## [Report 1954] / Principal School Medical Officer of Health, East Suffolk County Council.

#### **Contributors**

East Suffolk (England). County Council.

#### **Publication/Creation**

1954

#### **Persistent URL**

https://wellcomecollection.org/works/e95xgxpy

#### License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection 183 Euston Road London NW1 2BE UK T +44 (0)20 7611 8722 E library@wellcomecollection.org https://wellcomecollection.org - C4 Hotely Sust Biot BE BUT P.

## EAST SUFFOLK COUNTY EDUCATION COMMITTEE



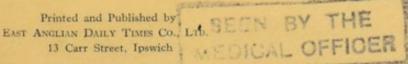
## ANNUAL REPORT

OF THE

Principal School Medical Officer

1954

13 Carr Street, Ipswich



PUBLIC HEALTH DEPARTH



HEALTH DEPARTMENT,

COUNTY HALL, IPSWICH.

May, 1955.

To The Chairman and Members of the Education Committee.

My Lords, Ladies and Gentlemen,

I beg to submit the annual report on the work of the School Health Service for 1954.

It is very satisfactory that the statistics for the year as given in this Report show that there has been no falling off in the health, general condition and cleanliness of the pupils attending the Committee's schools.

During the year Dr. M. A. Dawson and Dr. J. B. Kershaw left the Committee's service and this reduction in medical staff, though only temporary, considerably affected the work of the medical inspection in schools. In his report on the School Dental Service, the Principal School Dental Officer mentions the death of his Dental Attendant, Miss E. E. Cable, and I associate myself with him in expressing regret at the passing of such an old and loyal servant of the Committee.

During the past few years the duties laid upon School Medical Officers have steadily multiplied, and it is clear that consideration must soon be given to increasing the establishment of these officers if a satisfactory level of work is to be maintained.

As in past years the Chairman and Members of the School Welfare Sub-Committee have given me full encouragement and support, and the Chief Education Officer, his teaching and administrative staff, together with my own professional and clerical staff have all striven to promote the efficiency of the School Health Service. It is with pleasure, therefore, that I take this opportunity to record my thanks to all concerned.

I have the honour to be,
Your obedient servant,
S. T. G. GRAY,
Principal School Medical Officer.

#### SCHOOL HEALTH SERVICE.

#### 1. (a) Staff.

#### Principal School Medical Officer:

S. T. G. Gray, M.B., Ch.B., D.P.H.

#### School Medical Officers:

M. A. Dawson, M.B., Ch.B., D.P.H. (resigned 28/2/54).

K. M. Harding, M.D., D.P.H.

C. H. Imrie, T.D., M.B., Ch.B., D.P.H.

J. B. Kershaw, M.B., B.S., D.P.H. (resigned 10/10/54).

J. F. Morrison, M.D., D.C.H. (part-time from 14/6/54).

G. E. Pryce, M.B., Ch.B., B.A.O. (part-time).

The aggregate of time given to School Health Service work is equivalent to the services of 2.5 full-time Officers.

#### Speech Therapists:

Miss S. Barker, L.C.S.T. (from 26/1/54).

Miss J. Bennett-Baggs, L.C.S.T. (from 11/1/54).

Mrs. E. A. Smyth, L.C.S.T.

## Principal School Dental Officer:

Mr. C. D. Macpherson, L.D.S.

#### School Dental Officer:

Mr. J. E. Benfield, L.D.s.

## County Nursing Officer:

Miss M. Vaughan-Jones, S.R.N., S.C.M., H.V. Cert.

School Nurses: Miss E. L. Almblad, Miss B. C. Broughton, Miss J. P. Cosnett (from 15/11/54), Miss W. M. Deakin, Miss B. L. Frost, Miss M. N. Hardingham, Miss P. M. Harvey, Miss P. J. Lambert, Miss S. Leighton, Miss L. Luff, Miss M. M. Pearsons, Miss A. Rooney (from 1/1/54), Miss M. Scott (part-time), Miss K. Smith, Miss R. V. Stiles (till 17/10/54), Miss O. L. Swann (part-time), Miss S. J. Williams.

The aggregate of time given to School Health Service work is equivalent to the services of 5.83 full-time School Nurses.

#### Dental Attendants:

Miss E. E. Cable (deceased 10/8/54).

Miss M. Burrows (from 13/9/54).

Miss S. Forster.

#### 1. (b) School Clinics.

The following are the permanent clinics in the Education Authority's area:—

#### County Area:

Place. Address. Services Provided.

Ipswich ... The County Hall Dental (Orthodontic), by

appointment only.

Leiston ... The County Health Clinic, Dental.

"Daneway," Haylings Rd. Speech Therapy.

Saxmundham The County Health Clinic, Speech Therapy.

Saxmundham Child Psychiatry (by Regional

Hospital Board).

Stowmarket The County Health Clinic, Speech Therapy.

Lockington Road Ophthalmic (by Regional

Hospital Board).

Lowestoft Excepted District:

been satisfactory.

Connaught House Clinic,

123 High Street.

Minor ailments.

Kirkley Clinic, Southwell Road Minor ailments. Dental.

Dental. Speech Therapy.

2. Co-operation with other Public Health Services.—As during last year liaison between all concerned with the health of the school child has

## PRIMARY, SECONDARY MODERN AND GRAMMAR SCHOOLS.

3. Hygiene and Sanitation in Schools.—During the last twelve months only a limited amount of improvement work has been possible, but 22 schools have benefited as follows:—

New cesspools ... ... ... 1 school
Improvements to drainage of new drainage ... 3 schools
New or additional closets ... 2 schools
Connection to main water supply ... 15 schools
New washbasins ... ... 9 schools

4. Medical Inspection in Schools.—The area of the administrative County for school purposes, excluding the Borough of Lowestoft, is 543,812 acres, with a population of 174,224 (1951 census), 215 schools in the County are under the control of the Education Committee (197 Primary, 10 Secondary Modern, 7 Secondary Grammar and Ashley Downs Special School, Lowestoft).

The number of children on the school register at the end of the December term was 23,255.

#### East Suffolk

(excluding Lowestoft).

1952	 	22,193 (including 1,648 at Secondary Grammar Schools).
1953	 	22,846 (including 1,758 at Secondary Grammar Schools).
1954	 	23,255 (including 1,846 at Secondary Grammar Schools).

