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EAST SUFFOLK COUNTY EDUCATION
COMMITTEE.



ANNUAL REPORT
OF
School Medical Officer

1933

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EAST SUFFOLK COUNTY EDUCATION COMMITTEE.

PUBLIC HEALTH DEPARTMENT,

COUNTY HALL,

IPSWICH.

April, 1934.

TO THE CHAIRMAN AND MEMBERS OF THE
EDUCATION COMMITTEE.

MY LORDS, LADIES AND GENTLEMEN,

I have the honour to present to you my Annual Report for the year 1933. The Board of Education, in January, issued a Memorandum suggesting an alteration in the arrangement of the Annual Report. I have followed out categorically the recommendation which I think renders the Report less complicated, but I am afraid longer.

I include a report by the Organiser of Physical Training which is required by the Memorandum.

I have the honour to be,

Your obedient servant,

BERNARD WOOD-WHITE.

SCHOOL MEDICAL SERVICE.

STAFF.

1.

School Medical Officer :

Dr. B. Wood-White (County Medical Officer of Health).

- (a) Administration of the Service.
- (b) Examination of children referred for Special Schools.
- (c) Supervision and control of epidemic disease affecting Schools.

Deputy School Medical Officer :

Dr. A. G. Atkinson (Deputy County Medical Officer of Health).

Assistant School Medical Officers (also Assistant County Medical Officers) :

Dr. S. M. S. Jamieson.

Dr. F. Grundy.

Dr. H. C. G. Pedler.

- (a) Routine medical inspection of Elementary children, and of children attending Secondary Schools.
- (b) Investigation of Defective Vision (including refraction work and prescription).
- (c) Examination of Mental Deficiency cases (including Official Report).
- (d) Examination of Children for Employment Certificates.
- (e) Medical Examination of Rural Pupil Teachers and Supplementary Teachers.
- (f) Investigation of Outbreak of Epidemic Diseases.

School Nurses :

Miss M. F. Chalmers (Superintendent) (part-time).

Miss J. C. Hayward.

Miss M. M. Pearsons.

Miss E. M. Carter (part-time).

Miss A. Hatch (part-time) (two-thirds).

A varying number of District Nurses (part-time).

(47 District Nurses serving 132 Schools).

- (a) Inspection of Elementary Children—Head and Body (Uncleanliness).
- (b) Following up cases referred for treatment by School Medical Officers.
- * (c) Taking specimens of hair in Ringworm Cases.
- (d) Attending Routine Medical Inspection.
- * (e) Assisting in Investigation of Outbreaks of Infectious Diseases.

* School Nurses only.

The Officers of the Suffolk Mental Welfare Association have been appointed as Honorary School Nurses to investigate the welfare of feeble-minded children from the time they leave School.

School Nursing Service. That part of the executive branch of the School Nursing Service performed by the District Nurses acting as part-time School Nurses has again extended during the year. Last year 45 District Nurses served 118 Schools; this year 47 District Nurses have acted in 132 Schools.

School Dental Officers :

Mr. H. C. M. Morgan.
Mr. T. A. Hall.

Inspection and Treatment of Teeth of Elementary and Secondary School Children, also Rural Pupil Teachers.

Dental Attendants :

Miss E. E. Cable.
Miss D. Simpson.

Assisting Dental Officers, including Care, etc., of Dental Apparatus and Collection of Fees for Treatment.

Clerical Staff :

Mr. J. L. Cobbold	....	Clerk in charge of Medical Inspection Department.
Mr. J. Burrows	....	Dental Clerk.
Mr. J. H. Ellis	....	Medical Inspection Clerk.
Mr. R. Andrews	....	Schedule Clerk.
		One Shorthand Typist.

2. Co-ordination.

Staff.—The Medical Staff of the School Medical Service are all employed upon this duty in a part-time capacity ; as previously mentioned, the School Medical Officer and the Deputy School Medical Officer are respectively County Medical Officer and Deputy County Medical Officer of Health. The School Medical Officers perform other duties—all are occupied in Maternity and Child Welfare work ; three are Tuberculosis Officers, while one is a Medical Officer of Health for two Rural District Councils ; therefore, in this way, the co-ordination between the medical services and other County Health services is, as far as the Medical Officers are concerned, far more intimate than it was before that time when the School Medical Service and the Public Health Service were apart and the School Medical Officers were engaged upon school work exclusively.

Of the whole-time officials acting as School Nurses, the Superintendent is also Inspector of Midwives and Superintendent Health Visitor. One School Nurse devotes two-thirds of her time to school duties and one-third to health visiting, whilst another gives three-quarters of her time at the moment to school nursing work. The remaining two School Nurses are whole-time Officers of the Committee. In addition, the 47 District Nurses undertaking school work carry out the following duties on behalf of the County Council, for which their Association receive a grant annually :—

Midwifery.	Health Visiting.
Maternity Nursing.	Tuberculosis Visiting.
Infant Life Protection.	General Nursing.

So that one may assert that in the Nursing Service, as well as the Medical Service, co-ordination has every opportunity of existence.

Public Health.—When a Head Teacher forwards to me information of a case of infectious disease, a duplicate is forwarded to the local Medical Officer of Health. All children who are contacts of cases of Tuberculosis are examined by the School Medical Officer throughout their school life. One Medical Officer of Health of a Sanitary Authority acts as School Medical Officer in his Sanitary Area in addition to his other school duties.

Maternity and Child Welfare.—When a child attending an Infant Welfare Centre is found to be suffering from squint by the Assistant County Medical Officer, arrangements are made for the child to attend a school in the proximity when a refraction clinic is to be held and the case is dealt with appropriately.

Public Assistance.—The School Medical Officer acts as medical adviser to the Public Assistance Committee and treatment for school children has been arranged by communicating with a Poor Law Medical Officer.

Blind Persons' Act, 1920.—The Deputy and Assistant School Medical Officers act as certifying officers under the Blind Persons' Act of 1920; during the year 31 persons were examined and certified to be blind by these Officers.

Mental Deficiency Acts.—The names of all cases of children who have been certified to require education in a special residential school are notified to the Secretary of the Suffolk Mental Welfare Association when they leave school. In addition, the Secretary of the Association and her Assistants are appointed as Honorary School Nurses and they give attention to the welfare of these children from the time they leave school at 14 or 15 years of age until they reach the age of 16 years, when they no longer remain under the control of the Education Committee.

Infant Life Protection.—School children, between the ages of 5 and 9 years who are under the care of a foster parent, and there are a large number in this area, are subjected to supervision under the Children Acts; the School Medical Officers who are also Infant Life Protection Officers examine the children as may be necessary; also, on occasions, they inspect the home conditions.

THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.

3. School Hygiene.

The following new Schools have been under construction during the year :—

<i>Completed</i>	Southwold Junior C. School.
<i>Commenced</i>	Wickham Market New C. School.

while the following amendments have been made to existing Schools :—

<i>Completed</i>	Haughley New Practical Instruction Centre. Stowmarket—Enlargement of Practical Instruction Centre.
<i>Commenced</i>	Enlargement of Playford and Kesgrave C. School.

It is impossible to comment in detail upon the 234 Elementary Schools in the area and one can, therefore, only make general remarks. Those schools which have been built during the last five years comply with modern requirements; they have been designed upon a quadrangle plan, though in some cases the quadrangle is not yet completed but will be some time in the future as accommodation is required. All these schools are most adequately lighted and well ventilated; in fact in my opinion they are quite as useful as open-air schools. School Classrooms, built upon open-air lines with folding walls, may be (and often are), when weather conditions are inclement, turned into completely closed and stuffy rooms. The extent of airiness depends upon the idiosyncrasy of the Teacher.

In all the new Elementary Schools erected in this area modern windows, with large opening spaces, are provided and the room can be converted at the will of the Teacher, for all practical purposes, into an open-air classroom. The majority of Schools in the County are not of this type and many of the tiny village schools fall short of modern standards; however, the defective large schools are becoming uncommon and it has been decided that the Elementary Schools of Framlingham and Eye are to be replaced by modern structures. A questionnaire to the Teachers as to whether they considered the ventilation of their schools satisfactory elicited the following replies :—

Schools with good ventilation	....	....	201
„ „ unsatisfactory ventilation	....	....	33

Heating.—Central heating is installed in all modern schools and in a number of the older ones. The village schools still depend very largely upon coal fires; this method of heating, while promoting ventilation, is quite inadequate and children who are distant from the fire must suffer considerably from cold in the winter. My own view is that all schools should be centrally heated, aided by a coal fire; this is ideal, but I am afraid on account of the cost is not likely to be adopted generally. The value of a fire is marked when children take their mid-day meal at school, which is a very general custom. It is most useful for medical inspection purposes, but its chief value is that it ensures constant ventilation and assists the general circulation of air in the room.

The following are the methods of heating the Schools in the County :—

Open fires	....	....	....	....	105
Closed fires	....	....	....	....	Nil.
Central heating	....	....	....	....	62
Open fires and central heating	....	....	....	....	56
Closed fires and central heating	....	....	....	....	4
Open and closed fires	....	....	....	....	3
Open and closed fires and central heating	....	....	....	....	4

Seating Accommodation.—The best form of seating accommodation for school children is a table and chair, both movable, and the worst is the old long desk and seat without a back; at the present time there are about 80 children, 8 schools being concerned, who are seated at desks of this type; it is to be hoped that these relics of the past will soon disappear altogether. Five years ago between 5-6,000 children were seated at the old-fashioned type of desk. This shows how considerable an advance has been made during this lustrum.

There are now eight schools equipped throughout with dual tables and chairs, viz :—

Witnesham.	Brome.
Bramford.	Carlton Colville.
Kesgrave.	Gt. Finborough.
Badingham.	Knodishall.

201 schools possess a number of tables and chairs, which are used mainly for the top classes, the rest of the school being accommodated with dual desks. There are 20 schools equipped throughout with this type of seating only. The following are the numbers of each type of desk in use :—

Single locker desks	143
Dual desks (chair and locker)	935
Dual table desks (chair and table)	1848 = 2926
Old dual desks	10800
Infant tables (seating 3 or 4 children)	480

The modern type of desk is available for about one-fifth of the school population only, so that while great improvements have been made, there is yet much waiting to be achieved.

Sanitary Accommodation.—In a rural area such as this, schools depend for the most part upon other means than the water closet system for their sanitary arrangements and, with the exception of 27 schools where a water closet system is in vogue, the pail closet is almost universally adopted ; for privies remain only in two schools.

The pail closet system may be efficient if properly administered, but constant supervision is required ; it is my view that the Head Teacher should always inspect the whole of the school, including the closets each day. I have discussed the question of the open pail closet before when I suggested that the closed pail, which keeps the closet unobjectionable and prevents flies gaining access to the contents of the pail, is better by far than the usual open pail with a cover to the seat, and should be installed where possible ; it is the duty of the Head Teacher to impress upon the scholars the necessity for replacement of the cover or lid after use. I firmly believe that the scholars behaviour in this respect is a reflection of the attitude and interest of the Head Teacher.

The standard of closet accommodation suggested by the Board of Education is as follows :—

	Girls' Closets.	Boys' Closets.
Under 30 children	3	1
" 50 "	4	2
" 70 "	5	2
" 100 "	6	3
" 150 "	8	3
" 200 "	10	4
" 300 "	14	5
" 400 "	18	6
Urinals	10 feet for 100 boys.	

This standard is adopted for all new schools, but a large number of old ones fall short of the requirements; the following figures relate to the accommodation provided in the schools in the County, and that which should be provided according to the standard of the Board :—

				Present Closet Accommoda- tion.	Accommodation suggested by Board of Education.
Teachers	....	....	....	158	—
Girls	....	....	....	703	1427
Boys	....	....	....	517	595
Infants	....	....	....	185	—
Total				1563	2022

These figures show the deficiency in the accommodation which exists in the County generally. The shortage of girl's closets is very evident. If the Infants are added there is a deficiency of 38%.

Playgrounds.—The surface of the playground at the various schools is as follows :—

Playgrounds with untreated surface	....	104
“ “ gravel surface	....	70
“ “ tar paved surface	....	69
“ “ concrete surface	....	6

An untreated playground surface, and often a gravel one, is inclined to be responsible for a large amount of dirt finding its way on to the floors in the schoolroom, and on this account is unsatisfactory.

Water Supply.

(a) *For Washing Purposes.*—The following are the particulars of the water supplies of the various schools in the area :—

Main supply	....	42
Pump supply	....	109
Well supply	....	18
Rain water	....	68
Pond supply	....	14
Other supply	....	Nil

It may be interesting to some people outside the area to note that 14 schools depend upon pond water. This source of supply is used very largely in the County for domestic purposes and it is surprising that only 14 schools obtain their supply in this manner. 197 schools have water on the premises, while 37 have to obtain it from outside, the distance varying from a few yards to half a mile. In 220 schools the Teachers reported the supply to be sufficient, while in 14 it was stated to be insufficient.

There are 819 wash-hand basins throughout the schools in the County, but only 710 towels in all are provided; as only eight of the schools possess roller towels it seems that the number is somewhat on the low side. I think that to provide one towel to each wash-hand basin should be the endeavour of every Head Teacher.

(b) *For Drinking Purposes.*—The following particulars relate to the drinking water supply of the schools :—

Main supply	43
Pump supply	141
Well supply	33
Rain water	9
Pond supply	3
Other supply	Nil
No water supply	3
Water supply not stated	2

In 149 instances the water supply is on the school premises, while in 85 this has to be fetched by children at distances varying from 10 yards to half a mile. The supply is stated to be sufficient with regard to 218 schools and insufficient in 15, while no statement was made in respect of one school.

The water is used for drinking purposes in its natural state in 222 instances, boiled in 5, filtered in 7 as distinct from boiling ; this latter practice is one which, unless carried out with great care, is not likely to render the water more safe for drinking, in fact it may have the reverse effect. I am, therefore, obtaining reports from the School Medical Officers in respect of the drinking water of these seven schools.

