## Contributors

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## Tottenham Education Committee.

# ANNUAL REPORT

#### OF THE

## SCHOOL MEDICAL OFFICER for 1925.

## MEMBERS OF THE COMMITTEE.

Mr. T. ELDERFIELD (Chairman). Mr. T. INGLIS (Vice-Chairman). Mrs. F. C. BRIGHTEN. Mr. J. BRISTOW. Mr. C. E. BROWN. Miss R F. COX. Mr. F. EASTON. Mr. H. FARTHING. Mrs. E. L. FINCH. Mr. E. FROST. Mr. A. E. HARVEY. Mr. W. R. JACKSON. Mr. M. E. JAMES. Mr. W. W. LEWIN, J.P. Major P. B. MALONE, M.P., J.P. Mr. E. J. MORLEY. Mr. A. REED, A.F.I. Mr. C. WISE. Miss E. GOWAN, B.A. Mr. F. E. SHARLAND

## INTRODUCTION.

## School Medical Department, Town Hall,

Tottenham,

March, 1926.

## To the Chairman and other Members of the Tottenham Education Committee.

Ladies and Gentlemen,

The 1925 Report upon the School Medical Services follows closely the lines suggested in the Schedule to Form 6M prescribed by the Board of Education.

The Report is of an exhaustive character and under the various headings of the activities of the Service will be found a somewhat detailed account of the methods employed to conserve the health and remedy the defects occurring amongst children attending Tottenham Elementary Schools.

The scheme in operation is a comprehensive and economical one.

Those who have watched the development of the School Medical Services, and contrast the physique of the children to-day with that of the children of 1908, will be obliged to acknowledge that the nation is making marked progress towards an A1 population.

The success attending the efforts of your officers to raise the standard of fitness amongst the young has been due to the wise foresight of your Committee and its predecessors, and to the stimulation and encouragement that has, without fail, been afforded to your staff in the fulfilment of this important branch to the Service. Grateful acknowledgement is made of your Committee's sympathetic consideration of all matters submitted for deliberation.

> I am, Ladies and Gentlemen, Yours faithfully,

David & Kirkhope.

## CO-ORDINATION OF THE WORK OF THE SCHOOL MEDICAL SERVICES WITH THAT OF INFANT AND CHILD WELFARE.

The School Medical Officer is the Medical Officer exercising supervision over Maternity and Child Welfare. There is being effected a gradual amalgamation of both services, so that the nurses supplying the Medical Services of the Council shall be equipped and available for any of its sections.

Children under school age are cared for at the Child Welfare Centres, and Crèche. Details of the work accomplished there are to be found in another section of this report. The records of progress are carefully preserved and, at the date of transfer. these are filed in an envelope, constituting the dossier of the child, and passed to the School Medical Department. This dossier may contain (a) Birth Card and Child Welfare Doctor's records; (b) Infectious Diseases records; (c) Health Visitor's records; (d) Crèche records; (e) Reference to mother's attendance at Ante and Post-Natal Clinic. To this dossier is added during the school curriculum (a) the Medical Inspection card; (b) Records of attendance at Minor Ailments and other clinics; (c) Following-up cards; (d) Treatment received at Hospitals; (e) Convalescent Home treatment, etc.

The completed dossier is available for the Juvenile Employment Committee when the child leaves school.

The clinics of the School Medical Service for the northern part of Tottenham are housed in the same premises as the Child Welfare Centre for that area—namely, at Bruce Castle—and no hard and fast line is drawn between the child of school age and the child under school age when the question of treatment for an ailment is under consideration. For instance, the dentist, whose clinic is established here, is frequently requested to advise, or operate, upon the teeth of children under school age, and the Doctor who refers the case to him will give her aid if an anæsthetic is required. The dental clinic for the southern part of the district is located in the same premises as the Child Welfare Centre for that area, namely, at the "Chestnuts," St. Ann's Road, and a similar freedom is exercised between the departments, although the dentists are whole-time officers of the Education Committee. Similarly, the Eye Specialist employed by the Education Committee has always been ready to give his advice in the case, for instance, of a squinting child under school age. Indeed, the feeling is engendered and fostered in the Health Department generally, that each officer shall do what is necessary, so far as he can, for the young folk of the district, irrespective of the fact that they may, or may not, have passed their fifth birthday, and that the attachment of the officers to this, or that section, is only a matter of financial and administrative expediency.

In the home visitation of infants by the health visitors, cognizance is taken of matters affecting children attending school, or of school age, and vice versa, visiting school nurses concern themselves with infants under school age—their health and environment. Not only does this arrangement reduce irritability by lessening the number of official visitors and visits; it broadens the vision and interest of the officers in the work appertaining to health services.

So closely akin are the two sections, infant welfare and the medical care of school children, that similar provisions are made for hospital and convalescent treatment by the respective Committees. These provisions will be considered in detail under the headings to which they severally relate.

There are no nursery schools in Tottenham.

#### SCHOOL HYGIENE.

#### Surroundings.

In some of the older schools, whose playgrounds have been in use for a long period, there are depressions, allowing of accumulations of water in wet weather.

Where the schools are immediately adjacent to a busy thoroughfare, the noise of the passing heavy traffic causes disturbance to the school curriculum, and it was pointed out at Page Green School, by one of the teachers, that between 180 to 200 heavy lorries and other vehicles pass per hour. Of his scholars he gave the following record, namely:--14 out of 35 are nailbiters, 4 stammerers, and a number are reported to have night terrors.

Middle Class School.—The environment of this school is quite unsatisfactory, having regard to its proximity to a public urinal, a fried fish shop and a public-house. The playground is small. Discontinuance of the use of the premises is called for. Holy Trinity School.—This school suffers from the proximity of the London General Omnibus Company's Garage in Philip Lane and from numerous stoppings at, and startings from, High Cross.

Stamford Hill School.—The playground accommodation is inadequate, but measures are being take to provide increased space.

School for Deaf and Vale Road Schools.—These are new schools and the playgrounds are still in an unfinished condition.

*Earlsmead School.*—At this school there is a large playground used by the girls and infants. This might be divided with advantage.

## Ventilation.

The ventilation throughout the schools is satisfactory generally, except where rooms have been divided, causing one of the rooms to ventilate into the other.

#### Lighting.

The lighting in some of the classrooms in the schools is from the right of the scholar and not from the left as it should be.

In the following schools the window-sill is so far above the floor level as to deprive the rooms of a good deal of natural lighting :---

West Green	School.
Stamford Hill	,,
Earlsmead Boys'	,,
Page Green Girls	, ,,

In the undermentioned schools the gas lighting is unsatisfactory, both in respect of position and the number of brackets.

Bruce Grove School.	Holy Trinity School.
Crowland Road ,,	St. Katharine's Girls',,
Seven Sisters Infants' ,,	St. Ann's Boys' ,,
Lancasterian Boys' ,,	Parkhurst Boys' & Girls' Schools.

St. Ann's Boys' and Girls' Schools.-The natural lighting is inadequate.

#### Warming.

The system of heating is, generally, by hot water radiators supplied from a central boiler. At Lancasterian Boys' and Girls' Schools open coal fires are still used.

In certain of the schools the heating arrangements are inadequate during cold weather in those classrooms which have a northerly aspect.

#### Equipment and Sanitation.

Downhills Girls' School.—Arrangements for admission to, and egress from the cloakroom are unsuitable, and an improvement could be effected by an additional door being made to open into the playground.

Bruce Grove and West Green Boys' Schools.—The floors of the classrooms are worn and in want of planing and relevelling.

*Risley Avenue School.*—The lavatories, cloakrooms, playgrounds and classrooms are inadequate owing to the present overcrowded state of the school.

#### Observation on the Type and Condition of Desks and Blackboards.

Dual desks, or desks of the modern type having movable seats and desk, have been installed in most of the schools. The exceptions are at

Seven Sisters Boys' and Girls'	Schools	(many).
Lancasterian Boys' and Girls'	,,	(mostly).
Stamford Hill Boys' and Girls'	,,	(throughout).
Lancasterian Infants'	School	(3 rooms).
Vale Road	,,	(few).
Middle Class	,,	(many).

Earlsmead Infants' School.—In Room 2, children under 5 years are using dual desks and the room also has the disadvantage of having platforms.

Risley Avenue Boys' School.—The type of desk in use is satisfactory, but a number of scholars are too tall for the desks provided.

#### Sanitary Conveniences and Lavatories.

At the following schools the sanitary conveniences have an entrance which has to serve as a means of egress also. Facilities should be afforded for scholars to leave by a different portal.

> Earlsmead Boys' School. Woodlands Park Boys' and Girls' Schools. Seven Sisters' Infants' School.

Seven Sisters Infants' School.—The girls' w.c. accommodation is inadequate. Three more w.c.'s are desirable.

Allison Road School.-There is one set of w.c.'s only for both sexes.

Woodlands Park Girls' and Infants' Schools.—The floor surface of the offices is defective, allowing pools of water to collect.

Bruce Grove Infants' School .- The closets are without doors.

#### Water Supply for Washing and Drinking Purposes.

West Green Girls' School.—There are 4 wash-hand basins for 330 children. To make up the deficiency, pails of water are brought into the cloakrooms, when necessary.

Stamford Hill Girls' School.—Two lavatory basins only are provided. These are in the lower cloakroom and are inadequate for 560 scholars.

Risley Avenue Boys' School.—There are two taps in the playground for supplying drinking water. These are stated to be insufficient in the summer when the number on the roll is 850 to 900.

Holy Trinity School.—The drinking water is supplied from the tap over the washing bowl.

#### Cleanliness of Schoolrooms and Cloakrooms.

The provision of a roller towel per day for drying the hands and faces of a school department is, from the sanitary point of view, insufficient. At the time of the examination it was found, at one of the schools, that before mid-day the towel was practically unusable.

Allison Road School .- This school is in need of redecoration.

#### Arrangements for Drying Clothes and Boots.

In the schools, generally, there is no separate provision for drying clothes and boots. The drill shoes of the children are used on wet days to replace wet boots, which are dried on, or under, the hot-water pipes. These pipes, which are fixed in the cloakrooms of most of the schools, are usually placed against the wall, and, except in those instances where the clothes pegs are above or otherwise in close proximity to the pipes, they do not facilitate in any considerable degree the drying of clothes. It is suggested that, in future, arrangements be made for the hot-water pipes to pass between the adjacent rows of clothes pegs.

Stamford Hill Girls' School .-- At this school the cloakroom accommodation is inadequate.

St. Katharine's Girls' School.—The main cloakroom is inadequate in size.

## Arrangements for Warming-up of Meals brought to School by Children, Service of Meals, and Supervision of Children during Meals.

At the Central Schools where the children come from a considerable distance, arrangements have been made for the provision of school meals. At Down Lane and Downhills Schools they are obtained in the Feeding and Domestic Centres respectively, and at Risley Avenue School the meals are prepared by the caretaker's wife, and served in the basement room.