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

	1954.	1953.	1952.
Entrants	 2,052	2,697	3,666
Second Age Group	 1,742	1,901	2,270
Third Age Group	 1,208	1,627	1,952

(b) Other Inspections.

Ashley Downs Special School *Special Examinations and	65
Re-examinations	4,451
Total	9,518
*Special examinations, 243	
Total number of individual children	
examined was	8,611

## 5. Findings of Medical Inspection.

(a)

		GENERAL CONDITION.						
	Number of Children examined.	Good.		Fair.		Poor.		
		No.	Per- centage.	No.	Per- centage.	No.	Per- centage	
1953	6225	3575	57.43	2593	41.65	57	0 91	
1954	5067	2881	56.85	2154	42,51	32	0.63	

## (b) Uncleanliness.

#### Vermin Tables.

	Visits to ols by Nurses.	home its.		Number amination		Nur		of Chi found			ned
	I	1S is		nool Nur			Cases			divid	
	No. of School School No. o	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Tota	
1949 1950	890 829	198 262	26599 27185	26682 26380	53281 53565	90 67	261 156	351 223	77 18	243 82	320 100
1951	791	146	27753	26582	54335	26	120	146	6	41	47
1952 1953 1954	548 743 689	80 196 151	23076 30854 31121	22173 29195 29327	45249 60049 60448	27 48 35	85 124 110	112 172 145	11 20 9	32 64 35	43 84 44

The number of children found to be verminous for each 1,000 head examinations was:—

1949	 	6.62
1950	 	4.16
1951	 	2.70
1952	 	2.49
1953	 	2.86
1954	 	2.39

(c) Ringworm of the Head.—No cases of ringworm of the head were diagnosed or treated through the School Health Service during 1954.

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

				Defective Vision.			
		Ye	ar.	Referred for Treatment.	Observation Cases.		
19.	53			 416	741		
193	54			 246	761		

			External Eye Disease.			
	Ye	ar.	Referred for Treatment.	Observation Cases.		
1953			 18	27		
1954	***	***	 8	37		

#### (e) Nose and Throat Defects.

			Tonsils and Adenoids.			
	Ye	ear.	Referred for Treatment.	Observation Cases.		
1953	***	***	 113	322		
1954			 31	304		

#### 6. Following Up.

During the year the School Nurses made 1,380 visits to the homes of children in need of medical and surgical treatment to ensure that the parents consulted the family doctor and carried out his recommendations.

#### 7. Medical Treatment.

- (a) Minor Ailments and Diseases of the Skin.—There are 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:—The arrangements made for this work to be carried out through the Supplementary Ophthalmic Services under the provisions of the National Health Service Act, 1946, appear to be working satisfactorily. These arrangements are supplemented by the Regional Hospital Board, who have at present one ophthalmic clinic in operation in the County, held in the Committee's clinic premises at Stowmarket. Information so far obtained by follow-up home visits shows that of 238 children whose sight was tested by ophthalmic medical practitioners or ophthalmic opticians, 193 were prescribed glasses and 173 have obtained them. In 4 cases no change of existing spectacles was required and in 40 cases glasses were found to be unnecessary at present. One child with a squint was recommended for operative treatment.

## (c) Nose and Throat Defects.

Tonsils and Adenoids.

Since all children who are considered by the School Medical Officers at routine medical inspections to require treatment for nose and throat defects are now referred to their own doctors, it is not possible to provide any accurate statistics. Information so far obtained by follow-up home visits shows that 48 children have received operative treatment, while 7 were not considered to require it at present.

#### Other Conditions.

Twenty-four children were referred for treatment for various nasal conditions and, as far as can be ascertained, 10 of these have actually been treated.

#### (d) Dental Inspection and Treatment.

The Principal School Dental Officer, Mr. C. D. Macpherson, L.D.S., reports as follows:—

"The Education Committee, at their meeting on 9th February, 1954, approved the provision of a second dental trailer and a portable X-ray apparatus. This additional equipment has been in use during the last six months, to the advantage of both patient and operator. The trailer provides the facilities of an equipped surgery which is independent of local conditions. The X-ray apparatus is a valuable adjunct to dental and orthodontic diagnosis.

From observation of the dental condition of 5 year old children at school inspections it appears that the incidence of dental caries is rising steadily in children of pre-school age. It is desirable that parents should be made aware of the importance of the temporary teeth, not only for efficient mastication, but for their vital role in the ultimate conformation of the jaws and permanent teeth. As shortage of Dental Officers precludes the attendance of a Dental Officer at Child Welfare Clinics, it is intended that leaflets will be available to inform parents on the measures recommended to safeguard the teeth of their infants.

Dental defects remain high amongst children of school age, but it is pleasant to report that the standard of oral hygiene is improving slowly, and there is evidence that more children are receiving regular dental treatment.

It is with deep regret that I record the death of Miss E. E. Cable last August. Miss Cable had been a Dental Attendant in the County for 32 years and she had served her officers with great ability and careful attention. Her sense of duty was inspiring, and her knowledge of, and kindliness to, children, made her their friend. It is sad she did not live to enjoy the retirement she had so richly deserved."

(e) Orthopaedic and Postural Defects.

Since, during 1950, the responsibility for the making of appointments for school-children to see the Orthopaedic Surgeon at the East Suffolk and Ipswich Hospital was passed to the Hospital Management Committee it has not been possible to establish an effective system for the exchange of information. No statistics relating to this form of treatment can therefore be given.

(f) Child Guidance.

The Ipswich Group Hospital Management Committee's Consultant Psychiatrist, Dr. J. G. Howells, has kindly submitted the following short statistical summary of the work carried out by his Department during the year in respect of children residing in the Committee's area:—

"Cases on current treatment list on 1.	.1.54	4	64
New Cases-East Suffolk (excluding			
and Ipswich)			122
Referred by-G.P.s and Hospitals		90	
School Medical Officer		29	
Courts		3	
		-	
		122	
Clinic Interviews		1,593	
		35	
Home Visits		0.0	

#### Dr. Howells also observes:-

There has been a further increase in the number of cases referred and seen during 1954. It is probable that the optimum number of cases that can be seen at the present level of staff has been reached. It is interesting to look back a few years to see how the number referred has increased. The number of children seen for full investigation in 1947 was 43. In 1954 the number was 122. Thus there has been a three-fold increase.

