[Report 1946] / Principal School Medical Officer of Health, East Suffolk County Council.

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EAST SUFFOLK COUNTY EDUCATION COMMITTEE.

ANNUAL REPORT

OF THE

School Medical Officer

1946

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EAST SUFFOLK COUNTY EDUCATION COMMITTEE.

PUBLIC HEALTH DEPARTMENT,
COUNTY HALL,
IPSWICH.

November, 1947.

TO THE CHAIRMAN AND MEMBERS OF THE
EDUCATION COMMITTEE.

MY LORDS, LADIES AND GENTLEMEN,

I beg to submit my Annual Report on the work of the School Health Service for 1946.

It is gratifying to note that the general nutritional condition of the school children remains at a satisfactory level and that infectious disease has shown no unusual prevalence during the year. There can be no doubt that the considerable use which is made of school canteen meals and the school milk scheme has contributed to this state of affairs.

During the year the work of the school health service has been handicapped by shortage of staff. It is particularly unfortunate, at a time when the duties and responsibilities of the School Health Service are being increased by recent legislation, that the difficulty of obtaining trained personnel should become acute. The shortage is mainly in the ranks of Health Visitors and School Dental Surgeons.

Although there is authority for the appointment of 8 Health Visitors we have at no period of the year had more than 4 and for part of the year we only had the services of 2 Health Visitors. As the Health Visitor is the main liaison officer between the medical staff and the child in its home, the seriousness of the deficiency will be appreciated.

On the subject of Dental Staff I append elsewhere a memorandum from Mr. F. E. Street, Senior Dental Officer.

In view of the coming into force of provisions of the Education Act 1944 it has been necessary to devote careful consideration to our widening scope and responsibilities.

The change in attitude towards health in education displayed in this Act is considerable and the effects will be far reaching.

Prior to 1907 when the Education (Administrative Provisions) Act became law, the health of the Elementary School Children received but scant attention or official consideration. It is true that since the time of the German Physician Peter Frank (1745-1821) who produced the first comprehensive treatise on School Hygiene, there had been, first on the continent and later in this country an increasing recognition that the high incidence of morbidity in school children was a handicap to educational and social efficiency. By 1893 however, governmental opinion had so far moved that in the Education Act of that year were incorporated two important advances. It obliged the parents or guardians of blind and deaf children to provide for their education from the age of seven years and it required the Local Authority to make arrangements for such children to receive education.

In 1899 the Education (Defective and Epileptic Children) Act gave powers to the Local Authority to ascertain and provide for the education of children coming within the scope of that Act.

While these legislative measures indicate the awakening interest in and anxiety for the physical well being of the school child, they in reality only touched the fringe of the problem and this was tacitly recognised in the passing of the Education (Administrative Provisions) Act of 1907 which laid the foundation of the School Medical Services. It imposed upon the Local Authority the duty of providing for the medical inspection of school children at certain periods and it empowered the Authority to make arrangements for attending to the health and physical well being of all children attending elementary schools.

The powers conferred on the Local Authority under this Act were wide and provided an admirable basis on which was built a highly organised system of inspections and examinations and elaborate schemes of special schools and clinics. Limitations, however, were revealed in time and these in some cases defeated the object of the Act. The Local Authority was permitted to treat defects in children with the object of rendering them able to take advantage of the education which was offered, but no treatment was authorised for other forms of defect. The result was that Local Authorities undertook to provide treatment for certain specified defects only, and responsibility for any other form of treatment was left to the parent. Another drawback was the rigidity of the educational system, which could not provide adequately for all the educational needs of children of widely dissimilar physical and mental attainments.

The Education Act 1944 with the Handicapped Pupils Regulations 1945, has incorporated many of the advances which experience showed to be desirable and by these measures a basic Health Service for school children has been established.

Provision is made under this Act for the examination of all school children and the ascertainment of those who suffer from a handicap of one form or another, and the responsibility is laid upon the Local Authority of providing comprehensive facilities for medical treatment which shall be available to all school children irrespective of type of treatment. Children who require special educational treatment are to have education of a type best suited to their physical and mental needs.

The implementation of the provisions of the 1944 Act will require time, as it depends to a great extent on the provision of new facilities and possible increases in staff.

The general scheme for treatment of physical defects in school children will have to be arranged in conjunction with hospitals, and arrangements will have to be made for the handling of minor defects which do not necessitate hospitalisation. To deal with the latter, a system of clinics, sited at strategic points in the County is proposed, and each clinic will provide a centre for the treatment of defects of speech and vision and will facilitate the wider application of dental care and supervision. In addition such a clinic would provide a centre for clinical consultations, orthopaedic treatment, intelligence testing and immunisation.

A survey of the handicapped pupils is being made and a considerable extension of the available accommodation for such cases may be necessary.

In conclusion I would like to emphasise that we stand at the commencement of a new era in educational history, with extensive planning to meet the requirements of the community with schools of modern construction and equipment and a health service which will enable the children to profit by them.

The health and well being of the school child may be now regarded as one single and undivided problem for which the community takes responsibility.