Cloakroom Accommodation.—The cloakroom accommodation, especially in a rural school, is often inadequate. In reply to a questionnaire the Head Teachers reported that in 206 cases the accommodation was sufficient, in 28 insufficient ; the following arrangements are made for drying children's clothes and boots :—

In classrooms	160
„ cloakrooms	10
„ boiler house	5
„ spare rooms	6
„ drying room	1
„ D.S. Centre	5
„ School House	3
No arrangements	43
Arrangement not stated	1

Arrangements for drying children's clothes are generally inadequate, classrooms being used in the majority of cases. In ten schools the cloakrooms were used and here the drying can be said to be efficient as the schools concerned are modern and central heating is installed in the cloakroom for drying purposes. I think one may assume that in over 200 schools no proper arrangements exist, as classrooms cannot be effective for this purpose. If wet clothes are placed near the fire, or upon radiators, the heat available for the room is diminished in consequence.

Cleanliness. In 227 Elementary Schools “Dustmo” is used for cleaning the school floors, and in 7 oil ; in 6 Secondary Schools “Dustmo” is used, and in 1 oil.

No baths are installed in any of the County Schools.

4. Medical Inspection in Elementary Schools.

The area of the Administrative County for Elementary School purposes is 549,241 acres, with a population of 207,420 (1931 Census). The number of schools in the County under the control of the Committee was 229, of which 105 were Council and 124 non-Council. There were 234 departments, of which 107 were Council and 127 non-Council. The children on the registers for 1932-1933 numbered 23,800, as compared with 23,774 in 1932.

The general arrangements for medical inspections have been carried out on the established lines; for administrative purposes the County is divided into four areas, one each being allocated to the Deputy School Medical Officer, and the three Assistant School Medical Officers.

Area.	School Medical Officer.	No. of Elementary Schools.	Average attendance of children.
Eastern	Dr. A. G. Atkinson	49	4319
Northern	Dr. F. Grundy	70	7339
Western	Dr. H. C. G. Pedler	66	6502
Southern	Dr. S. M. S. Jamieson	49	5640

Head Teachers of the Schools are notified by the Secretary of the Education Committee of forthcoming medical inspections; the date and hour of the medical inspection is communicated to the parent by the Head Teacher, with an invitation to be present at the examination.

Children are inspected in the following groups :—

Entrants.—Children admitted from other areas are included as entrants.

Intermediates.—Children between 8 and 9 years of age on the 1st January of the current year.

Leavers.—Children between 12 and 13 years of age on the 1st January of the current year.

Children missed at the previous year's inspection.

Children referred for observation and for treatment.

Teachers are also requested to bring to the notice of the School Medical Staff any other children who, in their opinion, require examination for any special reason.

The following Table gives comparative figures for the past five years :—

(a) *Routine Medical Inspection.*

	1929.	1930.	1931.	1932.	1933.	Increase or Decrease compared with 1932 Figures.	
Entrants	3578	4091	2105	2937	3001	+	64
Intermediates	2928	2853	2537	2496	2329	—	167
Leavers	2172	1811	2011	2069	2892	+	823

(b) *Other Inspections.*

Special Inspections	415	348	553	760	706	—	54
Re-examinations....	5202	7313	7493	9168	8856	—	312
TOTAL	14295	16416	14699	17430	17784	+	354
<i>Total number of individual children inspected</i>							
	11274	12585	11937	11939	12788	+	849

5. Findings of Medical Inspection.

Review of facts disclosed by Medical Inspection.—The defects disclosed are set out in detail in Table IIA, and are summarized below :—

(a) *Malnutrition.*—This is the first occasion upon which malnutrition has been given a special heading in the Annual Report and has automatically required comment. It is a subject which has had upon all sides much prominence and consideration, and, indeed, publicity. Expert members of the medical profession have formulated dietaries and calculated the cost, and various opinions by other experts have been freely given.

The figures for malnutrition in this County are as follows :—

Malnutrition.

	Number of Children examined.	Nutrition good.		Nutrition fair.		Nutrition poor.	
		No. of children	Per- centage.	No. of children	Per- centage.	No. of children	Per- centage.
1929	8578	6345	74.0	2032	23.7	201	2.3
1930	8755	6189	70.7	2246	25.6	320	3.7
1931	6653	5067	76.1	1363	20.5	223	3.4
1932	7502	5772	76.9	1576	21.0	154	2.1
1933	8222	6583	80.1	1506	18.3	133	1.6

These figures, though they may appear of importance to some, to me are of no real significance ; the figures themselves tend to confirm me in this opinion for the lean years of 1931/32/33 show a lower proportion of mal-nourished children than the two previous

years when the affairs of this Country were more prosperous and when more food was probably available for the population generally. In this area no standard is adopted for the estimation of malnutrition and the Medical Officer examining the child, knowing the child's age, weight and height, and seeing his bodily condition, forms his opinion upon these factors and places him into one of the three groups ; there is nothing scientific about this.

In some places a standard is adopted, but in my view there is no advantage in doing so, particularly as time is occupied in the process. I believe that there is no standard that can measure nutrition, or malnutrition.

I take it that malnutrition is one of two things, viz. :—

- (1) That the child is not receiving a sufficient amount of proper food fully to nourish him.
- (2) That the child, though receiving a sufficient amount of proper food fully to nourish him, is unable to assimilate the food.

The second cause for malnutrition may be due to some definite illness from which the child is suffering, or the result of an illness from which he has suffered, or to be due to bad housing conditions with overcrowding, or insufficient sleep ; of course, in cases of malnutrition factors (1) and (2) will often be combined.

To assume that a child is malnourished because he is under the average weight or height, or appears to be thin, or for any other cause, would be a very rash undertaking ; for it would be leaving out of account that very weighty factor, heredity, and many children who would fail to pass a standard and who appear malnourished are in actual fact fully nourished. On account of this I feel that the value of statistics and standards in relation to this subject are not worthy of great consideration.

I am of the opinion that a child who is not fully nourished is malnourished, and I should not like to hazard a guess as to how many children in our Elementary and Secondary Schools are in this condition ; this could only be discovered by experiment, but I believe that if the experiment were carried out a large proportion might be found in this category. The experiment would merely consist of placing the children under healthy living conditions and giving them a full and well-balanced diet, unhampered by set dietaries of calculated cost.

Some years ago a somewhat different attitude was taken towards Tuberculosis in children ; at that time many were thought to be suffering from tuberculosis, or to be pretuberculous, who now, I feel sure, were not. These children were sent to Sanatoriums and there a rapid growth in height and weight occurred, out of all proportion to the usual gain in a corresponding period of time. All of these children, some of whom would not be considered upon ordinary examination to be malnourished, were definitely not fully nourished and the short stay under first rate conditions in a Sanatorium, with an abundance of food, immediately produced a quick increase in weight and a general improvement in physical condition.

Some hold that malnutrition in no small way depends upon the inability, through ignorance, of the housewife to select valuable food at reasonable cost and to prepare the food properly, and that if this ignorance were replaced by knowledge, through education, then this problem would largely be solved. I do not take this view because I believe that food containing proteins of value is costly, and that while good cooking is highly desirable it is more likely to increase a sensitive taste than to increase to a really appreciable extent the amount of food available for the family, by the prevention of waste.

It is known that the daily allowance of a pint of milk, over and above the ordinary supposedly full diet of the boys at an Institution increased their height, weight, and general well-being. This was proved by careful experiment and has not been disproved. I suggest that the dietary of children of farm labourers is likely to be inferior to the institutional diet in question, and I believe that the percentage of children of farm labourers who drink a pint of milk daily is infinitesimal.

The reason that the added milk improved the condition of the boys at the Institution was because before this addition to their diet they were not fully nourished and, therefore, the extra milk was able to increase their nourishment. I believe that the average child in the Schools in the County are in the same position as the boys were at this Institution, but it is impossible to detect by any means other than experimental this under-nourishment.

It serves no useful purpose to inform the housewife of a farm labourer that a pint of milk a day above the ordinary diet is likely to improve the physique and the health of a child, although this is now a well established fact, for if she applied this practically to her own family it would cause a so heavy drain upon her weekly income as to rule it out of court; if the family consisted of four children, which is not an unusual number for a farm labourer, to provide each child with a pint of milk daily would deplete the weekly income by about 7s. 0d. (*i.e.*, 1s. a day), for this item alone. The agricultural labourer is said to have certain advantages over the town labourer inasmuch as he has a garden for the cultivation of vegetables, a cottage at a low rent, and obtains cheap wood for fuel, etc.; these advantages are, however, largely counteracted by the lower wage received and by the higher price that must be paid in the country for articles obtained from the grocer's, butcher's, draper's, chemist's, and other shops.

The matter turns upon the definition of malnutrition and should the statement that I have made above, *i.e.*, that a child who is not fully nourished is malnourished, be denied, then I ask the question: When does under-nourishment become malnutrition? If it is said that malnutrition occurs only when it can be gauged by a standard, or is obvious to the eye of the School Medical Officer upon examination, then I suggest that this is "begging the question."

(b) Uncleanliness.

Vermin Tables.

	No. of Visits to Schools by School Nurses.	No. of homes visited.	Number of Examinations by School Nurses.			Number of Children examined and found verminous.					
						New Cases, for first time during 1933.			Individual Repeat Cases.		
			Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
1929	1310	444	52822	51325	104147	362	647	1009	—	—	—
1930	1500	298	60200	56961	117161	298	675	973	—	—	—
1931	1460	413	58100	55113	113213	225	549	774	—	—	—
1932	1550	512	62327	58279	120606	348	795	1143	176	407	583
1933	1678	584	65398	70511	135909	235	538	773	126	334	460

No. of individual cases on register	....	....	Boys 235	Girls 538	773
" occasions on which repeat cases were found verminous	....	....	....	....	1273
" home visits	....	....	....	....	857
" individual repeat cases	(Boys 126	(Girls 334	....	....	460
" final notices sent in respect of 68 children	....	....	....	....	78

Results of action taken have been received in respect of 72 notices—
65 returned to school clean, in one case proceedings were taken—
fined 5s. 0d. Notices outstanding 6.

Schools with no verminous children	....	....	....	....	95
" under 10 individual verminous children	....	....	....	....	118
" " 20	"	"	"	....	14
" " 30	"	"	"	....	6
" " 40	"	"	"	....	1
" " 50	"	"	"	....	—
" " 60	"	"	"	....	—

Particulars of Schools where children found verminous on one or more occasions.

Total No. of individual children found verminous	....	....	773
Percentage of children on roll found verminous once or more	....	....	3.2
No. of Schools in which verminous children found	....	....	139
No. of Schools in which no verminous children found	....	....	98

Found Verminous.	No. of Children.		No. of Schools.	
	1932	1933	1932	1933
Once	560	313	120	39
Twice	208	173	81	18
Three times	139	99	64	25
Four times	79	59	43	16
Five times	57	42	24	9
Six times	30	33	16	9
Seven times	19	20	12	5
Eight times	12	17	8	9
Nine times	16	9	9	5
Ten times	9	3	4	1
Eleven times	4	1	3	—
Twelve times and over	10	4	6	3

Vermin.—The number of children examined by the School Nurses for vermin in 1933 was greater than any for the past five years. Fortunately, this closer scrutiny has not produced higher figures; the number of children found verminous for the first time during the year was 773 in all, 370 less than in 1932, this is the lowest shown on the return for the past five years. The occasions upon which repeat cases were found to be verminous has been reduced to 460.

Of the 773 cases found verminous for the first time during the year 313 were not found to be so a second time; therefore, one might reasonably suppose that these were accidental cases of unnoticed infection from outside the home. I believe, however, that in the majority of the 460 repeat cases vermin were indigenous in the home and though the child may be cleared temporarily the condition recurs. I think that one may safely say that children who have been found verminous more than twice come from a family where members not attending school are in the same condition; this number is returned as 287.

The presence or absence of vermin in a School appears to be a matter of habit, some Schools returning consistently good figures. I have included again a table showing Schools with a Roll of over 100 scholars where no verminous children were found during 1933 :—

	School Roll.
Bacton C.	139
Brantham Cattawade V.	115
Capel and Wenham V.	107
Debenham V.	223
Framlingham V.	320
Laxfield Boys and Girls V.	179
Melton C.	149
Stonham Aspal V.	123
Tunstall V.	106
Wenhaston C.	141
Wetheringsett V.	167

Framlingham, Laxfield and Wenhaston, all appeared upon a similar list in my Report last year. I congratulate the parents, scholars, and the teachers of all the Schools in which no child was found to be verminous upon this very satisfactory state of affairs. In Stowmarket Senior Council School with a Roll of 428 only five verminous cases were found during the year, and in Stowmarket Junior C. School with a Roll of 335 three cases; this is singularly good for what might be described as a depressed area with a large amount of unemployment.

On the whole the figures returned for vermin cannot be considered as high; nevertheless, they should be very much lower and I hope that it will be possible to show a lower incidence of vermin in school children in the County year by year. Last year I inserted a table showing the Schools where the verminous condition was most marked. I had a definite objective in this for I felt that the Teachers of the Schools concerned did not realise how they stood in comparison with the other Schools in the area and I thought that when this was known, if possible, steps would be taken to lessen the incidence. My conjecture has proved to be correct and I have much gratification in showing the marked improvement which has been realised in twelve months. This is so great as to suggest that if sufficient attention

be given to this question by School Teachers generally an all-round reduction of vermin could be obtained. I realise that in some areas the Teachers have a very easy row to hoe in this respect, and that in others the reverse applies, and I congratulate the Head Teachers of the named Schools upon the results of the year and thank them for their efforts. It is regrettable, however, that one School, *i.e.*, Bedingfield, which was included in the list as a small rural school with a percentage higher than usual, instead of decreasing has more than doubled.

