
Cases closed during 1961—									
Treatment complete	58	71	39	73	34	102	25	78	480
Treatment incomplete	118	31	28	34	9	78	38	70	406
Not treated	109	14	42	61	49	72	105	122	574
Total	285	116	109	168	92	252	168	270	1,460
Cases on the books at the end of 1961—									
Awaiting 1st appointment	24	66	58	2	19	16	22	83	290
Under treatment	60	314	270	70	98	256	64	157	1,289
Others	91	—	263	116	182	55	355	183	1,245
Total	175	380	591	188	299	327	441	423	2,824

Table 2—Cases referred by age, sex and Division

	Under 5		Over 5		Total
	Boys	Girls	Boys	Girls	
North East Essex	11	6	102	43	162
Mid Essex	7	5	13	61	207
South East Essex*	18(8)	10(4)	147(69)	79(34)	254(115)
South Essex	8	7	145	69	229
Forest	11	11	164	78	264
Romford	6	1	71	40	118
Barking	2	1	32	18	53
Dagenham	—	1	69	22	92
Ilford	2	3	75	36	116
Leyton	9	1	52	29	91
Walthamstow	3	3	64	19	89
Admin. County	77(8)	49(4)	1,055(69)	494(34)	1,675(115)

* Including Basildon cases, the figures in brackets being the number of cases there after 1st April, 1961

Table 3—New cases by persons initially responsible for referring cases to clinic

General Practitioners	263	Head Teachers	152
Consultants	129	Children's Officer	45
School Medical Officer	470	Probation Officers	66
Health Visitors	17	Magistrates	104
Education Psychologists	205	Parents and others	224

APPENDIX C
Summary of Handicapped Pupils—1961

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	7	5	—	49	—	—	1	—	—	4
Partially sighted	12	9	51	22	—	—	—	—	—	1
Deaf	14	9	41	36	23	—	1	—	—	1
Partially Deaf	17	13	65	22	24	—	—	—	1	4
Delicate	126	124	194	111	17	4	5	79	4	32
Physically Handicapped	52	79	240	87	17	1	46	61	8	18
Educationally sub-normal	292	334	1,062	339	42	—	20	1	221	85
Maladjusted	114	105	34	133	121	26	12	1	2	68
Epileptic	7	8	—	33	—	—	1	—	—	3
Speech Defects	2	7	2	8	—	—	—	—	—	5
TOTAL	673	693	1,689	840	244	31	86	142	236	221
										(457) (37 patients refused)

APPENDIX D

Notification of Infectious and Other Notifiable Diseases in schoolchildren, 1961

Health Area/Division	Scarlet Fever	Whooping Cough	Acute Polymyelitis Paralytic	Acute Polymyelitis Non- Paralytic	Measles	Dysentery	Food Poisoning	Tuberculosis Respiratory	Tuberculosis Other	Acute Pneumonia	Others*	Total
North-East Essex	58	53	—	1	1,601	9	1	1	1	3	1	1,729
Mid-Essex	110	93	—	—	2,757	78	—	5	3	14	—	3,060
South-East Essex	88	52	—	1	1,578	22	4	2	—	6	—	1,753
South Essex	143	34	—	1	3,178	30	20	8	—	16	—	3,430
Forest	135	44	2	1	2,896	143	4	5	—	8	4	3,242
Romford	67	6	—	—	997	12	8	2	1	3	1	1,097
Barking	26	17	—	—	550	—	7	—	—	2	1	603
Dagenham	54	13	—	—	950	2	2	2	—	—	1	1,024
Ilford	100	15	—	—	1,536	26	21	3	—	9	—	1,710
Leyton	26	9	—	—	584	13	5	1	1	5	1	645
Walthamstow	82	15	—	—	617	20	—	5	1	1	2	743
TOTAL—1961	899	358	2	4	17,462	363	72	34	7	69	11	19,281
TOTAL—1960	1,558	1,888	2	2	1,860	1,001	89	37	10	88	24	6,559

* "Others" comprise—Erysipelas 4; Meningococcal infection 5; Acute encephalitis, post infectious 1; T.B. Meninges and C.N.S. 1.

APPENDIX E

SIBLING FOLLOW-UP OF CHILDREN WITH VISUAL DEFECTS

By VIOLET SPILLER, M.D., D.P.H.