I should like to record here my thanks to my staff, professional and clerical, to the Chief Education Officer, together with his office and teaching staffs, for the willing help and co-operation offered to me during the past year.

I have the honour to be,

Your obedient servant,

H. ROGER,

School Medical Officer.

SCHOOL HEALTH SERVICE.

STAFF.

1. Acting School Medical Officer.

A. G. Atkinson, M.B.E., B.A., M.D., CH.B., M.R.C.S., L.R.C.P., D.P.H.
Retired 31/5/46.

School Medical Officer:

H. Roger, M.A., M.B., CH.B., D.P.H., from 1/6/46.

Assistant School Medical Officers:

H. C. G. Pedler, M.R.C.S., L.R.C.P., D.P.H.
W. M. Burns, M.B., B.CH., D.P.H., B.A.O., D.T.M.
E. A. Parkinson, M.B., CH.B., D.P.H.
C. M. Whiteford, M.B., CH.B., D.P.H.
M. C. Gibson, M.B., CH.B., resigned 12/2/46.
E. W. Graham, M.B., CH.B., D.P.H., on service from 11/9/39 to 1/4/46.
C. H. Imrie, M.B., CH.B., D.P.H., from 1/9/46.
A. A. Gilmour, M.D., CH.B., D.P.H., from 7/10/46.

By arrangement with the Director of Greenwich Hospital the County Medical Officer is Superintendent Medical Officer of the Royal Hospital School, Holbrook, and an Assistant County Medical Officer undertakes the routine school medical inspection. Medical inspection has been continued throughout the war years. Since June, 1946, Dr. Atkinson has undertaken the latter duty.

School Nurses: Miss M. Lindsay, Superintendent; Miss M. M. Pearsons (also acting Orthopaedic Nurse); Miss S. J. Williams, Miss M. N. Hardingham, from 21/1/46; Miss K. Smith, from 1/10/46; Miss Scott (part-time) from 28/10/46.

School Dental Officers: Mrs. L. E. Broadbent, resigned 31/3/46; Mrs. G. M. Basford, Mrs. M. Baikie, from 11/2/46; Mrs. D. M. James, 11/2/46 to 27/8/46, Mr. T. L. Weston, 11/2/46 to 12/6/46. Mr. F. E. Street, appointed 1/11/46.

Dental Attendants: Mrs. D. M. Willis, Miss Rudd, Miss Crane, appointed 25/2/46; Miss Lawrence, appointed 25/2/46; Mrs. Sutton, to 31/3/46.

Clerical Staff: Mr. J. L. Cobbold (Clerk in Charge of School Health Service), Miss J. M. Willer (Medical Inspection Clerk), Miss I. G. Watson (Schedule Clerk) to 22/5/46, Miss E. E. Cable (Dental Clerk), Miss M. H. Spalding (Shorthand Typist), Mrs. C. Roy (Clerk) from 18/3/46 to 22/8/46, Miss M. Thorogood from 22/5/46 (Schedule Clerk), Miss E. H. Foster from 19/8/46 (Clerk).

2. Co-operation with other Public Health Services.—The report for 1939 should be referred to for these particulars.

PRIMARY AND SECONDARY MODERN SCHOOLS.

3. Hygiene and Sanitation in Schools.—The standard of sanitation in the schools of the County varies considerably. In the more modern school buildings as exemplified by the Area Schools and some of the more recently built junior schools there is a satisfactory standard of general sanitation with the consequent maintenance of a good level of hygiene.

In many of the older and smaller school buildings however, especially in the more remote rural areas, inadequate water supply and primitive methods of sewage disposal present problems which are of prime importance. The solution of these problems as a short term policy lies in the most rigorous supervision and the highest possible standard of cleanliness pending the replacement by a more modern system.

4. Medical Inspection in Schools.—The area of the administrative County for elementary school purposes, excluding the Borough of Lowestoft, is 544,445 acres, with a population of 163,371 (1931 census), 214 schools in the County are under the control of the Education Committee (111 Council and 103 Voluntary).

The number of children on the school register at the end of the December term was 17,165.

	East Suffolk	Evacuees
1941	18,351	1,392
1942	18,416	618
1943	18,148	360
1944	17,906	1,577
1945	17,312	—
1946	17,165	—

(a) Routine Medical Inspection.—The following routine examinations were made during the year:—

	1946.	1945.	1944.
Entrants	2,179	2,496	1,581
Intermediates	1,787	2,195	2,046
Leavers	1,272	1,704	1,606

(*b*) *Other Inspections.*

Special Examinations and Re-examinations	2,852*
Total ...	8,090

* Special examinations, 143.