School.	Percentage :	
	1933.	1932.
Woodbridge N. Infants	22.9	51.2
Bedingfield V.	21.3	9.7
Occold C.	13.6	32.3
Felixstowe Maidstone Road C.	10.9	23.4
Woodbridge N. Mixed	10.1	22.9
Hintlesham V.	8.3	36.2
Woodbridge C. Mixed	6.7	19.8
Woodbridge C. Infants	5.7	19.1

The table below shows the Schools in which the percentage of verminous children, upon one occasion or more, exceeded 10%. The figures in this table are more satisfactory than last year insomuch as in only three Schools was 20% passed and at no time was over 30%; in 1932 over 30% was exceeded in respect of three Schools.

School.	Average No. on Roll.	Individual cases.	Percentage.	Subsequently found verminous.	Home visits.	Final Notices.	
						No.	Scholars
1. Alderton	72	18	25.0	33	41	—	—
2. Woodbridge N. Infants	87	20	22.9	79	4	—	—
3. Bedingfield V.	75	16	21.3	31	16	5	5
4. Bramford V. Jnr.	240	35	14.5	71	11	—	—
5. Bramford C. Snr.	164	23	14.0	37	9	—	—
6. Occold C.	66	9	13.6	15	21	—	—
7. Trimley Main Rd.	135	17	12.5	12	8	—	—
8. Felixstowe Maidstone Rd. C.	255	28	10.9	76	9	7	6
9. Saxmundham C.	183	19	10.3	67	22	10	7

There has been treble control in dealing with verminous children in the past; the School Teacher, the School Attendance Officer, and the School Medical Officer have all had a hand in this and there has been a tendency I believe of a falling between stools. The origin of this method is far in the past, it was devised to protect the School Nurses, for it was thought that if they appeared in Court their position in other respects might be prejudiced; so that the Attendance Officer visited the School and with the Teacher, decided whether vermin was present when the child returned after exclusion for cleansing. The Attendance Officer appeared in Court as a witness

if the Committee decided to take legal action. I hold the view, however, that it would be a better course for a whole-time School Nurse to act in this capacity and I hope to introduce this change in the system, if not for the whole of the Administrative County, for a proportion, as an experiment some time in the near future.

(c) *Minor Ailments and Diseases of the Skin.*

Ringworm.—The steady reduction in this parasitic infection of the hair is the most startling phenomenon of the statistics included in this Report. The remarkable and rapid fall in the incidence cannot be attributed to any particular line of preventive action that has been taken, or treatment that has been applied; neither can it be assigned to the flowing or ebbing of the tide of any particular medical fashion.

The figures are outstanding; at the end of 1926 there were 218 cases of ringworm on the register, whilst seven years later (at the end of 1933) four only remain. Why now there is only 1/54th of the number of cases existing seven years ago is an enigma to me, but it is evident that what until quite recently was a very common, annoying and protracted condition, is now becoming a rarity. I have seen it stated that a decrease in ringworm is due to X-Ray treatment; this is not so in this area.

The following Table shows the number of cases dealt with during the last five years :—

	1933.	1932.	1931.	1930.	1929.
Number of Cases brought forward from previous year	20	29	39	74	88
Number of Cases notified during current year	4	15	11	18	37
TOTAL	24	44	50	92	125
Number of Cases declared Clear, left School, or Transferred to another Area during year	20	24	21	53	51
Number of Cases transferred to ensuing year	4	20	29	39	74

This Table shows, therefore, that the number of ringworm cases remaining on the books at the end of 1933 was 4.

Minor ailments are included in other defects and diseases. A detailed account of all skin diseases will be found in Table II.; the following is a comparative summary for the past five years :—

Skin Diseases.	1933.	1932.	1931.	1930.	1929.
Requiring treatment	79	64	53	34	39
Observation Cases	46	46	35	41	20

(d) *Visual Defects and External Eye Disease.*—I give a Table below of the number of cases of defective vision referred for treatment and the observation cases for the last five years :—

Year.	Defective Vision.	
	Referred for Treatment.	Observation Cases.
1929	476	340
1930	393	476
1931	424	524
1932	418	630
1933	357	704

The observation cases have steadily increased, while the figures of those referred for treatment vary from year to year, but have no definite trend in any particular direction.

Dr. Atkinson, the Deputy School Medical Officer, is responsible for the supervision of all the refraction work that is done in the area and he personally inspects all prescriptions.

A similar table is given for external eye disease ; it will be seen that little of this arises :—

Year.	External Eye Disease.	
	Referred for Treatment.	Observation Cases.
1929	24	18
1930	25	7
1931	25	13
1932	24	33
1933	18	18

(e) *Nose and Throat Defects.*—The figures in the under-mentioned Table all refer to cases of abnormal tonsils or the presence of adenoids ; there has been a very steady fall in the number of cases of children with tonsils and adenoids, referred for treatment and for observation, and in 1933 not one-quarter of the children were referred for treatment as were in 1930. This is not likely to be due to any general improvement in the nasopharyngeal condition of children, but is the result of the somewhat different attitude towards operative treatment for these conditions ; this reduction may yet continue.

	1933.	1932.	1931.	1930.	1929.
Referred for Treatment	117	218	369	492	374
Observation Cases	394	584	484	732	886

(f) *Ear Disease and Defective Hearing*.—For the first time I give a Table for defective hearing; these figures have been extracted from the Statistical Table. I have not included otitis media in this Table :—

	1933.	1932.	1931.	1930.	1929.
Requiring treatment	19	26	33	17	37
Referred for observation	46	51	45	55	47
TOTAL	65	77	78	72	84

In this area no electrical apparatus is employed for testing the finer shades of hearing defect.

(g) *Dental Defects*.—The cases of dental defect found at school medical inspection are referred to the School Dentists; these usually relate to cases where parents have refused treatment under the scheme of the Education Committee. Where possible, appropriate action is taken under the dental scheme.

(h) *Orthopaedic and Postural Defects*.—The number of these defects discovered at routine medical inspection is small; 25 cases in all were suffering from spinal curvature, and four of these only required treatment.

It is seldom for rickets to be so severe as to cause definite deformity; five cases only were reported and of these none required treatment. This figure agrees with those for the past few years and shows how rare a condition bad rickets is becoming.

The other forms of deformity largely relate to flat foot; these figures vary little, two only requiring treatment and 22 observation cases were revealed at routine medical inspection.

(i) *Heart Disease and Rheumatism*.—Definite comment upon heart disease and rheumatism has not been previously required; while statistics must be kept for diseases of the heart and circulation, no statistics have been kept, nor have they been required to be kept, for rheumatism. In the Statistical Table it will be found that in all 53 children were found in the schools to be suffering from organic heart disease, four requiring treatment and 49 observation.

It would be useful to extract from the total the number of cases in which the disease of the heart could be attributed to rheumatism, but to do so would require considerable time on the part of the Medical Inspection Clerical Staff and, therefore, I do not propose this year to separate those children suffering from congenital and rheumatic heart disease into two groups. I hope, however, to do so for the year 1934.

(j) *Tuberculosis*.—The Deputy School Medical Officer and two of the Assistant School Medical Officers act as Tuberculosis Officers in their appropriate areas. The figures for Tuberculosis will be found in Table IIA.

Pulmonary Tuberculosis amongst school children is extremely rare. The statistics show three cases of children found to be suffering from this condition at routine medical inspection. I have examined one child myself and the medical records of the other two, and I am of the opinion that the children are not suffering, and never have suffered, from Pulmonary Tuberculosis. They are, however, cases which have been notified and on that account the Medical Officers included them as such cases in their statistics. I am, however, taking precautions that these three cases shall not be included in the figures again.

Children suffering from Non-Pulmonary Tuberculosis are, however, to be expected; as usual, cervical adenitis exceeds all other forms.

The following Table shows the number of children examined who had been in contact with cases of Tuberculosis :—

Examination of Contacts.	1933.	1932.	1931.
Number of children examined	426	556	491
Children diagnosed as definite cases of Tuberculosis	Nil.	Nil.	Nil.
Children suspected to be suffering from Tuberculosis	8	6	9

(k) *Other Defects and Diseases*.—Comment upon this heading has not been previously required. Other defects contain a multitude of abnormalities of every kind, and to group and number them would involve an amount of clerical time that is not available.

6. Following Up.

I give below a Table showing the home visits made by the whole-time and part-time School Nurses in following up of school children. This work of the School Medical Service is definitely less than in the previous twelve months and the number of visits paid is somewhat similar to 1931. Visits for two conditions were remarkably reduced, namely, Tonsils and Adenoids, and Infectious Diseases.

The visits paid for tonsils and adenoids naturally depend upon the number of children who have been put forward for operative treatment by the School Medical Officers; the number of children referred for treatment was much less than before and, hence, the following up required in consequence was correspondingly reduced—this figure has fallen consistently since 1931.

The following up of cases of infectious disease has decreased by nearly one-third; this was not due to a curtailment of the scheme, but to a diminished call upon the Nurses for this particular service.

Again, no visits are now paid by School Nurses to children who have been certified as mentally defective and have reached school-leaving age; this work is now undertaken by the Secretary of the Suffolk Mental Welfare Association and her Assistants. 58 home visits were made.

These three causes produce the lower figure returned for this year.

	1933.			1932.	1931.	1930.
	School Nurses.	District Nurse.	Total.			
Tonsils and Adenoids	187	74	261	573	896	499
Defective Vision	257	60	317	331	245	86
Skin Diseases	129	41	170	119	80	158
*Infectious Diseases	783	—	783	1071	533	—
Other Defects	199	55	254	417	314	133
†Verminous Children	276	308	584	512	413	298
Dental Defects	100	—	100	509	—	—
Mentally Defectives	—	—	—	114	—	—
Total home visits	1931	538	2469	3646	2481	1174

* Home visits in respect of Infectious Diseases were not recorded in 1930.

† These home visits were in respect of one or more children (total number of home visits in respect of individual children—857).

7. Medical Treatment.

(a) *Minor Ailments and Diseases of the Skin.*—Children suffering from minor ailments were referred to their private Medical Practitioners when necessary.

Two ringworm cases received X-ray treatment through the Education Committee's Scheme.

(b) *Visual Defects and External Eye Disease.*—Treatment of visual defects, which consist for the most part of refraction errors, is almost entirely carried out by the School Medical Officers—Dr. A. G. Atkinson, Deputy School Medical Officer, is in charge of this work. 95% of all the prescriptions for spectacles were given by these Officers.

The value of this service is indicated by the response of the parents; it is extremely uncommon for a parent to refuse to obtain spectacles when these are advised. The figures in the Table below bear out this statement; practically all children needing spectacles obtained them. The number of children requiring spectacles this year was a little less than in 1932, but this is accounted for by the fact that in 1931/32 Dr. Grundy, in the North of the County, had been overtaking arrears of work and, hence, a higher figure for that period was to be expected.

The following figures relate to the number of children refracted during the last three years.

	Number of cases submitted to refraction by the Medical Officers.	Number of children for whom spectacles were prescribed.			Number of children who obtained spectacles.*		
		(a) through the Committee's scheme.	(b) otherwise.	TOTAL	(a) through the Committee's scheme.	(b) otherwise.	TOTAL
1931	810	587	34	621	483	58	541
1932	662	489	27	516	530	51	581
1933	574	412	21	433	404	31	435

* Including cases refracted in previous year.

Children suffering from external eye disease are referred to their private Medical Practitioners for treatment.

(c) *Nose and Throat Defects.*—The great "tonsil push" is over and the activity of the Nose and Throat Surgeons, which reached its peak in 1931, still declines and a lower figure is returned this year than any since 1926. An interesting comparison can be made between the figures for these two years, for while in 1926 of the 338 children referred for treatment, only 158 obtained it, in 1933 only 117 were referred for treatment, but 176 were treated. This indicates that the School Medical Officers have generally adopted a different standard in deciding the treatment required and that their advice was taken.

More children were treated in 1933 than were recommended for it; this apparent anomaly is explained by the fact that in some cases operative treatment was recommended by the private Medical Practitioner, and that some recommended by the School Medical Officers in 1932 were operated upon in 1933.

The cases are treated mainly at the East Suffolk and Ipswich Hospital; the child remains in hospital one night, returning for examination a week after the operation has been performed in order that the Surgeon in charge of the cases may ascertain the success or otherwise of the operation. In the majority of these cases no payment is required, most parents being contributors to the Hospital Scheme. Travelling expenses are paid where the income of the parent falls beneath the County Education Committee's scale.

Travelling expenses were paid in the case of one child with deflected septum attending Hospital.

	Referred for Treat- ment.	Observa- tion Cases.	Treated through Education Committee.	Treated on own responsi- bility.	Total Number Treated.	School Roll.	Per- centage.
1926	338	683	105	53	158	—	—
1927	233	763	154	65	219	24672	.89
1928	253	772	169	51	220	24370	.94
1929	374	886	215	118	333	24167	1.38
1930	492	732	374	129	503	24016	2.09
1931	369	484	428	191	619	23678	2.61
1932	218	584	221	92	313	23774	1.31
1933	117	394	109	67	176	23800	.74

(d) *Ear Disease and Defective Hearing.*—These cases are referred to their Private Medical Practitioner for treatment. In two cases of chronic otorrhoea the travelling expenses were paid in order that the children might attend Hospital.

(e) *Dental Defects.*—The dental figures are always somewhat uncertain and until they are before me I am never quite sure what to expect, nor is it easy to find explanations for all the variations that appear from time to time.

A fairly constant figure is that of the number of children found to require treatment, and the number treated for the first time during the year varies little ; but there has been a steady diminution since 1931 in the number of children re-treated and 1933 shows the lowest figure recorded for some years. I find that the details of the treatment carried out show that the number of fillings of permanent teeth is larger than for the two previous years, but even so does not compare favourably with the figures returned for the five years preceding 1931.