Looking back over the years it is clear how more and more recognition is being given to the importance of home factors as one of the causes of mental ill health in children. This mental ill health, of course, denotes neurosis, since insanity (psychosis) is almost unknown in childhood. The National Association of Mental Health, in their evidence to the Committee on Maladjusted Children at the Ministry of Education, stated "The school is very seldom, if ever, a sole cause of maladjustment." The school, however, plays an essential part in discovering disturbed children and in supporting them against an adverse home. Concentration on the home has resulted in close attention being paid to the pre-school child, there being great advantage in seeing a child at as early an age as possible. In 1947 3.7% of children referred were under 5 years of age; in 1954 this had improved to 15%.

Going with the recognition that factors within the family are all-important in causing a child's disturbance there has been a great improvement in the technique for studying the family. One disturbed child in the family often means that all the children are disturbed. It is the child with the most awkward symptom, e.g., enuresis or aggressive behaviour, who is referred but his siblings may be equally disturbed but have less dramatic symptoms. The emotional stress usually emanates from one or other parent, and the degree of the parents' disturbance must be assessed and treated. From Child Psychiatry has come Family Psychiatry.

The increasing number of cases referred does not imply an increasing amount of mental ill health. It merely denotes the greater general awareness of the importance of obtaining treatment for the child concerned. There is no evidence that rural areas have more or less neurosis than urban areas. There may be more children referred from urban areas but this simply reflects the greater availability of clinics.

During 1954 a half-day clinic at Saxmundham has been working each week throughout the year. This has been a great help to families living in a large area from which quite a long journey is necessary to reach either Ipswich or Lowestoft."

## (g) Speech Therapy.

Since Miss S. Barker, L.C.S.T., and Miss J. Bennett-Baggs, L.C.S.T. joined the Committee's staff at the beginning of the year, the full establishment of three Speech Therapists has been maintained throughout the County. Miss Barker has undertaken work in the Excepted District of Lowestoft and in Beccles and Bungay, and has also treated children at Ashley Downs Special School. Miss Bennett-Baggs has worked in the northern part of the County area and Mrs. Smyth in the south.

Mrs. Smyth reports as follows:-

"During the past year my case load has numbered 110 cases, classified as follows:

Cleft palate	 	11
Stammer	 	12
Dysphonia	 	1
Rhotasism	 	1
Slight Spastic	 	3
Dyslalia	 	61
Lateral Sigmatism	 	21
		110

Owing to the wide area involved, the system of fortnightly visits has been continued, using three main central clinics, and covering the remaining area involved by visiting the schools concerned, which number twenty-two.

Because of the large numbers requiring treatment, and the short period spent in each School, I have recommended parents and teachers to carry out exercises between each visit, and, when they do so, the improvement is marked.

I would like to pay tribute to those teachers, who by their enthusiasm, stimulate the child's interest and keenness between each visit of the Speech Therapist, as this is a tremendous help towards curing the speech defect.

We are continually faced with a very real problem, namely, should one devote precious time to treating just a few serious cases, or carry out the supervision of as many cases as possible. It was decided to adopt the latter course, which decision I think has been justified."

Miss Bennett-Baggs observes:-

"The size and nature of my area is similar to that for which Mrs. Smyth is responsible, though owing to lack of public transport facilities there are fewer centralised clinics.

No. of schools where clinics	s are held			28
No. of centralised clinics				1
No. of cases at present				121
Types:				
Dyslalia			66	
Lateral Sigmatism		***	20	
Stammer	***		24	
Cleft Palate	***		3	
Rhotasism			7	
Laryngectomy			1	
		-	121	

Due to the heavy case load it was decided to cover as much ground as possible by using a fortnightly schedule of treatment sessions.

For treatment to have its full effect under these conditions, co-operation from both the school and parent is extremely necessary. This has been clearly demonstrated by those schools who have so whole-heartedly co-operated and to whom I convey my thanks,"

#### 8. Infectious and Contagious Diseases.

The table below shows the number of children known to have been excluded from school, either suffering from, or being contacts of the infectious and contagious diseases named.

No. of Cases.
491
_
663
558
153
510
178
34
1
4
29
17
40
8
1
3

School Closures:—There was no need to close any school on account of infectious disease during 1954.

### 9. Physical Training and Remedial Exercises.

The Committee's Chief Organiser of Physical Education, Mr. H. Stott, reports as follows:—

The number of children reported to be in need of remedial exercises during 1954 was 124. The Organisers saw all these cases and prescribed suitable exercises. Copies of detailed directions were adequately distributed to children, parents and teachers and it is considered that the system used was fruitful.

There is ready co-operation from all concerned and undoubtedly the children had every opportunity to benefit from the steps taken.

(a) Total number of children concerned:

1950	1951	1952	1953	1954
255	113	240	282	124

#### (b) Distribution of cases in age groups:-

	0 0 1		
	Under	Over	
Boys	12	12	Total
1950	62	34	96
1951	38	21	59
1952	72	54	126
1953	88	64	152
1954	42	21	63
	Under	Over	
Girls	12	12	Total
1950	77	82	159
1951	26	28	54
1952	54	60	114
1953	55	75	130
1954	38	23	61

(c) Distribution of cases in	schools.				
	1950	1951	1952	1953	1954
County Grammar	. 42	18	24	9	12
County Modern, Area and					
Full Standard	. 122	51	128	167	47
Junior and Infant	. 91	44	88	106	65

#### 10. School Meals.

The number of children taking meals in 1954 was about 14,460 or 62.2%

of the children at school, compared with 62.9% in 1953.

Extensions of Canteen facilities have been made in several schools. The new school, Kesgrave Heath, has both kitchen and dining room. A new kitchen and dining room has been built at Grundisburgh Primary so that full provision of meals, which had been reduced owing to lack of accommodation, has been restored. New kitchens have been opened at Stonham Aspal (previously served from Stowmarket) and Walberswick. A dining room has been added to the kitchen at Butley where meals had previously been served in inconvenient classrooms.

Chediston, Frostenden and Alderton which had only improvised and

inadequate washing-up facilities have now had new sculleries built.

Westhall Canteen which was closed in October, 1951, owing to fallen demand has now been re-opened, but Bawdsey has been closed due to lack of numbers.

Teachers have continued to give great help in Canteen supervision, and this is gratefully appreciated by the Education Committee.

#### 11. Provision of Milk for School Children.

During the year local education authorities assumed responsibility to provide milk for pupils at schools maintained by them, each child receiving a

free daily allowance of one third pint.