The total number of individual children inspected was ...	8,070

5. Findings of Medical Inspection.

(*a*)

	Number of Children examined.	NUTRITION.							
		Excellent.		Normal.		Slightly Sub-Normal.		Bad.	
		No.	Per-centage.	No.	Per-centage.	No.	Per-centage.	No.	Per-centage.
1938	5544	1287	23.21	3658	65.98	587	10.59	12	.22
1939	5023	1102	21.9	3370	67.21	546	10.8	5	.09
1940	8515	1578	18.53	5636	66.19	1263	14.83	38	.44
1941	8787	1399	15.92	6267	71.32	1107	12.59	15	.14
1942	6585	912	13.84	4830	73.34	835	12.67	8	.12
1943	6625	930	14.03	4824	72.81	867	13.09	4	.06
1944	5233	611	11.67	4071	77.79	548	10.47	3	.05
1945	6395	688	10.75	5111	79.92	591	9.24	5	.07
1946	5238	737	14.07	4108	78.407	389	7.42	4	.07

(*b*) *Uncleanliness—County Children.*

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.			Individual Repeat Cases.		
			Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
1938	1271	291	45709	43487	89196	99	261	360	44	138	182
1939	1344	384	51619	49508	101127	138	347	485	66	155	221
1940	1359	305	43251	42324	85481	156	427	583	58	169	227
1941	975	236	33183	33752	66435	122	435	557	36	153	189
1942	1099	143	38515	38474	76989	124	378	502	36	136	172
1943	1046	192	33092	31276	64368	106	292	398	23	125	148
1944	1006	191	31665	32422	64087	130	383	513	27	130	157
1945	749	70	24771	23819	48590	162	442	604	41	131	172
1946	601	157	16947	16524	33471	311	779	1090	140	585	725

No. of individual cases on register	Boys	311
	Girls	779
,, occasions on which repeat cases were found verminous		1058
,, home visits (individual children)		157
,, final notices		—

Schools with no verminous children	63
,, under 10 individual verminous children	117
,, ,, 20 ,, ,, ,, ...	15
,, ,, 30 ,, ,, ,, ...	3
,, ,, 40 ,, ,, ,, ...	3
,, ,, 60 ,, ,, ,, ...	1

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

Total No. of individual children found verminous	1090
Percentage of children on roll found verminous	6.35
No. of Schools in which verminous children found	154
No. of Schools in which **no** verminous children found	63

Found Verminous.	No. of Children.				No. of Schools.			
	1943	1944	1945	1946	1943	1944	1945	1946
Once	250	356	434	705	50	60	83	46
Twice	92	86	97	229	27	20	23	34
Three times	44	44	39	76	16	21	19	33
Four times	10	14	24	37	5	4	7	13
Five times	2	7	6	24	4	7	4	6
Six times	—	4	3	4	—	2	3	2
Seven times	—	2	—	9	—	1	—	2
Eight times	—	—	—	1	—	1	—	1
Nine times	—	—	—	1	—	—	—	1
Ten times	—	—	1	—	—	—	1	1
Eleven times	—	—	—	—	—	—	—	1
Twelve times and over	—	—	—	—	—	—	—	—

The number of heads found to be verminous for each 1,000 heads examined was:—

1937	9.3
1938	8.5
1939	8.8
1940	11.8
1941	16.7
1942	10.5
1943	9.5
1944	14.7
1945	15.97
1946	32.5

There was a considerable increase in verminous heads found by the Health Visitors in schools. A large proportion of the cases occurred in a small number of schools and were attributable to difficulties of regular supervision which the shortage of Health Visiting staff entailed. Most of the cases were cleared up after one or two visits by the Health Visitor.

(*c*) *Ringworm of the Head.*—There were 2 cases of ringworm of the head which were diagnosed by microscopic examination of infected hairs and were treated by X-ray epilation by arrangement with a London hospital.

(*d*) *Visual Defects and External Eye Diseases.*

Year.	Defective Vision.	
	Referred for Treatment.	Observation Cases.
1942	*230	715
1943	149	633
1944	102	566
1945	127	688
1946	150	388

1942 *E.S. and Evacuees together.

Year.	External Eye Disease.	
	Referred for Treatment.	Observation Cases.
1942	2	17
1943	4	18
1944	3	7
1945	2	23
1946	3	10

(*e*) *Nose and Throat Defects.*—The following figures show the cases of tonsils and adenoids reported by the School Medical Officers during the past 5 years:—

	Referred for Treatment.	*Observation Cases.*
1942	48	375
1943	37	243
1944	21	226
1945	36	281
1946	73	261

6. Following Up.

629 visits were paid by the School Nurses and 10 by the District Nurses.

7. Medical Treatment.

(a) Minor Ailments and Diseases of the Skin.—There were no Minor Ailment Clinics in the County, and children suffering from these conditions were referred to their private Medical Practitioner when treatment was required.

(b) Visual Defects and External Eye Diseases:—

	1945.	1946.
Number of cases refracted	283	269
Number of children for whom spectacles were prescribed	240	219
*Number of children who obtained spectacles	216	210

* Through Committee, 188. Otherwise, 22.

From 1st April, 1945, standard pattern spectacles have been supplied free of charge.

(c) Nose and Throat Defects.

Tonsils and Adenoids.

	Referred for Treatment.	Observation Cases.	Treated through Education Committee.	Treated on own responsibility.	Total Number Treated.	School Roll.	Percentage.
1942	48	375	29	141	170	19034	.89
1943	37	243	13	45	58	18508	.32
1944	21	226	17	8	25	19483	.12
1945	36	281	259	43	302	17312	1.74
1946	73	261	217	45	262	17163	1.52

Tonsils.—Of a total of 217 cases treated under the arrangements made by the Education Authority, 73 were found at routine examinations and were referred by School Medical Officers, the remaining 144 were referred by private medical practitioners.