The extraction of permanent teeth has naturally increased very largely since 1930, when extraction by gas was instituted in this area ; the figure for 1933 is not quite so high as that for 1932. The number of extractions of temporary teeth has fallen by over 3,000 on that of last year.

The institution of gas clinics has largely reduced the number of extractions under local anaesthesia. Extraction by gas requires the services of two officers, one acting as Dental Surgeon and the other as Anaesthetist, and it is thus a more expensive form of treatment than extraction by local anaesthetic which only requires the services of one professional man.

I again draw attention to the fact that the Board of Education considers that with the School population of this area a standard of at least four, or perhaps five, Dental Surgeons is necessary, and that the present staff of two Dental Surgeons is not sufficient to keep the teeth of all those children who are willing for treatment in a state of continual fitness.

	Found to require Treatment.	Treated for first time during year.	Re-treated during the year.
1926	10535	5498	2847
1927	11070	6467	3122
1928	12368	6784	3039
1929	15131 (10965 first inspection)	6208	2232
1930	9381	7125	3198
1931	10590	5688	1973
1932	11788	6753	1923
1933	12864 (11174 first inspection)	6506	1154

Details of Treatment carried out.

	FILLINGS.		EXTRACTIONS.	
	Permanent Teeth.	Temporary Teeth.	Permanent Teeth.	Temporary Teeth.
1926	4469	418	401	6348
1927	4849	308	284	7820
1928	5100	112	357	7762
1929	4883	21	198	6703
1930	5220	—	808	8871
1931	3296	4	1125	8289
1932	3381	2	1644	8743
1933	4229	107	1497	5418

	Number referred for Treatment (Excluding Gas).	Number accepting Treatment by Education Cttee.	Percentage.
Mr. Morgan's Area	5836	4090	70.1
Mr. Hall's Area	3550	2217	62.1
TOTAL	9386	6307	67.1
	Number referred for Gas Treatment.	Number accepting Gas Treatment.	Percentage.
Mr. Morgan's Area	1069	622	58.1
Mr. Hall's Area	852	446	52.3
TOTAL	1921	1068	55.5

The following Schools in which up to 80 scholars were inspected by the School Dental Officers, showed 100% acceptances for treatment under Local and General Anaesthetics.

Ashfield C.
Buxhall C.
Flixton V.
Mickfield V.
South Elmham All Saints V.
Westhorpe C.

The following Schools in which 200 or more scholars were examined by the School Dental Officers showed acceptances of dental treatment under Local and General Anaesthetics of 70% or over :—

Needham Market	....	....	....	88.4%
Stowmarket Junior C.	....	....	....	82.8%
Leiston Junior C.	....	....	....	82.4%
Trimley St. Martin C.	....	....	....	81.8%
Felixstowe Junior C.	....	....	....	81.4%
Combs Ford C.	....	....	....	75.7%
Kesgrave C.	....	....	....	75.0%
Bramford Junior V.	....	....	....	72.1%

WORK CARRIED OUT BY SCHOOL DENTAL SURGEONS.

MR. MORGAN

YEAR.	No. of Children Treated.		Extractions of PERMANENT Teeth.			Extractions of TEMPORARY Teeth.			Fillings of Permanent Teeth.	Fillings of Temporary Teeth.	TOTAL.
	With-out Gas.	General Anaesthetic.	Total.	Local Anaesthetic.	General Anaesthetic.	Total.	Local Anaesthetic.	General Anaesthetic.			
1929 ...	4716	—	4716	157	—	157	4644	—	1999	—	1999
1930 ...	5145	344	5489	219	500	719	5667	149	1637	—	1637
1931 ...	4221	399	4620	338	595	933	4951	214	1151	—	1151
1932 ...	3947	*670	4617	54	†859	913	4114	†487	1625	—	1625
1933 ...	3560	*563	4123	77	†671	748	2829	†307	2390	33	2423

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MR. HALL

1929 ...	3837	—	3837	53	—	53	2072	—	3001	21	3022
1930 ...	4939	30	4969	67	56	123	3043	15	3729	—	3729
1931 ...	3818	230	4048	273	431	704	3244	114	2127	4	2131
1932 ...	3683	414	4097	63	668	731	3846	203	1756	2	1758
1933 ...	3058	431	3489	31	648	679	2129	148	1839	74	1913

* This includes 125 children treated at this office on Saturday mornings.

† This includes 151 Permanent teeth extracted at office clinics.

‡ This includes 86 Temporary teeth extracted at office clinics.

(f) *Orthopaedic and Postural Defects*.—No organised scheme for the treatment of these defectives is in operation in the Administrative County. Assistance is, however, given by the Education Committee in certain cases and during 1933 surgical appliances were provided for 2 children, while travelling expenses were allowed in 2 cases where it was necessary for the children to attend hospital for treatment. In addition, one child has been maintained in a special institution during the year.

(g) *Heart Disease and Rheumatism*.—No treatment is provided by the Education Committee for this condition. All cases are referred to their own Doctor for any treatment that may be necessary.

(h) *Tuberculosis*.—Every case of Tuberculosis is referred to the Tuberculosis Officer who arranges for the necessary treatment. The number of children who have received treatment in Sanatoria or Hospitals during the year will be found in Table III. of the statistics.

(i) *Other Defects and Diseases*.—Travelling expenses were paid for attendance at hospital in three cases—two for hernia, and one for phimosis.

8. Infectious Diseases.

I again include a Table of infectious Diseases showing the incidence in various months of the year. Generally, there has been a larger number of children suffering from infectious disease than in the previous year.

The most noticeable feature, perhaps, is the very few children in this area who suffered from Diphtheria in the twelve months, an attack rate of .5 per 1,000; 12 cases only were reported altogether. There was no real outbreak of Diphtheria in any school—five cases occurred at Beccles, three at the National, and two at Ravensmere School; there were five schools at which single cases occurred.

Scarlet Fever was a little more prevalent than the year before, there being 126 cases reported, roughly, an increase of 20%. 45 schools in all were concerned; Holbrook Vol., with a roll of 218, had the greatest number, viz.:—14 cases; Helmingham School reported 12 cases and Orford School 10. No other school obtained double figures, while 20 schools had one single case only. This condition continued to be extremely mild and on that account difficult to diagnose; it is common for a School Nurse to find children peeling and attending School who have had an illness of a day or so with slight sore throat which had not given the parents any anxiety and no Doctor had attended.

The experience of this year and the past year shows the low infectivity of this disease, or perhaps the immunity that exists amongst the school population.

Measles was prevalent in the County in 1933, while the year before it was an uncommon condition; the number of cases increased from 140 to 1,040, with an attack rate of 43.66 per 1,000, the number of schools affected being 61.

The number of cases of Chicken-pox almost doubled in 1933. The attack rate for Influenza rose from 22 in 1932 to 165 in 1933; whether this was true Influenza or ordinary infectious coughs and colds it is not possible to say.

The usual routine precautions were taken during the year to prevent the spread of infectious diseases in the schools. When Diphtheria is epidemic much swabbing of the children of classes, or even the whole School, may be carried out, but in 1933 there was no necessity to do this; the whole-time School Nurses visited all the Schools where cases occurred and the homes of absent children. The same procedure was carried out for Scarlet Fever and as far as this disease was concerned some cases were detected by the School Nurse which had escaped previous recognition. Neither "Schick" testing and immunisation against Diphtheria, nor "Dick" testing and immunisation for Scarlet Fever, have been undertaken in this area.

The exclusion of non-immunes for Measles during the probable period of infectivity expected by infection by the first case, or cases, has been proceeded with as usual and 1,647 children of school age who were non-immune were excluded during the year. The exclusion of non-immune children for Measles is disappointing; in a great percentage no further cases followed and, hence, this exclusion might be considered as wasted. If exclusion had prevented other outbreaks extending this, perhaps, would have been worth while, but here again the exclusion has only upon rare occasions had this effect and in spite of exclusion—and sometimes in spite of two periods—the disease has often spread with rapidity. Theoretically exclusion is good, practically it helps little.

During 1933 children under the legal school age of five years were excluded from school on account of the following infectious diseases :—

	No. of Schools.	No. of children excluded.
Whooping Cough	25	101
Scarlet Fever	21	109
Measles	29	116
Diphtheria	4	46

School Closures.—While two Schools only were closed in 1932, 12 were closed in 1933. One closure was made by the Local Authority upon the advice of their Medical Officer of Health, to prevent the spread of Scarlet Fever; this closure was, therefore, out of the hands of the Education Committee.

One school was closed for disinfection for Scarlet Fever as 123 children were absent out of 204. In my opinion disinfection is of little or no value in preventing the spread of infectious disease, Scarlet Fever being, I believe, spread by droplet infection, either by carriers of the disease or children suffering from the disease in an unrecognised form. Faith in the efficacy of disinfection, particularly fumigation, in preventing the spread of infectious disease is still firmly fixed in the lay mind and this procedure allays to some extent the fear of Scarlet Fever which, though at present usually a mild disease, still maintains the old reputation which it rightly held in the past.

Kelsale School was closed because there was a marked outbreak of Influenza in the village. The Correspondent saw me personally and pointed out that where children were still attending school the parents were in many instances ill and were unable to prepare meals and make the children ready for school; under the circumstances it appeared in this case to be wise to close.

In the other cases of closure the schools were so small that the infectious disease practically emptied them and, therefore, the schools were closed as a matter of convenience.

Table of Infectious Diseases, showing number of cases reported, and attack rate per 1,000, calculated on average monthly roll (Elementary Schools only).

MONTH	CHICKEN-POX		DIPH-THERIA		INFLUENZA COUGHS OR COLDS		MEASLES		MUMPS		SCARLET FEVER		TONSILLITIS AND SORE THROATS		WHOOPING COUGH		GERMAN MEASLES		SKIN AND OTHER DISEASES					
	No. of Cases	Attack Rate per 1000	No. of Cases	Attack Rate per 1000	No. of Cases	Attack Rate per 1000	No. of Cases	Attack Rate per 1000	No. of Cases	Attack Rate per 1000	No. of Cases	Attack Rate per 1000	No. of Cases	Attack Rate per 1000	No. of Cases	Attack Rate per 1000	No. of Cases	Attack Rate per 1000	IMPETIGO	RINGWORM	SCABIES	Attack Rate per 1000	No. of Cases	Attack Rate per 1000
JAN. 23679	33	1.40	1	.04	3138	132.52	101	4.27	1	.04	15	.63	14	.59	91	3.84	1	.04	11	.46	1	.04	9	.38
FEB. 23638	40	1.69	—	—	800	33.84	122	5.14	2	.08	4	.17	13	.55	45	1.9	—	—	1	.04	2	.08	1	.04
MAR. 23628	61	2.58	1	.04	—	—	131	5.54	—	—	5	.21	—	—	64	2.79	1	.04	4	.17	2	.08	4	.17
APRIL 23710	37	1.56	—	—	—	—	190	8.01	—	—	10	.42	2	.08	40	1.69	—	—	—	—	—	—	3	.13
MAY 23917	103	4.35	2	.08	—	—	209	8.74	4	.17	5	.21	—	—	72	3.01	—	—	—	—	1	.04	9	.38
JUNE 23962	33	1.38	—	—	—	—	115	4.80	2	.08	12	.5	—	—	29	1.21	7	.29	7	.29	1	.04	—	—
JULY 23971	19	.79	1	.04	—	—	108	4.51	10	.42	14	.58	—	—	53	2.21	4	.17	4	.17	2	.08	1	.04
SEPT. 23969	27	1.13	3	.13	—	—	25	1.04	1	.04	14	.58	—	—	45	1.88	3	.13	12	.5	—	—	5	.21
OCT. 23883	94	3.95	3	.13	—	—	11	.46	4	.17	11	.46	14	.59	26	1.09	12	.5	6	.25	1	.04	—	—
NOV. 23860	81	3.39	1	.04	—	—	—	—	5	.21	21	.88	15	.63	28	1.17	6	.25	11	.47	—	—	—	—
DEC. 23804	140	5.88	—	—	—	—	28	1.18	6	.25	15	.63	2	.08	2	.08	2	.08	8	.33	—	—	2	.08
TOTALS 1933 1932	668 372	28.04 15.3	12 46	.5 1.89	3938 994	165.32 27.22	1040 140	43.66 5.85	35 141	1.47 5.96	126 105	5.29 4.32	60 28	2.52 1.14	495 478	20.78 19.9	36 30	1.51 1.19	64 190	2.69 7.92	10 —	.42 —	34 —	1.41 —

9. Open Air Education.

In many of the schools in hot weather classes are arranged out of doors. All schools erected in the County during the last five years have been built upon somewhat open air lines and very adequate ventilation and sunlight can be obtained when all the windows are opened.

10. Physical Training.

STAFF.

<i>Chief Organiser</i>	....	....	....	Mr. W. Tye.
<i>Assistant Organisers</i>	(North County)	....	....	Mr. J. Walker.
"	" (South County)	....	....	Miss W. M. Saunders.
"	" (Central County)	....	....	Miss E. B. Davis.

The report of the Organiser of Physical Training will be found in the appendix of this Report. The only association between the Medical Inspection and the Physical Training Departments, other than the inclusion of the Organiser's report in mine, is the reference of certain scholars suffering from remedial defects, by the School Medical Officers to the Instructors of Physical Training, for suitable exercises.

11. Provision of Meals.

(i) *Warming up of meals brought to School by Children.*—There is no special scheme for this purpose operating in this area.

(ii) *Supervision of children during meals.*—The children remain in School for their mid-day meal during the winter months; in the summer, when the weather is suitable, the meal is eaten in the playground. It is usual for one of the School Teachers to supervise the children during this meal.

(iii) *Service of Meals.*—The following School Canteens were in existence during the year :—

Elementary School Canteens.