Apart from the Central Schools very few children remain at school during the dinner-hour. On rare occasions, when it is not convenient for the child to go home, lunch is brought to the school and eaten in one of the classrooms. In these instances a teacher is present.

## SURVEYOR'S REPORT OF IMPROVEMENTS CARRIED OUT FROM 31st MARCH, 1925 to 31st MARCH, 1926.

#### Coleraine Park.

Alterations to the h.w. system, rebuilding a new stokehole above flood level, and installing a new heating boiler.

#### Crowland Road.

Installation of a new heating boiler.

#### Down Lane.

Formation of two of the large classrooms into a Feeding Centre.

Alterations to the heating of the Dining Hall and Classrooms, also to the h.w. domestic supply.

## Downhills Central.

Formation of a housewifery centre.

#### Deaf.

Chemical fire appliances fixed. New blinds fitted.

#### Earlsmead.

Division of a classroom by a half glass partition in the Girls' and Boys' Departments.

Redecorations internally and externally.

#### Green, Girls'.

Redecorations internally.

Alterations and improvements to the artificial lighting.

## Holy Trinity.

Redecorations internally.

## Orchard House.

Improvements to the Open-Air Class Shed.

#### Page Green Boys' and Girls'.

Installation of new heating boiler.

#### Page Green Infants'.

Removal of gallery and levelling floor in one classroom.

#### Page Green Boys' and Girls'.

Improvements to the natural lighting in rooms 4b and 2g.

#### Stamford Hill Boys', Girls' and Infants'.

Redecorations internally and externally.

## Stamford Hill Girls'.

Formation of a lobby to classroom.

#### St. Katharine's.

Installation of a new heating boiler, and alterations to heating of classrooms and corridors.

#### St. Paul's Girls' and Infants'.

New ceilings to classrooms and cloakrooms. Improvements to artificial lighting.

## Education Offices.

Redecorations internally with the exception of the Board Room.

## Vale Road.

Chemical fire extinguishers fixed. New blinds fitted.

## West Green.

Redecorations internally and externally.

#### Woodlands Park Boys', Girls' and Infants'.

Alterations and improvements to artificial lighting.

#### Playground Repairs.

Attention has been given to West Green Boys' and Girls', Parkhurst Boys', Page Green Boys', Girls' and Infants', and Woodlands Park Girls' Schools.

#### School Furnishing.

The undermentioned schools have been supplied with the following articles of new furniture :---

(a) Devonshire Hill.

20 Infants' tables.

120 4-seater collapsible tables.

,,

11 2-

16 Single pedestal teachers' desks.

2 Double pedestal head teachers' desks.

,,

36 Cupboards.

2 Ranges of lockers.

2 Tables.

7 Wall blackboards.

9 Easels.

9 Blackboards.

40 Locker desks.

(b) Parkhurst Physically Defective Centre.

48 Specially designed chairs (adjustable).

48 Table desks.

3 Adjustable couches.

3 Tables for couches.

(c) Allison Road.

4 Cupboards.

#### Generally.

In addition to the above, cupboards, screens, remedial forms and ladders, blackboards and needlework boxes have been made and supplied.

#### MEDICAL INSPECTION.

The schedule of the Board of Education respecting the age groups to be examined was adhered to, and during the year 1925 all children belonging to these groups, with the exception of those who were absent from school at the time of medical inspection, or whose parents offered objection to medical inspection by the school medical officers, were examined. Objections were few in number, and many of these were withdrawn when the head teachers of the departments used their persuasive influence.

Statistical Table I at the end of the report particularises the work accomplished under this heading.

## FINDINGS OF MEDICAL INSPECTION.

#### (a) Uncleanliness.

It may be said, generally, that uncleanliness amongst school children is declining. So far as verminous conditions of the body and clothing are concerned they may be considered to have been reduced to a minimum. In a place like Tottenham, where there is always a fairly large section of the population in great poverty and living in conditions that favour the communication of vermin from person to person, it is not feasible to expect perfect cleanliness. On the other hand, as success attends the efforts of the nurses to gain greater cleanliness, so the standard they set is raised and the numbers of children reported to be

verminous does not sensibly decline, although the actual verminous conditions are greatly reduced. This is especially the case with regard to verminous conditions of the hair. The detection of one or two nits is sufficient to stigmatize the child as verminous. It seems harsh, but unless such a high standard is fixed, no workable standard can be set at all. We believe it can be attained and we aim at it. Thus, the number of children found to be unclean in 1925 was approximately the same as in the preceding year, viz., 2,847 in 1925, 2,918 in 1924. That 165 children have been cleansed under arrangements made by the Local Education Authority, compared with 78 in the previous year, might suggest a falling off in the matter of cleanliness of body and clothing. This would not be strictly true. The increased number is due to the efforts of one of the nurses to rid the schools, over which she exercises supervision, of all evidence of vermin. The result has been that she herself cleansed the hair of 110 of the 165 children noted. The complexion of some of the schools, however, has been materially altered since building operations were commenced a year or two ago. This is especially noticeable in the neighbourhood of the London County Council Estate. Any falling off in the condition of cleanliness in the schools is due to the importation of dishoused families from the London area, but already there has been a noticeable improvement. With regard to nits, cutting off of all the hair is seldom now required. The custom of girls to wear the hair short makes it less liable to verminous infestation, and the constant supervision by the nurses causes the children and their parents to be vigilant against gross infestation. At the worst only a few strands require removal. The use of the hygienic comb at home has had a material influence on reducing the incidence of verminous conditions of the hair.

#### (b) Minor Ailments.

The number of defects discovered during 1925 was very similar to the 1924 figures.

The impression is conveyed, by a comparison of the figures for the two years, that when provision is made for a particular type of ailment, cases coming within the type appear to be discovered more frequently. For instance, a class was established for stammerers in March, 1925, and whereas in 1924 the number of speech defects discovered at inspections was 12, in 1925 it was 46. I do not consider stammerers increased fourfold within the year, but prefer to believe that the fact of provision having been made for their treatment led to a more thorough search for children who could benefit therefrom.

#### (c) Tonsils and Adenoids.

The above observations are applicable to Tonsils and Adenoids also. Whilst in the Routine Inspections the numbers closely correspond for 1924 and 1925, in the special examinations the numbers discovered to be requiring treatment increased threefold. The interpretation is, in all probability, that a much more rigorous standard was set and the excellence of the arrangements for treatment caused it to be sought for more frequently.

#### (d) Tuberculosis.

The total number of children noted as suffering from Tuberculosis in 1924 was 119-in 1925, 116.

#### (e) Skin Diseases.

There has been a declension in the number of skin diseases, with the exception of impetigo, during 1925, and with the provision made by your authority for their treatment there is no reason why they should not be further and greatly reduced.

#### (f) External Eye Diseases.

This group calls for no comment. With the exception of those unclassified affections--viz., other conditions, there has been a reduction in all.

#### (g) Vision.

From the numbers of defects in vision discovered during 1925, it would appear that there has been a substantial improvement in sight of the school children examined. The numbers are :---1924--958; 1925---770.

#### (h) Ear Diseases and Deafness.

There is nothing worthy to be recorded under this heading.

#### (i) Dental Defects.

If, of the children examined during 1925, the same proportion had required treatment as in 1924, the number would have been 14,400. It was actually 12,977—an improvement of 6.2 per cent.

#### (j) Crippling Defects.

The discrepancy in the figures for 1924 and 1925 is quite inexplicable except on the assumption that different standards were taken by the medical examiners. Rickets is reputed to have accounted for 7 cases in 1924 and 46 in 1925; spinal curvature for 226 in 1924 and 41 in 1925; and other forms of deformity gave 321 in 1924, against 794 in 1925.

The fact that remedial exercise classes have been established in practically all the schools has resulted in the slightest departure from symmetry being searched for and noted.

#### Infectious Diseases.

Notification of the occurrence of an infectious disease is followed by action appropriate to its type. In the great majority of instances a child suffering from diphtheria is removed to hospital immediately upon receipt of the official notification. The room, or rooms, which the infected person inhabited, are disinfected by formalin spray, and the clothing is disinfected. All contacts in the household have swabs taken from throat or nose, or both, and the cultures are examined the following day. Children whose cultures are proved to be positive, that is, those who harbour the diphtheria bacilli in throat or nose are excluded from school until a swab shows no evidence of diphtheria bacilli, or that the bacilli are non-virulent. The virulence of the bacilli is determined for us by the pathologist of the Prince of Wales's Hospital.

The presence of bacilli morphologically similar to the diphtheria bacilli is a matter that has given cause for thought to the medical officers. Several swabs are taken from children with Hoffmann's or kindred bacilli, before they are readmitted to school, to ascertain whether they are associated with true Klebs Lœffler Bacilli.

The occurrence of two or more cases of diphtheria, amongst children attending the same classroom, causes a thorough search to be made amongst the remainder for a possible carrier. This is done by swabbing suspects, or the whole class as the circumstances dictate, and examination of bacteriological cultures. The classrooms affected are also disinfected.

My opinion is that healthy children who do not show bacteriological evidence of the presence of Klebs Lœffler Bacilli in throat or nose, may safely be admitted to school immediately after removal of the patient to hospital and disinfection of premises.

A rare occurrence is to find Klebs Loeffler Bacilli in discharge from the ear. In that case similar precautions are taken as when the bacillus is found in other parts.

After discharge from hospital, and before return to school, the throats of children are swabbed to ascertain whether they are, in fact, free from infection.

Parents are advised to consult their medical advisers in those cases in which return to school is *not* permitted to their children.

It has been the custom in Tottenham not to send children suffering from scarlet fever into hospital as a routine measure.

The great obstacle to the domiciliary treatment of scarlet fever has been the memorandum of the Board of Education. There it lays down as a principle that contacts are to be excluded from school for fourteen days after the disinfection of the premises.

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In the Health Department section of this report reference is made to the use of Dochez' serum. If this anti-scarlatinal serum proves its efficacy, as it gives promise of doing, in the cure and prophylaxis of scarlet fever, I am of opinion that exclusion of contacts from school need not be extended over a longer period than, at the most, one week; that period being the limit of incubation of the disease. It is not claimed that prophylactic inoculation against scarlet fever with 5 c.c.'s will protect much beyond fourteen days, but by that time, in the average case of scarlet fever as we see it to-day, the patient is free from infection, especially if he had the advantage of adequate serum inoculation. The position is different, however, in those occasional cases where ear and nasal discharges accompany or follow the acute attack. So long as these continue, the contacts are liable, when the protection given by the serum is exhausted, to contract the malady, and exclusion from school may be warranted. In the light of present knowledge, exclusion should be exercised at the discretion of the Medical Officer of Health and no hard and fast rules insisted on. That is the procedure adopted in this area, and, so far as has been ascertained, without prejudice to the school population.