(d) Dental Inspection and Treatment.—During the year the School Dental Service has worked under the handicap of acute staff shortage coupled with several changes of staff and it has been possible to inspect only 11,245 children out of a school population of 18,000. Nevertheless, there has been a gratifying increase in the number of operations performed, particularly on the conservative side, where fillings in permanent teeth have increased by 30 per cent. There is, unfortunately, also an increase (27 per cent.) in the number of extractions of permanent teeth, this being inevitable where there is a lengthening gap between successive treatments.

The acceptance rate of 73 per cent., though capable of improvement is surprisingly high in view of the fact that little or no time can be spared for the purpose of seeking out and convincing parents who refuse treatment for their children.

As no static clinics are yet available it has been impossible for the County Dental Officers to perform any Orthodontic (regulation of teeth) work themselves, but certain cases of an urgent nature, i.e., gross deformity,

have been referred to private practitioners with satisfactory results. There is a steadily increasing demand for this type of treatment which reflects a growing interest in dental matters by parents.

All work is at present carried out in the schools, few of which have a medical room, and the helpfulness of the teachers, under circumstances which must materially interfere with their own work, is greatly appreciated by the Dental Officers.

The following is a suggested scheme for modernising the County's Dental Service and enabling it to cope with the extra work which has now become the Authority's responsibility:—

DENTAL TREATMENT FOR THE PRIORITY GROUPS.

Suggestions for the layout and working of a complete Dental Service as applied to the County of East Suffolk.

Intention of such a service.

The intention of such a service would be to provide for the examination and treatment of persons in the groups for which the County Authority is responsible; these groups comprising the following:—

(*a*) School children.

(*b*) Pre-school children.

(*c*) Expectant and nursing mothers.

(*d*) Patients in any hospital or institution under the auspices of the Authority whose recovery might be adversely affected by dental disease.

In addition, any scheme must aim to be sufficiently elastic in scope to embrace at short notice other groups (e.g. Adolescents) which may be introduced and to undertake the organisation and administration of a General Practitioner service should this be required under the Health Bill.

Scope of the Service.

The scope of any form of dental service, in order to be successful and appreciated, must be the whole range of modern Dental Surgery and the inclusion of developments in technique and method as they occur. Anything less than this will eventually bring the service into disrepute: this statement may appear to be dogmatic but it is based on the following reasoning. Dentistry has been for many thousands of years associated with pain and is therefore fixedly and traditionally unpopular; it is natural to apply adverse criticism to any unpopular object and so, though large numbers of routine cases may be treated with perfect success, they will count for nothing in the lay mind when compared with one case which, for lack of facilities, cannot be completed within the service.

It is not uncommon under present day conditions for a parent to refuse treatment on the grounds that, should the need (pain) arise they will take the child to a "proper" dentist. This, of course, is sheer ignorance but is symptomatic of the situation and a great deal of time and patience is wasted on explanations, particularly when such explanations are rendered futile by the fact that the case has, in the end, to be referred to an outside practitioner because of lack of the means to treat it fully.

From the operator's point of view the very fact of having to refer every case of an unusual, and consequently interesting nature, elsewhere, in time will undermine both enthusiasm and confidence. Such a state of affairs presents real danger in that an operator whose technique and judgement

have been dulled by long repetition of purely routine work and who has long been relieved of responsibility for the more difficult case, is not a fit person to deal with an emergency as and when it occurs.

It should then, be possible to provide treatment in the following branches of Dental Surgery without outside aid.

1. Conservation.

The restoration of existing teeth by means of fillings, inlays, crowns etc. As this is the primary object of all Dental schemes (i.e. the preservation of the natural dentition) it should be limited only by the materials and degree of skill available.

2. Surgery.

Those operations which come within the province of the Dental Surgeon. The vast bulk of work in this group will be the extraction of unsavable teeth, but it should be possible to deal with Odontomes, Epuli and other surgical conditions associated with the teeth. This work involves the use of general anaesthetics, which as a rule would be Nitrous Oxide and Oxygen. Di-vinyl Ether should also be provided for children under the age of five where N_20 and O_2 is not always suitable.

3. Scaling.

This includes the prophylactic treatment of the soft tissues of the mouth and is an important measure in the prevention of gum disease.

4. Orthodontics.

The proportion of children with a degree of malocclusion obvious to the layman is very high and creates a demand for this type of treatment which cannot at present be satisfied. As misplaced teeth are a cause of much unhappiness and some ill-health among young people, this branch should be developed at the earliest opportunity. The science of Orthodontics is still in the formative stage and many controversial ideas are held by leading workers in this field. It therefore seems desirable that, while the advice of a trained orthodontist should be available, most of the work should be carried out by the general dental surgeon, in order that a sense of proportion of the treatment as a whole is preserved.