Assistant County Medical Officer, Barking Health Area, Essex County Council

It is generally supposed that if one person is found to have defective vision in a family, the chances are that one or more other members of the same family are likely to have some vision defect as well.

If we accept this as a truth then it follows that when doing school medical inspections it would be a worthwhile extension of the work to follow up the visions of all siblings of children with defective vision, whether the defect was known from previous inspections, or whether it is discovered at the current school inspection.

In the days before 1948 when we did annual school medical inspections in all our schools, this extension of work would have been superfluous, but nowadays, when our children only have three inspections in their whole school life, one might hope that unrecognised cases of visual defect would be detected by following this procedure and that, in so doing, many children would be saved years of discomfort and educational handicap.

With this in mind school nurses were asked to fill in a form for each child who was found to be suffering from defective vision at school inspection, whether the defect had been previously recognised or not. "Visual defect" was taken as being a vision of 6/12 or less in one or both eyes, or any child wearing glasses or suffering from strabismus. Snellen charts were used in most cases, or the E-chart for the younger children. Care was taken as to the distance and lighting of the chart.

On the form to be completed was a column in which names of brothers and sisters were inserted by the nurse, after questioning the child or calling at their homes. Next to each of these names the vision was recorded in so far as it was possible to ascertain this. For example, children under five years or over 15 years had to remain unchecked, although in most cases a note was made as to any who wore glasses or were known defectives.

The first 247 children were followed up and it was found that 46 had one or more siblings of school age with defective vision. Of these defective children, 11 had never been suspected of having a defect before and were referred to the eye specialist. All were ordered glasses.

At this point it seemed that we had confirmed the value of following up school-age siblings of defective children found at school medical inspections.

However, Professor Bradford Hill, who was consulted, explained that although "no controls were needed to convince the reader or observer that dropping the baby on its head on the kitchen floor was a bad habit," yet unless there were a control series in this particular case, who was to tell that exactly the same number of unrecognised defective visions might not be found among the siblings of 247 children with normal vision?

The whole experiment was then started again, using as controls children of approximately the same age-groups and in similar numbers from the same schools. All of them had been found to have normal visions at recent school inspections.

Out of 249 of these children whose siblings were followed up, only 30 had one or more siblings of school age with defective vision. Of these, only one was as yet an unrecognized case. She was referred up to the eye specialist and glasses were ordered.

The results of the experiment are also set out in Table I.

Table I

	Number of children whose siblings were followed up	Number of children in whose families defective school siblings were found	Number of children where the defective siblings had not been recognised before
Children with known defective vision	247	46	11
Children with known normal vision	249	30	1

It was impossible to follow up conscientiously visions of siblings of over or under school age, and these had to be excluded from the analysis. However, from a practical point of view, it is the vision of the school population with which we are concerned and this double experiment seems to have served its purpose.

Conclusion

It is well worth while following up the vision of all school-age siblings of children found to have defective vision at school inspections.

In doing so one can expect to detect quite a few cases of visual defect which might otherwise have remained unrecognized for years.

Better still perhaps, if staff and time permit, an annual or two-yearly vision test in all school children might be advisable.

Acknowledgments

I owe particular thanks to Dr. M. I. Adamson, my present chief, and to Dr. F. Groarke (now of Romford), for their encouragement in the carrying out of this work, and for allowing me the time in which to do it.

I also owe thanks to Dr. G. G. Stewart, County Medical Officer of Health, Essex, to the nursing staff, who had so much extra work thrust upon them, to the clerical staff, especially Mrs. Bartholomew, and to the patient co-operation of the head teachers of the schools concerned.

APPENDIX F

**The following report by the Senior Organisers of
Physical Education has been submitted by the
Chief Education Officer**

Courses for the further training of teachers, coaches and leaders have as usual been held all over the County by the Organisers of Physical Education, and use too has been made of the services of the National Coaches for Table Tennis, Swimming and Athletics. In addition to those forming part of the normal school curriculum, courses were held on canoeing at Chelmsford and Romford, sailing at Burnham-on-Crouch and rock climbing at Plas y Brenin, and a one day course for Specialist Teachers held at the South-East Essex Technical College included amongst other subjects ballroom dancing.