In the last quarter of 1925 there was an unusual incidence of scarlet fever amongst scholars attending Belmont Road School. A daily inspection of the scholars failed to bring to light more than one or two suspicious cases. An offer was made to the parents of children attending infected classes that, if they wished it, I would be willing to inoculate the susceptible contacts with scarlatinal antitoxin; 136, or about 50 per cent. of the parents accepted. Each child was given 3 c.c.'s intramuscularly, and the children thus protected were spaced out in their classes alternately with the remainder of the children. For a fortnight there was no further notification of scarlet fever from the school. None of the inoculated contracted the disease and there was no further unusual incidence of the disease in the school thereafter.

With regard to measles, whooping cough, chicken pox and mumps, the Board of Education's rules are observed.

Notifications under the Infectious Disease Notification Acts, 1889-1899, were received in respect of the following diseases occurring amongst children of school age, with the noted frequency:---

Scarlet Fever			 	 	279
Diphtheria			 	 	150
Enteric Fever			 	 	1
Erysipelas			 	 	5
Pneumonia			 	 	21
Encephalitis Leth	argica		 	 	1
Cerebro Spinal M	eningi	tis	 	 	1

The following cases were voluntarily notified by Teachers and Attendance Officers during the year :---

Measles	 228	Sore Throat 19
German Measles	 105	Tuberculosis 15
Mumps	 166	Influenza 190
Whooping Cough	 462	Eye Diseases 9
Chicken Pox	 556	Ringworm of Head 30
Scarlet Fever	 114	Ringworm of Body 10
Diphtheria	 118	Sores and Eczema 78
Scabies	 20	Impetigo 16
Skin Diseases	 5	Other Diseases 160
Verminous	 8	Children excluded owing
Tonsilitis	 15	to infectious disease
Chorea	 12	in house 385
Pneumonia	 2	Debility 16
Rheumatism	 7	Otorrhoea 5
Rash	 18	Heart Disease 8

#### FOLLOWING-UP.

Defects of all kinds discovered at the routine medical inspections are noted on the inspection cards. From these cards the nurses, in attendance with the Medical Officer at the inspections, copy the Medical Officer's observations on a following-up card, which is retained by the nurse for her remarks. The Medical Officer, at the time of inspection, bands to the parent, or has conveyed to him, an intimation of the nature of the defect discovered, with a request that the private doctor should be consulted. This intimation and request applies only to such ailments as require medical supervision or treatment.

Adequate time is given for the private medical practitioner to be consulted before the nurse visits the home of the child. It is then ascertained whether a doctor has been consulted and with what result. If nothing effective has been done, an invitation is sent inviting the child to attend the appropriate clinic. The nurse visits the home and emphasises the importance of early attention to the defect. In the great majority of cases the clinic is attended and the malady treated to a satisfactory conclusion. Irregularity of attendance at clinics is followed by home visitation. This regime is applicable to cases in which exclusion from school is advised. In those conditions, which allow of attendance at school while treatment proceeds, the "following-up" is done with the aid of the head teacher of the school who, by reference to the clinic attendance card, learns the date upon which the next visit to the clinic is due and allows time off for that purpose. Occasionally it happens that parents will do nothing themselves for the relief of the child's condition, nor will they allow the school authorities to do anything. In these circumstances, the question is taken into consideration whether the child should be allowed to remain at school. The question arises especially in connection with visual defects. If the ophthalmic surgeon is of opinion that the use of the eyes, unaided by spectacles, would be injurious to the child, the teacher is instructed to exclude it until the child is supplied with suitable glasses. Every reasonable facility is afforded to the parents to take advantage of the School Medical Services in having appropriate treatment for the visual defect of the child.

Every week the head teachers supply to the Health Department a list of children absent from their department suffering from contagious or infectious diseases These are "followed-up" by the School Nurses. The Attendance Officer informs the Medical Department of cases of illness occurring amongst absentees, and these latter are visited at home by the nurses.

Children who have had operations for tonsils and adenoids at hospital, under the scheme approved by the Board of Education, are visited by the school nurses until they are fit for return to school.

The School Nurses paid, during the year, 6,828 home visits.

### MEDICAL TREATMENT.

#### (a) Minor Ailments.

Clinics are held at Bruce Castle and Town Hall Centres as follows :----

Monday, Tuesday, Thursday and Saturday forenoons-Town Hall.

Monday, Wednesday and Friday forenoons-Bruce Castle.

At the Town Hall there is a spray bath for the treatment of scabies and other skin diseases. The temperature of the water delivered can be regulated as required.

The Minor Ailments Clinic may quite properly be regarded as a clearing house, where conditions requiring a short period of treatment only are cared for, and from which children whose ailments require special or prolonged treatment are passed to the appropriate department. Of the other departments, it may be said they are fixed and determined. Their efforts are expended upon particular types of afflictions and the treatment is specialised and precise.

At the Minor Ailments Clinic, cuts, septic sores, impetigo, ringworm of the body, blepharitis and such like are treated.

There is a group of ill-defined diseases also that receive attention and for which it is necessary that more precise means of classification

and diagnosis shall be made available-anæmia, marasmus, inanition, debility, etc. The suspicion remains in one's mind that the diagnosis of these is a cloak to cover ignorance. Sufficient care has not been taken to seek out and ascertain the underlying conditions that give rise to the symptom that is given the title of "diagnosis." Probably it is beyond the scope of the Minor Ailments Clinic to inquire exhaustively after the metabolic irregularities that would account for anæmia and the rest, but it is not a sufficient answer to the difficulties to give Parrish's Food or Cod Liver Oil and Malt, and await developments. This "expectant" treatment should only be permitted after every channel of information as to the fundamental causes of the ailment has been explored. The pale complexioned child is not necessarily "anæmic." Before that appellation is applied, the hæmocytometer and hæmoglobinometer should have revealed whether there is a deficiency of erythrocytes or hæmoglobin, or both. This and kindred lines of inquiry are the directions along which advances might profitably be conducted.

#### (b) Tonsils and Adenoids.

Hitherto operations for these conditions were conducted at the School Clinic, Bruce Castle. In July, 1924, the Education Committee entered into a contract with the North Middlesex Hospital for these operations to be performed in that Institution. The results have been The children, after having been seen by the entirely satisfactory. throat specialist there, are given appointments. On the appointed day the child, prepared for operation according to a leaflet, a copy of which is given below, is taken in the morning to the hospital. The operation is performed in the forenoon under prolonged anæsthetic. Chloroform and Ether is employed as the anæsthetic and the enucleation of the tonsils from their bed is effected with deliberation. The duration of the anæsthetic enables a thorough clearance of the post-nasal space to be made and a digital examination to give assurance that the operation is complete. Thereafter, the children are put to bed for a period of several hours and are only released when there is no apprehension of after-trouble. The children are taken home by ambulance in the custody of a nurse.

Children who are not, in all respects satisfactory and fit for return home, are detained as long as is necessary, the agreement making provision for hospital residence in such cases.

## NORTH MIDDLESEX HOSPITAL.

Silver Street,

Upper Edmonton, N. 18.

Date .....

Name .....

Age .....

Address .....

Please bring this patient to the Out-patient Department of this Hospital on at 9 o'clock.

If any signs of illness of any kind develop in the meantime, keep the child at home, but if the child is going on in the usual way, on the night before you come give him/her a dose of castor oil to clear out the bowels, also a hot bath.

On the morning of the operation, do not give the child the ordinary breakfast, but instead a thin slice of bread and butter and a cup of weak tea or Boyril.

At the Out-patient Department ask for the Sister. The child will be kept until called for by the Ambulance at the end of the afternoon.

If for any reason the child should be unable to go home in the Ambulance, he/she will be retained in the Hospital for the night and the School Nurse will be informed. Have a bed ready for the child and keep him/her there for two days. He/she can have some warm milk, beef tea, Bovril or weak tea (not hot), and later on in the evening a small basin of bread and milk.

On the day after the operation he/she may have any soft food to which he/she is accustomed.

#### (c) Tuberculosis.

The County Council is the Authority having supervision over the treatment of tuberculosis. Very friendly relations exist between the local Tuberculosis Officer and the School Medical Department. Cases in which doubt arises as to the nature of the ailment from which children suffer are referred to the Tuberculosis Officer, who gives us the advantage of his written advice. In those instances where no definite lesion can be discovered and in which convalescent treatment is indicated, the children are referred back to this department and enjoy the advantage of the scheme which your authority has entered into with the Invalid Children's Aid Association.

#### (d) Skin Diseases.

As described, under minor ailments, a spray bath at the Town Hall clinic is employed when necessary in the treatment of skin diseases. Beyond this, treatment consists in the use of lotion, ointment and such internal remedies as each individual case requires. Tuberculous lesions and those of a specific kind would, of course, be sent to the appropriate clinic under the County.

Having tried various preparations claiming to cure ringworm safely and speedily, we have come to the conclusion that nothing is so certain as the X-Rays. In competent hands there is an assurance of safety. The X-Ray work for the School Medical Services is undertaken at the North Middlesex Hospital, and the results have been uniformly satisfactory.

#### (e) External Eye Diseases.

Blepharitis. styes, conjunctivitis, phyctenular ophthalmia and such like are treated at the minor ailments clinic. Cases of squint, corneal ulcer, and other eye defects that call for specially skilled attention or treatment, are referred to the eye clinic and are seen by Mr. Letchworth. On his recommendation the Assistant School Medical Officer administers tuberculin to patients whose condition indicates this special method of treatment. The results have been equal to expectations.

#### (f) Vision.

Children whose vision is found to be 6/12 or less in either, or both eyes, are examined by Mr. Letchworth with a view to suitable spectacles being provided.

The eye clinic occupies the whole of Tuesday in each school week, and an average of 25 is seen at each of the two sessions, morning and afternoon. The eyes are examined under the influence of a mydriatic, and the error of refraction, if any, estimated. The optician, with whom the Committee has entered into an arrangement for the supply of spectacles at special rates, measures for the frames, and the completed spectacles are available for use, as a rule, the following week. Mr. Letchworth satisfies himself that they are in all respects suitable, after the effect of the mydriatic has passed. The optician attends at the clinic on Tuesdays, so that the least possible inconvenience is caused to children and parents.

#### (g) Ear Disease and Hearing.

Wax in the ear, boils in the ear, eczema or impetigo of the ear or ear passages are treated by the Assistant School Medical Officers at the Minor Ailments Clinics.