5. Radiography.

With reference to the foregoing paragraph, an orthodontic service without the means of ascertaining the position of unerupted teeth is useless and may do serious harm.

X-rays are essential in the diagnosis of a case which presents no clinical information other than indeterminate pain, but in Public Health work perhaps the greatest need is felt in the case of the ante-natal patient, where the detection and removal of closed foci of infection is of paramount importance.

6. Prosthetics.

The services of a dental mechanic are needed for denture work in ante- and post-natal cases, for the construction of orthodontic appliances and, to a small extent, for making prosthetic appliances for school children who have met with accidents. This work can be done either by sending out to a private mechanic or employing one. The latter is the method of choice as there is much greater speed and more intimate control, but in practice the

matter will depend on economics, as it is obviously not economical to employ a mechanic unless there is enough work for him. On the other hand, the practice of sending out large volumes of work is grossly wasteful and so the employment of a full-time mechanic should be instituted at the optimum time in the development of a service.

Outside aid will be needed in the very small number of cases requiring hospitalisation. Ideally this would be in a hospital under the administration of the authority, but failing this, liaison with other hospitals should be instituted so that a patient could be admitted with reasonable speed if occasion arose.

Organisation and Development.

The administrative problem is to provide the facilities detailed above for a scattered rural population. The present system is to provide treatment in the schools by means of portable equipment. This has two great merits, namely, that it takes the service to the patient who, at the present level of health education, would not be inclined to seek it, and as part of normal school life, leads to the attitude of mind which regards dental care as a normal, everyday affair. It has, however, serious limitations: the scope of work is severely restricted by the amount of equipment which can be carried, it is wasteful in time and effort spent in constant packing and unpacking and the operator's efficiency is impaired by poor lighting, bad operating position and the fact that his surgery layout is never entirely familiar and is often very inconvenient. The Maternity and Child Welfare Group of patients cannot be fully catered for under this system.

A system which can provide a full service for a scattered population has been developed independently in some areas of the School Service and also in the Army, and would therefore appear to be a logical solution. This is based on an area being served by two dental units, one static in a central location and one mobile, covering the periphery.

Adapted to the needs of East Suffolk and to the general planning already in progress this would work as follows. A fully equipped static clinic would be included in each of the general clinics which are to be established at Beccles, Saxmundham, Eye, Stowmarket, Felixstowe, Woodbridge and Halesworth. The children in these places and the adjoining villages would attend these clinics where the full range of treatment would be available. The more remote villages would be served by dental units in equipped trailers in which all but the most complicated cases, or cases needing continuous (e.g. Orthodontic) treatment could be treated. The cases beyond the scope of the mobile unit could be referred to the static, which would in no case be at a prohibitive distance.

The use of trailers rather than packed equipment is suggested because it obviates improvision in surgery layout, can carry an adjustable chair, is independent of school conditions (which are at their most difficult in the schools for which it would cater) and can afford correct lighting.

Such a scheme lends itself to a process of steady development which, in view of difficulties in obtaining both staff and equipment, is today the only practical line of action. As a site for a static clinic became available it could be equipped, staffed and put into use. Trailers should be taken into use one at a time and the area covered by each should be arrived at by careful observation and trial of the varying factors of local demand, local geography and staff available. Rigid pre-planning of areas has generally been found unsatisfactory.

The economic correlation of static and mobile units in order not to have expensive equipment lying idle needs attention. The maintenance of high powered cars solely for the purpose of moving trailers is not necessary in the initial stage of the scheme, though independence is desirable at the stage of full development. The County Council already possesses many vehicles of sufficient power to tow a trailer and through liaison with the appropriate department (e.g. Highways) arrangements could be made to have trailers moved as and when necessary. At such times the dental officer could be employed on inspections or at a static clinic on a gas session.

Development of the Maternity and Child Welfare Side.

With the advent of permanent polyclinics, dental work for persons in this group will come increasingly into the picture. With ante-natal and dental clinics in the same building patients can be referred for examination and treatment as necessary, and similarly the pre-school child will be more easily contacted. This side of the scheme should be allowed to develop naturally without undue pressure of a propagandist nature being brought to bear on reluctant patients. In any community there will be a proportion of people who will be pleased to seize this opportunity of treatment when it is presented and a careful and efficient satisfaction of this demand will do more to promote understanding of the value of dental health than any amount of propaganda.

General Observations.

Staff.—It is found from statistics and observations of local conditions that one dental officer can complete inspections and treatment for approximately 2,500 children per annum. Even with the rate of acceptance of treatment as low as 55% the present staff of three is inadequate, and with the school leaving age raised to 15 and the development of the M. & C. W. side, will become more so. In view of the shortage of Dental Surgeons in the country at the present time, an attempt should be made as soon as possible to attract the right type of man to this work.

Equipment.—Dental equipment is also in very short supply, and much that is available is of very poor quality, so that, unless there is to be a great wastage of money, careful planning ahead will be necessary in any scheme of expansion. The well known supply houses, freed of German and American competition, are far from helpful and therefore any alternative source should be investigated before orders are placed on an indefinite "waiting list" basis.

