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EAST SUFFOLK COUNTY EDUCATION
COMMITTEE



ANNUAL REPORT
OF THE
Principal School Medical Officer

1959

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HEALTH DEPARTMENT,
COUNTY HALL,
IPSWICH.

September, 1960.

TO THE CHAIRMAN AND MEMBERS OF THE
EDUCATION COMMITTEE.

MY LORDS, LADIES AND GENTLEMEN,

I have pleasure in submitting once again the annual report on the work of the School Health Service.

Periodic inspections of the three age groups, entrants, intermediate, and leavers, have continued as in past years although it has not yet been possible to visit each school twice a year due to other demands upon the time of the medical staff. However, now that the peak for poliomyelitis vaccination has been reached it is hoped that in future years the target of two inspections per year will be reached.

The marked improvement in the physical condition of school children generally noticed during previous years was maintained, as will be seen from the figure of 1.13% found to be in an unsatisfactory physical condition compared with 1.49% in 1958 and 2.07% in 1957.

Routine head examinations by school nurses have continued to bring to light those children with verminous heads and the figures show that although this problem is still evident it consists in the main of a hard core of difficult families and has been less than 2% since 1955. As a result of representations by Head Teachers it was decided to adopt a more selective approach to these examinations from 1st January, 1960, for a trial period of 12 months, thereby restricting them to specific requests by Head Teachers and/or parents at individual schools and terminating routine inspections at all schools by nurses.

Despite the continued shortage of Dental Officers, it is pleasing to note from the report of the Principal School Dental Officer that considerably more children were given dental treatment than in 1958.

The establishment of Speech Therapists also is still under strength, although the appointment of a part-time Speech Therapist at Eye enabled some of the more urgent cases in that area to receive treatment.

Once again I should like to express my gratitude to the Chairman and Members of the School Welfare Sub-Committee for their continued support and interest in the Service during the year; to the Chief Education Officer, teaching and administrative staff for their invaluable assistance, and to my own professional and clerical staff for their loyalty and zeal.

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:

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

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

J. F. Morrison, M.D., D.C.H. (part-time).

H. E. Nutten, M.B., Ch.B., D.P.H.

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

C. S. Webster, M.B., Ch.B., D.P.H. (part-time).

The aggregate of time given to School Health Service work is equivalent to the services of 2.08 full-time Officers.

Speech Therapists:

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

Mrs. J. M. Lang, L.C.S.T. (part time) from 13/1/59.

Principal School Dental Officer:

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

School Dental Officers:

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

Mr. F. W. Walmsley, L.D.S.

County Nursing Officer:

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

Area Nursing Officer:

Miss H. Place, S.R.N., S.C.M., H.V. Cert.

School Nurses: Miss B. C. Broughton, Mrs. S. F. Butler, Miss Carr Jones (23/7/59), Miss J. P. Cosnett, Miss W. M. Deakin, Miss P. Dennis, Miss M. C. Edwards, Miss B. L. Frost, Miss L. Luff, Miss M. Naylor, Miss A. Rooney, Miss M. Scott (part-time), Miss K. Smith, Miss S. J. Williams, Miss P. Waller (10/8/59), Miss M. Wyatt (16/3/59).

The aggregate of time given to School Health Service work is equivalent to the services of 4.85 full-time School Nurses.

Dental Attendants:

Miss B. A. Scarlett.

Mrs. M. B. E. Scrivener.

Mrs. H. Warner.

1. (b) School Clinics.

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

County Area:

<i>Place.</i>	<i>Address.</i>	<i>Services Provided.</i>
Beccles ...	Crowfoot School	Dental
Felixstowe	Trinity Methodist Church Hall	Speech Therapy.
Ipswich ...	The County Hall	Dental (Orthodontic), by appointment only.
Leiston ...	The County Health Clinic, "Daneway," Haylings Rd.	Dental.
Saxmundham	The County Health Clinic, Saxmundham	Chest Clinic (by Regional Hospital Board). Child Psychiatry (by Regional Hospital Board). Ophthalmic (by Regional Hospital Board).
Stowmarket	The County Health Clinic, 8 Violet Hill	Chest Clinic (by Regional Hospital Board). Dental. Speech Therapy. Ophthalmic (by Regional Hospital Board).
Woodbridge	Eden Lodge, Cumberland Street.	Speech Therapy.

Lowestoft Excepted District:

Connaught House Clinic, 123 High Street.	Minor ailments.
Kirkley Clinic, Southwell Road	Minor ailments. Dental.

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

PRIMARY, 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 11 schools have benefited as follows:—

Mains water ...	...	...	...	...	1 school
New cesspools	...	...	...	...	1 „
Washbasins ...	...	...	...	...	6 schools
New or additional lavatories	...	...	...	...	4 „

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), 217 schools in the County are under the control of the Education Committee (189 Primary, 20 Modern, 7 Grammar and Ashley Downs Special School, Lowestoft).

The number of children on the school register at the end of the December term was 24,016.

East Suffolk
(excluding Lowestoft).

1957	...	...	23,868 (including 2,187 at Grammar Schools).
1958	...	...	23,968 (including 2,361 at Grammar Schools).
1959	...	...	24,016 (including 2,420 at Grammar Schools).