Dr. Friel attends Bruce Castle on Friday forenoons to treat cases of otorrhœa. The results of this treatment are given below. It consists mainly in the ionisation with zinc sulphate solution and incidental treatment with boric powder and other local applications. In longstanding cases of otorrhœa, with chronic mastoiditis, surgical intervention is called for if it is hoped to obtain freedom of discharge from the ears. The Committee has arrangements with the North Middlesex Hospital and the Prince of Wales's Hospital for the reception into their institutions, for operative purposes, of such cases as give promise of successful results. The arrangement has not continued long enough to make any valuable criticism upon it. Dr. Friel has furnished the following report upon the Ionisation Clinic :--

The Otorrhœa Clinic was started two years ago and is run on similar lines to the clinics of the London County Council for the treatment of discharging ears by zinc ionisation. It should first be stated that the work is carried out in co-operation with the Minor Ailments Treatment Centres, and there has been complete agreement and harmony between the two. This is essential for the success of the clinic. One session a week is held, on Friday mornings during term. Every child found by the school doctors, nurses or teachers, to have ear discharge has his, or her, name placed on a list which is kept in the office at Bruce Castle. The children are then called up to the clinic in rotation. During the first year it took considerable effort to work through the list; now we have to deal only with fresh cases as they arise, or are discovered among children entering schools.

As this is the first detailed report of the work of this clinic it may be permitted to state the principles on which the work is carried on. As by far the greater number of cases seen are of *chronic otorrhæa*, this condition is dealt with more fully. The treatment of acute otitis media with discharge already present, consists in trying to prevent the development of the chronic condition by adopting some means to prevent the discharge from becoming a breeding ground for additional varieties of micro-organisms derived from the skin, air, handkerchiefs, etc. The insufflation of boracic acid powder has generally proved satisfactory. The case is otherwise in *chronic otorrhæa*. If the discharge is either (a) slight in amount; (b) does not come from some inaccessible part of the ear; or (c) is distinctly mucoid in character, the insufflation of boracic acid usually suffices. But in other cases we need treatment more vigorously *antiseptic*, such as zinc ionisation.

Each case is examined with a view to determining what is keeping up the discharge. Sepsis is the *basic* factor, but frequently one or more additional factors are present either in the ear, nose, throat, or mouth. If a polypus is present in the ear, this is first removed. If there is rhinitis or inflamed tonsils, these require treatment as well as the ear itself. Every effort is made to remove additional factors when present and so to convert cases which, when first seen were unsuitable, into ones suitable for treatment by zinc ionisation. The cases suitable for zinc ionisation are those in which *sepsis alone*, in an accessible area is responsible for keeping up the discharge. In these cases zinc ionisation is so effective that often one application is found to be sufficient to bring about complete cessation of the discharge.

When the sepsis is in an inaccessible area such as the mastoid antrum or attic, operation in hospital is usually required. In most cases it is possible, at the first visit, to decide on the extent of the area involved, but in some, owing to generalised inflammation of the tissues this is impossible. However, after zinc ionisation has been carried out we find that the generalised redness and swelling of the tissues of the tympanum subside, leaving localised evidence at one part pointing to the seat of the disease. It is then possible to make an accurate diagnosis and to send cases requiring operation, to hospital, without delay.

## TABLE NO. 1.—THIS TABLE EXPRESSES IN GENERAL TERMS THE VARIOUS CONDITIONS FOUND, AND THE TREATMENT THEY REQUIRE.

Cause of Chronicity.	Treatment.
I. Accessible Sepsis, e.g. Tympanic Sepsis	Zinc Ionisation with, or without, Boracic Powder Insufflation. For slight cases, Boracic Powder is often sufficient.
11. Accessible Sepsis with Second Fac- tor in Ear, e.g., Polypus	Remove Second Factor, then Ionise Ear.
III. Accessible Sepsis with Inflamma- tion in a neighbouring organ, e.g., Rhinitis	Treat neighbouring organ, and Ionise Ear.
IV. Inaccessible Sepsis, e.g., cavity in Mastoid opening directly into Tympanum. Attic Disease, Chronic Mastoiditis	Use special instrument to gain access :

TABLE No. 2.—An analysis is given of the causes of chronicity and of the results of treatment, as well as a summary of the number of ears, under the various headings. Cases requiring operation on the mastoid are now sent to the Prince of Wales's Hospital and come under the care of the Aural Surgeon, Mr. Ibbotson, whose courteous co-operation I much appreciate.

			T	04:11	Sent	for.
Cause of Suppuration.	Total.	Cured.	Sight Of.	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	Other Treat- ment.	
Acut . Inflammation (Acute Sup- purative Otitis Media)	6	6		-	_	_
Chronic Suppurative Otitis Media, due to : I. Tympanic Conditions (a) Tympanic Sepsis (b) T. S. and Granulations (c) T.S. and Polypi (d) T.S. and Cholestea	96 14 18	84 9 12	7 2 3	3	111	
toma	1	-		1	-	
II. Tympanic Conditions and Throat, Nose or Mouth Conditions	5	3	-	2	-	-
III. Tympanic Conditions and Attic Disease	17	5	5	6	1	
Mastoid Disease : (a) Operation Cases (b) Operation already performed	32 4	5	4	7	16	- 4
IV. Tympanic Conditions and External Otitis	3	1	2	-		_
External Otitis	21	15	_	6	-	-
Cause undetermined	2	1	1	-	-	-
Totals	219	141	24	33	17	4

#### (h) Dental Defects.

Two whole-time dentists are employed for the treatment of dental defects occurring in children of school age. The district is divided into two, each dentist having an equal share in the work. One dentist, Mr. Sainty, is stationed in the northern area at Bruce Castle, and the other, Mr. Pilbeam, in the southern area, at The Chestnuts, St. Ann's Road.

Besides the ordinary routine medical inspections by the School Medical Officers, the Dentists themselves make periodical visits at the schools, and schedule those children requiring dental treatment. The system has been employed of commencing with the entrant group of school children and giving such treatment to their defective teeth as they require. The following year the entrants are examined and the group of the previous year also. The next year three groups are examined, and so on. Thus four groups are now kept under regular supervision. In addition to this routine method of inspection and treatment, the Head Teachers of all the departments are permitted to refer for treatment urgent cases, to the number of four from each department, on a particular day each week. On that day one of the Assistant School Medical Officers is deputed to be in attendance at the clinic for the administration of an anæsthetic. Unless in the most urgent cases, where time and expediency do not allow of it, the parent's written consent is required to the operation or, alternatively, the parent accompanies the child.

It is much regretted that a large percentage of refusals of dental treatment are still received. Much time is spent in urging unwilling parents to reconsider their decision not to allow of treatment, that could more profitably be occupied in visiting schools and in treating and reexamining those who have already profited by the dental services. The obstinacy of the objecting parents is exceedingly unreasonable, for the utmost care is taken by the dentists to avoid causing pain, and the children themselves appear to have no fear of the dental chair.

Regulation of teeth forms part of the work of the dentists, and their efforts are accompanied by gratifying results.

#### (i) Crippling Defects and Orthopaedics.

A register is kept of all children in Tottenham known to be suffering from crippling defects. Information is supplied for the purpose of this registration by the medical officers attached to both branches of the service, by health visitors, school nurses, teachers, and attendance officers. The children are diligently followed up to ascertain whether the utmost is being done, and, if not, to urge that it shall be done for the restoration to the fullest amount of usefulness of the disabled member. There is no general scheme applicable to crippled children in the area. The Prince of Wales's Hospital, situated as it is in Tottenham, affords treatment for a large proportion of the crippling defects occurring in the district. The proximity of Tottenham to the large hospitals in London allows of these institutions being made use of for a certain number. Orthopædic instruments are provided for crippled children by the Invalid Children's Aid Association, and the Education Committee recoup the Association as to 75 per cent. of their outlay. The parents are required to contribute to the cost according to their means.

Two years ago. June, 1924, the Committee set apart two class rooms at Parkhurst Road School for the education of physically defective children. The pupils are conveyed to and from school by the Council's ambulance. A nurse, who has been appointed to attend to these children, accompanies them on their journeys and also when they are required to visit hospital, so that she may learn the wishes of the orthopædic surgeon in charge of the cases and know how to follow out his instructions. It is seen that the children wear their instruments regularly and properly, that necessary adjustments are made where and when required, and massage is given according to directions.

In those cases where it is inadvisable that the children should attend a day school the Education Committee makes suitable provision for them in residential institutions.

The following Report with respect to Open-Air Education, Physical Training and Provision of Meals has been received from the Director of Education :--

#### **OPEN-AIR EDUCATION.**

#### (a) Playground Classes.

Open-air shelters have continued in use at Page Green, Stamford Hill and other schools. In most schools playsheds, and the playgrounds generally, have been freely utilised in suitable weather for open-air classes.

Proposals for the erection of a shelter at Woodlands Park Girls' School are before the Board. It is hoped that this will be ready for use early in the Summer of 1926.

#### (b) and (c) School Journeys and Camps.

For the year 1925, the Board of Education sanctioned the expenditure of a sum not exceeding £190 in aiding School Journeys. The actual expenditure was as follows :—

	£	8.	d.	
All Hallows' Boys' School	 53	3	1	
Down Lane Central School	 60	0	0	
Risley Avenue Central School	25	0	0	
	 30	0	0	
	£168	3	1	

The following table shows the expenditure on School Journeys since the Committee decided to aid them :---

Year.	Amo	unt Sanction	ed. An	nount Spent.
		£		£
1920		300		221
1921		250		209.10
1922		187.10		138.17
1923		187.10		185
1924		210		210
1925		190		168.3
		1,325.0		1,132.10

The following are brief particulars of the Journeys carried out during 1925 :---

#### 1. ALL HALLOWS' BOYS' SCHOOL.

Twenty-four boys, accompanied by two teachers, camped for 17 days near Le Havre, France, in July. The boys travelled 660 miles. The journey was most successful from every point of view. Valuable educational work was done and much physical benefit was gained by the boys, who made an average increase in weight of  $2\frac{1}{2}$  lb.

As the Camp was self-contained, the work of assembly and transporting tents, cooking apparatus, food, etc., to France was very considerable. Careful preparation in school had fitted the boys for making the most of the journey.

The camp was visited by H.M. British Consul at Le Havre, who made a thorough inspection of the camp and the work of the boys. Letters from him to the teachers in charge and to the Head Master expressed his high opinion of the excellence of the arrangements, the good discipline, orderliness and intelligence of the boys and the value of the visit.

The total cost of the camp was £122 13s. 1d., towards which the Committee contributed £53 3s. 1d.

A very successful parents' meeting was recently held at the School, when descriptions of the journey, illustrated by slides, were given.

#### 2. DOWN LANE CENTRAL SCHOOL.

Ninety-one girls (the whole of the first year) and six teachers, in two parties, spent a week at Tankerton, near Whitstable, Kent, where they stayed at the Marine Hotel.

Visits were paid to Canterbury, Sandwich, Deal, Dover, and other places in the neighbourhood. An excellent guide book had been prepared and much very useful educational work was done.

The total cost of the journey was  $\pounds 210$  3s. 8d., towards which the Committee contributed  $\pounds 60$ .