Recording and Statistics.—The system of statistical recording at present in use is sound and fits in with the new requirements of the Ministry of Health. The system of recording actual treatment is, however, in need of revision as the dental schedule in use has no space for detailed recording of the type of work done or materials used and is therefore useless for reference purposes. It should be possible to form an accurate and detailed picture of the condition of a mouth from a dental schedule, and, in the case of any query being raised, it is invaluable to know exactly what was done on a particular date.

This fault can be remedied by a revision in design of the dental schedule.

F. E. Street,
Senior Dental Officer.

(*e*) *Dental Defects.*

Details of Treatment carried out.

	Fillings.		Extractions.		Other Operations.
	Permanent Teeth.	Temporary Teeth.	Permanent Teeth.	Temporary Teeth.	
1941	4952	325	1761	9829	4165
1942	4084	518	911	7705	3084
1943	2882	174	404	4546	1473
1944	2419	102	328	6637	1229
1945	2159	57	294	6284	1459
1946	3094	464	405	6683	3690

TABLE "A" (excepting Lowestoft Secondary School).

Inspections, 11,245 (6,649)

(4,070) 7,654 Referred for Treatment. (2,579) 3,591 Fit.

(1,381) 1,373 Refused. (2,689) 5,281 Accepted.

(7,028) 8,501 Treated.

(5,602) 5,503 Treated, but not yet fit. (1,426) 2,998 made fit.

8 Orthopdontic. 2 Dentures.

N.B. The figures for last year are shown in brackets.

(*f*) *Orthopaedic and Postural Defects.*

Orthopaedic Treatment.

	1946.	1945.	1944.
No. of cases on Register 31st December	138	133	150
No. of home visits by Orthopaedic Nurse	155	287	164
No. of visits to schools by ,, ,,	—	—	—
No. of treatments by ,, ,,	195	180	201
No. of attendances at Clinics ...	219	244	255

Hospital Treatment :—	1946.	1945.	1944.
No. of in-patients	12	28	13
No. of out-patients visits ...	253	427	325
Individual children as out-patients	105	107	98
Appliances provided	70	70	69

8. Infectious and Contagious Diseases.

	No. of Cases.	*Attack Rate per* 1,000.
Chicken-pox	398	22.54
Diphtheria	5	.28
Influenza, colds	59	3.43
Measles	806	46.37
Mumps	290	16.89
Scarlet Fever	34	1.98
Whooping Cough ...	182	10.608
German Measles ...	32	1.86
Impetigo	88	5.12
Ringworm (skin)	11	.64
Scabies	120	6.90
Jaundice	17	.90

Diphtheria.—The number of school children immunised during 1946 was 428 as compared with 161 in 1945. In addition, 13,911 children received "booster" doses. It will thus be seen that at the lowest estimate 83.5 per cent. of the school children in the county are fully protected against diphtheria.

Measles.—As this infectious disease has a tendency to recur in epidemic form in cycles of about 3 years, it was to be expected that there would be a large number of notifications in 1946. In actual fact, however, the number of cases was not greatly increased over the previous year and falls far short of the peak in 1943.

Scarlet Fever.—This infection again showed a decided fall in incidence.

Ringworm.—There were two cases of ringworm of the scalp and 11 cases of ringworm of the skin.

Scabies.—A slight increase was noted in scabies, with 120 cases as compared with 89 in the previous year.

Jaundice.—The fall in incidence of jaundice in 1945 has been maintained this year.

School Closures.—No closures took place on medical grounds.

9. Physical Training.—Report not printed.

10. School Canteens.—

The following Table gives an indication of the growth of the School Meals Service during the last five years:—

Year.	Meals supplied.		Total.	Av. No. of Meals supplied each day.	% of Children having meals at Schools with Canteens
	East Suffolk children.	Evacuees.			
1942/3	1,159,497	53,204	1,167,735	7,448	59.2
1943/4	1,813,065	52,272	1,865,337	10,131	65.5
1944/5	2,096,878	157,652	2,254,530	11,444	62.4
1945/6	2,289 586	36,545	2,326,131	11,859	66.4
1946/7	2,378,793	—	2,378,793	12,678	68.4

11. Provision of Milk for School Children. 219 schools, including Grammar, were supplied with milk by 89 suppliers. This milk includes all classes—pasteurised, tuberculin tested, accredited, and undesignated. This is an increase of 3 schools as compared with 1945.

12. Co-operation.—This remains as before.

13. Blind, Deaf, Defective and Epileptic Children.

Mentally Defective.—The following is an analysis of mentally defective children ascertained in the County:—

Year.	Number of Feeble-minded children on Register at end of year.	Number of children mentally tested during year.	Classified as:—			
			Idiots.	Imbeciles.	Feeble-minded.	Dull and backward.
1941	218	105	—	3	39	63
1942	203	139	1	8	51	79
1943	257	181	3	8	77	93
1944	268	120	1	5	54	60
1945	300	110	3	18	32	57
1946	325	57	—	8	25	24

Physically Defective.—There are 2 children in institutions for Physically Defective children. In addition, there are 44 children with less serious physical defects who are under observation and out-patient orthopaedic treatment.