(a) *Periodic Medical Inspections*—The following routine examinations were made during the year:—

Age Groups (By years of birth)	No. of Pupils
1955 and later ...	—
1954 ...	484
1953 ...	1,212
1952 ...	316
1951 ...	54
1950 ...	54
1949 ...	1,577
1948 ...	293
1947 ...	190
1946 ...	105
1945 ...	1,304
1944 and earlier	150
Total ...	5,739

(b) *Other Inspections.*

Special Inspections	...	...	432
Re-inspections	...	...	3,390
Total			3,822
Grand Total Inspections (a) & (b)			9,561

5. Findings of Medical Inspection.

(a)

Year	Number of Pupils Inspected	PHYSICAL CONDITION			
		Satisfactory		Unsatisfactory	
		Number	Per-centage	Number	Per-centage
1957	6,545	6,409	97.92	136	2.07
1958	5,641	5,557	98.51	84	1.49
1959	5,739	5,674	98.87	65	1.13

(b) *Uncleanliness.**Vermin Tables.*

	No. of Visits to Schools by School Nurses.	No. of home visits.	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
1954	689	151	31121	29327	60448	35	110	145	9	35	44
1955	723	134	31924	29906	61830	32	73	105	14	23	37
1956	602	117	25109	24935	50044	17	54	71	7	25	32
1957	504	82	24669	24245	48914	9	46	55	9	14	23
1958	613	75	29169	25369	54536	25	42	67	8	11	19
1959	620	66	25585	23847	49432	12	47	59	6	17	23

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

1954	...	...	2.39
1955	...	...	1.70
1956	...	...	1.42
1957	...	...	1.12
1958	...	...	1.22
1959	...	...	1.13

(c) *Ringworm of the Head.*—No cases of ringworm of the head were diagnosed or treated through the School Health Service during 1959.

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

Year.	Defective Vision.	
	Referred for Treatment.	Observation Cases.
1957	273	929
1958	281	882
1959	185	725

Year.	External Eye Disease.	
	Referred for Treatment.	Observation Cases.
1957	15	67
1958	8	36
1959	8	52

(e) Nose and Throat Defects.

Year.	Tonsils and Adenoids.	
	Referred for Treatment.	Observation Cases.
1957	47	408
1958	42	297
1959	43	337

6. Following Up.

During the year School Nurses made 827 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 3 ophthalmic clinics in operation in the County, 2 held in the Committee's clinic premises at Saxmundham and Stowmarket and 1 in hospital premises at Felixstowe. Information so far obtained by follow-up home visits shows that of 211 children whose sight was tested by ophthalmic medical practitioners or ophthalmic opticians, 152 were prescribed glasses and 151 obtained them. In 53 cases glasses were found to be unnecessary at present.

*(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 and from hospital reports shows that 188 children have received operative treatment, while 31 were not considered to require it at present.

Other Conditions.

Three children were referred for treatment for various nasal conditions and, as far as can be ascertained, all have been treated.

(d) Dental Inspection and Treatment.

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

There has been no increase in the number of Dental Officers employed during the year, so the service remains understaffed.

Nevertheless, I am pleased to report that over 1,000 more children were inspected and over 800 more children were treated; and over 700 more children were made dentally fit during the year.

This very appreciable rise in the number of children treated and made fit is almost entirely due to the reduction of the time interval between inspections now apparent in the North-East portion of the county. I forecasted the onset of a more favourable time/treatment relationship for this area in my report for 1957, and it is encouraging that there we are in the process of dealing more adequately with the need for treatment. However, as I said at that time, the vicious circle of progressive time lag remains unchanged in the rest of the county—and will continue so until more officers can be appointed.

The new mobile surgery, which was delivered last December, has been in use throughout the year and has proved a valuable addition to our equipment.

In considering the service we may render to our patients it should not be forgotten that education for positive dental health is an important part of our duty. Indeed, such education can relieve our patients and ourselves from much radical surgery. The problem is how to contact those in greatest need of such education before it is too late to avoid mutilation of their children's dentition. Two illustrations may be given.

- (i) Twenty-seven mothers attended a talk on "Care of Children's Teeth". In the discussion that followed I found out that only one of those mothers did not send her children for regular Dental Inspections.
- (ii) Leaflets were displayed explaining measures for safeguarding children's teeth and an invitation was given for each mother to take a leaflet before leaving the hall. Only 5 leaflets were taken.

At their Annual Conference in May the British Dental Association issued a Memorandum on The Dental Health of Children—a very lucid, concise yet comprehensive document on the problem of securing and maintaining the dental health of children. In Part VI the following paragraph occurs:

"It is one thing to arrive at conclusions regarding the measures which require to be adopted if the dental health of children is to be safeguarded and improved. It is quite another thing to secure the adoption of those measures. If the problem were simply one of urging a particular department or organisation to translate into positive action the views expressed in this Memorandum, there would be no great difficulty; unfortunately, however, it is very much greater in its ramifications. The solution is very largely one of Dental Health Education, but in the end direct responsibility for the dental health of children rests with individuals, many of whom undoubtedly fail either to recognise the existence of such a responsibility or to appreciate its importance."

(e) *Orthopaedic and Posture defects.*

As in 1950 the responsibility for making appointments for school children to see the consultant Orthopaedic Surgeon at 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 statistical summary of the work carried out by his Department during the year in respect of children residing in the Committee's area:—

New Cases—East Suffolk (excluding Lowestoft and Ipswich)	153
Referred by—G.P.s and Hospitals ...	138
School Medical Officer ...	13
Other Agencies ...	2
Clinic Interviews	2,223
School Visits	49
Home Visits	192
Number of children attending at 1.1.59 ...	159
Number of children attending at 31.12.59 ...	144

(g) Speech Therapy.

The Committee were fortunate in obtaining early in the year the services of Mrs. J. M. Lang, L.C.S.T. in a part-time capacity based at Eye, giving one session per week at the outset which was later increased to 2 sessions serving Eye Modern and Eye National schools.

Mrs. E. A. Smyth, L.C.S.T. full-time speech therapist has continued treatment on a weekly basis at central clinics at Felixstowe, Stowmarket and Woodbridge. In addition, weekly school sessions have been held at Shotley, Stutton, Bentley, East Bergholt, Claydon, Bosmere and Ringshall.

In all, 98 cases of speech defect have been treated, classified as follows:—

Dyslalia	66
Stammer	21
Lateral sigmatism	4
Cleft palate and hare lip ...	3
Hard of hearing	2
Lallalia	1
Spastic	1

Of this number, 34 were discharged with normal speech, 2 for non-attendance, and 6 had moved elsewhere.

(h) Immunisation and Vaccination.

During the year 13 pupils who had not previously been treated were immunised against diphtheria and 1,177 received reinforcing doses.