#### 3. RISLEY AVENUE CENTRAL SCHOOL.

Twenty-four boys and two teachers spent a week at the Rockland Boarding House, Swanage, in May. They made a thorough study of the geography and geology of the district, particularly of the Isle of Purbeck. Visits were paid to Lulworth Cove, Southampton, Corfe Castle and other places. Excellent preparations for the journey had been made and the arrangements were carried out most satisfactorily.

The total cost of the journey was  $\pounds 61$  10s. 9d., towards which the Committee contributed  $\pounds 25$ .

#### 4. ST. PAUL'S GIRLS' SCHOOL.

Twenty-five girls and two teachers spent fifteen days at Folkestone, from which centre they visited Dover, Lyminge, Hythe, Boulogne and other places. The journey was admirably organised and conducted. Good work was done. The total cost of the journey was  $\pounds 91$  8s., the Committee's contribution being  $\pounds 30$ .

#### (d) Open-Air Classrooms in Public Elementary Schools.

A two-department school to accommodate 800 children has been in course of erection during 1925 and will be opened in April, 1926. All the rooms open on one side on to a covered, but not enclosed verandah, so that all classes will work in the open air whenever conditions are suitable.

#### (e) Day Open-Air Schools.

For several seasons Open-Air Classes have been held during the Spring and Summer in the Bandstand at Downhills Park, for girls, and in a shelter at Orchard House, North Tottenham, for boys. Pupils are selected, by the School Medical Officers, from the neighbouring schools. The improvement in the physical and mental condition of the scholars has been most marked.

The shelter at Orchard House was recently altered so as to make it available all the year round. It has been occupied throughout the Winter of 1925-6, and application is now to be made to the Board for its recognition as a temporary Open-Air Day School until more suitable arrangements can be made.

The Education Authority are making enquiries for a suitable site on which to establish an Open-Air School for about 120 pupils.

#### (f) Residential Open-Air Schools.

None of these is in operation.

#### PHYSICAL TRAINING.

Physical Training in the schools receives much attention. In addition to the courses of instruction following the Board's syllabus and regulations, many schools give instruction in Folk Dancing, Eurythmics and other forms of Physical Exercises.

Remedial Exercises are given in nearly all schools by specially selected class teachers, acting under the direction of one of the Assistant School Medical Officers and of an expert adviser, who is engaged for halftime for this work. Children are selected and inspected and the exercises are prescribed by the Medical Staff.

Organised Games are a regular part of the curriculum of all the schools. Valuable assistance in these is given by a flourishing Schools' Sports Association, which organises Cricket, Football and Netball Competitions on a League system; and an Annual Sports Meeting, in which school representatives, chosen on the results of their own School Sports Meeting, complete for challenge shields or cups. Combined displays of Physical Drill and Country Dancing are features of the Annual Sports.

Swimming Instruction is given to Senior boys and girls, who attend at the Public Baths during school hours. Under the direction of the School Swimming Association, scholars are encouraged to take examinations for certificates issued by that Association and by the London Schools Swimming Association. In 1925 nearly 2,000 certificates were awarded, these being shared almost equally between girls and boys. These included a large number of certificates for proficiency in life-saving.

## PROVISION OF MEALS.

During the year, 116,055 school meals (dinners) were provided.

Necessitous children only. with the exception mentioned below, were provided with meals and no charge was made. The income of the parents must be within the scale fixed.

The dietaries at the various Cookery and Feeding Centres are submitted to, and approved by, the School Medical Officer who periodically visits the Centre.

Dinners are provided for payment at the Down Lane Central Girls' School, but part payment is accepted in cases where the parents are in poor circumstances.

The following are the menus of the meals supplied at the Down Lane and Lancasterian Centres:-

## Down Lane Centre.

MONDAY.	Boiled mutton, pearl barley and potatoes. Jam tart.
TUESDAY.	Minced meat, baked potatoes and green peas. Rice pudding.
WEDNESDAY.	Shepherd's pie and butter beans. Currant pudding.
THURSDAY.	Meat pudding, green peas and potatoes. Tapioca pudding.
FRIDAY.	Leg of beef stew, dumplings and potatoes. Apple tart.

#### Lancasterian Centre.

MONDAY.	Meat, potatoes and plain pudding.
TUESDAY.	Hashed beef, potatoes and butter beans.
WEDNESDAY.	Meat pudding and potatoes. Baked rice and custard.
THURSDAY.	Hashed beef and potatoes. Rice pudding.
FRIDAY.	Pea soup and bread. Date, currant or jam pudding.

## SCHOOL BATHS.

None provided.

#### **CO-OPERATION OF PARENTS.**

The parents are invited to be present at the inspection of their children. In the case of infants and 8-year-olds, the mothers usually attend very well.

Parents do not frequently accompany senior boys at the medical inspections, but senior girls have often their mothers with them. The parents, when they are present, are told of any defects revealed by the examination, and a note advising consultation with the family practitioner is handed to them. Should no parent accompany a child, the note would be sent by the child. The subsequent events are related under the heading "Following-up." This method of securing co-operation with parents has proved entirely satisfactory.

#### **CO-OPERATION OF TEACHERS.**

As far as is possible, the convenience of teachers is consulted in arranging for inspections in the schools and for other work connected with the School Medical Services. It may be stated, generally, that the teachers are sympathetic towards the Medical Services, and are very helpful in carrying them out. Very frequently, for lack of provision of a special consulting room, the head teacher places his or her private room for the purpose of the inspection at the disposal of the School Medical Officer. It is also gratifying to record that the teacher himself is often present at the examinations, hears the observations made, notes the defects discovered and emphasises the need for treatment. In the matter of following-up, facility is usually given unhesitatingly to the nurses for access to individual scholars. In respect of those who attend periodically at clinics, the teachers note the date of next attendances on the clinic cards and allow of opportunity for the appointment to be kept.

#### CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

The Attendance Officers, in the fulfilment of their routine duties, come to the knowledge of children absent from school on account of conditions with which the School Medical Officers ought to be acquainted. On the other hand, the School Medical Officers, after examination of scholars, are able to advise the Attendance Officers what action they ought to take. The reciprocity existing between the two departments makes for the maximum benefit accruing to the scholars. In individual cases where it is desired particularly to make a special examination of a pupil and difficulty is experienced in having an appointment kept, the Attendance Officer seldom fails to achieve the desired end. Similarly, with regard to treatment. When difficulty is experienced in having the appropriate treatment applied, for instance, the wearing of instruments for disease or deformity, or operative intervention, the aid of the Attendance Officer is invoked, usually with satisfactory results. The School Attendance Officer's Department and the School Medical Officer's Department are so intimately related that it cannot properly be said a scheme for their cooperation is in existence. When one has need of the other, the necessary assistance is asked for and the required services are rendered without demur.

## **CO-OPERATION OF VOLUNTARY BODIES.**

The Invalid Children's Aid Association accepts for Convalescent Home treatment the school children recommended for that kind of treatment. Cripple children of school age are supplied, through the agency of the I.C.A.A., with the necessary instruments, and in respect of both of these kinds of assistance the Education Committee pay to the I.C.A.A. 75 per cent. of their out-of-pocket expenses. The Association makes the necessary arrangements with the parents for the payment of their (the parents) quota, and collects it.

The School Medical Officers see cases going to Convalescent Homes and approve the treatment advised, and the Senior Assistant School Medical Officer examines the instruments supplied to cripple children and ascertains whether they are so satisfactory as to enable the children to attend school.

It is seldom that the aid of the National Society for the Prevention of Cruelty to Children is invoked, but they render useful service when requested.

The National Hospital for Diseases of the Heart, the Central London Throat, Nose and Ear Hospital and the Prince of Wales's Hospital, have arrangements with the Education Committee for the treatment of specific types of disease. The Committee have also an agreement with the North Middlesex Hospital Authorities for the hospital treatment of such ailments as ringworm, tonsils and adenoids, and mastoid disease.

It may be stated generally that the Education Committee have such complete arrangements for the treatment of the diseases of school children, either at their own clinic or on their behalf at one, or other, of the great London Hospitals, that there is no reason why any Tottenham child should have his ailment unattended.

No. of Weeks	1	2	3	4	5	6	7	8	9	10	11	12	13
No. of Children .	. 2	13	15	79	35	43	9	53	14	16	5	8	8
No. of Weeks .	. 14	15	16	18	19	20	22	23	27	30	31	48	52
No. of Children	7	5	2	3	1	2	1	1	1	1	1	1	1

Convalescent Home Treatment.-During the year, 327 children were sent away for varying periods, namely:-

In 30 of these cases, the treatment has been continued in 1926.

The following table gives the affections on account of which children received convalescent treatment :---

Nervous Debility	10	Нір		2
Pre-tubercular Debility	34	Spine		3
Debility aft. Infectious Disease	19	Colitis		2
Post-operative Debility	13	Lupus		1
Post-Pneumonic Debility	4	Chorea		24
Anaemia and Debility	54	Enlargement of Gland	ls	10
Heart Affections and Anaemia	26	Rheumatism		10
Bronchitis and Bronchl. Catarrh	44	Tonsilitis		2
Asthma	2	Dyspepsia		3
Other Non-tubercular Lung Dis.	17	Paralysis		4
Gastric Catarrh	2	Rheumatic Fever		5
Gastric		Nephritis		2
Tuberculosis :		Malnutrition		4
Knee	1	Appendicitis		2
Peritoneum	4	Other Cases		13

Provision of Surgical Instruments.—Surgical appliances were supplied, and repairs and replacements effected in 233 instances. This was in respect of 91 children who were found to be suffering from the following defects:—

Infantile and	other	forms	of		Club-feet	 	••	3
Paralysis				39	Pes Cavus	 		1

5

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Tubercu	llosis	:	
Hip			

Knee ..

Ankle ..

Spine ..

Flat-foot

Other	forms	of	Deformed
-------	-------	----	----------

Feet .			 14
Amputated	Leg		 2
Rickety Def	ormi	ties	 5
Weak Ankle	s		 2
Other cases			 8

#### BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

The Nurses attached to the Maternity and Child Welfare Section of the Health Services bring to the notice of the School Medical Officer children who would, if attending school, come within the provisions of Part V of the Education Act, 1921.

The Attendance Officers and the School Nurses, in their visitation of the homes of the children, are informed of children of school age who, because of physical and mental defects, are unable to attend school. The school teachers, from their intimate knowledge of the domestic circumstances of their pupils, learn of other children in the family suffering from disabilities. Following-up of the cases reveals the nature and degree of the defect, and appropriate action is taken in each instance.

These various sources of knowledge serve to supply the Education Authority with the necessary information relating to blind, deaf, defective and epileptic children.

Until mentally defective children of high grade are admitted to special schools, they are permitted to remain in the ordinary schools, unless their conduct is such as seriously to disturb the school curriculum. With that exception and the occasional visit by the school nurse at the homes of the defective children, no official supervision is exercised over them until their admission to a special school suitable to their defect.