Six children are in-patients in the Orthopaedic Ward in the Borough Isolation Hospital, Ipswich, for physical defects of tuberculous origin.

Blind.—Six children are resident in Special Schools. There are none awaiting admission but there are 3 partially blind children awaiting admission to Special Schools for the partially sighted.

Deaf.—Ten deaf children are resident in Special Schools. There are none awaiting admission.

Epileptic Children.—There are 4 epileptic children resident in Special Schools or Epileptic Colonies. There are no cases awaiting admission.

14. Full Time Courses of Higher Education for Blind, Deaf, Defective and Epileptic Children.

The Committee have made awards in the undermentioned cases :—

Nil Blind Students.

The following was the position at the end of the year:—

Blind Awards :—

11 Students in training.

Nil Students awaiting training.

Cripple Awards :—

Nil Students in training.

Nil Students awaiting training.

Deaf Awards :—Nil.

15. Nursery Schools. None.

Royal Hospital School, Holbrook.—The following table shows the amount of work carried out at the Royal Hospital School, which is not included in the foregoing tables.

MEDICAL EXAMINATION OF BOYS.

Year.	Individual Boys examined.	Number of examinations.
1946	477	514
1945	419	437
1944	507	535
1943	556	587
1942	618	630
1941	554	579

ROUTINE EXAMINATIONS CARRIED OUT.

Entrants:	208	
14 yr. old group	129	
15 yr. old group	140	477
Re-exams:	31	
Specials:	6	37
	Total:	514
Number of individual boys examined:		477

Refraction.—14 boys were referred for refraction for the first time, and 50 placed under observation. In all 42 were subjected to refraction, glasses being advised in 24 cases, and in 18 glasses were not advised.

16. Secondary Grammar Schools.

(*a*) *Medical Inspection.*—The number of Secondary Grammar Schools administered by the County Education Committee is as follows:—

5 Mixed Secondary Grammar Schools.

1 Girls' Secondary Grammar School.

1 Boys' Secondary Grammar School.

(*b*) *Following-up and Medical Treatment.*—Following-up is not carried out by the School Nurses for Secondary Grammar Schools. The medical treatment provided is identical with that for elementary schools and is available for all scholars.

Vision.—The number of cases of defective vision found to require refraction treatment was 7, compared with 23 in 1945.

Medical Treatment.

(*a*) *Minor Ailments.*—Children are referred to their private practitioners when necessary.

(*b*) *Tonsils and Adenoids:—*

Year.	Referred for treatment.	Observation cases.	Treated through Ed. Ctte.	Treated on own responsibility	Total number treated.
1942	—	3	—	4	4
1943	—	5	—	—	—
1944	1	8	—	—	—
1945	—	8	—	—	—
1946	—	1	—	—	—

(*c*) *Vision.—*

Year.	No. of cases submitted to Refraction by S.M.O.	No. of children for whom spectacles were prescribed.			No. of children who obtained spectacles.*		
		Through Ed. Ct's Scheme.	Otherwise.	Total.	Through Ed. Ct's Scheme.	Otherwise.	Total.
1942	23	14	27	41	20	27	47
1943	14	7	2	9	6	2	8
1944	19	13	14	24	11	4	15
1945	23	18	6	24	15	6	21
1946	19	11	—	11	6	—	6

* May include cases refracted in previous years.

EAST SUFFOLK COUNTY EDUCATION COMMITTEE MEDICAL INSPECTION RETURN, 1946.

ELEMENTARY SCHOOLS.

TABLE I.

Return of Children Inspected 1*st January,* 1946, *to* 31*st December,* 1946.

A.—ROUTINE MEDICAL INSPECTIONS.	
NUMBER OF INSPECTIONS IN THE PRESCRIBED GROUPS:—	
Entrants	2179
Second Age Group	1787
Third Age Group	1272
Total	5238
Number of other Routine Inspections	—
B.—OTHER INSPECTIONS.	
Number of Special Inspections and Re-Inspections	2832

TABLE II.

B.—Classification of the Nutrition of Children Inspected during the year in the Routine Age Groups.

No. of children inspected	A. (Excellent).		B. (Normal).		C. (Slightly sub-normal).		D. (Bad).	
	No.	%	No.	%	No.	%	No.	%
5238	737	14·07	4108	78·407	389	7·42	4	·07

TABLE III.

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

Total number of Defects treated or under treatment during the year under the Authority's Scheme—Nil.

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

	Number of Defects dealt with.		
	Under the Authority's Scheme. (see note B).	Otherwise.	Total.
Errors of Refraction (including Squint). (Operations for Squint should be recorded separately in the body of the School Medical Officer's Report	269	22	291
Other Defect or Disease of the Eyes (excluding those recorded in Group I).	—	—	—
Total	269	22	291

	Under the Authority's Scheme.	Otherwise.	Total.
No. of children for whom spectacles were			
(a) Prescribed	219	22	241
*(b) Obtained	188	22	210

* Includes some previous refractions.