<i>No. on Roll.</i>	<i>School.</i>	<i>No. of dinners.</i>		
		1931.	1932.	1933.
336	Felixstowe Central (Spring term only)	1506	—	—
165	Fressingfield (part Spring and part Christmas terms)	1814	1084	3774
427	Halesworth (Spring and Christmas terms)	5953	6979	6095
171	Haughley (all the year)	7064	7515	8260
134	Helmingham (all the year)	11559	11818	9880
103	Henham (Spring term only)	1541	—	—
292	Kesgrave (all the year)	4040	20604	19810
316	Leiston (all the year)	8597	6868	6575
322	Pakefield (all the year)	3187	12620	16757
116	Rendham (Spring and Christmas terms)	8442	8850	7580
287	Reydon (all the year)	New School	32265	39900
215	Shotley (all the year)	5551	10404	12290
196	Trimley St. Martin (Spring and Christmas terms)	7771	6222	7602
174	Witnesham (Spring and Christmas terms)	5791	7989	9038
		72816	133218	147561

Provision of Meals.—No fresh canteens have been started this year, though there has been an increase in the number of dinners served in the canteens existing during that period. It is disappointing to me that there is an apparant lag in the provision of these most necessary institutions; in an ideal state there would be a canteen at every school, but this probably could never occur; that canteens exist in 12 schools only out of the 234 Elementary Schools in the County shows how severely limited the scheme is at the moment.

There is, of course, a reason why there is no canteen in a number of the Central Schools :—

Wickham Market, where a new school is being built, and Holbrook, where a large addition is being made, will soon possess a canteen as necessary accommodation is being provided for this. Orford Vol. School will be in a position to provide a canteen in the course of a year or so when a Special Subject Centre is established and premises for cooking and dining purposes available. A number of the Central Schools are developed as such, but attract very few children as yet from an outside area. At some of the Schools, such as Beccles and Stowmarket, scholars almost invariably come from the town.

At Felixstowe Central School provision was made for a canteen, but this was not self-supporting owing to the small number of children requiring dinners.

Whether the existence of a canteen should depend upon its capacity for self-support is not for me to decide, but from a medical point of view I think it is unfortunate that children who were prepared to dine at the School Canteen were denied the privilege owing to the financial failure of the scheme. It would be reasonable to allow a definite period when a financial loss might be incurred because it is necessary in many cases to prove to the parents the value of canteen meals, and in those areas where no such provision has ever been available before, it naturally takes some time for the advantage to be realised and for financial success to be achieved.

The lack of a canteen in a Central School which appears to me to be most noticeable is that of Debenham Vol., which attracts 29 pupils from the districts around.

Secondary School Canteens.—The same Schools providing canteens last year continued to do so in 1933, but there has been no addition; the only alteration is an increase in the number of dinners provided at the respective Schools.

Secondary School Canteens.

The following table gives information relating to canteens during the year. The canteens are open all the year round.

<i>No. on Roll.</i>	<i>School.</i>	<i>Total No. of dinners served during year.</i>	
		1932.	1933.
147	Beccles Sir John Leman	13302	12273
87	Eye Grammar	11607	12047
267	Felixstowe County Secondary	6419	7582
173	Leiston County Secondary	4455	6117
220	Stowmarket County Secondary	7966	9464

The Secondary Schools in the area where no canteen is provided are :—

Bungay Grammar.
Framlingham Mills Grammar.

Milk Clubs.—The following figures have been obtained from the Secretary's Report, No. 105 :—

	1931/32.		1932/33.	
	No. of Clubs.	No. of Children served.	No. of Clubs.	No. of Children served.
Milk Clubs	32	1463	34	1049
Horlick's Malted Milk Clubs	53	2931	53	2501
Cocoa Clubs	55	1571	71	1940
TOTAL	140	5965	158	5490

The number of clubs in 1932/33 was more than the previous year by 18, but the number of children served was less by 475—the fall being from about 6,000 to 5,500—roughly, one-quarter of children on the school roll are members of clubs supplying milk, Horlick's malted milk, or cocoa.

It is unfortunate that the number of children served with milk decreased by 414, this beverage suffering the largest percentage fall, viz. :—28.3%. I should prefer all the clubs to supply milk, boiled for safety; however, this article cannot compete against malted milk or cocoa on account of its higher cost, though I believe it to be worth the small additional charge. If the price of milk issued to school children were reduced these clubs would increase in number and a larger consumption of milk would take place to the great benefit of the children.

There was a big fall in the number of children served with Horlick's malted milk, *i.e.*, 430, or 14.6%; while those served with cocoa increased by 369—a percentage of 23.4%.

To those Teachers who say that children tire quickly of milk I suggest that a very small addition of cocoa would make it palatable. I cannot understand why one Teacher should report, "the children enjoy their morning milk and seem much refreshed after it," while another states, "children quickly tire of milk." Children in mass do not vary in this way and personally I feel that some other cause must be responsible for the failure of milk in one place and the success in another.

12. Co-operation.

(a) *Co-operation of School Attendance Officers.*—The co-operation between the School Medical and Attendance Departments remains as heretofore.

The names of all children said to have been absent from School for medical reasons for one whole term are submitted to me by the School Attendance Department. This list is examined and the

Schedules of the children are considered, and I advise the Attendance Department what action is desirable in these particular cases.

During 1933 the names of 14 children were removed from the School register on account of permanent unfitness, and 94 exclusion notices were issued, the period of exclusion varying from one week to twelve months. The majority of the children permanently excluded are mental defectives who come into the "C" category. That is to say they are either idiots or imbeciles.

The School Attendance Officers continue to investigate the financial circumstances of children requiring treatment under the Committee's scheme, and to assist the parents by giving information as to the best route to Hospital, *e.g.*, bus or rail; they also undertake the collection of payments when these are due.

Under the School Attendance Bye-Laws whereby the School-leaving age of children is raised to 15 years, the medical schedules of children applying for exemption from School attendance are scrutinised. During the year 59 applications for exemption were deferred on medical grounds or subject to the applicants returning to school for a further medical examination, or obtaining the medical treatment advised, with the following results:—

Cases where the Treatment recommended was obtained, or the necessary Medical Examinations carried out, and Exemptions subsequently granted	51
Cases in which Exemption was definitely refused	2
Cases in which the application for Exemption was withdrawn	—
Cases outstanding at the end of 1933	6

(b) *Co-operation of Voluntary Bodies.*—I always have much pleasure every year in acknowledging the great assistance that is always so willingly placed at the disposal of this Department by the National Society for the Prevention of Cruelty to Children.

Inspector Offord, who is stationed at Ipswich, and who has administered the greater proportion of the Society's work in the Committee's area, will retire in 1934. I have had the pleasure of working in co-operation with Inspector Offord now for over ten years; he has invariably given me every help that has been within his power and has furthered the work of the School Medical Service very considerably, and much necessary medical treatment has been carried out for school children because of his efforts. I shall miss, in the future, Inspector Offord's kindly help and wise advice. To fill his place with another possessing so many sterling qualities will be a task of magnitude.

The following relates to the work undertaken by the Society during the year.

Families referred to N.S.P.C.C. were dealt with as follows:—

- 15 cases of neglect—visits paid.
- 5 cases of defective vision—spectacles provided.
- 1 case of defective vision—still under supervision.
- 2 cases of defective vision—parents consented to refraction—Glasses not advised.
- 1 case Adenoids and Enlarged tonsils—received operative treatment.
- 2 Adenoid and Enlarged Tonsil cases—still under supervision.
- 2 Immoral surroundings.
- 1 Otitis media—under supervision.

(c) *Co-operation of Parents.*—Parents of children are invariably encouraged to attend routine medical inspections of their children and a considerable proportion of mothers are present at the visit of the School Medical Officers.

(d) *Co-operation of Teachers.*—I should like to thank the Teachers of the County for the great assistance they have given to the School Medical Service during the past year. The co-operation of Teachers given, or withheld, can make or mar the success of this Service; the attitude of the Teachers towards this work—particularly in a rural school—influences greatly the acceptance or refusal of medical or dental treatment by parents for their children. I should particularly like to thank the Teachers of those Schools that I reported last year as having a high percentage of verminous children for the efforts they have made to reduce this percentage and note the success that has resulted.

In another part of the Report I include a list of the Schools where 100% acceptances for dental treatment have been returned; this, I believe, reflects great credit upon the Teachers of the Schools concerned.

13. Blind, Deaf, Defective and Epileptic Children.

The method of dealing with physically defective children is accounted for in other parts of the Report; these are ascertained at routine or special inspection and the appropriate line of treatment recommended.

Mentally Defective Children.—The Teachers in the Schools annually return to the Department the names of all children whom they consider to be mentally retarded; these children are seen by the School Medical Officers and in every case when they are educationally retarded by three years, a mental examination is performed.

It has been convenient to take the intelligent quotient as the criterion for deciding whether a child should be considered as educationally feeble-minded and until last year the original standard, an intelligent quotient of 75%, taken when this work commenced was adhered to; last year, however, I decided to lower this quotient and now only those cases are notified whose intelligent quotient is below 70%, or where a higher intelligent quotient is accompanied by marked social delinquency. This, of course, has the effect of reducing the number of ascertained children and the decrease is noticeable in the figures for 1933, the number on the register having dropped by 36, and the number ascertained less by 22; the number certified as feeble-minded in the year is less by 64, but the dull and backward figure has increased by 52.

One reason for the large figures of 1931/32 was the institution of the annual returns by Head Teachers which resulted in a certain amount of certification occurring that should in the normal course of events have taken place earlier.

The following Table is an analysis of the mentally defective children ascertained in the County during the last five years :—

YEAR.	Number of Feeble-minded children on Register at end of year.	Number of children ascertained during year.	Certified as imbeciles.	Certified as idiots.	Certified as Feeble-minded.	Ascertained to be dull and backward.
1928	237	66	3	4	50	9
1929	269	91	15	2	63	11
1930	294	123	12	5	76	30
1931	355	417	16	1	140	260
1932	406	366	17	4	144	201
1933	370	344	10	1	80	253

The ascertainment of feeble-minded children in the County is approximately 15.5 per 1,000 of the school population.

It is impracticable in a rural area seriously to consider educating feeble-minded children in special residential schools ; the cost would be overwhelming and the return for the expenditure not worth while. A great majority of these children who educationally may be considered to be feeble-minded are able to maintain themselves in after-life by undertaking work of a simple nature, and they are sufficiently adaptable socially to remain outside the group of defectives coming within the scope of the Mental Deficiency Acts.

No arrangements are made for supervising mentally defective children while they attend Elementary Schools other than the attention given to them by the School Medical Officer when he visits the School. When the children arrive at school leaving age they are kept under supervision by the Officers of the Suffolk Mental Welfare Association until they have reached the age of 16 years ; this has been achieved by the appointment of these Officers as Honorary School Nurses, and in this way full information concerning children who are feeble-minded in the Schools is in the hands of this Association.

This Authority has no special school of its own. During the year four children were maintained at special residential schools at the expense of the Education Committee. The arrangements for the after-care of mentally defectives are made by the Suffolk Mental Welfare Association and no records of their after-careers are kept in this Department. The children who are sent to special schools are invariably socially unfitted to be educated in an Elementary School and on that account the majority of them so educated remain in the Institution after the Education Committee have no further responsibility on their behalf.

14. Full-time Courses of Higher Education for Blind, Deaf, Defective and Epileptic Students.

All children in the Schools who are found to be deaf, or blind, within the meaning of the Act are sent to special residential institutions. During 1933 three blind and ten deaf children were resident at the East Anglian Institution at Gorleston, and one deaf child at Margate, making a total of 3 blind and 11 deaf children being educated at Special Schools.

It was not found necessary to provide residential institutional treatment for any child who was epileptic. No courses for these children were provided by the Authority.

Once a child has been certified as blind, or deaf, and sent to a Special School no further information is received by my Department, nor can the Education Department give me much information concerning those persons who have left Training Schools.

Of the three blind cases :—

- 2 were in training.
- 1 had declined Scholarship.

Of the seven cripple cases :—

- 1 was in training.
- 1 was articled to a firm for training in upholstery.
- 1 was found employment in a County Public Assistance Institution after a year's training in shorthand, typewriting, etc.
- 2 cases suitable training could not be arranged owing to the disability of the scholars.
- 1 case a knitting machine has been supplied, but no work has been obtained.
- 1 case—parent declined Training Scholarship.

15. Nursery Schools.

Nil.

16. Secondary Schools.

(a) *Medical Inspection.*—There are seven Secondary Schools in this area, viz. :—

- 5 Mixed Secondary Schools.
- 1 Girls' Secondary School.
- 1 Boys' Secondary School.

A full routine medical inspection is performed on behalf of all secondary school children annually; this is a requirement of the Board of Education and I would refer you to my Report for 1932 which indicates what I consider to be the shortcomings of this method.

The following Table gives comparative figures for the past five years :—

	1929.	1930.	1931.	1932.	1933.
Routines	889	942	944	951	1026
Specials	—	—	5	6	9
Re-exams.	29	22	40	54	29
Totals	1118	964	989	1011	1064

(b) *Following-up and Medical Treatment.*—Defects are not followed up by the Medical Officers because the time is not available for this work owing to the vast expenditure of time necessitated by routine examinations and the large number of scholars involved, most of whom are in good health.

The treatment of Secondary School scholars provided under arrangement with the Education Committee is identical with that provided for Elementary School children, and is available for all pupils.

Findings of Medical Inspection.

Review of facts disclosed by Medical Inspection.—The defects disclosed are set out in detail in Table IIA, and are summarised below :—

(a) *Minor Ailments.*—A detailed account of all conditions under this heading will be found in Table II.

(b) *Tonsils and Adenoids.* See Table (b) below.

(c) *Tuberculosis.*—The figures for Tuberculosis will be found in Table IIA. The following table shows the number of children in contact with cases of Tuberculosis who were examined.