#### School for Deaf Children.

This school was removed to new premises on 8th September, 1924, the new building having been erected on vacant ground in the rear of the old structure which had served as a temporary school for many years. By arrangements with the neighbouring Education Authorities of Hornsey, Wood Green, Enfield and Edmonton, deaf children from these districts attend the Tottenham School for the Deaf.

There are at present 73 children on the roll, 29 of these being Tottenham children. During the year under review 4 Tottenham children were admitted to the School and 7 were discharged, for the following reasons:---

Attained maximum age	1
Educational attainments on reaching age of 14 years	
equal to those of Standard VII in ordinary	
Elementary Schools (hard of hearing cases only)	4
Removed from district	1
Transferred to Residential Institution	1

## Classification of Defects.

Deaf Mutes .	 	 	 	21
Hard of hearing		 	 	7
Aphasia .		 	 •••	1

## Class for Stammerers.

This class met for the first time on 25th March, 1925. There were 8 pupils present (including 6 Tottenham children), 7 boys and 1 girl. The children were taught speech control by means of speech analysis. They were shown how to examine a word and find out the different sounds of which it was composed. Their control was strengthened by their being taught how to hold on to a sound for a given number of beats. The children remained in the class until their speech had improved, when they returned to their former school and other stammerers were admitted to take their places. Various letters of appreciation reached the Head Mistress from the Head Teachers of the schools to which the children returned. The class was disbanded in September owing to the illness of the teacher in charge. By this time 11 children had been treated to completion and 6 were still under treatment. 14 of these came from Tottenham Schools and 3 from other districts.

The class was re-organised and re-opened on 25th January, 1926, with 10 boys and girls on the roll, all Tottenham children. The class consists of children who were being treated when the class was disbanded, 1 boy who was reported as having failed to maintain the improvement effected in his speech by previous treatment, and others who did not avail themselves of the opportunity of joining the class when it was first offered.

Transport of Tottenham children residing at any considerable distance from the school is effected by means of motor ambulance. A hot meal is provided at mid-day for all the children in attendance at the school at a cost of 3d. per head, and gratis in necessitous cases. The children assist in the cooking of the food and domestic work entailed by the provision of the meals, these duties being part of the school curriculum.

## School for Physically Defective Children.

At the end of 1925 there were in attendance at this School 51 children suffering from the following defects :---

Infantile Paralysis					19
Cerebral Diplegia					5
Congenital Heart Disease					6
Acquired Heart Disease					1
Tuberculosis of Hip Joint					4
Tuberculosis of Knee Joint					3
Tuberculosis of Spine					4
Tuberculosis of Spine and E		of Leg			1
Tuberculosis of Spine and C					1
Congenital Dislocation of H		I Grand			2
Congenital Deformities of L	-		•••	•••	
	imos		••	•••	2
Talipes Equino Varus					1
Rheumatoid Arthritis					1
Fragilitas Ossium					1
Total					51

During the year the names of fourteen children were removed from the register for the following reasons:-

Scholastic attainments equal to Standar	d VII	on	
reaching age of fourteen years			2
(Both these children commenced	suita	able	
work on leaving school).			
Transferred to Residential Institutions			2
Transferred to Trade School at Alton			1
Reached age of sixteen years			2
Medically unfit to attend School			2
Died in Hospital (Haemophilia)			1
Left District			4
			-
Total			14

The School has now been equipped throughout with chairs and desks specially suited to the requirements of Cripple Children. This furniture has been designed and made in the Committee's own workshops under the supervision of Mr. Newbury (Work's Superintendent to the Education Committee) and has been found to suit all requirements exceedingly well. A couch for massage has been provided from one of the Committee's Clinics.

The full-time services of a nurse were made available for the School on 23rd June, 1925, and her services have proved invaluable in adding to the comfort and well-being of the children. Besides attending to their bodily needs the nurse performs massage, practises remedial exercises, supervises and adjusts instruments, and at frequent intervals accompanies the children to the various hospitals. These visits to the hospital have proved of great value. The nurse is present when the patients are examined by the surgeons and receives verbal instructions regarding treatment, such as rest, massage, remedial exercises, and the wearing of instruments. Since the nurse commenced her duties she has administered massage to eight children and has instructed five children in remedial exercises, and in every case these forms of treatment have been followed by improvements in walking and movement. The nurse also attends at the School Clinics with all children requiring such treatment as is there available.

Cod Liver Oil and Malt and Parrish's Chemical Food are administered under medical direction, and every child is provided with a cup of hot Grade "A" milk during each morning session at a charge of a halfpenny. At mid-day a hot meal is supplied at a cost of threepence. In necessitous cases the morning milk and the mid-day meal are provided free of charge. These meals are cooked at Down Lane Feeding Centre and are transported to Parkhurst Road School in a closed cart. The serving of the meals is undertaken by the nurse and a woman assistant, who also sets the table and washes up.

The transport of the children between their homes and the School is effected by means of motor ambulances. Taking into consideration the difficulty of conducting such a school in two classrooms of an ordinary Elementary School with no separate cloak rooms or lavatory accommodation, the work accomplished is in every way praiseworthy. The majority of the children are apt pupils, and, as far as their physical disabilities will allow, speedily acquire many attainments. A casual visit to the School makes apparent the fact that school is an important contributory factor to their happiness.

#### Oak Lodge Day Special School for Mentally Defective Children.

During the year 1924 arrangements were completed for the admission of a number of Tottenham children to the Finchley, Hornsey and Wood Green Joint Special School for Mentally Defective Children. At the end of 1925, 26 Tottenham children were in attendance. These are classified as follows:—

Dull and Backward	 	 	 3
Mentally Defective	 	 	 22
Mongolian Imbecile	 	 	 1

During 1925 two children have been removed from the School, one because she was paralysed and her physical disability interfered with her progress at this type of school, the other because she was found after admission to suffer from epilepsy.

The School is situated in Oak Lane, Finchley. It is a large mansionhouse in semi-rural surroundings, the rooms of which are utilized for class rooms, and in other respects the house has been modified to suit school requirements. A spacious garden in the rear is utilised by the pupils for games and instruction in gardening.

Hand work naturally forms an important part of the curriculum and there is a well-equipped workshop where the boys are instructed in woodwork and carpentry. A domestic centre for the girls where cookery, laundry and housework are taught has been established. Baths are provided.

The majority of the children partake of hot dinners provided at mid-day at a cost of fivepence, but a number bring their own food, which is heated up for them in the school kitchen. During 1925, an average of ten Tottenham children received free dinners provided by the managers of the School. Nineteen Tottenham children received hot milk every morning, this being provided at a charge of 7d. per week.

All the Tottenham children are, with one exception, reported by the School Nurse to be well clad. The School is visited at regular intervals by the Medical Officers of the Tottenham Education Committee, for the purpose of examining Tottenham children. Transport to and from the School is effected by means of Motor Ambulance.

## Open-Air Centre, Orchard House.

The school is intended to provide an environment suitable for those children suffering from malnutrition, anaemia or other physical disability for which open-air treatment is deemed to be essential. The ground in which the present open-air centre is placed has an area of one and onetenth acre, of which two-fifths of an acre is available for school purposes. The remaining portion is occupied by allotments. Fifteen poles are under cultivation by the scholars. The structure, used solely for educational purposes, consists of a wooden shelter, completely open on all sides and supplied with a concrete floor. Protection from bad weather conditions is given by heavy canvas curtains extending from the floor level upwards for about four feet, and above this by hinged shutters, which, on three sides (south, west and north) may be adjusted to suit the direction of the wind. The area covered by the shelter is 400 square feet-20 feet each way, and the seating is arranged so that the children face towards the south. Battened boards are placed over the concrete floor to protect the feet from cold. Lighting is natural, but in dark and foggy weather, unequal. Those children in front receive more than those in the rear benches, as the roof slopes downwards from south to north, namely from seven to five feet. A slow combustion stove, placed in the south-west corner, warms the interior of the shelter in cold weather and is also used for heating milk, etc. The question of artificial light or, alternatively, of natural light by means of the provision of a roof window is worthy of consideration. Seating accommodation is in the form of ordinary dual desks. If it is desired to have classes in the open sunlight, these desks should be replaced or supplemented by light movable tables or desks, and chairs. The playground surrounding the classroom south and west is of clay and in wet weather is unusable. The children are then more or less confined to the shelter. Sanitary conveniences have been suitably placed giving seating accommodation for two. The urinal is satisfactory. Two washhand basins have also been provided. The centre was opened on 15th June, 1925, with a roll of 20 scholars, aged 6 to 13 years, and this number was increased to 32 by 31st December-drawn from the following schools:

Lancasterian Boys' Coleraine Park Boys' Parkhurst Road Boys' Parkhurst Road Infants' St. Katharine's Infants'

Each scholar is given one tablespoonful of cod liver oil and malt and one

quarter of a pint of milk daily. Instruction in physical exercises and gardening constitute an important part of the school curriculum. On the coldest days boys who wish or feel the need for it are allowed a blanket to wrap round their feet and legs. This is precautionary, but it is rare to hear any complaint of cold. There has been practically complete freedom from colds and bronchial troubles, in spite of exposure to the changes of a somewhat severe winter. The children have improved physically and mentally. Anaemic and ill-nourished boys have gained in weight and muscular tone. Frequent examinations have been made and weights ascertained at regular intervals. The appended table gives details of the progress of the scholars. Considering the temporary nature of the centre and that ideal conditions do not obtain, the results so far have proved that the school has justified its existence and warrants an extension of its type. The great disability of having one centre only is that the children can only be drawn from adjacent schools. Delicate children cannot be expected to make the journey on foot from more distant schools, and parents are unwilling that they should. Again it is felt that some provision should be made whereby a warm meal could be had by those who, owing to poor family circumstances, cannot have proper nourishment at home. It is recognised that weaklings greatly benefit by a period of entire rest during school hours and provision of facilities for this rest period merits consideration. Many of the boys have very defective footwear, and in wet weather it is unhealthy for them to sit in soaking boots and stockings. It would be a great advantage were means of changing footwear made available, and were the footwear itself provided in necessitous cases. A good beginning has been made, and the direction has been shown in which progress can best be made to secure the greatest educational advantages, most economically, for debilitated scholars.

## Weights at Periodical Examinations :---

	Age.	9-10-25.	18-12-25.	5-2-26.
Н. Н	9	3st. 111b.	 3st. 7½lb.	 Absent.
C. M	11	Absent.	 Absent.	 Absent.
T. D	13	Absent.	 4st. 311b.	 Absent.
F. L	9	Absent.	 5st. 611b.	 Absent.
C. W	12	Absent.	 6st. 31b.	 Absent.
J. H		Absent.	 3st. 84lb.	 Absent.
G. W	7	Absent.	 Absent.	 Absent.
E. B	10	$4st. 6\frac{1}{2}lb.$	 4st. 911b.	 4st. 811b.
G. C	9	4st. 711b.	 4st. 1131b.	 5st. 011b.
R. P	8	4st. 031b.	 Absent.	 4st. 4lb.