Through arrangements made by the Education Committee with the Ipswich Group Hospital Management Committee's Consultant Chest Physician, 305 school pupils were given B.C.G. vaccination against tuberculosis.

Consequent upon the death from poliomyelitis of a well-known personality in the field of sport, the demand for vaccination against the disease increased considerably. It is estimated that some 65% or more of children in the County under the age of 15 years have been vaccinated to date.

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.

	<i>No. of Cases.</i>		
Chicken-pox	396
Diphtheria	—
Measles	468
Mumps	54
Scarlet Fever	132
Whooping Cough	46
German Measles	116
Impetigo	24
Ringworm (skin)	3
Scabies	4
Tonsillitis	14
Influenza	165
Eye Infections	1
Jaundice	—
Enteritis	—
Glandular Fever	—
Salmonella typhimurium	—
Meningitis	1

School Closures:—There was no need to close any school on account of infectious disease during 1959.

9. Physical Training and Remedial Exercises.

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

Below is a summary of the treatment of children reported to be in need of special exercises. The procedure adopted remains unchanged and, on the whole, works very well. Schools and parents co-operate and the children under consideration are, with few exceptions, very ready to accept the help and advice given.

(a) Total number of children concerned:

1955	1956	1957	1958	1959
167	134	80	45	33

(b) Summary of cases reported. N.B. Some cases fall under more than one heading.

Foot conditions ... ..	...	...	...	21
Round Shoulder, Poor posture etc. ... ..	...	...	...	11
Mouth Breather ... ..	...	...	...	1

(c) Distribution of cases.

	Boys			Girls			
	Under 12	Over 12	Total	Under 12	Over 12	Total	
1955	57	8	65	1955	68	34	102
1956	42	16	58	1956	51	25	76
1957	40	5	45	1957	30	5	35
1958	16	2	18	1958	24	3	27
1959	20	3	23	1959	9	1	10

	<i>Grammar</i>	<i>Modern, Area & Full Standard</i>	<i>Junior & Infant</i>
1955	0	54	112
1956	1	58	75
1957	0	20	60
1958	0	8	37
1959	1	6	26

The facilities offered in the schools for Physical Education are improving and, though there should be no complacency, there can be a sense of satisfaction that conditions are better than they were a year ago and there is an anticipation that improvement will continue.

Unfortunately, the staffing position has not improved and the year has been one marked with lack of specialist teachers. Perhaps the improving facilities will attract well qualified teachers of the right sort. Physical Education has a far wider horizon than ever before and the 'right sort' are those who will not confine themselves to the gymnasium and playing field, still accepted as essential to any school, but will encourage and present the many outdoor pursuits and activities to those in school attendance. Hiking, cycling, camping, canoeing, sailing and the like have a greater carry-over value than is generally recognised. The boy or girl with a reasonable physique and an average ability in the national games may find no place in local teams but should be able to turn to personal physical activity of a non-competitive nature. It is the duty of the school, through the P.E. Specialist in the main, to open up this field of physical recreation and not turn out a school leaver having no knowledge of the physical recreation open to him.

10. School Meals.

The Chief Education Officer has supplied the following information relating to the work of the School Meals Service during the year:—

The average number taking meals in 1959 was about 15,000 or 61.2% of the children at school, compared with 59.6% in 1958.

Butley and Stradbroke, two new Secondary Modern Schools have both been provided with fully equipped kitchens and dining accommodation for 250 pupils. Claydon Secondary Modern School has now got a new kitchen and dining room incorporated with the building extensions, and which replaces an old very inadequate kitchen. The kitchen at Orford Primary School has been extended and is now of standard size with improved equipment.

At Debenham the Special Subjects Centre has been converted into a dining room to replace the classrooms which had formerly to serve the purpose. A Scullery has been constructed at Lothingland Secondary Modern School.

The Beccles Central Kitchen has been closed. Schools previously served from Beccles now are supplied from Crowfoot Primary School, Beccles and from Lowestoft.

Henley previously receiving container meals from the old Stowmarket Central Kitchen and recently from Ipswich, now has its own kitchen and dining room.

Improved conditions for washing up have been made at Brantham, Creeting St. Mary and Bentley by installing portable huts equipped for the purpose.

11. Provision of Milk for School Children

The Milk in Schools Scheme entitles each child to receive a free daily allowance of 1/3 pint of milk. This report deals with the supply of milk to 216 maintained and 35 non-maintained schools in the County (excluding Lowestoft).

1. *Popularity of the Scheme.*

Maintained Schools—22,758 children in attendance in October, 17,605 that is 77.4% were receiving milk.

Non-Maintained Schools—3,676 children in attendance in October, 3,400 that is 92.5% were receiving milk.

2. *Delivery.*

With one exception all schools received milk in 1/3 pint bottles. In this case the milk is received by the adjoining farm, owned by the Governing Body of the school.

The milk was delivered by 43 dairymen, 40 of these obtain milk pasteurised and bottled at 17 licensed pasteurisation establishments, the remaining 3 delivered raw 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 milk should be Pasteurised or Tuberculin Tested. At the end of the year only 3 schools were not receiving "Pasteurised Milk"; these schools, Gosbeck, Tuddenham and Southwold St. Felix were receiving a Tuberculin Tested supply.

Types of Milk approved by County Medical Officer, December, 1959.

Maintained Schools

<i>Designation</i>	<i>No. of Schools</i>	<i>Percentage of all Schools</i>	<i>No. of 1/3rd pints daily</i>	<i>Percentage of total supply</i>
Pasteurised ...	214	99.1	17,564	99.77
Tuberculin Tested ...	2	0.9	41	0.23

Non-Maintained Schools

<i>Designation</i>	<i>No. of Schools</i>	<i>Percentage of all Schools</i>	<i>No. of 1/3rd pints daily</i>	<i>Percentage of total supply</i>
Pasteurised ...	34	97.1	3,100	91.2
Tuberculin Tested ...	1	2.9	300	8.8

(b) *Supervision of Supplies.*

Seven of the 17 sources of pasteurised milk are situated within the County; in these cases supervision was maintained by inspection of dairies, plant, bottles, etc. In all other cases a close liaison is maintained with officers of the appropriate Food and Drugs Authorities for this purpose.