	1933.	1932.	1931.
No. of children examined	12	16	13
No. of children diagnosed as definite cases of Tuberculosis	Nil.	Nil.	Nil.
No. of children suspected to be suffering from Tuberculosis	Nil.	Nil.	Nil.

(d) *Skin Diseases.*—The number of cases and the differentiations will be found in Table II.

(e) *External Eye Diseases.*—Particulars of these cases are given in Table II.

(f) *Vision.*—The number of cases of defective vision found to require treatment was 48, compared with 75 for the previous year.

(g) *Ear Disease and Hearing.*—The number of these cases ascertained is included in Table II.

(h) *Crippling Defects.*—The number of these cases ascertained was 97, of which 52 were due to spinal curvature and 45 to other forms (see Table II).

Medical Treatment.

(a) *Children suffering from Minor Ailments* were referred to their private practitioners where necessary. The number of defects treated during the year will be found in Table IV., Group 1.

(b) Tonsils and Adenoids.—

Year.	Referred for treatment.	Observation cases.	Treated through Ed. Ctte.	Treated on own responsibility	Total number treated.
1927	5	32	—	—	—
1928	11	41	3	2	5
1929	15	19	1	2	3
1930	13	27	—	—	—
1931	15	26	4	6	10
1932	2	24	—	4	4
1933	2	16	—	—	—

Only two children were referred for treatment for tonsils and adenoids, and neither of these received this during the year.

(c) Vision.

Year.	No. of cases Refracted.	No. of children for whom spectacles were prescribed.			No. of children who obtained spectacles.		
		(a) Through Ed. Ct's Scheme.	(b) Otherwise.	Total.	(a) Through Ed. Ct's Scheme.	(b) Otherwise.	Total.
1930	34	21	4	25	16	4	20
1931	56	43	15	58	26	15	41
1932	62	42	6	48	32	6	38
1933	42	33	2	35	25	4	29

The percentage of children who were recommended for spectacles and obtained them was considerably higher than last year.

RURAL PUPIL TEACHER CENTRES.**A. Medical Inspection.**

There are five Rural Pupil Teacher Centres in the County, all of which are provided by the Education Committee. A full routine medical inspection of the Pupil Teachers is performed annually.

The following Table gives comparative figures for the past five years :—

	1929.	1930.	1931.	1932.	1933.
Routines	52	21	33	46	63
Specials	—	—	—	3	1
Re-exams.	—	—	—	2	2
Totals	52	21	33	51	66

B. Following-up and Medical Treatment.

Where Rural Pupil Teachers are concerned no arrangements are made for the following-up of defects discovered at Medical Inspections. The treatment of Rural Pupil Teachers, provided under arrangement with the Education Committee is identical with that provided for Elementary School children, and is available for all Rural Pupil Teachers.

17. Parents' Payments.

Payment for treatment is decided upon a scale which has been set out by the Committee; this is graduated and the payment, if any, that is made depends upon the relation of the financial circumstances of the family to the scale.

18. Health Education.

School Dental Work.—In this modern world propaganda is a most popular way of endeavouring to achieve an end, and this has largely been employed in the furtherance of medical and dental treatment. I have always believed that propaganda is useful up to a point, but I have never thought that it carried with it that tremendous influence many people attribute to it; therefore, it was with much interest that I obtained figures of acceptances of dental treatment before and after a dental exhibition had visited a series of schools in this County.

The Dental Board of the United Kingdom very kindly, free of charge to the Committee, except for payment of travelling expenses between the various schools, arranged for a Demonstrator to visit seven schools in the area and to take with her a dental exhibition; there is no doubt that the Demonstrator was most suitably equipped in every way for the task she undertook and she was able to create amongst the children who attended a very lively interest in what she had to say and to show—I understand that the dental exhibits were excellent; in fact, this agency for spreading the proper knowledge of dental hygiene was most ably conceived and could be taken as a model.

As I have said, the children's attention was most actively aroused and yet when the figures were inspected it was found that in the schools visited the aggregate acceptances in 1932, *i.e.*, before the exhibition, amounted to 63.6%, while in 1933 the figure was returned as 64.8%, so that practically no change appears to have been effected by this very popular and efficient propaganda carried out so generously by the Dental Board.

I think there is a good reason for this. Had the children's attention been continually directed towards dental hygiene by some means or another, had they constantly had lectures from the Demonstrator and examined the exhibits, so that the question of dental hygiene had not been lost sight of, then it is possible that some real improvement might have been observed in the percentage of children accepting treatment. A child's interest is roused easily, but it quickly ebbs. The matter too, I think, is psychological; the healthy child naturally assumes good health to be a normal condition and anticipates no variation and, therefore, is not inclined to take deeply to heart warnings of the dire things that may happen unless certain rules of life are followed. To a child, cleaning teeth takes up time and may be looked upon as a nuisance, it is very likely to be omitted unless insisted upon by parents, and where there is a large family the parents

have so much to do that teeth cleaning has not much chance of receiving attention.

Again, when dental treatment is advised by the School Dentist and the child has suffered no pain, the child and his parents—especially when there is no decay visible to the naked eye—are inclined to let things slide and to refuse treatment; often it is only when an aching tooth draws the immediate attention of the child to dental disease that treatment is anxiously sought.

The School Teacher has far more influence and effect in this direction than any spasmodic propaganda can have, and were I a school teacher I should be inclined to stress, perhaps not so much the benefit to health of a good set of teeth, but in the case of both boys and girls I should appeal to vanity. As far as girls were concerned I should emphasise what an aid to beauty is a natural set of good teeth and how such a possession carries with it an enhanced matrimonial value. In the case of boys I should lay stress upon the beneficial effect that good teeth have upon physical strength which, although this may not be strictly true, might well be effective.

SCHOOL LECTURES.

During the year twenty-seven lectures were given to girls of over twelve years of age.

Three lectures were given in each School, with the exception of Bramford and Needham Market, and the time occupied was from half to three-quarters of an hour each week.

In the following Schools the lectures given were as follows:—

Stowmarket Council School	....	Personal Hygiene.
" " "	....	Mothercraft.
" " "	....	Home Nursing.
Leiston Council School	....	Personal Hygiene.
" " "	....	Mothercraft.
" " "	....	Home Nursing.
Bramford School	....	Personal Hygiene.
" " "	....	Mothercraft.
Needham Market School	....	Personal Hygiene.
" " "	....	Mothercraft.
Beccles Council School	....	Personal Hygiene.
" " "	....	Mothercraft.
" " "	....	Home Nursing.
Reydon School	....	Personal Hygiene.
" " "	....	Mothercraft.
" " "	....	Home Nursing.
Aldeburgh Council School	....	Personal Hygiene.
" " "	....	Mothercraft.
" " "	....	Home Nursing.
Wrentham School	....	Personal Hygiene.
" " "	....	Mothercraft.
" " "	....	Home Nursing.
Kesgrave School	....	Personal Hygiene.
" " "	....	Mothercraft.
" " "	....	Home Nursing.

The girls were keenly interested in each subject. In addition, a Film, "The Ways of Life," which was lent by the British Social Hygiene Association, was shown to both boys and girls. Film lectures were given in the following schools:—Kesgrave, Stowmarket, Bramford, Needham Market and Reydon.

M. F. CHALMERS,

Superintendent School Nurse.

19. Special Enquiries.

Nil.

20. Miscellaneous.

During the year the following were examined by the Medical Staff :—

Supplementary Teachers	....	....	....	3
Student Teachers	....	....	....	36
Rural Pupil Teachers	....	....	....	19
Scholarship Holders	....	....	....	91
Special Reports upon Teachers	....	....	....	—

In 3 instances special reports were made concerning exceptional children recommended for Institutional treatment.

Certification of Blind Persons.—31 cases were examined, all of which were certified as blind.

Employment of Children and Young Persons.—I give the figures that have been presented to me by the Education Committee; there appears to be a considerable fall in the number of children employed, particularly in delivery of newspapers. In all cases where I am able to ascertain that children are being employed illegally I notify the Secretary of the Education Committee.

The following are the numbers of children registered on the 31st December, 1933 :—

Children between 12 and 14 years of age registered as employed out of School hours				Total 206	
				Boys.	Girls.
Number working between 7 a.m. and 8 a.m.				74	2
Occupations of the 76 children working one hour before School :—					
Delivery of Newspapers	....	....	....	35	—
Delivery of Milk	....	....	....	6	—
Delivery of Bread	....	....	....	—	—
Errands	....	....	....	13	—
Farm Work	....	....	....	4	1
Housework	....	....	....	14	1
Garden Work	....	....	....	2	—
Domestic Work	....	....	....	—	—
				74	2
				—	—

EAST SUFFOLK COUNTY EDUCATION COMMITTEE.
MEDICAL INSPECTION RETURN, 1933.
ELEMENTARY SCHOOLS.

TABLE I.

Return of Children Inspected 1st January, 1933, to 31st December 1933.

A.—ROUTINE MEDICAL INSPECTIONS.	
NUMBER OF CODE GROUP INSPECTIONS :—	
Entrants	3001
Intermediates	2329
Leavers	2892
Total	8222
Number of other Routine Inspections	Nil.
B.—OTHER INSPECTIONS.	
Number of Special Inspections	706
Number of Re-Inspections	8856
Total	9562

TABLE II.

A.—Return of Defects found by Medical Inspection in the year ended 31st December, 1933.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	Number of Defects.		Number of Defects.	
	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.
(1)	(2)	(3)	(4)	(5)
Malnutrition	—	68	—	5
Skin :				
Ringworm : Scalp	8	7	1	1
Body	3	5	1	2
Scabies	4	—	2	1
Impetigo	5	1	21	1
Other Diseases (non-Tuberculous)	24	24	10	4
Eye :				
Blepharitis	12	9	2	1
Conjunctivitis	—	2	—	—
Keratitis	—	—	—	—
Corneal Opacities	—	1	—	—
Defective Vision (excluding Squint)	262	655	80	38
Squint	9	10	6	1
Other Conditions	2	3	2	2

(1)	(2)	(3)	(4)	(5)
Ear : Defective Hearing	1	15	2	5
Otitis Media	8	13	2	6
Other Ear Diseases	3	6	3	1
Nose & Throat : Enlarged Tonsils only	76	323	15	18
Adenoids only	10	24	3	4
Enlarged Tonsils and Adenoids....	12	22	1	3
Other Conditions	3	16	—	3
Enlarged Cervical Glands (non-Tuberculous)	—	28	1	7
Defective Speech	—	22	—	2
Heart & Circulation : Heart Disease :—				
Organic	3	47	1	2
Functional	2	60	—	4
Anaemia	6	16	2	1
Lungs : Bronchitis	19	73	2	2
Other Non-Tuberculous Diseases	—	13	2	2
Tuberculosis : Pulmonary :—				
Definite	—	3	—	—
Suspected	—	3	—	—
Non-Pulmonary: Glands	2	28	—	3
Bones and Joints	—	14	—	—
Skin	—	—	—	—
Other Forms	—	7	—	1
Nervous System : Epilepsy	1	14	—	2
Chorea	—	6	1	2
Other Conditions	3	20	—	5
Deformities : Rickets	—	5	—	—
Spinal Curvature	4	21	—	3
Other Forms	2	22	2	3
Other Defects and Diseases	51	399	11	102

B.—Number of INDIVIDUAL CHILDREN found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).

GROUP.	NO. OF CHILDREN.		Percentage of Children found to require treatment.
	Inspected.	Found to require treatment.	
(1)	(2)	(3)	(4)
Code Groups :—			
Entrants	3,001	160	5.33
Intermediates	2,329	188	8.07
Leavers	2,892	163	5.64
Total (Code Groups)	8,222	511	6.22
Other Routine Inspections	—	—	—

TABLE III.

Return of all Exceptional Children in the Area.

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

i.e., Any combination of Total Blindness, Total Deafness, Mental Defect, Epilepsy, Active Tuberculosis, Crippling (as defined in the penultimate category of the table), or Heart Disease.

Number of children suffering from any combination of the above defects	4
---	---

BLIND CHILDREN.

Suitable for training in a School for the totally blind.

At Certified Schools for the Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
2	—	—	—	2

PARTIALLY BLIND CHILDREN.

Suitable for training in a School for the partially blind.

At Certified Schools for the Blind	At Certified Schools for the Partially Blind	At Public Elementary Schools	At other Institutions.	At no School or Institution.	Total.
1	—	6	—	—	7

DEAF CHILDREN.

Suitable for training in a School for the deaf.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
9	—	—	—	9

PARTIALLY DEAF CHILDREN.

Suitable for training in a School for the partially deaf.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	3	—	—	3

TABLE III,—*continued.*

MENTALLY DEFECTIVE CHILDREN.

Feeble-Minded Children.

At Certified Schools for mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
3	285	—	82	370

EPILEPTIC CHILDREN.

Children suffering from Severe Epilepsy.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	—	4	4

PHYSICALLY DEFECTIVE CHILDREN.

i.e., children who, by reason of physical defect, are incapable of receiving proper benefit from the instruction in the ordinary Public Elementary School but are not incapable of receiving benefit from instruction in a Special School.

A. TUBERCULOUS CHILDREN.

Cases diagnosed as tuberculous and requiring treatment for Tuberculosis at a Sanatorium, Dispensary or elsewhere.

I.—CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS

(Including pleura and intra-thoracic glands).

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	—	2	2

II.—CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS.

(i.e., tuberculosis of all sites other than those shown in (1) above.)

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	12	5	7	24

TABLE III.—*continued.*

B. DELICATE CHILDREN.

Children whose general health renders it desirable that they should be specially selected for admission to an Open-Air School.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	86	—	4	90

C. CRIPPLED CHILDREN.

Children who are suffering from a degree of crippling sufficiently severe to interfere materially with their normal mode of life.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	46	—	3	50

D. CHILDREN WITH HEART DISEASE.

Children whose defect is so severe as to necessitate the provision of educational facilities other than those of a Public Elementary School.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	1	—	3	4

*Statement of the Number of Children notified during the year ended
31st December, 1933, by the Local Education Authority to the Local
Mental Deficiency Authority.*

Total number of children notified, 16.