43	
	15

2 00

Age.	9-10-25.		18-12-25.	5-2-26.
J.S 11	4st. 811b.		$4st. 12_4^{\perp}lb.$	 $4st. 11\frac{1}{2}lb.$
F.B 9	3st. 13lb.		Absent.	 4st. 3lb.
Н.В. 9	4st. 54lb.		Absent.	 $4st. 8\frac{1}{2}lb.$
R.W 9	2st. 841b.		$2st. 11\frac{1}{2}lb.$	 $2st. 12_{4}^{3}lb.$
W.S 11	4st. 011b.		4st. 3lb.	 4st. 2lb.
Н.Р 9	Absent.		$4st. 5\frac{1}{4}lb.$	 4st. 6lb.
E.G 12	$3st. 10\frac{1}{2}lb.$		3st. 13lb.	 $4st. 1\frac{1}{2}lb.$
W.R. 7	$3st. 0\frac{3}{4}lb.$		3st. 2 lb.	 $3st. 2\frac{1}{2}lb.$
D.B 8	$3st. 10\frac{1}{2}lb.$		$3st. 13\frac{1}{4}lb.$	 4st. 0lb.
Т. Н 7	$3st. 6\frac{1}{2}lb.$		Absent	 $3st. 10\frac{3}{4}lb.$
G.H. 8	4st. 3lb.		4st. 7lb.	 $4st. 7\frac{3}{4}lb.$
W.B 9	Absent		4st. 941b.	 4st. 11lb.
G. P	$3st. 2_4^{1}lb.$		$3st. 6\frac{1}{4}lb.$	 $3st. 7\frac{1}{2}lb.$
J. R 13	Absent		$5$ st. $5\frac{3}{4}$ lb.	 5st.74lb.
F.S 9	4st.7lb.		$4st. 11\frac{1}{4}lb.$	 $4st. 10\frac{1}{2}lb.$
Н.В 13	5st. 511b.		$5st. 10\frac{3}{4}lb.$	 5st. 12lb.
A.H. 13	4st. 1041b.		4st. 111b.	 4st. 13lb.
B.C 10	$4st. 12\frac{1}{4}lb.$		$4st. 13\frac{1}{2}lb.$	 5st. 1½lb.
A.B 12	4st. 1011b.		$4st. 12\frac{1}{2}lb.$	 5st. 0lb.
E.F	Absent		$3st. 5\frac{1}{4}lb.$	 $3st. 5\frac{3}{4}lb.$
A.J 9	$3st. 10\frac{3}{4}lb.$		$3st. 12\frac{1}{4}lb.$	 $3st. 12\frac{1}{2}lb.$
R.W. 11	A	new 8	Scholar.	4st. 12lbs.

## Special Residential Schools.

There are 32 children from this district being maintained in Special Residential Schools. 10 of these are crippled and physically defective, 5 blind, 10 mentally defective, 5 epileptic, and 2 deaf.

## Secondary Schools.

Table I, page 45, sets out the number of children, under their separate ages, examined in the secondary schools during the year.

Tables II—IV, pages 46—47, show in detail the defects discovered during the inspections, and the number of defective children who were subsequently found to have received treatment.

## EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

The following report, with respect to Employment of Children and Young Persons, has been submitted by the Organizing Officer for Juvenile Employment:- Conditions of employment are, generally speaking, satisfactory. Unsatisfactory conditions have been reported to me on various infrequent occasions and the necessary steps have been taken to see that certain regulations were in future complied with. This is generally effected by co-operation with the local Factory Inspector. The number of situations filled by boys and girls in a year now reaches approximately 850, over 500 of this number being situations filled by boys. About 25 per cent. of these juveniles are insurable in the National Health and Unemployment Insurance Acts.

Co-ordination of the School Medical Service with the Juvenile Employment Bureau is effected thus :---

(a) School Medical Cards are forwarded to the Juvenile Employment Bureau after children have attained school leaving age.

(b) The School-leaving Employment Card provides a space for "Health Report." Where this is conscientiously filled in by the Head Teacher, it serves a very useful purpose when the child applies for employment. Any special co-operation with the certifying Surgeon for the district has, up to the moment not been found necessary.

(c) In a few cases of young persons just left school the School Medical Service has been of definite and immediate use to the Juvenile Employment Officer by examination in cases of suspected goitre, myopia and other troubles which might affect success when applying to the employer for a particular vacancy.

Apart from cripples, applicants for employment are, generally speaking in good physical condition.

## Food Accessories and Drugs.

During the year, Cod Liver Oil, Malt and Oil, Parrish's Food, Syrupus Ferri Iodidi, and Syrupus Calcii Lactophosphatis have been supplied at the Treatment Centres to necessitous cases recommended by the Medical Officers. The following quantities have been dispensed at cost price, at less than cost price, or gratuitously, according to circumstances:---

Cod Liver Oil and Malt .		 1,931 lbs.
Parrish's Food		 1,519 lbs.
Cod Liver Oil		 1,269 ozs.
Syrupus Ferri Iodidi		 2,376 ozs.
Syrupus Calcii Lactophosphat	is	 2,308 ozs.

## Examinations by the Medical Officers.

41 teachers, 2 attendance officers, 1 caretaker, and 2 junior clerks have been examined by the Medical Officers.

1 child has been medically examined and licensed to take part in entertainments.

6 boys, between the ages of 15 and 16 years, have been examined and licences granted under the Bye-Laws relating to Street Trading.

## Bacteriological Examinations.

Swabs have been taken from children discharged from Isolation Hospital after diphtheria, and from children who have been in contact with cases of diphtheria, and examined bacteriologically. 1,142 such examinations were made, 93 were found to be positive, 997 negative, and 52 contained bacteria morphologically similar to Klebs Loeffler bacilli.

## Microscopical Examinations.

Hairs were taken from children who were suspected to be suffering from ringworm in 34 instances and submitted to microscopical examination. 29 were positive.

## SECONDARY SCHOOLS.

TABLE I.-NUMBER OF PUPILS INSPECTED 1ST JANUARY, 1925, TO 31st December, 1925.

				100	Routine Inspections.						Total		
	Ages			10	11	12	13	14	15	16	17	18	10041
Boys Girls	::	::	::	$^{2}_{1}$	52 7	$31 \\ 45$	62 72	55 117	75 49	13 1	=	·	$290 \\ 292$
TOTALS				3	59	76	134	172	124	14	-	-	582

		Routine Inspections.					
	Defect or Disea	se.			11	Number referred for Treatment.	Number requiring to be kept under Obser- vation, but not re- ferred for Treatment.
	(1)					(2)	(3)
	Malnutrition					-	
	Uncleanliness :	1					
						-	-
			•••	•••		-	
	Ringworm :						
		••	••				
Skin .	Body Scabies						
	Impetigo						
	Other Diseases (Nor					6	-
	D1 1. 42					3	
	Conjunctivitis					1	-
	W and the					-	
Eye .							
						38	-
						2	-
			••	••		2	
P.	Defective Hearing	••	••	••		2 2 2 2 2	COLON TRACTOR
Ear	Otitis Media Other Ear Diseases	••	••			2	
	1 1 1 1 11					27	3
Nose and	4.1					2	-
Throat	Enlarged Tonsils ar					2	-
	011 0 1111					13	
	d Glands (Non-Tuber					2	
Defective Sp	eech						
	Heart Disease :				in the second		
Heart and			•••	••		3	-
Circulation		••				2 9	1 .
Lungs	Anaemia Bronchitis and Bro	nchial	Catar	rh		9 7	3
Lungs	Other Non-Tubercu					3	1
	(Pulmonary:	101 1010	000000				
	D.C. H.					-	
	0					-	
	Non-Pulmonary :						
Tuber-	Glands						
culosis						-	
	Hip	÷		••		-	-
	Other Bones and	Joints		••	••		
	Skin	••	••	•••		-	
	Other Forms	•••	••	•••	••	1	
Nervous	Epilepsy	••	••		•••	2	
System	Other Conditions	•••				5	
bystem	(Rickets					-	
n	0.1.10.1					4	
Deform1-							
Deformi- ties	Other Forms					19	

TABLE II RETURN	OF	DEFECTS	FOU	ND IN	THE	COURSE	OF
		SPECTION					

	No. of De Treatm	efects Treated, or nent During the Y	under ear.
Disease or Defect.	Under Local Education Authority's Scheme.	Otherwise.	Total.
Skin:—			
Ringworm-Head .	. —	-	-
Ringworm-Body .	. –	-	-
Scabies		-	
Impetigo		-	
Minor Injuries	. —		-
Other Skin Diseases .	. —	5	5
	. —	1	1
Eye Disease :		-	-
		5	5
Miscellaneous	. –	-	
TOTAL		11	11

TABLE IV.—TREATMENT OF DEFECTS OF PUPILS DURING 1925. GROUP I.—TREATMENT OF MINOR AILMENTS.

GROUP II. — DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I).

		No. of Defects d	ealt with.	
Defect or Disease.	Under the Auth- ority's Scheme.	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme.	Other- wise.	Total.
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (includ- ing Squint)	-	33	-	33
Eyes (excluding those recor- ded in Group I.)	_	-	-	-
TOTAL		33	-	33

Total number of Pupils for whom spectacle	es were	prescri	bed :			37.11
(a) Under the Authority's Scheme			• •	••		Nil
(b) Otherwise $\ldots \cdots$	••			•••	•••	26
Total number of Pupils who obtained or re-	ceived	spectad	les :			
(a) Under the Authority's Scheme						Nil
(b) Otherwise						26

## GROUP III .- TREATMENT OF DEFECTS OF NOSE AND THROAT.

Receiv	ed Operative Treatment.			
Under the Authority's Scheme, in Clinic or Hospital.	By Private Practi- tioner or Hospital apart from the Auth- ority's Scheme.	Total	Received other forms of Treatment.	Total Number treated.
(1)	(2)	(3)	(4)	(5)
_	5	5	4	9

## Number of Defects.

GROUP IV .- DENTAL DEFECTS.

Number of Pupils who were :--

Found to require	treatmen	at	 	 	 	92
Actually treated			 	 	 	53

## ELEMENTARY SCHOOLS.

TABLE I.-NUMBER OF CHILDREN INSPECTED 1ST JANUARY, 1925, TO 31ST DECEMBER, 1925.

## A .- ROUTINE MEDICAL INSPECTIONS.

Number of Code Gro	up Insp	pection	s :—			
Entrants				 	 	2,981
Intermediates				 	 	1,923
Leavers				 	 • ••	2,144
Total				 	 	7,048

Number of other Routine Inspections .. .. ..