At the end of the year two schools were temporarily without a milk supply; a suitable supply of pasteurised milk has since been secured, so that liquid milk is provided in all the 214 schools in the County (excluding Lowestoft).

1. Popularity of the Scheme.

During the year liquid milk was delivered to all schools in the County and of 23,250 children on the roll in October, 17,684, that is 75.2% were receiving milk; the corresponding figure for 1953 being 76.9% and for 1952, 75%.

2. Delivery.

At the end of the year all school milks were supplied in one third pint bottles.

The milk was delivered by 43 dairymen, 37 of these obtain milk pasteurised and bottled at 18 licensed pasteurisation establishments. The remaining 6 deliver milk produced and bottled at their own dairies.

## 3. Quality of Milk.

(a) General.

The County Medical Officer of Health must approve all supplies and where possible the milk should be either pasteurised or tuberculin tested. Such a supply was obtained for all schools with the exception of Thrandeston and Metfield; during the latter part of the year, however, a suitable pasteurised supply was secured for Metfield, leaving only one school in the County where non-designated raw milk was consumed,

On 1st October, legislation came into force which prevented a dairyman bottling on his own premises pasteurised milk received in bulk from another source. In the past quite a large proportion of pasteurised milk delivered to schools was bottled this way, and this legislation has eliminated a very likely source of contamination of school milk. It is interesting to note that during 1952 and 1953 in all cases where pasteurised milk failed the test for efficient pasteurisation and in many cases where the keeping quality proved unsatisfactory, milk has been obtained and bottled in this manner.

The grades of milk approved by the County Medical Officer are shown in the table below, figures for 1953 are given in parenthesis. It will be noticed that there was a further marked decrease in the number of schools receiving raw milk.

Types of milk approved by the County Medical Officer, December, 1954.

	No. o Schoo			tage of chools		f 1/3rd daily		tage of supply
Pasteurised	 196 (17	75)	92.45	(82.5)	16,379	(15,588)	96.34	(88.8)
Tuberculin Tested	 15 (3	35)	7.08	(16.5)	613	(1,908)	3.61	(10.8)
Undesignated	 1	(2)	0.47	(0.9)	9	(52)	0.05	(0.3)

(b) Supervision of Supplies.

The positions of the Health Department Sanitary Officers were vacant for much of the year and the following information relates to the winter term only.

Of the 18 sources of pasteurised milk, 8 are situated within the County, and in these cases supervision of supplies was maintained by inspection of dairies and pasteurisation plant, examination of bottles and other equipment, and sampling of milk delivered to the schools. In all other cases a close liaison was maintained with officers of the appropriate Food and Drugs Authorities for this purpose.

Samples of milk were examined for the following purposes:-

## (i) Freedom from Infection.

All raw milk supplies were examined for infections of bovine origin.

15 samples were examined and all were found to be negative for tubercle and brucella organisms.

(ii) Keeping Quality and Efficiency of Pasteurisation.

Twenty-two samples were taken for these purposes and only 1 sample failed the statutory test. In this case a sample of "pasteurised milk" was not properly pasteurised; the result was passed to the Food and Drugs Authority concerned and investigations there revealed a minor defect in the process, which was immediately rectified.

(iii) Chemical Quality.

Nine samples of school milk were examined for this purpose and in 2 cases the samples were below the legal presumptive standard for butter fat. Follow-up samples proved satisfactory and the suppliers were warned.

#### 12. Co-operation with Voluntary Bodies.

National Society for the Prevention of Cruelty to Children.

As in the past, the Officers of the Society have this year been very helpful in ensuring that in certain cases children received medical treatment. They have also been of great assistance in the more general aspect of the welfare of children attending the Committee's schools.

13. Handicapped Pupils.—The Handicapped Pupils and School Health Service Regulations, 1953, detail ten categories of defects which require special educational treatment, and the following statistics indicate the progress that has been made in ascertaining and dealing with children who come within the scope of the Regulations. More detailed statistical information will be found in the Tables at the end of this Report.

Educationally Subnormal.—The following table shows the number of educationally subnormal children at present ascertained in the County, 52 of whom are at present in residential Special Schools.

	No. of Education-	No of			Classified	as—	
Year	ally Subnormal.	Children mentally	in a S	ment pecial nool	Requiring special class at an ordinary School		Local Authority as being
1953 1954	158 161	71 51	37 31	1	16 6	5	12 14

Other Defects—			as		At Special School.
Blind Pupils				2	1
Partially Blind Pupils	100			- 5	3
Deaf Pupils				17	14
Partially Deaf Pupils				7	5
Delicate Pupils				6	1
Epileptic Pupils				4	4
Maladjusted Pupils				22	10
Physically Handicapped	Pupils			15	5
Pupils suffering from Spe		ect		_	_
Multiple Defects.					
Educationally Subne	ormal an	d Physics	ally		
Handicapped				2	
Educationally Subno				2 3	2
Educationally Subne				2	ī
Epileptic and Edu				-	*
and Maladjuste				1	1
Physically Handicap		Education		1	1
Subnormal .			any	1	
Educationally Sub		Dhyo	ically	1	
Handicapped as	nd Partia	my signte	d	1	

#### 14. Full Time Courses of Higher Education for Handicapped Children.

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

Blind Awards :-				
Students in training				1
Students awaiting training				72.00
Cripple Awards :-				
Students in training				4
Students awaiting training		***		1
Deaf Awards :-				
Students in training	***		***	
Students awaiting training				-

## 15. Nursery Schools.

There are at present no Nursery Schools in the County.

## EAST SUFFOLK COUNTY EDUCATION COMMITTEE MEDICAL INSPECTION RETURN, 1954.

#### TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

## A.--PERIODIC MEDICAL INSPECTIONS

Number of Inspections i	in the p	rescribed	l Groups			
Entrants						2,052
Second Age Group						1,742
Third Age Group						1,208
				Total		5,002
Number of other Period	ic Inspe	ections				65
			Gra	nd Total		5,067
В	.—OTI	HER IN	SPECTIO	ONS		
Number of Special Insp	ections			***		243
Number of Re-Inspection					***	4,208

4,451

Total ...

#### C.—PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspection to require Treatment (excluding Dental Diseases and Infestation with Vermin).