Analysis of the above Total.

DIAGNOSIS.	BOYS.	GIRLS.
1. (i) Children incapable of receiving benefit or further benefit from instruction in a Special School :—		
(a) Idiots	—	2
(b) Imbeciles	8	3
(c) Others	—	—
(ii) Children unable to be instructed in a Special School without detriment to the interests of other children :—		
(a) Moral defectives	—	—
(b) Others	—	—
2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16	2	1
3. Feeble-minded children notified under Article 3, i.e., "special circumstances" cases <i>Note.</i> —No child should be notified under Article 3 until the Board have issued a formal certificate (Form 308M) to the Authority.	—	—
4. Children who in addition to being mentally defective were blind or deaf <i>Note.</i> —No blind or deaf child should be notified without reference to the Board—see Article 2, proviso (ii)	—	—
GRAND TOTAL	10	6

TABLE IV.

Return of Defects treated during the year ended 31st December, 1933.

Treatment Table.

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

DEFECT OR DISEASE. (1)	NUMBER OF DEFECTS TREATED OR UNDER TREATMENT DURING THE YEAR.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Skin :—			
Ringworm—Scalp	—	24 (2)†	*24 (2)†
" Body	—	5	5
Scabies	—	6	6
Impetigo	—	28	28
Other Skin Diseases	—	43	43
Minor Eye Defects :—			
External and other (but exclud- ing cases falling in Group II.)	—	26	26
Minor Ear Defects	—	24	24
Miscellaneous :—			
(e.g., Minor Injuries, Bruises, Sores, Chilblains, etc.)	—	58	58
TOTAL	—	214	214

* Includes 20 cases brought forward from 1932.

† Cases who received treatment under X-ray.

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

DEFECT OR DISEASE.	NUMBER OF DEFECTS DEALT WITH.			
	Under the Authority'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 (including Squint)	574	21	—	595
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	—	—	—	—
TOTAL	574	21	—	595

No. of children for whom spectacles were			
Prescribed. (1)		Obtained. (2)	
(i.) Under the Authority's Scheme.	(ii.) Otherwise.	(i.) Under the Authority's Scheme.	(ii.) Otherwise.
412	21	404	31

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

NUMBER OF DEFECTS.															
RECEIVED OPERATIVE TREATMENT.												Received other forms of treatment.	Total Number Treated.		
Under the Authority's Scheme in Clinic or Hospital.				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total.							
(1)				(2)				(3)						(4)	(5)
(i.)	(ii.)	(iii.)	(iv.)	(i.)	(ii.)	(iii.)	(iv.)	(i.)	(ii.)	(iii.)	(iv.)				
81	12	16	—	50	5	12	—	131	17	28	—	4	180		

(i.) Tonsils only. (ii.) Adenoids only. (iii.) Tonsils and Adenoids. (iv.) Other defects of the nose and throat.

Group IV.—Orthopaedic and Postural Defects.

Number of children treated						
Under the Authority's Scheme. (1)			Otherwise. (2)			Total.
Residential treatment with education. (i.)	Residential treatment without education. (ii.)	Non-residential treatment at an orthopaedic clinic. (iii.)	Residential treatment with education. (i.)	Residential treatment without education. (ii.)	Non-residential treatment at an orthopaedic clinic. (iii.)	
1	—	—	—	—	2 Provision of Surgical Boots.	3

Group V.—Dental Defects.

(1) Number of Children who were :—					Total.
(a) Inspected by the Dentist.					
	Aged	5	.....	.....	765
	"	6	.....	.....	1997
	"	7	.....	.....	2255
	"	8	.....	.....	2487
	"	9	.....	.....	2554
Routine Age Groups	"	10	.....	.....	2665
	"	11	.....	.....	2639
	"	12	.....	.....	2769
	"	13	.....	.....	3046
	"	14	.....	.....	1992
	"	15	.....	.....	710
Specials	.....	.....	.....	.....	—
Grand Total	.....	.....	.....	.....	23879
(b) Found to require treatment	.....	.....	.....	.....	12509
(c) Actually treated	.....	.....	.....	.....	6336
(2) Half-days devoted to	Inspection	158	Total	.....	848
	Treatment	690			
(3) Attendances made by children for treatment	.....	.....	.....	.....	6490
(4) Fillings	Permanent Teeth	4031	Total	.....	4138
	Temporary Teeth	107			
(5) Extractions	Permanent Teeth	108	Total	.....	5054
	Temporary Teeth	4946			
(6) Administrations of general anaesthetics for extractions	.....	.....	.....	.....	994
(7) Other operations	Permanent Teeth	1319	Total	.....	1674
	Temporary Teeth	355			

Group VI.—Uncleanliness and Verminous Conditions.

(1) Average number of visits per school made during the year by the School Nurses	.....	7.2
(2) Total number of examinations of children in the Schools by School Nurses	.....	135909
(3) Number of individual children found unclean	.....	773
(4) Number of children cleansed under arrangements made by the Local Education Authority	.....	Nil.
(5) Number of cases in which legal proceedings were taken :—		
(a) Under the Education Act, 1921	.....	Nil.
(b) Under School Attendance Byelaws	.....	1

EAST SUFFOLK COUNTY EDUCATION COMMITTEE.
MEDICAL INSPECTION RETURN, 1933.
SECONDARY SCHOOLS.

TABLE I.
A.—ROUTINE MEDICAL INSPECTIONS.

NUMBER OF CODE GROUP INSPECTIONS :—					} Secondary School Scholars Routine examined each year.
Entrants	....	....	....	....
Intermediates	....	....	....	....
Leavers	....	....	....	....
Total	....	....	....	....	1026
Number of other Routine Inspections					Nil.
B.—OTHER INSPECTIONS.					
Number of Special Inspections	....	....	....	....	9
Number of Re-Inspections	....	....	....	....	29
Total	....	....	....	....	38

TABLE II.

*A.—Return of Defects found by Medical Inspection in the year ended
31st December, 1933.*

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	NUMBER OF DEFECTS.		NUMBER OF DEFECTS.	
	Requiring (2) Treatment.	Requiring to be kept under observation (3) but not requiring Treatment.	Requiring (4) Treatment.	Requiring to be kept under observation (5) but not requiring Treatment.
(1)	(2)	(3)	(4)	(5)
Malnutrition	—	4		
Skin : Ringworm :—				
Scalp	—	—		
Body	—	1		
Scabies	—	—		
Impetigo	—	—		
Other Diseases (non-Tuberculous)	2	1		
Eye : Blepharitis	3	—		
Conjunctivitis	—	—		
Keratitis	—	—		
Corneal Opacities	—	—		
Defective Vision (excluding Squint)	46	150	1	6
Squint	1	—		
Other Conditions	2	1		
Ear : Defective Hearing	—	4		
Otitis Media	1	—		
Other Ear Diseases	1	—		
Nose and Throat :				
Enlarged Tonsils only	2	15		
Adenoids only	—	—		
Enlarged Tonsils and Adenoids	—	1		
Other Conditions	1	5		

(1)	(2)	(3)	(4)	(5)
Enlarged Cervical Glands	—	4		
(non-Tuberculous)				
Defective Speech	1	—		
Heart and Circulation :				
Heart Disease :—				
Organic	—	—		
Functional	—	12		
Anaemia	2	10		
Lungs :				
Bronchitis	—	—		
Other non-Tuberculous Diseases	—	6		
Tuberculosis :				
Pulmonary :—				
Definite	—	—		
Suspected	—	—		
Non-Pulmonary :—				
Glands	—	1		
Bones and Joints	—	—		
Skin	—	—		
Other Forms	—	—		
Nervous System :				
Epilepsy	—	—		
Chorea	—	—		
Other Conditions	—	6		
Deformities :				
Rickets	—	—		
Spinal Curvature	6	46		
Other Forms	7	38		
Other Defects and Diseases	11	12		

B.—Number of INDIVIDUAL CHILDREN found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).

GROUP. (1)	NUMBER OF CHILDREN.		Percentage of Children found to require Treatment. (4)
	Inspected. (2)	Found to require Treatment. (3)	
CODE GROUPS :—			
Entrants	} Secondary School Scholars Routine examined each year.		
Intermediates			
Leavers			
Total (Code Groups)	1,026	78	7.6
Other Routine Inspections	—	—	—

TABLE IV.

Return of Defects treated during the year ended 31st December, 1933.
Treatment Table.

Group I.—Minor Ailments.

DEFECT OR DISEASE. (1)	NUMBER OF DEFECTS TREATED OR UNDER TREATMENT DURING THE YEAR.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Skin :—			
Ringworm, Scalp	—	—	—
" Body	—	—	—
Scabies	—	—	—
Impetigo	—	—	—
Other Skin Disease	—	2	2
Minor Eye Defects :—			
External and other (but exclud- ing cases falling in Group II.)	—	5	5
Minor Ear Defects	—	2	2
Miscellaneous :—			
(e.g., Minor Injuries, Bruises, Sores, Chilblains, etc.)	—	11	11
TOTAL	—	20	20

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

DEFECT OR DISEASE. (1)	NUMBER OF DEFECTS DEALT WITH.			
	Under the Authority's Scheme. (2)	Submitted to refraction by Private Prac- titioner or at Hospital apart from the Authority's Scheme. (3)	Other- wise. (4)	Total. (5)
Errors of Refraction (in- cluding Squint)	42	2	—	44
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	—	—	—	—
TOTAL	42	2	—	44
No. of children for whom spectacles were				
Prescribed. (1)		Obtained. (2)		
(i.) Under the Authority's Scheme.	(ii.) Otherwise.	(i.) Under the Authority's Scheme.	(ii.) Otherwise.	
33	2	25	4	

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

NUMBER OF DEFECTS.													
RECEIVED OPERATIVE TREATMENT.												Received other forms of treatment.	Total Number Treated.
Under the Authority's Scheme in Clinic or Hospital.				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total.					
(1)				(2)				(3)					
(i.)	(ii.)	(iii.)	(iv.)	(i.)	(ii.)	(iii.)	(iv.)	(i.)	(ii.)	(iii.)	(iv.)	(4)	(5)
—	—	—	—	—	—	—	—	—	—	—	—	1	1

(i.) Tonsils only. (ii.) Adenoids only. (iii.) Tonsils and Adenoids. (iv.) Other defects of the nose and throat.

Group IV.—Orthopaedic and Postural Defects.

Number of children treated						
Under the Authority's Scheme. (1)			Otherwise. (2)			Total.
Residential treatment with education. (i.)	Residential treatment without education. (ii.)	Non-residential treatment at an Orthopaedic Clinic. (iii.)	Residential treatment with education. (i.)	Residential treatment without education. (ii.)	Non-residential treatment at an Orthopaedic Clinic. (iii.)	
—	—	—	—	—	—	

Group V.—Dental Defects.

(1) Number of Children who were :—					Total.
(a) Inspected by the Dentist.	Aged	5	....	....	—
	"	6	....	....	—
	"	7	....	....	—
	"	8	....	....	1
	"	9	....	....	9
	"	10	....	....	19
Routine Age Groups	"	11	....	....	64
	"	12	....	....	92
	"	13	....	....	158
	"	14	....	....	142
	"	15	....	....	124
	"	16	....	....	102
	"	17	....	....	45
	"	18	....	....	23
Specials	....	....	....	....	—
Grand Total	....	....	....	....	779
(b) Found to require treatment	....	....	....	....	346
(c) Actually treated	....	....	....	....	170
(2) Half-days devoted to	{ Inspection	7 }	Total	....	28
	{ Treatment	21 }			
(3) Attendances made by children for treatment	....	....	....	....	128
(4) Fillings	{ Permanent Teeth 198 }		Total	....	198
	{ Temporary Teeth — }				
(5) Extractions	{ Permanent Teeth — }		Total	....	12
	{ Temporary Teeth 12 }				
(6) Administrations of general anaesthetics for extractions	....			....	48
(7) Other operations	{ Permanent Teeth 70 }		Total	....	75
	{ Temporary Teeth 5 }				

EAST SUFFOLK COUNTY EDUCATION COMMITTEE.
MEDICAL INSPECTION RETURN, 1933.
RURAL PUPIL TEACHER CENTRES.

TABLE I.

A.—ROUTINE MEDICAL INSPECTIONS.

NUMBER OF CODE GROUP INSPECTIONS :—				} Rural Pupil Teachers Routine examined each year.
Entrants	....	....	....
Intermediates	....	....	....
Leavers	....	....	....
Total	....	....	....	63
Number of other Routine Inspections	....			—
B.—OTHER INSPECTIONS.				
Number of Special Inspections	....	....		1
Number of Re-Inspections	....	....		2
Total	....	....	....	3

TABLE II.