Catering for housewives who wish to become leaders of Keep-Fit in Evening Institutes, Youth Centres or external adult classes, a twenty week course was completed in March, and the panel of recognised leaders greatly strengthened. The growth of interest in Keep-Fit throughout the County has led to the formation of a third Keep-Fit Association which will cover South-East Essex. These Associations are self-supporting and they arrange rallies, courses, etc., which help to raise the standard of teaching and to spread further this activity amongst adults.

It is interesting to note that following courses on the teaching of Cricket during the last few years, there are now over 90 holders of the M.C.C. Youth Coaching Certificate and five holders of the M.C.C. Advanced Coaching Certificate, the great majority of the former being teachers. Perhaps the success of Essex Schools County Cricket XIs may be the indirect result of these courses.

The introduction of International rules for Netball bringing many changes in the game as hitherto played in England, has necessitated many coaching and umpiring courses throughout the County.

The Authority supported a course during the Easter holidays organised by the Girls' School Lawn Tennis Association at Barking Abbey School. Many promising Essex schoolgirl tennis players derive great benefit from the coaching they receive.

Two recently formed sports associations arranged their first tournaments in 1961. The Schools Basketball Association organised an inter-county tournament at the Ilford baths, and the Schools Badminton Association in inter-schools one at Aveley. Both were well supported and their success emphasizes the value of these voluntary sports associations. The Essex Schools Sailing Association had a beautiful sunny day for its second annual regatta held at Heybridge Basin and a greater number of schools took part and enjoyed the well organised sailing. In the major games, Essex County Schools teams more

than held their own and the athletics and swimming teams competed in the Championships at Chesterfield and Manchester respectively, where Essex children gained their usual share of national honours.

All new schools in the county are excellently equipped for physical education and now the older schools, in their turn, are being brought up to date as quickly as possible. Perhaps the largest step forward in the provision of facilities is the increase in the number of swimming baths. In addition to the closed and heated baths supplied by the Committee in lieu of a second gymnasium, many primary and some secondary schools have acquired an open air pool by their own, and Parent-Teacher Associations efforts. The position with regard to swimming instruction of children has improved, but in rural areas there are many schools not within reach of a bath, and in the metropolitan and urban areas the facilities available allow only a comparatively small percentage of the children to attend, so that efforts towards providing more baths cannot be relaxed.

During the year there has been some discussion about the advisability of working without shoes or socks in the gymnasium and hall. Where the conditions are suitable, it is most beneficial to work with bare feet, and the Organisers are grateful for the support they have received in this matter from the County Medical Officer and his staff.

In conjunction with the Visual and Aural Aids Department, four more dances suitable for teaching in primary and secondary schools were recorded. This record, with that already made, has proved very useful and of great help in giving variety to the national and country dance lessons and festivals. The dance festivals continue to grow both in number and popularity and take place in all parts of the County.

The opening of the Brentwood Day Training College for Teachers in January, 1961, has had, and it is to be hoped will continue to have a considerable effect on the physical education in Essex. The appointment of Mr. M. Cameron, one of the County's Area Organisers of Physical Education, as senior lecturer in that subject, has meant from the beginning, a very close contact with the work of the students. These students, through their teaching practice in schools emphasize to a wide circle of teachers the modern ways of teaching gymnastics, dances, etc., already introduced by the organising staff in their courses and lectures. It is reasonable to hope that on completion of their training the greater number of them will teach in Essex schools.

Mr. Cameron's appointment has meant changes in the organising staff. Mr. R. Morris, an Assistant Organiser, was promoted to work in Mr. Cameron's areas—Ilford, Barking and Dagenham, and Mr. A. G. Pace was appointed Assistant Organiser. At the end of the year Mr. M. Melanefy, Area Organiser of Forest, Leyton and Walthamstow, was appointed to be one of Her Majesty's Inspectors. The vacancy will be filled in 1962.

APPENDIX G

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

The number of schoolchildren having meals on a typical day in September was 143,444. This figure shows that the percentage of children having meals was maintained at 52.5% of school attendances. The charge for school dinners for day pupils at maintained schools had not been increased during the year and remains at 1s. 0d.