Samples of milk were taken and examined for the following purposes:

(i) *Freedom from Infection.*

All raw milk supplies were sampled regularly and submitted for biological examination. 27 samples were taken and all were found to be satisfactory.

(ii) *Keeping Quality and Efficiency of Pasteurisation.*

Forty-five samples were taken for this purpose. 2 samples failed the Phosphatase Test; in both cases the dairies concerned were licensed by the County Council and immediate steps were taken to prevent further failures. All samples satisfied the Methylene Blue Test for keeping quality, despite difficult weather conditions during the summer term.

(iii) *Chemical Quality.*

Twenty-six samples were examined for this purpose and all samples proved satisfactory.

12. Co-operation with Voluntary Bodies.*National Society for the Prevention of Cruelty to Children.*

As in past years, the Officers of the Society have been readily available to give help and advice in any case brought to their notice.

13. Handicapped Pupils.—The Handicapped Pupils and Special Schools Regulations, 1959, 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, 54 of whom are in residential Special Schools.

Year	No. of Educationally Subnormal Children on Register at end of year.	No. of Children mentally tested during year	Classified as—				
			Requiring treatment in a Special School		Requiring special class at an ordinary School	Retarded only, not requiring any Special Education	Requiring Notification to Local Authority as being ineducable.
			Res.	Day			
1957	171	38	20	—	9	—	9
1958	159	24	16	2	4	—	2
1959	155	38	21	1	5	—	11

<i>Other Defects—</i>	<i>Total ascertained</i>	<i>At Special School.</i>
Blind Pupils	1	1
Partially Sighted Pupils	10	6
Deaf Pupils	15	15 (1 at Independent School)
Partially Deaf Pupils	7	4
Delicate Pupils	8	6
Epileptic Pupils	—	—
Maladjusted Pupils	40	19 (7 at Independent Schools)
Physically Handicapped Pupils	18	7 (1 at Independent School)
Pupils suffering from Speech Defect ...	1	1
Multiple Defects:		
Educationally Subnormal and Physically Handicapped	4	3
Educationally Subnormal and Maladjusted	3	2
Educationally Subnormal and Epileptic ...	2	—
Educationally Subnormal, Physically Handicapped and Partially Sighted ...	1	1 at Independent School
Epileptic and Educationally Subnormal ...	3	1
Educationally Subnormal and Partially Sighted	2	1
Maladjusted and Educationally Subnormal	1	1
Delicate and Educationally Subnormal ...	1	—
Educationally Subnormal and Partially Deaf	1	1
Physically Handicapped and Speech Defect	1	—

14. Full Time Courses of Technical Training for Handicapped Children.

No students were assisted in 1959 for full time training courses and none were awaiting training at the end of the year.

15. Nursery Schools.

There are at present no Nursery Schools in the County.

16. Employment of Children.

Under the County Council's bye-laws regulating the employment of children, 343 pupils were medically examined and found fit to be employed in various specified occupations.

**EAST SUFFOLK COUNTY EDUCATION COMMITTEE
MEDICAL INSPECTION RETURN, 1959.**

PART I—MEDICAL INSPECTION OF PUPILS ATTENDING
MAINTAINED AND ASSISTED PRIMARY AND SEC-
ONDARY SCHOOLS (INCLUDING NURSERY AND
SPECIAL SCHOOLS).

TABLE A.—PERIODIC MEDICAL INSPECTIONS.

Age Groups Inspected (By years of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col. (2)	No.	% of Col. (2)
		(3)	(4)	(5)	(6)
(1)	(2)	(3)	(4)	(5)	(6)
1955 and later ...	—	—	—	—	—
1954	484	479	98.97	5	1.03
1953	1,212	1,191	98.27	21	1.73
1952	316	306	96.84	10	3.16
1951	54	51	94.44	3	5.56
1950	54	54	100.00	—	—
1949	1,577	1,560	98.92	17	1.08
1948	293	291	99.32	2	.68
1947	190	189	99.47	1	.53
1946	105	103	98.10	2	1.90
1945	1,304	1,300	99.69	4	.31
1944 and earlier ...	150	150	100.00	—	—
TOTAL ...	5,739	5,674	98.87	65	1.13

TABLE B—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS (excluding Dental Diseases and Infestation with Vermin).

Age Groups Inspected (by year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total individual pupils (4)
1955 and later ...	—	—	—
1954	6	9	14
1953	22	39	45
1952	9	17	25
1951	2	—	2
1950	2	—	2
1949	31	31	52
1948	4	2	6
1947	4	5	8
1946	2	12	13
1945	30	23	49
1944 and earlier ...	2	3	5
TOTAL ...	114	141	221

TABLE C—OTHER INSPECTIONS.

NOTES: A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	432
Number of re-inspections	3,390
Total	3,822

TABLE D—INFESTATION WITH VERMIN.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	49,432
(b) Total number of individual pupils found to be infested	59
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	—
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

PART II—DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR.

TABLE A—PERIODIC INSPECTIONS.

NOTE—All defects, including defects of pupils at Nursery and Special Schools, noted at periodic medical inspections are included in this Table, whether or not they were under treatment or observation at the time of the inspection. The table includes separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