GROUP.	For defective vision (excluding squint).	For any of the other conditions recorded in Table II.A.  (3)	Total individual pupils. (4)
Entrants	34	52	74
Second Age Group Third Age Group	21 23	24 25	41 34
Total (prescribed groups) Other Periodic Inspec-	78	101	149
tions	_	17	15
GRAND TOTAL	78	118	164

#### TABLE II.

# A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1954.

Note:—All defects noted at medical inspection as requiring treatment are included in this return, whether or not this treatment was begun before the date of the inspection.

		PERIODIC I	NSPECTIONS.	SPECIAL IN	SPECTIONS.
		No. of	Defects.	No. of	Defects.
Defect Code No.	Defect or Disease	Requiring treatment.	Requiring to be kept under ob- servation, but not re- quiring treatment.	Requiring treatment.	Requiring to be kept under ob- servation, but not re- quiring treatment.
	(1)	(2)	(3)	(4)	(5)
4 5	Skin Eyes—	 6	60	-	1
	(a) Vision (b) Squint (c) Other	 78 17 —	676 71 32	5	18 1 5
6	Ears— (a) Hearing (b) Otitis Media (c) Other	 3 2 2	32 54 26	_	2 2
7 8 9	Nose and Throat Speech Cervical glands	 27 8 —	420 50 128	1 1	2 2 8 4
10 11 12	Heart & Circulation Lungs Developmental—	 =	60 122	Ξ	2 2
13	(a) Hernia (b) Other Orthopaedic—	 2 2	21	=	=
	(a) Posture (b) Flat Foot (c) Other	 16 16 10	96 105 175	1 2	5 1 7
14	Nervous System—  (a) Epilepsy  (b) Other	 1	7 7	-	_
15	Psychological—  (a) Development	 8	29	_	_
16	(b) Stability Other	 11	32 120	1	1 2

## B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS

	No. of	A. (G	ood).	B. (Fair).		C. (Poor).	
Age Groups.	Pupils In- spected.	No.	% of col. 2.	No.	% of col. 2.	No.	% of col. 2.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	2,052	1,092	53.21	939	45.76	21	1.02
Second Age Group	1,742	979	56.12	756	43.39	7	0.40
Third Age Group	1,208	773	63.99	433	35.84	2	0.17
Other Periodic Inspections	65	37	56.92	26	40.00	2	3.07
Total	5,067	2,881	56.85	2,154	42.51	32	0.63

## TABLE III.

#### INFESTATION WITH VERMIN.

(i) Total number of examinations in the schools by the school nurses or other authorized persons	60,448
(ii) Total number of individual pupils found to be infested	145
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	-
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	-

#### TABLE IV.

#### TREATMENT TABLES.

#### Notes.

- (a) Treatment provided by the Authority includes all defects treated or under treatment during the year by the Authority's own staff, however brought to the Authority's notice i.e. whether by periodic inspection, special inspection, or otherwise, during the year in question or previously.
- (b) Treatment provided otherwise than by the Authority includes all treatment known by the Authority to have been so provided, including treatment undertaken in school clinics by the Regional Hospital Board.

GROUP 1.—DISEASES OF THE SKIN (excluding uncleanliness, for which see Table III).

		Number of cases t treatment during	
		By the Authority.	Otherwise.
Ringworm (i) Scalp (ii) Body Scabies Impetigo		 	As far
Other skin diseases	Total		4 4 KHOWH

## GROUP 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases	dealt with.	
	By the Authority.	Otherwise.	
External and other, excluding errors of refraction and squint  Errors of Refraction (including squint)  Total  Number of Pupils for whom spectacles were  (a) Prescribed  (b) Obtained	= * Nil = *	9 238 247 As far as known.	

<sup>\*</sup> Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.

## GROUP 3.—DISEASES AND DEFECTS OF EAR, NOSE & THROAT.

	Number o	f Cases treated.
	By the Authorit	y. Otherwise.
Received operative treatment—  (a) for diseases of the ear  (b) for adenoids and chronic tonsillitis  (c) for other nose and throat conditions  Received other forms of treatment  Total		48 As far as known.

## GROUP 4.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a)	Number treated as in-patients	4		
	in Hospitals	By the Authority.	Otherwise.	As far
(b)	Number treated otherwise, e.g., in clinics or out-patients departments	Nil	21	known

## GROUP 5.—CHILD GUIDANCE TREATMENT.

	Number of case	es treated
	In the Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics	Nil	186

## GROUP 6.—SPEECH THERAPY.

	Number of c	ases treated
	By the Authority	Otherwise
Number of pupils treated by Speech Therapists	375	Not known

## GROUP 7.—OTHER TREATMENT GIVEN.

		Nun	nber of cas	es treate	d
		By the A	Authority	Othe	rwise
(a) Miscellaneous minor a	ilments	 _		9	1
(b) Other than (a) above	(specify)		1		
1. Appendicitis		 -		3 2 3 3	As far
2. Enuresis	***	 -		2	as
3. Enlarged Glands		 -	Nil	3	know
4. Undescended tests	***	 _			
5. Other defects		 _	,	14	
	Total			34	1

## TABLE V.

#### DENTAL INSPECTION AND TREATMENT.

(1)	Number of pupils inspec	ted by the Authorit	y's Dental C	officers—	
	(a) Periodic				8,368
	(b) Specials				134
			Total (1)		8,502
(2)	Number found to require	e treatment			5,035
(3)	Number referred for trea				5,035
(4)	Number actually treated				3,598
(5)	Attendances made by pur	oils for treatment			4,180
6)	Half-days devoted to:	Inspection			86
		Treatment			692
			Total (6)		778
(7)	Fillings:	Permanent Teeth			2,699
,		Temporary Teeth			301
			Total (7)		3,000
(8)	Number of Teeth filled:	Permanent Teeth			2,529
(0)	21411011 01 20011 111011	Temporary Teeth			285
			Total (8)		2,814
(9)	Extractions:	Permanent Teeth			416
(-)	ZJALIACTIONO.	Temporary Teeth			2,650
			Total (9)		3,066
(10)	) Administration of genera	anaesthetics for ex	ctraction		17
(11	Other Operations:	Permanent Teeth			431
		Temporary Teeth			722
			Total (11)		1,153

In addition, 177 attendances were made for orthodontic treatment in 40 sessions and 23 appliances and dentures were fitted.

# HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES.

						KDIN		IVILIO.		
,	(1) Bli (2) Par sight	rtially	(3) E (4) Par dea	rtially		licate sically apped.	(7) Editionally norm (8) Madjus	y sub- nal. Mal-	(9) Epi- leptic.	Total 1-9
In the calendar year	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
ending 31st Dec., 1954:  A. Handicapped Pupils newly placed in Special Schools or Homes  B. Handicapped Pupils newly ascertained as requiring education at	_		2	1	1	2	10	3	-1	20
Special Schools or boarding in Homes	1	2	_	1	1	5	27	8	1	46
Tiones	1	2		1	1		21	3	-	10
On or about December 1st:— C. Number of Handicapped Pupils from the area:— (i) attending Special Schools as:										
(a) Day Pupils	-	-	-	-	-		-	-	-	_
(b) Boarding Pupils	1	3	13	5	1	5	53	10	4	95
(ii) Boarded in Homes (iii) attending in- dependent schools	-	-	-	-	-	-	-	-	-	-
under arrange- ments made by the Authority	-	-	1	_	_	_	_	_	_	1
TOTAL (C)	1	3	14	5	1	5	53	10	4	96
D. Number of Hand- icapped Pupils being educated under arrange- ments made under Section 56 of the Education Act,									10.	
(a) in hospitals (b) elsewhere		=	=	=	=			=	=	
E. Number of Hand- icapped Pupils from the area requiring places in special schools (including any such unplaced children who are temporarily re-	1	2	3	2	5	10	73	12	4	112
temporarity re- ceiving home tuition or whose parents have not yet consented to their attending a Special School).										

Number of children reporte	ed during the year-
----------------------------	---------------------

	(a) under	Section	57 (3)	(excluding	any reti	urned un	ider (b)	) 1-
	(b) under	Section	57 (3)	relying on	Section	57 (4)		Ni
	(c) under	Section	57 (5)					3
of	the Educati	on Act.	1944.					

Amount spent on arrangements under Section 56 of the Education Act, 1944, for the education of handicapped pupils otherwise than at school, in the financial year ended 31st March, 1954 ... £105 9 3

# BOROUGH OF LOWESTOFT. (EXCEPTED DISTRICT).

The following report on the work of the School Health Service during 1954 has been prepared by Dr. A. C. Gee, School Medical Officer for Lowestoft.

"From the statistics for Periodic Medical Inspections carried out during 1954, it will be seen that the high birthrate of the years following the war is now making itself felt in the younger age groups in the schools. The number of entrants inspected is the highest so far. In spite of this, however, it has been possible to keep on top of the periodic medical inspection programme generally.

A very satisfactory feature of this report is that once again the proportions of the pupils in the Categories A (good), I (Fair) and C (Poor) in Table IIB, show a further improvement. If 1952, for instance, there were 45.7% in Category A and 1.03 in Category C. In 1953, 47.7% were placed into Category A, and 0.65 into Category C. This year, we find 52.7% in Category A and only .14% in C. The differences may be quite small but they do show a trend in the right direction. As these statistics were compiled from the examinations of several different doctors, personal variations in assessment are thus evened out. The trend shown can therefore truly be taken as a correct indication of the gradual physical improvement which is taking place amongst the children in the Borough.

I am pleased to be able to report a further reduction in the number of dirty heads, only 52 being recorded this year. We are once again getting down to the 'hard core' of dirty families and it may be necessary to take some severe measures, which we have so far refrained from taking, to bring these chronic cases to an appreciation of their communal responsibility. A cleansing notice was issued on one family, but so far, no cleansing orders have been issued.

The specialist services have continued satisfactorily throughout the year. We are fortunate in having a well staffed and efficient dental service and I would like to record my appreciation of the efforts of the school dental surgeons. A perusal of the statistics from their department will reveal the burden of work they shoulder.

Arrangements for ophthalmic services with the Regional Hospital Board are now running smoothly as are those for Child Guidance and Psychological Investigation. The speech therapy service has continued without interruption, but it is very obvious that the services of a whole-time Speech Therapist are needed within the Borough. The present shared arrangement with the County does not allow sufficient time within the Borough for the work to be tackled effectively.

We have had staff difficulties too in respect of the Health Visitors who also do duty as School Nurses. Nurse Shipperbottom, through failing health, was unable to carry on and most unfortunately had to resign at the end of the year. Her cheerful manner and friendliness will be greatly missed by her colleagues at the Kirkley Clinic and by all those who got to know her so well during her many years of service within the Borough. Nurse Stiles left our service following her appointment to the Chest Clinic, We wish her success

in her new field of activity. Some considerable difficulty was encountered in getting replacements for these two members of the School Medical Staff. I am pleased to be able to report that these difficulties have now been resolved and 1955 should see the department back to its original strength.

Early in the year the Ministry of Health initiated a scheme for the B.C.G. vaccination of school children against tuberculosis. As members of the Committee will remember our scheme for Lowestoft was presented to the Committee in March. There will be between five and six hundred children to be seen in the Borough Schools. Unfortunately, due to approval not having yet been obtained from higher authority, we have not been able to start on the project, but it is hoped that a start may be made during the year to come.

A severe epidemic of influenza spread through the Borough schools in December, nearly half the school children being away at its peak. Considerable interest was shown in this epidemic by the Ministry of Health, for whom special investigations were carried out and a full report prepared. The invading organism was of the Influenza Virus B. type.

In my last report I referred to the dilapidated condition into which the Connaught House Clinic has got and the difficulties we are having through shortage of accommodation in this office. I am pleased to report that whilst discussions on the future of these premises have begun, as they are likely to be protracted, it was decided to carry out fairly extensive repairs to the clinic, which are now well in hand. As we have been reminded several times by members of the public 'now most of our schools are clean modern buildings and many of our houses are new and up to date, we do not feel like sending our children to a clinic which falls so far short of the standards we now set in our own homes.' At least the renovations now in progress will temporarily redress that situation."

#### 1. STAFF.

#### Borough School Medical Officer:

Arthur C. Gee, M.R.C.S., L.R.C.P., D.P.H.

#### Deputy School Medical Officer:

Isabella Sim, M.B., Ch.B., D.P.H.

#### Assistant School Medical Officers:

None.

The aggregate of time given to School Health Service work is equivalent to the services of one full-time Officer.

#### Speech Therapist:

Miss S. Barker, L.C.S.T. (from 26/1/54).