*A.—Return of Defects found by Medical Inspection in the year ended
31st December, 1933.*

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	NUMBER OF DEFECTS.		NUMBER OF DEFECTS.	
	Requiring Treatment. (2)	Requiring to be kept under observation, but not requiring treatment. (3)	Requiring Treatment. (4)	Requiring to be kept under observation, but not requiring Treatment. (5)
(1)				
Malnutrition	—	1		
Skin :				
Ringworm :—				
Scalp	—	—		
Body	—	—		
Scabies	—	—		
Impetigo	—	—		
Other Diseases	1	—		
(Non-Tuberculous)				
Eye :				
Blepharitis	—	1		
Conjunctivitis	—	—		
Keratitis	—	—		
Corneal Opacities	—	—		
Defective Vision	1	12	1	—
(excluding Squint)				
Squint	—	—		
Other Conditions	—	—		
Ear :				
Defective Hearing	—	—		
Otitis Media	—	—		
Other Ear Diseases	—	—		
Nose and Throat :				
Enlarged Tonsils only	—	—		
Adenoids only	—	—		
Enlarged Tonsils and Ade- noids	—	—		
Other Conditions	—	—		

(1)	(2)	(3)	(4)	(5)
Enlarged Cervical Glands (Non-Tuberculous)	—	—		
Defective Speech	—	—		
Heart and Circulation : Heart Disease :— Organic Functional Anaemia	— — — —	— — 1 1		
Lungs : Bronchitis Other Non-Tuberculous Diseases	— — —	— — —		
Tuberculosis : Pulmonary :— Definite Suspected Non-Pulmonary :— Glands Bones and Joints Skin Other Forms	— — — — — — — —	— — — — — — — —		
Nervous System : Epilepsy Chorea Other Conditions	— — —	— — 1		
Deformities : Rickets Spinal Curvature Other Forms	— — 1	— 2 1		
Other Defects and Diseases	—	—		

B.—Number of INDIVIDUAL CHILDREN found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).

GROUP.	NUMBER OF CHILDREN.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
(1)	(2)	(3)	(4)
Code Groups :— Entrants Intermediates Leavers	Rural Pupil each year.	Teachers Routine examined	
Total (Code Groups)			
Other Routine Inspections			
	63	3	4.76
	—	—	—

TABLE IV.

Return of Defects treated during the year ended 31st December, 1933.

Treatment Table.

Group I.—Minor Ailments.

DEFECT OR DISEASE. (1)	NUMBER OF DEFECTS TREATED OR UNDER TREATMENT DURING THE YEAR.		
	Under the Author- ity's Scheme. (2)	Otherwise. (3)	Total. (4)
Skin :—			
Ringworm :—Scalp	—	—	—
Body	—	—	—
Scabies	—	—	—
Impetigo	—	—	—
Other Skin Disease	—	1	1
Minor Eye Defects (external and other, but excluding cases falling in Group II.)	—	—	—
Minor Ear Defects	—	—	—
Miscellaneous (e.g., Minor Injuries, Bruises, Sores, Chilblains, etc.)	—	—	—
Total	—	1	1

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

DEFECT OR DISEASE. (1)	NUMBER OF DEFECTS DEALT WITH.			
	Under the Authority's Scheme. (2)	Submitted to refraction by Private Prac- titioner or at Hospital apart from the Authority's Scheme. (3)	Other- wise. (4)	Total. (5)
Errors of Refraction (in- cluding Squint)	4	—	—	4
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	—	—	—	—
TOTAL	4	—	—	4
No. of Children for whom Spectacles were				
Prescribed. (1)		Obtained. (2)		
(i.) Under the Authority's Scheme.	(ii.) Otherwise.	(i.) Under the Authority's Scheme.	(ii.) Otherwise.	
3	—	4*	—	

* Including 1 case refracted in 1932.

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

NUMBER OF DEFECTS.													
RECEIVED OPERATIVE TREATMENT.												Received other forms of treatment. (4)	Total Number Treated. (5)
Under the Authority's Scheme in Clinic or Hospital. (1)				By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)				Total. (3)					
(i.)	(ii.)	(iii.)	(iv.)	(i.)	(ii.)	(iii.)	(iv.)	(i.)	(ii.)	(iii.)	(iv.)		
—	—	—	—	—	—	—	—	—	—	—	—	—	—

(i.) Tonsils only. (ii.) Adenoids only. (iii) Tonsils and Adenoids. (iv.) Other defects of the nose and throat.

Group IV.—Dental Defects.

(1) Number of Children who were :-							Total.	
(a) Inspected by the Dentist.								
Routine Age Groups				Aged	5	—
				"	6	—
				"	7	—
				"	8	—
				"	9	—
				"	10	—
				"	11	—
				"	12	—
				"	13	—
				"	14	—
				"	15	—
				"	16	8
				"	17	18
"	18	....	....	2			
Specials	....	....	....	....	....	....	—
Grand Total	....	....	....	....	....	....	28
(b) Found to require treatment							9	
(c) Actually treated							—	
(2) Half-days devoted to								
				Inspection —	Total	....	—
				Treatment —			—	
(3) Attendances made by children for treatment							—	
(4) Fillings								
				Permanent Teeth —	Total	....	—
				Temporary Teeth —			—	
(5) Extractions								
				Permanent Teeth —	Total	....	—
				Temporary Teeth —			—	
(6) Administrations of general anaesthetics for extractions							—	
(7) Other operations								
				Permanent Teeth —	Total	....	—
				Temporary Teeth —			—	

APPENDIX.

EAST SUFFOLK COUNTY EDUCATION COMMITTEE.

Physical Training Report (1933).

STAFF.

<i>Chief Organiser</i>	....	....	....	....	Mr. W. Tye.
<i>Assistant Organisers</i>	....	....	....	....	Mr. J. Walker. Miss W. M. Saunders. Miss E. B. Davis.

Fortunately there has been no change in the Organising Staff this year. The Assistant Organisers are now fully acquainted with their respective areas, and in consequence have gained in greater measure the confidence and support of the Teachers.

The details of organisation are as follows :—

Staff.	County.		Lowestoft.		Ipswich.	
	Teaching	Organising.	Teaching.	Organising.	Teaching	Organising.
Mr. W. Tye	—	3½ days	—	1 half day	—	1 day
Mr. J. Walker	—	3½ days	1 day	1 half day	—	—
Miss W. M. Saunders	1 day	2 days	—	—	—	2 days
Miss E. B. Davis	1 day	3 days	1 half day	1 half day	—	—

Miss E. B. Davis has recently been withdrawn from teaching duties at Leiston Secondary. This arrangement gives her one more day for organising and visiting schools in her County area, and incidentally will relieve her of a considerable amount of travelling.

Miss N. Fryer teaches for 1½ days a week at the Framlingham Mills Grammar School, 1 day at Leiston Secondary School and 1 half-day at Wickham Market Pupil Teacher Centre.

Wherever possible, arrangements have recently been made for the men and women Organisers to supervise the instruction of older boys and girls respectively. It is necessary that in the training of adolescents the teachers should have the advice of men and women specialists. Undoubtedly this arrangement will make it possible to adapt the training to the more distinctive requirements of older boys and girls.

Scope.

During recent years there has been a rapid development in the general scope of physical training. It is only a few years since the Elementary Schools merely had two weekly periods of a limited form of "drill." They now have opportunity to take part in daily lessons in some form of useful activity, such as physical exercises, games, swimming, folk dancing or athletic training. Moreover, the general conception and appreciation of physical education have considerably developed and broadened. The teachers are making the best out

of the special circumstances of their schools to promote sounder physical development, which will contribute towards a keener intelligence, and a higher moral tone. There are many indications of improvement; the children have better deportment, more confidence, a brighter outlook and a keener appreciation of open-air activities. There is no doubt that the swimming and athletics in the East Suffolk Schools have largely helped in the development of a sturdier type of child.

Training of Teachers.

This important branch of the Organiser's work has received constant attention. It is mainly through the Teachers' Classes that interest and freshness in the teaching of physical exercises are maintained, and they afford opportunity for closer acquaintance between Organisers and Teachers. This naturally makes for a clearer understanding of the many difficulties that are daily encountered in the varied circumstances of the rural schools.

During this current year Teachers' Classes have been held at Woodbridge, Eye, Felixstowe, Lowestoft and Halesworth. In all, 237 teachers have been in attendance.

Since 1928 classes have been arranged in 13 centres. Altogether about 1,500 teachers have been through short courses of physical exercises, games and folk dancing. Thus all teachers throughout the County have had the opportunity during the last five years of becoming acquainted with the theory and teaching of physical training.

As a new Syllabus of Physical Training has just been published by the Board of Education, it is proposed to begin a further series of courses of instruction, starting with the areas most in need of this aid. Arrangements have already been made for classes at Lowestoft, to which the County teachers have been invited.

New Syllabus.

The Board's new Syllabus of Physical Training is welcomed by Teachers and Organisers, and when put into practice will most decidedly be appreciated by the scholars. It is in fact a further departure from "drill" than even the post-war 1919 Syllabus. In its construction the Board has given every attention to progression, sequence and general adaptation to all types of schools. The lessons, although effective, are simple and easy for the teachers to follow. There is a multiplicity of exercises and games, which will meet the needs of children in varied circumstances. Its outstanding feature, however, is that it will satisfy the craving which normal children have for activity and agility movements. In general, this new Syllabus should help the teachers to provide the children with daily lessons that are both useful and exhilarating. It is anticipated that this newer form of rhythmical training will assist in a greater measure in the retention of the suppleness common to early childhood.

Staffing.

In view of the introduction of this new Syllabus it will become increasingly necessary to give more attention to the selection and training of suitable teachers. The teaching of Physical Exercises to older children is obviously a task which every teacher cannot undertake. Realising this, some Head Teachers have already arranged for the young and active members of their staff to take responsibility for the activities. It is desirable that as opportunity offers a nucleus of staff capable of active instruction in Physical Training should be provided for the Schools.

Playing Fields.

As regards the provision of Playing Fields, rapid strides have been made during recent years. Sites, varying from 4 to 7 acres, have been acquired for the following schools :—Witnesham C., Reydon C., Halesworth C., Shotley C., Bramford C., Kesgrave C. and Wickham Market C. In addition to this, Playing Fields have been hired for Bungay C., Beccles Senior C., Stowmarket Senior C. and Leiston Senior C. The use of these private fields will be of great value to the schools ; the children can now play numerous games on prepared pitches, and the teachers will be able to coach without public interference.

The new Area School Playing Fields are naturally in somewhat rough condition, having only recently been ploughed, levelled and sown with grass. This initial work was arranged and supervised by the Committee's Horticultural Instructors. The care and maintenance of these grounds are left to the local Managers and Head Teachers. They have, of course, had permission to call on the local farmers for help in the way of cutting and rolling. This method of up-keep, however, has one serious drawback, viz., that during the Summer Term, when the pitches most need attention, the Schools are often unable to get any help, the farmers being too busy at this time to spare their appliances. It may become desirable to give consideration to the methods to be employed in keeping playing fields in good condition.

The Organisers and Head Teachers are constantly endeavouring to find playing facility for Schools that are without private fields. The following statistics will be of interest to the Committee :—

(a)	No. of Schools with own playing fields	....	....	....	....	34
(b)	" " " using Public Recreation Grounds	....	....	....	....	20
(c)	" " " using commons	....	....	....	....	13
(d)	" " " using fields loaned by local landowners	....	....	....	....	70

It is to be deplored that the Suffolk Common Lands are in such unkempt condition. They are usually unfit for games.

Swimming.

The organisation for swimming instruction is undoubtedly a very bright feature of the activities of the East Suffolk Schools. There are now 40 centres where 64 schools visit weekly for instruction in elementary and advanced swimming. This progress will be all the

more appreciated when it is known that in 1919 there were only two centres, viz., Beccles and Henham.

This progress is mainly due to two factors, the support of the Committee, and the existence of numerous natural pools in the many waterways of the County. The Stour, the Deben, the Waveney and the Orwell are peculiarly adapted to the teaching of swimming. The water is generally clean and of suitable depth. Numerous places, usually near a bend of the river, can be found where the bottom is hard or sandy. Also there is an added attraction in that these rivers are tidal, and that salt water bathing is possible in their estuaries.

There is still much room for improvement in the methods of teaching learners. If the Instructors would be more careful in grading the steps of instruction, the children then would learn more rapidly. The normal child should learn, if properly taught, in six or seven lessons.

It is pleasing to find that interest in swimming is growing at Bungay, Bramford, Snape, Stowmarket, Woodbridge and Needham Market. The last-named centre, opened this last season, has made excellent progress. The locality has suddenly realised that there are great possibilities in their local stream.

The life-saving class at Woodbridge C. was very successful this year; 15 scholars obtained life-saving awards.

On the whole the schools are doing very well, and the children in the County are developing a real water sense. It is regrettable, however, that districts like Saxmundham, Halesworth, and Wickham Market still have no provision for swimming.

Results of Swimming Tests (1933) :—

Number of Schools receiving instruction	....	....	....	64
Total number receiving instruction	....	....	....	3000
Number obtaining Distance Certificates	....	....	....	1402
" " Proficiency Certificates	....	....	....	200
" " Life-Saving Certificates	....	....	....	20
Total number of Certificates	....	....	....	1622

Athletic Sports.

A series of athletic sports were again successfully held during the Summer term. Practically every school is now affiliated to one of the nine recognised Area Athletic Associations. It is unfortunate that all children, inclusive of those from the Secondary Schools, should not have the opportunity of taking part in these enjoyable athletic meetings, which are increasing in efficiency and popularity every successive year.

The small but valiant Felixstowe Area is to be warmly congratulated on winning the County Championship and the Lomax Trophy.

The teachers appreciate the support of the Committee in these Sports, and are grateful for their annual grant of £25.

Each year sees improvement in general organisation, training, and athletic ability. This improvement is mainly due to the interest and hard work of the teachers.

To ensure further progress the following suggestions are made :—

- (1) That more attention should be given to deportment in the parade.
- (2) That in flat races more attention should be given in the crouch start and running in to the tape.
- (3) That in the long jump the entrants should have a clearer understanding as to the correct take off.
- (4) That competitors should be discouraged from travelling long distances in their athletic attire.

Statistics for 1933 (Athletic Sports) :—

Area.	No. of affiliated Schools.	No. of Competitors.
Beccles	17	212
Eye	11	265
Halesworth	19	202
N.E. County	12	219
Woodbridge	19	510
Felixstowe	7	148
Stowmarket	18	323
Samford	9	143
Debenham	11	287
Leiston	16	327
Total	139	2636

W. TYE,

Organiser of Physical Training.

December 31st, 1933.