The programme for replacing sculleries at old schools has continued, although economies have meant that a number of schemes will have to be deferred. Some 20 schools have been opened or rebuilt during the year, all of which have had new kitchens.

The main development in the School Meals Service has been the establishment of a training scheme which it is hoped will ultimately cover all grades of School Meals staff. The courses which have been held so far have been mainly for Supervisors and Cook-Supervisors and have taken the form of short refresher courses, at which an opportunity has been taken to explain the purpose of the training scheme and to acquaint Supervisors with the information which will be given to other members of their staff. It is hoped to extend this training scheme to most parts of the County during the coming year and the experience gained so far indicates that interest and enthusiasm have been aroused.

A school meals film has been made and this will be available for showing to school meals staff. It is hoped that such meetings as Parent/Teachers Associations will also find it of interest.

A summary of the relevant figures of 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 having dinner	No. having milk	Per cent of pupils having milk
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
September, 1961	273,139	143,444	52.5	—	—
September, 1961	273,199	—	—	223,879	81.9

* Including boarders

† The figures Oct./Nov., 1957, were affected by an influenza epidemic

APPENDIX H

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 Great Bentley Village Hall, Great Bentley	Wednesdays p.m. } In conjunction 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, Melbourne Avenue, Chelmsford	2nd Tuesday 10.0 a.m.
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, 56 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	2nd and 4th Friday 10 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.
Essex County Health Services Clinic, Kenneth Road, Thundersley	Thursdays a.m.
Essex County Health Services Clinic, Furtherwick Road, Canvey Island	Mondays a.m.

SOUTH-EAST ESSEX DIVISION—Contd.

Essex County Health Services Clinic, High Road, South Benfleet	2nd and 4th Fridays 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.

SOUTH ESSEX DIVISION

Essex County Health Services Clinic, 39 Queen's Road, Brentwood	Wednesdays a.m.
Essex County Health Services Clinic, Westland Avenue, Hornchurch	Tuesdays 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	1st, 3rd and 5th 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	Fridays, 2nd 4th and 5th a.m.
St. Margaret's Hall, Corringham Road, Stanford-le-Hope	1st, 3rd, 4th and 5th Thursdays a.m.
107 South Road, South Ockendon, Near Grays	Mondays a.m.
Essex County Health Services Clinic, Stifford Long Lane, Grays	1st, 3rd and 5th Thursdays a.m.
Essex County Health Services Clinic, River View, Chadwell St. Mary	Alternate Tuesdays a.m.
Aveley Health Centre, Darenth Lane, South Ockendon	1st and 3rd Tuesdays and Fridays a.m.
Essex County Health Services Clinic, Southend Road, South Hornchurch, Rainham	2nd and 4th Thursdays a.m.
Essex County Health Services Clinic, Hall Road, Aveley, Purfleet	1st, 3rd and 5th Thursdays 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.
Essex County Health Services Clinic, Coram Green, Hutton, Brentwood	Wednesdays a.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, Bush Fair, 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, Walt- ham 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.

DAGENHAM DIVISION—Contd.

Essex County Health Services Clinic, Ford Road	Mondays a.m. and Thursdays p.m.
Kings Wood School, Harbourn 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.
Bentry School	Wednesdays a.m.

ILFORD DIVISION

Essex County Health Services Clinic, Kenwood Gardens, Ilford	Tuesdays and 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.

BASILDON DIVISION :

The Health Clinic, Laindon Road, Billericay	Thursdays a.m.
The Health Clinic, Craylands, Timberlog Lane, Basildon	Wednesdays a.m.
The Health Clinic, Honeypot Lane, Basildon	Fridays a.m.
The Health Clinic, Florence Road, Laindon	Tuesdays a.m.
The Health Clinic, High Road, Pitsea	Wednesdays a.m.
The Health Clinic, Nevendon Road, Wickford	Mondays 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	1 $\frac{3}{4}$	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	35	Dr. A. H. Staples Dr. M. A. K. Malik Dr. J. J. Reilly Dr. H. S. Sweet Mr. Foulds
Orthopaedic	19	Mr. H. A. H. Harris Mr. D. M. Dunn Mr. R. W. Butler Mr. H. Osmand-Clarke