#### Principal School Dental Officer:

Mr. C. D. Macpherson, L.D.S.

#### School Dental Officers:

Mrs. H. A. Bell, L.D.S.

Miss Janet W. Hepburn, L.D.S.

## County Nursing Officer:

Miss M. Vaughan-Jones, S.R.N., S.C.M., H.V. Cert.

#### School Nurses:

Miss J. P. Cosnett.

Miss D. Guest.

Miss M. Guest.

Miss M. Shipperbottom.

Miss R. V. Stiles (till 17/10/54).

Miss A. Taylor (from 15/11/54).

The aggregate of time given to School Health Service work is equivalent to the services of 2.25 full time School Nurses.

#### Dental Attendants:

Miss D. Rackham.

Miss D. Rudd.

#### 2. STATISTICS.

#### TABLE I.

Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools (Including Special Schools).

#### A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the p	rescrib	ed Group	s—		
Entrants					1,020
Second Age Group					707
Third Age Group					373
		То	tal		2,100
Number of other Periodic Insp	ections			·	
	C	Grand Tot	al		2,100
В.—ОТНІ	ER INS	SPECTIO	NS.		
Number of Special Inspections					_
Number of Re-Inspections					731
		То	tal		731

## C.—PUPILS FOUND TO REQUIRE TREATMENT.

GROUP. (1)	For defective vision (excluding squint).	For any of the other conditions recorded in Table II.A.	Total individual pupils. (4)
Entrants Second Age Group Third Age Group	41 65 28	123 56 34	161 118 61
Total (prescribed groups) Other periodic inspections	134	213	340
GRAND TOTAL	134	213	340

A.—RETURN OF DEFECTS.

		Periodic I	NSPECTIONS.	SPECIAL IN	NSPECTIONS
		No. of	Defects.	No. of	Defects.
Defect Code No.	Defect or Disease.	Requiring treatment.	Requiring to be kept under ob- servation, but not re- quiring treatment.	Requiring treatment	Requiring to be kept under ob- servation, but not re- quiring treatment
4 5	Skin Eyes—	32	8	-	-
	(a) Vision	134	250	-	-
	(b) Squint	9		-	-
	(c) Other	14	5 2		
6	Ears—				
	(a) Hearing	_	7		
	(b) Otitis Media	6	1	_	-
	(c) Other	5	11	_	_
7	Nose and Throat	43	112	-	-
8	Speech	19	21	_	-
9	Cervical glands	1	18	-	-
10	Heart and Circulation	5	15		-
11	Lungs	25	53	-	-
12	Developmental—				
	(a) Hernia	1	-	-	-
	(b) Other	5	28		1
13	Orthopaedic—	0	40		
	(a) Posture	9 3	18		
	(b) Flat Foot	29	12 61	_	-
11	(c) Other	29	01	Carrie I	1000
14	Nervous System—	0.00	2		
	(a) Epilepsy (b) Other	5	17		
15	Psychological—		17		
13			7	-	
	71 \ C. 1.115		4	-	
16	Oil	9	13		
10	Other		1.0		

# B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS

	No. of	A. (Good).		B. (Fair).		C. (Poor).	
Age Groups.	Pupils In- spected.	No.	% of col. 2.	No.	% of col. 2.	No.	% of col. 2
(1) Entrants	(2) 1,020	(3) 507	(4) 49.7	(5) 513	(6) 50.3	(7)	(8)
Second Age Group	707	362	51.2	344 133	48.6	1 2	0.14
Third Age Group Other Periodic	373	238	63,8	155	35.6	4	0.000
Inspections	_		_	-	_		_
Total	2,100	1107	52.7	990	47.1	3	0.14

## TABLE III.

#### INFESTATION WITH VERMIN.

(i)	Total number of examinations in the schools by the school nurses or other authorised persons	12,917
(ii)	Total number of individual pupils found to be infested	52
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	1
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	_

#### TABLE IV.

TREATMENT TABLES.

GROUP 1.—DISEASES OF THE SKIN (excluding uncleanliness, for which see Table III).

					Number of cases t treatment during t	
					By the Authority	Otherwise
Ringworm		Scalp		***	_	_
Scabies Impetigo	(ii)	Body	·		2 7 52	=
Other Skin	disea	ises	Т	otal	118 179	_

## GROUP 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of case	es dealt with
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint Errors of Refraction (including squint) Total	51 141 192	=
Number of pupils for whom spectacles were  (a) Prescribed  (b) Obtained	146 130	=

## GROUP 3.—DISEASES AND DEFECTS OF EAR, NOSE & THROAT.

	Number of c	ases treated
	By the Authority	Otherwise
Received operative treatment  (a) for diseases of the ear  (b) for adenoids and chronic tonsillitis  (c) for other nose and throat conditions  Received other forms of treatment		188 13
Total	23	201

#### GROUP 4.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals	in _	33
(b) Number treated otherwise, e.g. in clinics or out-patient department	in ts 44	68

## GROUP 5.—CHILD GUIDANCE TREATMENT.

	Number of case	s treated
	In the Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics	_	26

#### GROUP 6.—SPEECH THERAPY.

	Number of cases treated		
	By the Authority	Otherwise	
Number of pupils treated by Speech Therapists	. 70	_	

## GROUP 7.—OTHER TREATMENT GIVEN.

		Number of cases treated		
		By the Authority	Otherwise	
(a) Miscellaneous minor ailments		382	_	
(b) Other		_	-	
	Total	382		

## TABLE V.

## DENTAL INSPECTION AND TREATMENT.

DENTAL IN	SILCTION AND	IKE	TIMENT.		
(1) Number of pupils insp	ected by Authority's	s Dent	al Officers:-	_	
(a) Periodic			***		2,033
(b) Specials					1,565
			Total (1)		3,598
(2) Number found to requ	uire treatment				2,467
(3) Number referred for tr	eatment				2,445
(4) Number actually treate	ed	***			1,305
(5) Attendances made by I	oupils for treatment				5,087
(6) Half-days devoted to:	Tabasatian				15
(b) Han-days devoted to:	Inspection Treatment		***		15 880
	2 Toutille		Total (6)		895
			Total (0)		
(7) Fillings:	Permanent Teeth				2,728
	Temporary Teeth				510
			Total (7)		3,238
(9) Number of Teath Fills	d. D T				0.410
(8) Number of Teeth Filled	Temporary Teet			***	2,418 483
	Temporary Teet		Total (8)		2,901
			(-)		
(9) Extractions:	Permanent Teeth				411
	Temporary Teeth				2,578
			Total (9)		2,989
(10) Administration of gene	ral anaesthetics for	extract	ion		1,469
(11) Other operations:	Permanent Teeth				656
	Temporary Teeth				337
			Total (11)		993

# HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES.

	(1) Blind. (2) Partially sighted.		(3) Deaf. (4) Partially deaf. (5) Delicate (6) Physically handicapped.				(9) Epi- leptic.	Total 1-9		
In the calendar year ending 31st Dec., 1954: A. Handicapped Pupils newly placed	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
in Special Schools or Homes B. Handicapped Pu- pils newly ascer- tained as requiring education at	1	-	-	-	1	1	3	1	-	7
Special Schools or boarding in Homes	-	_	_	_	1	-	11	2	_	14
On or about December 1st:— C. Number of Handicapped Pupils										
from the area:— (i) attending Special Schools as: (a) Day Pupils (b) B o a r d i n g	_	-	_	-	_	_	_	_	_	_
Pupils (ii) Boarded in Homes (iii) attending in- dependent schools	1 -	5	5	-	1	3	12	1	1 -	29
under arrange- ments made by the Authority	_	_	_	-	_	-	-	_	_	_
Total (C)	1	5	5	_	1	3	12	1	1	29
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944:  (a) in hospitals  (b) elsewhere			=	=	=					
E. Number of Handicapped Pupils from the area requiring places in special schools (including any such unplaced children who are temporarily receiving home tuition or whose parents have not yet consented to their attending a	2	_				2	11	1	_	16

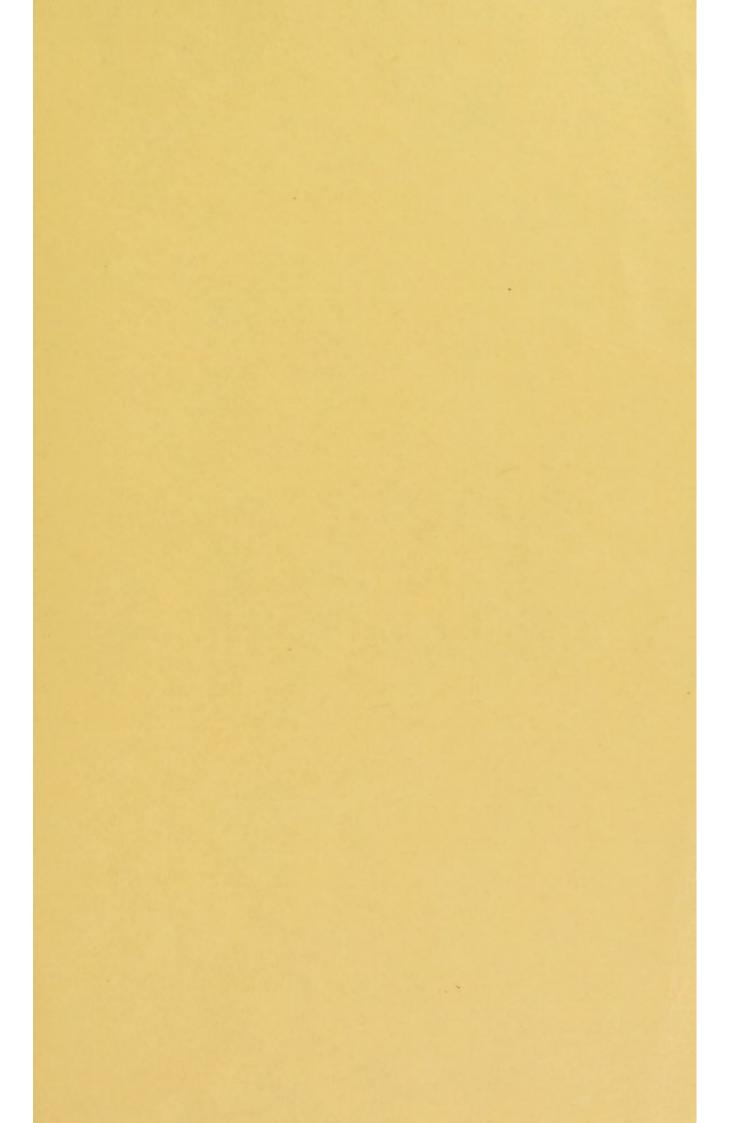
rumber of children reported during the year	reported during the year-
---	---------------------------

	(a) under	Section 5	57 (	3) (e	excluding	g an	y return	ed under	r (b))	2
	(b) under	Section	57	(3)	relying	on	Section	57 (4)		1
	(c) under	Section	57	(5)						Nil
of t	he Education	on Act, 1	944							

Amount spent on arrangements under Section 56 of the Education Act, 1944, for the education of handicapped pupils otherwise than at school, in the financial year ended 31st March, 1954 ... £96 10 0

#### INDEX.

				Page
Co-operation with other Public Heal	th Service	ces		 3
" Voluntary Bodies				 13
Following up, home visits				 6
Full-time Courses of Higher Education	for Han	dicapped	Children	 14
Handicapped Pupils				 13
Hygiene and Sanitation in Schools				 3
Infectious and Contagious Diseases				 10
Lowestoft Excepted District				 22, 23
Medical Inspection				 3, 4
" ,, Findings of				 4, 5, 6
Medical Treatment:				
Child Guidance		***	***	 7, 8
Dental Inspection and Treatmen	t			 7
Minor Ailments and Diseases of	the Skir	1		 6
Nose and Throat Defects				 6
Orthopaedic and Postural Defect	is	***	***	 7
Speech Therapy				 8, 9
Visual Defects and External Eye	Diseases	3		 6
Nursery Schools				 14
Physical Training and Remedial Exe	rcises			 10, 11
Provision of Milk for School Childre	en		***	 11, 12
School Clinics				 3
School Meals		***		 11
Staff:				
County Area			***	 2
Lowestoft Excepted District				 24
Statistical Tables:				
County Area				 14-21
Lowestoft Excepted District				 25-31



# EAST SUFFOLK COUNTY EDUCATION COMMITTEE



## ANNUAL REPORT

OF THE

Principal School Medical Officer

1954

Printed and Published by
EAST ANGLIAN DAILY TIMES Co., LTD.
13 Carr Street, Ipswich