## B.-OTHER INSPECTIONS.

Number of Special Inspec	tions	 	 	 7,161
Number of Re-Inspection	s	 	 	 20,618
Total		 	 	 27,779

	YEAR ENDED 31ST DECE	MBER,	1925.		
-			utine ections.	Spec Inspec	
		No. of	Defects.		
	Defect or Disease.	Requiring Treatment.	Requiring to be kept under observa- tion, but not requir- ing Treatment.	Requiring Treatment.	Requiring to be skept under observa- tion, but not requir- ing Treatment.
	(1)	(2)	(3)	(4)	(5)
Malnutrition		15	5	81	7
Skin	Ringworm :       Scalp            Body             Scabies             Impetigo             Other Diseases (Non-Tuberculous)		1111	$89 \\ 64 \\ 54 \\ 547 \\ 351$	
Eye .	Blepharitis Conjunctivitis Keratitis Corneal Opacities Defective Vision (excluding	$     18 \\     3 \\     2 \\     1   $		$\begin{array}{c} 68\\138\\4\\7\end{array}$	
	Squint)SquintOther ConditionsDefective HearingOtitis Media	$     \begin{array}{r}       305 \\       38 \\       2 \\       8 \\       45     \end{array} $	$ \begin{array}{c c} 14 \\ -1 \\ 2 \\ 2 \end{array} $	$ \begin{array}{r} 451 \\ 132 \\ 241 \\ 9 \\ 225 \\ \end{array} $	
Ear Nose and Throat	Other Ear Diseases Enlarged Tonsils only Adenoids only Enlarged Tonsils and Adenoids Other Conditions	$ \begin{array}{r} 41 \\ 209 \\ 30 \\ 311 \\ 11 \end{array} $		$     \begin{array}{r}       112 \\       78 \\       40 \\       282 \\       201     \end{array} $	$     \begin{array}{c}       1 \\       5 \\       2 \\       4 \\       12     \end{array} $
Defective Sp Teeth-Den	ervical Glands (Non-Tuberculous)		13 2 —	91 31 —	4 3 —
Heart and Circula- tion Lungs	Grganic Functional Anaemia Bronchitis Other Non-Tuberculous Diseases	$     \begin{array}{c}       7 \\       11 \\       64 \\       99 \\       2     \end{array} $	18     40     8     108     3     3	$     \begin{array}{r}       31 \\       17 \\       319 \\       410 \\       52     \end{array} $	$ \begin{array}{c c} 11 \\ 10 \\ 23 \\ 15 \\ 3 \end{array} $
	Pulmonary: Definite Suspected Non-Pulmonary:		1 4	14 30 10	7
Tuber- culosis	Glands            Spine            Hip            Other Bones and Joints           Skin            Other Forms			5 7 7 4 3 16	
Nervous System Defor-	$\begin{cases} Chorea & \cdots & \cdots & \cdots & \cdots \\ Other Conditions & \cdots & \cdots & \cdots \\ Rickets & \cdots & \cdots & \cdots & \cdots \\ Spinal Curvature & \cdots & \cdots & \cdots \\ \end{cases}$	7 10 4 14 65	2 8 2 1 10	87 62 40 26 718	
mities Other defect	Other Forms          ts and diseases	107	42	1,346	72

TABLE II. A .- RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1925.

- TABLE II .- Continued.
- B. NUMBER OF individual children FOUND AT Routine MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

		Number o	of Children.	Percentage of
GROUP.		Inspected.	Found to require Treatment.	Children found to require Treatment.
(1)		(2)	(3)	(4)
CODE GROUPS: Entrants Intermediates Leavers	 	 2,981 1,923 2,144	$674 \\ 332 \\ 400$	$22^{\circ}6$ 17^{2} 18^{\circ}6
Total (Code Groups)		 7,048	1,406	19.9
Other Routine Inspecti	ons	 _	_	_

	_		Boys	Girls	Total
lind (including	<ul> <li>(i) Suitable for train- ing in a School or Class for the to- tally blind</li> </ul>	Attending Certified Schools or Classes for the Blind Attending Public Elemen- tary Schools At other Institutions At no School or Institution	3	2	5
partially blind)	<ul> <li>(ii) Suitable for train- ing in a School or Class for the par- tially blind</li> </ul>	Attending Certified Schools or Classes for the Blind Attending Public Elemen- tary Schools At other Institutions At no School or Institution	9 1 1	9	18 1 1
Deaf (including deaf and	<ul> <li>Suitable for train- ing in a School or Class for the to- tally deaf or deaf and dumb</li> </ul>	Attending Certified Schools or Classes for the Deaf Attending Public Elemen- tary Schools At other Institutions At no School or Institution	10	13	23
dumb and partially deaf)	<ul> <li>(ii) Suitable for train- ing in a School or Class for the par- tially deaf</li> </ul>	Attending Certified Schools or Classes for the Deaf Attending Public Elemen- tary Schools At other Institutions At no School or Institution	3	7	7
Mentally Defective	Feebleminded (cases not notifiable to the Local Control Authority)	Attending Certified Schools for Mentally Defective Chn. Attending Public Elemen- tary Schools At other Institutions At no School or Institution	$21$ $98$ $\overline{12}$	15 46 1 17	30 144 29
	Notified to the Local Authority during the year	FeeblemindedImbecilesIdiots	1 1 	2 1 —	
Epileptics	Suffering from severe epilepsy	Attending Certified Special Schools for Epileptics In Institutions other than Certified Special Schools Attending Public Elemen- tary Schools At no School or Institution	2 - 4	3	
	Suffering from epilepsy which is not severe	Attending Public Elemen- tary Schools At no School or Institution	9	8	1

TABLE III .- RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

\* Two boys and four girls included under these headings are both Epileptic and Feeble-Minded.

## TABLE III .- Continued.

12 0			Boys	Girls	Total
	Infectious pulmonary and glandular tuberculosis	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board At other Institutions At no School or Institution		1 2	1 1 2
	Non-infectious but active pulmonary and glandular tuberculosis	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board At Certified Residential Open Air Schools At Certified Day Open Air Schools At Public Elementary Schls. At other Institutions At no School or Institution	5   6	4	9  13 
Physically Defective	Delicate children (e.g., pre—or latent tuberculosis, mal- nutrition, debility anaemia, etc.)	At Certified Residential Open Air Schools At Certified Day Open Air Schools At Public Elementary Schls. At other Institutions At no School or Institution		236	32 385 13
	Active Non-pulmon- ary tuberculosis	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board At Public Elementary Schls, At other Institutions At no School or Institution	3 1 	3 $4$ $1$ $2$	6 5 1 3
	Crippled Children (other than those with active tuber- culous disease), e.g., children suffering from paralysis, etc., and including those with severe heart disease	At Certified Hospital Schls. At Certified Residential Crip- ple Schools At Certified Day Cripple Scs. At Public Elementary Schls. At other Institutions At no School or Institution	$ \begin{array}{r} 1 \\ 7 \\ 22 \\ 12 \\ - \\ 4 \end{array} $	2 28 17 10	$     \begin{array}{r}       1 \\       9 \\       50 \\       29 \\       - \\       14     \end{array} $

NOTE ON TABLE III.—Fifteen boys and two girls suffering from Stammering and other Speech Defects are in attendance at a special Speech Class at the School for the Deaf. One case of Aphasia also attends the School for the Deaf.

## TABLE IV.-RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st December, 1925.

## TREATMENT TABLE.

	Number o under treat	f Defects tre ment during	ated, or the year
Disease or Defect. (1)	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Skin:       Ringworm-Scalp         Ringworm-Body       Scabies         Scabies       Impetigo         Impetigo          Other skin disease          Minor Eye Defects          (External and other, but excluding cases	83 64 54 546 329 453	7 — 3 30 11	$90 \\ 64 \\ 54 \\ 549 \\ 359 \\ 464$
falling in Group II.) Minor Ear Defects Miscellaneous (e.g., minor injuries, bruises, sores, chil- blains, etc.)	333 482	33 16	366 498
Total	2,344	100	2,444

\*

# Group 1.—Minor Ailments (excluding Uncleanliness, for which see Group V).

	No. of Defects dealt with.				
Defect or Disease.	Under the Auth- ority's Scheme. (2)	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme. (3)	Otherwise.	Total.	
Errors of Refraction (inclu- ding Squint)	824	10	9	843	
Eyes (excluding those recorded in Group 1.)	40	-	-	40	
Total	864	10	9	883	

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I).

Total number of children for whom spectacles were prescribed :-

(a) Under the Au	thority'	s Sche	eme	 	 	 659
(b) Otherwise				 	 	 16

<i>(a)</i>	Under the Aut	hority	's Sche	me	 	 	 659
(b)	Otherwise				 	 	 16

Group III .- Treatment of Defects of Nose and Throat.

	Number of	Defects.		
Receiv	ved Operative Treatment			
Under the Authority's Scheme, in Clinic or Hospital. (1)	By Private Practi- tioner or Hospital, apart from the Auth- ority's Scheme. (2)	Total (3)	Received other forms of Treatment. (4)	Total Number treated. (5)
631	76	707	211	918

## TABLE IV .- Continued.

Group IV .- Dental Defects.

## (1) Number of Children who were :---

(a) Inspected by the Dentist-

Aged:	
$ \begin{pmatrix} 5 & \dots & 2,080 \\ 6 & \dots & 1,820 \\ 7 & \dots & 1,912 \\ 8 & \dots & 2,832 \\ 9 & \dots & 3.088 \end{pmatrix} $	
Routine Age Groups 10 3,088 10 3,294 11 2,452 12 671 13 236	. 18,455
(14 70) Specials	. 1,771
Grand Total	. 20,226
(b) Found to require treatment	. 12,977
(c) Actually treated	. 5,202
(d) Re-treated during the year as the result of periodica examination	. 1,737
(2) Half-days devoted to $\left\{ \begin{array}{cc} Inspection & & 69 \\ Treatment & & 731 \end{array} \right\}$ Tota	1 800
(3) Attendances made by children for treatment	. 7,385
(4) Fillings $\cdots$ { Permanent Teeth 1,472 Temporary Teeth 440 } Tota	1 1,912
(5) Extractions (Permanent Teeth 1,328 Total Temporary Teeth 9,477	al 10,805
(6) Administrations of general anaesthetics for extractions	. 1,250
(7) Other operations $\dots \left\{ \begin{array}{cc} \text{Permanent Teeth} & 253 \\ \text{Temporary Teeth} & 12 \end{array} \right\}$ Tota	al 265
(8) Regulation cases	. 33

## Group V .- Uncleanliness and verminous conditions.

(i.) Average number of visits per school made during the year by School Nurses	the 	18.7
(ii.) Total number of examinations of children in the Schools School Nurses		112,101
(iii.) Number of individual children found unclean		2,847
(iv.) Number of children cleansed under arrangements made by Local Education Authority	the 	165
(v.) Number of cases in which legal proceedings were taken :		
(a) Under the Education Act, 1921		- 19
(b) Under School Attendance Bye-laws	••	18

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