De- fect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS							
		ENTRANTS		LEAVERS		OTHERS		TOTAL	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
4	Skin ...	1	22	1	24	9	30	11	76
5	Eyes—								
	(a) Vision ...	28	186	31	169	55	308	114	663
	(b) Squint ...	1	24	—	8	11	40	12	72
	(c) Other ...	2	21	—	7	4	30	6	58
6	Ears—								
	(a) Hearing ...	1	20	2	3	4	18	7	41
	(b) Otitis Media	—	34	—	3	—	18	—	55
	(c) Other ...	—	16	—	4	—	9	—	29
7	Nose and Throat	17	233	1	50	13	168	31	451
8	Speech ...	—	19	—	5	10	18	10	42
9	Lymphatic Glands	—	34	—	5	—	21	—	60
10	Heart ...	1	20	1	12	1	30	3	62
11	Lungs ...	1	79	1	15	1	55	3	149
12	Developmental—								
	(a) Hernia ...	3	3	—	1	1	—	4	4
	(b) Other ...	3	29	—	3	—	38	3	70
13	Orthopaedic—								
	(a) Posture ...	—	4	2	17	9	20	11	41
	(b) Feet ...	14	47	1	16	11	41	26	104
	(c) Other ...	2	33	7	24	3	46	12	103
14	Nervous System—								
	(a) Epilepsy ...	—	1	—	1	1	3	1	5
	(b) Other ...	—	2	—	2	—	9	—	13
15	Psychological—								
	(a) Development	—	10	—	5	1	17	1	32
	(b) Stability ...	1	9	—	5	3	10	4	24
16	Abdomen ...	1	6	—	—	—	5	1	11
17	Other ...	—	34	1	17	2	40	3	91

TABLE B—SPECIAL INSPECTIONS.

NOTE—All defects, including defects of pupils at Nursery and Special Schools, noted at special medical inspections are included in this Table, whether or not they were under treatment or observation at the time of the inspection.

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin	—	4
5	Eyes—		
	(a) Vision	10	5
	(b) Squint	—	2
	(c) Other	2	1
6	Ears—		
	(a) Hearing	2	1
	(b) Otitis Media	—	1
	(c) Other	—	—
7	Nose and Throat	3	3
8	Speech	2	1
9	Lymphatic Glands	—	—
10	Heart	—	—
11	Lungs	—	1
12	Developmental—		
	(a) Hernia	—	—
	(b) Other	—	—
13	Orthopaedic—		
	(a) Posture	1	1
	(b) Feet	—	4
	(c) Other	—	1
14	Nervous System—		
	(a) Epilepsy	—	—
	(b) Other	—	—
15	Psychological—		
	(a) Development	—	4
	(b) Stability	1	1
16	Abdomen	—	—
17	Other	—	1

PART III—TREATMENT OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS).

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases known to have been dealt with.
External and other, excluding errors of refraction and squint	6
Errors of refraction (including squint) ...	210
Total	216
Number of pupils for whom spectacles were prescribed	152

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE & THROAT.

	Number of cases known to have been dealt with.
Received operative treatment—	
(a) for diseases of the ear	—
(b) for adenoids and chronic tonsillitis ...	188
(c) for other nose and throat conditions	1
Received other forms of treatment ...	50
Total	239
Total Number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1959	—
(b) in previous years	5

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients' departments	8
(b) Pupils treated at school for postural defects	33
Total	41

TABLE D—DISEASES OF THE SKIN (excluding uncleanliness for which see Table D of Part I).

	Number of cases known to have been treated
Ringworm— (i) Scalp	2
(ii) Body	—
Scabies	1
Impetigo	—
Other skin diseases	8
Total	11

TABLE E—CHILD GUIDANCE TREATMENT.

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics ...	153

TABLE F—SPEECH THERAPY.

	Number of cases known to have been treated
Pupils treated by speech therapists ...	105

TABLE G—OTHER TREATMENT GIVEN.

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	—
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	305
(d) Other than (a), (b) and (c) above. Please specify:	
Enuresis	3
Undescended Testicles	11
Heart Conditions	5
Obesity	3
Hernia	4
Total (a)-(d)	331

PART IV—DENTAL INSPECTION AND TREATMENT CARRIED
OUT BY THE AUTHORITY.

(1) Number of pupils inspected by Authority's Dental Officers:—				
(a)	At Periodic Inspections	...	...	10,080
(b)	As Specials	...	...	—
			Total (1)	10,080
<hr/>				
(2)	Number found to require treatment	...	...	5,698
(3)	Number offered treatment	...	...	5,698
(4)	Number actually treated	...	...	3,908
(5)	Number of attendances made by pupils for treatment, including those recorded at heading 11(h)	...	...	6,103
<hr/>				
(6)	Half days devoted to Periodic (School) Inspection	...	...	122
	Treatment	...	...	1114
			Total (6)	1,236
<hr/>				
(7)	Fillings:	Permanent Teeth	...	2,809
		Temporary Teeth	...	262
			Total (7)	3,071
<hr/>				
(8)	Number of Teeth Filled:	Permanent Teeth	...	2,676
		Temporary Teeth	...	256
			Total (8)	2,932
<hr/>				
(9)	Extractions:	Permanent Teeth	...	856
		Temporary Teeth	...	3,534
			Total (9)	4,390
<hr/>				
(10)	Administration of general anaesthetics for extraction	...	...	31
<hr/>				
(11)	Orthodontics:			
(a)	Cases commenced during the year	...	...	26
(b)	Cases carried forward from previous year	...	...	49
(c)	Cases completed during the year	...	...	22
(d)	Cases discontinued during the year	...	...	5
(e)	Pupils treated with appliances	...	...	32
(f)	Removable appliances fitted	...	...	32
(g)	Fixed appliances fitted	...	...	—
(h)	Total attendances	...	...	347
<hr/>				
(12)	Number of pupils supplied with artificial teeth	...	...	14
<hr/>				
(13)	Other operations:	Permanent Teeth	...	844
		Temporary Teeth	...	762
			Total (13)	1,606
<hr/>				