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

Number of Defects.			
Received Operative Treatment.			
Under the Authority's Scheme in Clinic or Hospital. (see note b). (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)	Received other forms of treatment. (3)	Total Number Treated. (4)
217	45	—	262

TABLE IV.

Dental Inspection and Treatment

(1) Number of Children who were Inspected by the Dentist.

Routine Age Groups	Aged 5	1758
	,, 6	1243
	,, 7	1123
	,, 8	1199
	,, 9	1179
	,, 10	1091
	,, 11	996
	,, 12	930
	,, 13	760
	,, 14	46
	,, 15	1
Total		10326
Specials		132
Grand Total		10458

(2) Found to require treatment				6999
(3) Actually treated				5889
(4) Attendances made by children for treatment				7934
(5) Half-days devoted to	Inspection 97	Total		1033
	Treatment 936			
(6) Fillings	Permanent Teeth 2576	Total		2998
	Temporary Teeth 422			
(7) Extractions	Permanent Teeth 346	Total		6949
	Temporary Teeth 6603			
(8) Administrations of general anaesthetics for extractions				—
(9) Other operations	Permanent Teeth 1359	Total		3586
	Temporary Teeth 2227			

TABLE V.

Verminous Conditions.

(1) Average number of visits per school made during the year by the School Nurses	2.7
(2) Total number of examinations of children in the Schools by School Nurses	33471
(3) Number of individual children found unclean	1804
(4) Number of children cleansed under arrangements made by the Local Education Authority	—
(5) Number of cases in which legal proceedings were taken :—	
(*a*) Under the Education Act, 1944	—
(*b*) Under School Attendance Byelaws	—

TABLE VI.

Return of Exceptional Children in the Area found in 1946.

BLIND AND DEAF CHILDREN.

Suitable for training in a School for the totally blind or deaf.

	At Public Elementary Schools.	At an Institution other than a Special School	At no School or Institution.	Total.
Blind Children	—	—	—	—
Deaf Children	—	—	—	—

CHILDREN SUFFERING FROM DISABILITY OF MIND.

Total number of children notified during the year ended 31st December, 1946, by the Local Education Authority to the Local Mental Deficiency Authority, under the Reports to Local Authorities (Records) Regulations, 1946 :—14 Imbeciles.

EAST SUFFOLK COUNTY EDUCATION COMMITTEE.
MEDICAL INSPECTION RETURN, 1946.

SECONDARY GRAMMAR SCHOOLS.

TABLE I.

A.—ROUTINE MEDICAL INSPECTIONS.

NUMBER OF CODE GROUP INSPECTIONS :—	
Entrants	69
Second Age-group 14-15 years	60
Total	129
Number of other Routine Inspections	—
B.—OTHER INSPECTIONS.	
Number of Special Inspections and Re-Inspections	50
Total	50

TABLE II.

B.—Classification of the Nutrition of Children Inspected during the year in the Routine Age Groups.

Age Groups.	No. of children inspected	A. (Excellent).		B. (Normal).		C. (Slightly sub-normal).		D. (Bad).	
		No.	%	No.	%	No.	%	No.	%
Entrants Second Age-group 14-15 years	129	68	52.71	60	46.51	1	.77	—	—
Other Routine Inspections	—	—	—	—	—	—	—	—	—

TABLE III.

Group I.—Treatment of Minor Ailments.

Total number of Defects treated or under treatment during the year under the Authority's Scheme, Nil.

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

	Number of Defects dealt with.		
	Under the Authority's Scheme (see note B).	Otherwise.	Total.
Errors of Refraction (including Squint). Operations for squint should be recorded separately in the body of the School Medical Officer's Report.	19	—	19
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	—	—	—
Total	19	—	19

	Under the Authority's Scheme.	Otherwise.	Total.
No. of children for whom spectacles were			
(a) Prescribed	11	—	11
(b) Obtained	6	—	6

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

Number of Defects.			
Received Operative Treatment.			
Under the Authority's Scheme in Clinic or Hospital. (see note B). (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)	Received other form of treatment. (3)	Total Number Treated. (4)
—	—	—	—

TABLE IV.

Dental Inspection and Treatment.

			Total.
(1) Number of children who were Inspected by the Dentist:—			
Routine Age Groups	Aged 8	... ...	1
	,, 9	... ...	5
	,, 10	... ...	78
	,, 11	... ...	188
	,, 12	... ...	185
	,, 13	... ...	169
	,, 14	... ...	137
	,, 15	... ...	103
	,, 16	... ...	43
	,, 17	... ...	10
	,, 18	... ...	—
	,, 19	... ...	—
Total			919
Specials			1
Grand Total			920
(2) Found to require treatment			655
(3) Actually treated			486
(4) Attendances made by children for treatment			567
(5) Half-days devoted to { Inspection 8 / Treatment 82 }		Total ...	90
(6) Fillings { Permanent Teeth 518 / Temporary Teeth 42 }		Total ...	560
(7) Extractions { Permanent Teeth 59 / Temporary Teeth 80 }		Total ...	139
(8) Administrations of general anaesthetics for extractions ...			—
(9) Other operations { Permanent Teeth 104 / Temporary Teeth — }		Total ...	104