In addition there is 1 Physiotherapy session a month

South-East Essex Division :		
Ophthalmic	7	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 Dr. G. R. Bhatia
Orthopaedic	3	Mr. G. Barclay

In addition there are 24 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 15 Physiotherapy and 6 Orthoptic sessions a week

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	Mr. P. Deville
Ear, Nose and Throat	4	Miss M. Mason, F.R.C.S.
Ophthalmic	16	Dr. R. F. Jamieson
Orthopaedic	2	Mr. Whitchurch-Howell
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 39 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
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
Basildon Division :		
Ophthalmic	9	Dr. W. H. Clarke

Address of clinic	Estimated population served	Posts filled as at 31.12.61			No. Weekly Sessions
		Establishment of staff	(3)	(4)	
(1)	(2)				(5)
Winsley House High Street Colchester	28,250	Psychiatrists (Part-time—9 sessions weekly) Psychologists (Full-time—2) Psychiatric Social Workers (Full-time—2) Psychotherapist (Full-time—1) Remedial Teacher (Full-time—1) Clerks (Full-time—2)	..... ..... ..... ..... ..... .....	2 (5 sessions) 1 2 1 1 2	5 — — — — —
146 Broomfield Road Chelmsford	38,250	Psychiatrists (Part-time—9 sessions weekly) Psychologists (Full-time—2) Psychiatric Social Workers (Full-time—2) Psychotherapist (Full-time—1) Remedial Teacher (Full-time—1) Clerks (Full-time—3)	..... ..... ..... ..... ..... .....	2 1 1 — 1 3	9 — — — — —
119 and 121 Honeypot Lane, Basildon	29,404	Psychiatrists (Part-time—5 sessions weekly) Psychologist (Full-time—1) Psychiatric Social Workers (Full-time—1 and Part-time 1 x $\frac{1}{2}$ time). Psychotherapist (Part-time—5 sessions weekly) Clerks (Full-time—2)	..... ..... ..... ..... .....	1 1 1 (part-time) 1 (part-time) 2	5 — 4 4 —
Whitehall Lodge Whitehall Lane Grays	49,925	Psychiatrists (Part-time—6 sessions weekly) Psychologists (Full-time—2) Psychiatric Social Workers (Full-time—2) Psychotherapists (Part-time—6 sessions weekly) Clerks (Full-time—1 and Part-time—1 x $\frac{1}{2}$ time) Peripatetic Remedial Teacher (Full-time—1)	..... ..... ..... ..... ..... .....	3 (6 sessions) 2 — 1 (2½ sessions) 1.8 1	6 — — — — —

Address of clinic (1)	Estimated population served (2)	Establishment of staff (3)	Posts filled as at 31.12.61 (4)	No. Weekly Sessions (5)
Galen House Town Centre Harlow	14,000	Psychiatrists (Part-time—6 sessions weekly) Psychologist (Full-time—1) Psychiatric Social Worker (Full-time—1) Psychotherapist (Part-time—5 sessions weekly) Clerks (Full-time—2)	1 (6 sessions) 1 (6 sessions) 1 1 (5 sessions) 2 (1 full-time) (1 part-time)	6 — — — — —
62 Western Road Romford	53,000	Psychiatrists (Part-time—9 sessions weekly) Psychologists (Full-time—1 and part-time 2) Psychiatric Social Workers (Full-time—2) Psychotherapist (Full-time—1) Clerks (Full-time—3)	3 (9 sessions) 1.5 1 1 (5 sessions) 3	6 — — — —
Loxford Hall Loxford Lane Ilford	36,200	Psychiatrists (Part-time—9 sessions weekly) Psychologists (Full-time—2) Psychiatric Social Workers (Full-time—3) Psychotherapist (Full-time—1) Clerks (Full-time—3)	2 2 (1 Full-time and 6 sessions). 3 2 3	9 — — — —
Old Monoux School High Street Walthamstow	63,000	Psychiatrists (Part-time—9 sessions weekly) + 2 additional sessions a week for 12 months from December, 1961 Psychologists (Full-time—2) Psychiatric Social Workers (Full-time—4) Psychotherapist (Full-time—1) Clerks (Full-time—3)	2 2 4 3 4	11 — — 8 —

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E. G. ELLIS & SONS
Willow Street, E.4