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

During the calendar year ended 31st December, 1959	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially deaf		(5) Delicate (6) Physically handicapped		(7) Educa- tionally sub- normal (8) Mal- adjusted		(9) Epi- leptic	Total 1-9
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
A. Handicapped pu- pils <i>newly placed</i> in special schools or boarding homes	—	3	1	—	5	1	14	6	1	31
B. Handicapped pu- pils <i>newly assessed</i> as needing special educational treat- ment at special schools or in boarding homes	—	3	2	—	5	1	23	16	2	52
On 22nd January, 1960, number of handicapped pu- pils on the registers of—										
C. (i) 1. Maintained special schools:										
(a) day ...	—	—	—	—	—	—	3	—	—	3
(b) boarders	—	8	12	2	2	—	37	5	—	66
2. Non-maintained special schools:										
(a) day ...	—	—	—	—	—	—	—	—	—	—
(b) boarders	1	—	2	2	4	2	26	5	3	45
(ii) on the regis- ters of independ- ent schools under arrangements made by the Authority ...	—	—	1	—	—	1	1	8	—	11
(iii) boarded in homes and not al- ready included under (i) or (ii)	—	—	—	—	—	—	—	—	—	—
TOTAL C. ...	1	8	15	4	6	3	67	18	3	125
D. being educated under arrange- ments made under Section 56 of the Education Act, 1944.										
(i) in hospitals ...	—	—	—	—	—	—	—	—	—	—
(ii) in other groups (e.g., units for spastics, convales- cent homes) ...	—	—	—	—	—	—	—	—	—	—
(iii) at home ...	—	—	—	—	—	—	1	—	—	1

BOROUGH OF LOWESTOFT.

(EXCEPTED DISTRICT).

The following report on the work of the School Health Service during 1959 has been prepared by Dr. A. C. Gee, School Medical Officer for Lowestoft.

I would direct your attention first to the table of statistics. A comparison with those of the previous year shows a remarkable similarity. In Table A for instance, the results of the routine medical inspections for 1959 gives a figure of 99.6% for pupils in the satisfactory class compared with 99.7% the year before. For all practical purposes these two figures can be considered identical.

A comparison of Table B with that of the previous years report will show approximately similar figures and again Table C is not markedly different from its counterpart in the 1958 report.

One can fairly say, I think, that we are now able to provide almost immediate specialist consultation for many of the defects found at school medical inspections. This applies to such defects as eyes, dental, throat, nose and ear defects, orthopaedic difficulties or psychiatric disorders. By arrangement with the appropriate hospital specialist departments such defects can be readily referred to appropriate consultants and the somewhat long waiting lists which were a feature of earlier years have now become a thing of the past. The consistency of the statistics I have quoted, shows I think, that we have now got these services into a good routine, which is coping with what one might call the basic level of defects occurring in the child population.

I would like to extend this line of thought too, to the question of verminous heads. The Committee will know that we had been to very great pains during the past year, to get those pupils who become continually infested with head lice reduced in number. Again, the statistics for the past two years are remarkably similar. Table D for 1958 shows the number of individual pupils found to be infested to be 63. In the year under review it was 65. From figures I recently presented to the Committee, members will know that these pupils are the children of a few chronically dirty families who do little to keep themselves or their children clean. Persuasion and encouragement from members of my own staff and that of the School Welfare department has quite failed to produce any improvement in these cases, and the only step left to us now seems to be some drastic legal enforcement of their responsibilities.

The statistics of verminous heads for the past few years are as follows :—

1952	...	...	...	401
1953	...	...	...	94
1954	...	...	...	52
1955	...	...	...	79
1956	...	...	...	134
1957	...	...	...	86
1958	...	...	...	63
1959	...	...	...	65

These figures do seem to show that we have gradually reduced this problem to as low a level as we can by conventional methods, and indicate that if we are going to reduce it still further some considerably more severe measures will have to be adopted. We have now therefore, adopted the policy of excluding children from school if they have any evidence at all of nits. In this way, one does reduce the risk of clean children becoming infested, and the parents of infested children—particularly those out at work—do make some effort to cleanse them, in order to hasten their return to school.

Nevertheless, we still have no jurisdiction over the older members of the family who are so often the reservoir of the infestation. Without the co-operation of these teenagers who have left school, or their parents, little hope can be held of ever completely eradicating this problem in some of the chronically infested families. It seems unfair that the school medical service should have to keep on cleaning up the heads of girls who are persistently reinfested by older members of the family who do not know how to carry out their own personal hygiene.

The year was very free from infectious disease, no outbreaks of any significance having occurred throughout the year. Booster injections against diphtheria have been continued in the primary schools and polio immunisation has been available for the school population as a whole. It is hoped to introduce a scheme for providing immunisation against tetanus in the very near future and my colleagues at the chest clinic are already planning a scheme for immunising the 13-15 year age groups against tuberculosis.

Speech Therapy clinics have continued throughout the year and have been much appreciated. Most unfortunately Miss Bassett had to resign her appointment at the end of the year through ill health. Her services will be greatly missed, particularly as the shortage of Speech Therapists makes it likely that some time will lapse before the vacancy can be filled.

Of the few handicapped pupils requiring special residential schooling, little difficulty is experienced in finding suitable accommodation for them in one or other of the various specialised establishments throughout the country. In all 35 pupils are thus accommodated. There is still a waiting list for some E.S.N. pupils and whilst the less severely handicapped of these, can fit in, in a limited manner, to a normal school routine, there are a number who should be receiving special consideration, such as that provided at Ashley Downs School. It is good news to learn that there may be some increase in this type of accommodation in this area in the near future.

I am indebted to the Dental Officer for the following comments on the school dental service:—

“Dental inspection of school children during 1959 revealed the fact that although there is no decrease in the incidence of dental decay, nevertheless the awareness of dental health—and the attractiveness of sound teeth—is gradually spreading among the general public. The press, broadcasting and television authorities are no doubt partially responsible for this, but much more could be done along these lines.

A less cheerful aspect of the matter is the tendency for schools to encourage the sale of biscuits and other starchy foods during “lunch breaks”. Could not fruit and nuts be substituted for those caries producing foods? At the risk of being thought too tooth conscious, could not more encouragement be given to the brushing of teeth after school meals? Not only does this help to remove caries producing food debris from around the teeth, but it is of value in forming a habit which will help materially in preserving the teeth during later life.”

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.

School Medical Officers:

None.

The aggregate of time given to School Health Service work is equivalent to the services of 0.75 of a full-time Officer.

Speech Therapist:

Miss J. Bassett, L.C.S.T.

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.

Area Nursing Officer:

Miss H. Place, S.R.N., S.C.M., H.V. Cert.

School Nurses:

Miss J. P. Cosnett.

Miss M. C. Edwards

Miss E. A. M. Pretty

Miss A. Taylor.

Miss P. Waller (from 10/8/59).

The aggregate of time given to School Health Service work is equivalent to the services of 2.0 full time School Nurses.

Dental Attendants:

Miss D. Rackham.

Miss D. Rudd.

2. STATISTICS

PART I—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS).

TABLE A—PERIODIC MEDICAL INSPECTIONS.

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col. (2)	No.	% of Col. (2)
		(3)	(4)	(5)	(6)
1955 and later ...	—	—	—	—	—
1954 ...	382	379	99.2	3	0.8
1953 ...	136	135	99.2	1	0.8
1952 ...	12	12	100.0	—	—
1951 ...	15	15	100.0	—	—
1950 ...	8	8	100.0	—	—
1949 ...	4	4	100.0	—	—
1948 ...	492	490	99.6	2	0.4
1947 ...	348	347	99.7	1	0.3
1946 ...	94	94	100.0	—	—
1945 ...	132	132	100.0	—	—
1944 and earlier ...	631	628	99.4	3	0.6
TOTAL ...	2,254	2,244	99.6	10	0.4

TABLE B—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS (excluding Dental Diseases and Infestation with Vermin).

Age Groups Inspected (by year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total individual pupils (4)
1955 and later ...	—	—	—
1954 ...	9	54	61
1953 ...	2	19	21
1952 ...	—	2	2
1951 ...	—	—	—
1950 ...	—	—	—
1949 ...	—	—	—
1948 ...	36	57	87
1947 ...	20	30	47
1946 ...	1	2	3
1945 ...	13	19	31
1944 and earlier ...	30	46	64
TOTAL ...	111	229	316

TABLE C—OTHER INSPECTIONS.

NOTES: A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections ...	60
Number of Re-inspections ...	679
Total ...	739

TABLE D—INFESTATION WITH VERMIN.

(a) Total number of individual examinations of pupils in Schools by school nurses or other authorised persons ...	17,798
(b) Total number of individual pupils found to be infested ...	65
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	—
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

PART II—DEFECTS FOUND BY MEDICAL INSPECTION
DURING THE YEAR.

TABLE A—PERIODIC INSPECTIONS.

NOTE—All defects, including defects of pupils at Nursery and Special Schools, noted at periodic medical inspections are included in this Table, whether or not they were under treatment or observation at the time of the inspection. The table includes separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

De- fect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS							
		ENTRANTS		LEAVERS		OTHERS		TOTAL	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
4	Skin ...	5	3	26	1	13	4	44	8
5	Eyes—								
	(a) Vision ...	11	69	57	81	43	71	111	221
	(b) Squint ...	6	5	—	1	—	1	6	7
	(c) Other ...	3	1	—	—	10	3	13	4
6	Ears—								
	(a) Hearing ...	—	3	—	2	—	2	—	7
	(b) Otitis Media	—	1	1	—	1	3	2	4
	(c) Other ...	1	5	1	—	2	3	4	8
7	Nose and Throat	37	79	5	4	16	15	58	98
8	Speech ...	8	16	2	2	6	4	16	22
9	Lymphatic Glands	1	13	—	—	2	—	3	13
10	Heart ...	1	4	2	3	3	5	6	12
11	Lungs ...	6	19	—	3	3	5	9	27
12	Developmental—								
	(a) Hernia ...	—	1	—	—	1	—	1	1
	(b) Other ...	2	2	1	—	6	7	9	9
13	Orthopaedic—								
	(a) Posture ...	—	2	3	4	2	8	5	14
	(b) Feet ...	2	5	4	—	4	1	10	6
	(c) Other ...	6	10	13	9	13	16	32	35
14	Nervous System—								
	(a) Epilepsy ...	1	1	—	—	—	—	1	1
	(b) Other ...	—	3	4	1	3	5	7	9
15	Psychological—								
	(a) Development	—	—	1	—	1	2	2	2
	(b) Stability ...	—	1	—	1	2	2	2	4
16	Abdomen ...	1	1	1	—	—	—	2	1
17	Other ...	—	—	1	—	7	—	8	—

TABLE B—SPECIAL INSPECTIONS.

NOTE—All defects, including defects of pupils at Nursery and Special Schools, noted at special medical inspections are included in this Table, whether or not they were under treatment or observation at the time of the inspection.

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin	1	—
5	Eyes—		
	(a) Vision	12	4
	(b) Squint	—	—
	(c) Other	1	—
6	Ears—		
	(a) Hearing	—	—
	(b) Otitis Media	—	—
	(c) Other	—	—
7	Nose and Throat	1	4
8	Speech	—	—
9	Lymphatic Glands	—	—
10	Heart	—	—
11	Lungs	1	1
12	Developmental—		
	(a) Hernia	—	—
	(b) Other	—	1
13	Orthopaedic—		
	(a) Posture	—	2
	(b) Feet	1	—
	(c) Other	1	3
14	Nervous System—		
	(a) Epilepsy	—	—
	(b) Other	—	2
15	Psychological—		
	(a) Development	—	—
	(b) Stability	—	—
16	Abdomen	—	—
17	Other	—	—

PART III—TREATMENT OF PUPILS ATTENDING MAINTAINED
AND ASSISTED PRIMARY AND SECONDARY
SCHOOLS (INCLUDING NURSERY AND SPECIAL
SCHOOLS).

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases known to have been dealt with.
External and other, excluding errors of refraction and squint	26
Errors of refraction (including squint) ...	518
Total	544
Number of pupils for whom spectacles were prescribed	66

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE & THROAT.

	Number of cases known to have been dealt with.
Received operative treatment—	
(a) for diseases of the ear	2
(b) for adenoids and chronic tonsillitis ...	217
(c) for other nose and throat conditions	20
Received other forms of treatment ...	11
Total	250
Total Number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1959	—
(b) in previous years	2

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Number of cases known to have been treated
(a) Pupils treated at Clinics or out patients' departments	79
(b) Pupils treated at school for postural defects	—
Total	79

TABLE D—DISEASES OF THE SKIN (excluding uncleanliness, for which see Table D of Part I).

				Number of cases known to have been treated
Ringworm—	(i) Scalp	...	...	2
	(ii) Body	...	...	1
Scabies	...	...	...	1
Impetigo	...	...	...	5
Other skin diseases	...	...	...	115
Total				124

TABLE E—CHILD GUIDANCE TREATMENT.

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics ...	67

TABLE F—SPEECH THERAPY.

	Number of cases known to have been treated
Pupils treated by speech therapists ...	84

TABLE G—OTHER TREATMENT GIVEN.

				Number of cases known to have been dealt with
(a)	Pupils with minor ailments	...	...	301
(b)	Pupils who received convalescent treatment under School Health Service arrangements	...	...	—
(c)	Pupils who received B.C.G. vaccination	...	...	24
Total				325

PART IV.—DENTAL INSPECTION AND TREATMENT CARRIED
OUT BY THE AUTHORITY.

(1) Number of pupils inspected by the Authority's Dental Officers:—				
(a) At Periodic Inspections	...	3,207	} Total (1)	... 4,845
(b) As Specials	...	1,638		
(2) Number found to require treatment	...	...	...	2,342
(3) Number offered treatment	...	...	...	2,257
(4) Number actually treated	...	...	...	1,908
(5) Number of attendances made by pupils for treatment, including those recorded at heading 11(h)	...	...	...	4,474
(6) Half days devoted to:				
(a) Periodic (School) Inspection	...	38	} Total (6)	... 897
(b) Treatment	...	859		
(7) Fillings:				
(a) Permanent Teeth	...	2,388	} Total (7)	... 2,917
(b) Temporary Teeth	...	529		
(8) Number of Teeth filled:				
(a) Permanent Teeth	...	1,911	} Total (8)	... 2,389
(b) Temporary Teeth	...	478		
(9) Extractions:				
(a) Permanent Teeth	...	439	} Total (9)	... 1,937
(b) Temporary Teeth	...	1,498		
(10) Administration of general anaesthetics for extraction	...	...	...	968
(11) Orthodontics:				
(a) Cases commenced during the year	...	...	...	1
(b) Cases brought forward from previous year	...	...	...	4
(c) Cases completed during the year	...	...	...	—
(d) Cases discontinued during the year	...	...	...	—
(e) Pupils treated with appliances	...	...	...	3
(f) Removable appliances fitted	...	...	...	6
(g) Fixed appliances fitted	...	...	...	—
(h) Total attendances	...	...	...	89
(12) Number of pupils supplied with artificial teeth	...	...	...	1
(13) Other operations:				
(a) Permanent Teeth	...	1,016	} Total (13)	... 1,494
(b) Temporary Teeth	...	478		

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

During the calendar year ended 31st December, 1959	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially deaf		(5) Delicate (6) Physically handicapped		(7) Educationally sub-normal (8) Mal-adjusted		(9) Epileptic	Total 1-9
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
A. Handicapped pupils <i>newly placed</i> in special schools or boarding homes	—	—	—	—	—	2	2	3	—	7
B. Handicapped pupils <i>newly assessed</i> as needing special educational treatment at special schools or in boarding homes	—	—	—	—	—	—	2	4	—	6
On or about 22nd January, 1960 number of handicapped pupils from the Authority's area—										
C. (i) on the registers of—										
1. Maintained special schools:										
(a) as day pupils	—	—	—	—	—	—	8	—	—	8
(b) as boarding pupils ...	1	2	2	—	—	—	10	2	—	17
2. Non-maintained special schools:										
(a) as day pupils	—	—	—	—	—	—	—	—	—	—
(b) as boarding pupils ...	1	4	1	—	2	4	1	3	—	16
(ii) were on the registers of independent schools under arrangements made by the Authority ...	—	—	—	1	—	—	—	1	—	2
(iii) were boarded in homes and not already included under (i) or (ii) (see note 2) ...	—	—	—	—	—	—	—	—	—	—
TOTAL C. ...	2	6	3	1	2	4	19	6	—	43
D. being educated under arrangements made under Section 56 of the Education Act, 1944.										
(i) in hospitals ...	—	—	—	—	—	—	—	—	—	—
(ii) in other groups (e.g., units for spastics, convalescent homes) ...	—	—	—	—	—	—	—	—	—	—
(iii) at home ...	—	—	—	—	2	1	2	—	—	5

TONSILLECTOMY RETURN.

Children at periodic medical inspections during 1959 who have undergone tonsillectomy at any time previous to this examination:—

				Girls.	Boys.
Entrants	...	...	...	14	13
Leavers	...	...	...	50	78
Other age groups	...	...	...	96	95
				—	—
Total	...	...	...	160	186
				—	—

INDEX.

	<i>Page</i>
Co-operation with other Public Health Services	2
" " Voluntary Bodies	12
Employment of Children	13
Following up, home visits	6
Full-time Courses of Technical Training for Handicapped Children	13
Handicapped Pupils	12, 13
Hygiene and Sanitation in Schools	3
Infectious and Contagious Diseases	9
Lowestoft Excepted District	23, 24
Medical Inspection	3, 4
" " , Findings of	4, 5, 6
Medical Treatment:	
Child Guidance	8
Dental Inspection and Treatment	6, 7
Immunisation and Vaccination	8
Minor Ailments and Diseases of the Skin	6
Nose and Throat Defects	6
Orthopaedic and Postural Defects	7
Speech Therapy	8
Visual Defects and External Eye Diseases	6
Nursery Schools	13
Physical Training and Remedial Exercises	9, 10
Provision of Milk for School Children	11, 12
School Clinics	3
School Meals	10
Staff:	
County Area	2
Lowestoft Excepted District	25
Statistical Tables:	
County Area	14-22
Lowestoft Excepted District	26-35



EAST SUFFOLK COUNTY EDUCATION
COMMITTEE



ANNUAL REPORT
OF THE
Principal School Medical Officer

1959
