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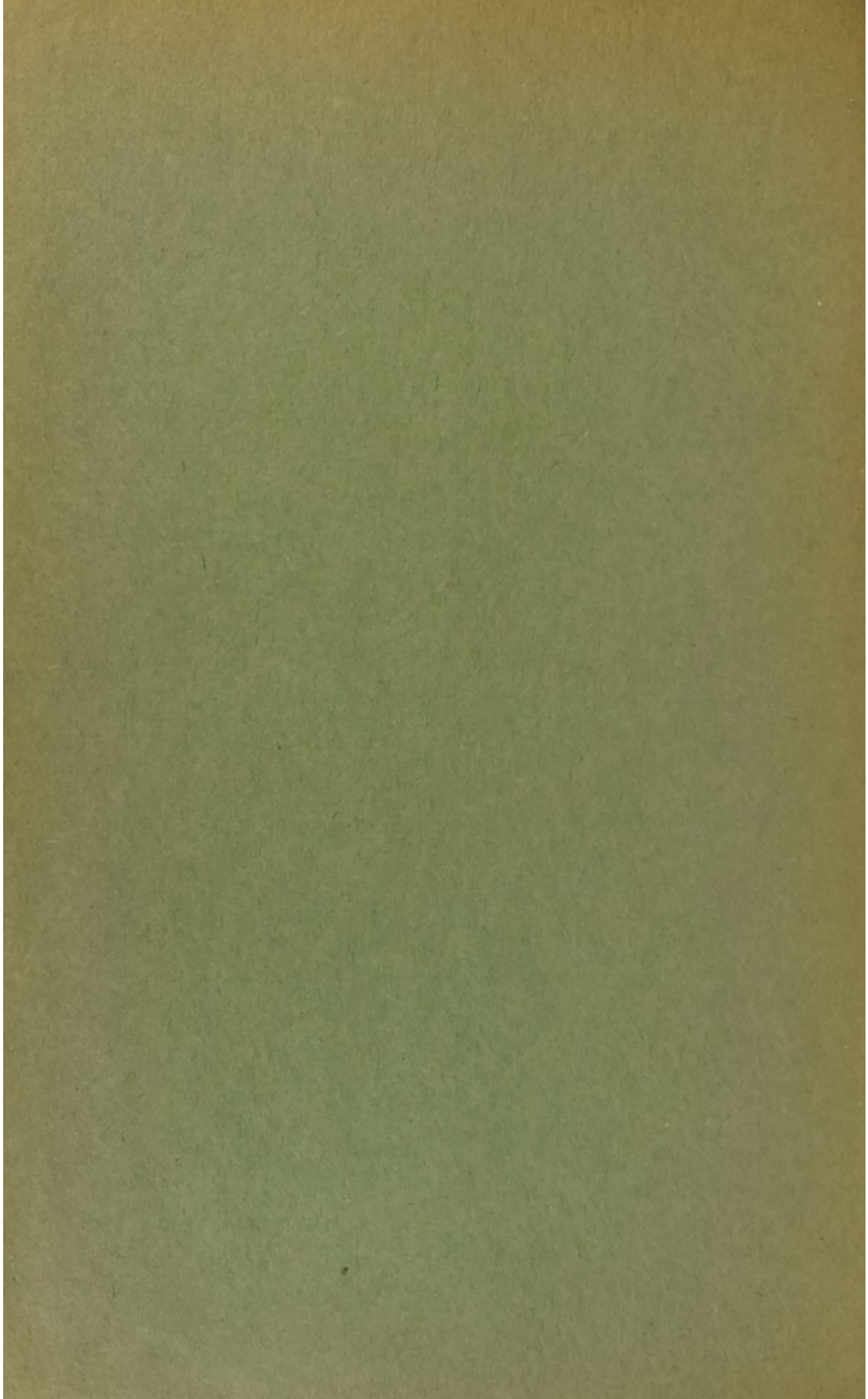


ANNUAL REPORT
OF THE
Principal School Medical Officer

1962

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Health Department,
County Hall,
Ipswich.

December, 1963.

To the Chairman and Members
of the Education Committee.

My Lords, Ladies and Gentlemen,

I have pleasure in presenting my 11th Annual Report as Principal School Medical Officer, on the work of the School Health Service for 1962, the 54th in the series.

During the year there have been several staff changes, including another speech therapist, an additional dental officer and the new appointments of clerk attendant/audiometricians to assist at medical examinations and carry out routine vision and hearing tests.

The appointment of yet another dental officer is encouraging and when the remaining vacancy has been filled it is then hoped to provide a comprehensive dental service to all school children. In the dental field considerable discussion and publicity ensued as a result of the studies conducted into the relationship between the natural fluorine content of drinking water and the degree of dental caries, especially in children; to which reference is made in the report of the Principal School Dental Officer.

The number of periodic medical examinations carried out compares very favourably with an average year due to a decrease in the demand for poliomyelitis vaccination and to the introduction of oral vaccine thereby enabling the health visitor to relieve the medical officers from this work. It has not been possible, however, to visit every school twice in the year because of the time spent by medical officers in seeing handicapped pupils and undertaking detailed investigations of children thought to have impaired hearing.

There is no need for me to emphasise the value of the work with handicapped pupils, as with the greater emphasis now placed on early assessment, diagnosis and treatment of childhood handicaps, great or small, it was decided in June to introduce on a trial basis a selective form of medical examination. The purpose of this is to make more valuable use of the time of medical officers and to enable them to see a fewer number of children with defects who may need treatment rather than a larger number, many of whom are perfectly healthy. On account of the heavy demands on the time of medical officers in the more specialised fields it has not yet been possible to put this scheme into operation but with the appointment of additional staff this should be remedied.

Routine hearing tests are being carried out in school, initially on all children, by the newly appointed clerk attendant/audiometricians. Subsequently, examinations will be carried out only on entry, at 8 years and 11 years of age. Those who fail these tests are investigated in

greater detail by one of the medical officers resulting possibly in referral to the general practitioner or Ear, Nose and Throat Consultant, or to the Peripatetic Teacher for the Deaf. In this connection I would draw attention to the report on impaired hearing by Mr. Green.

The general health of school children in the County continues to be good as is shown by the small percentage of children considered to be of unsatisfactory physical condition; some 0.89% of the total children examined in the year. However, with the greater concentration in the future on early diagnosis of handicaps and with the help of the health visiting service, it is to be hoped that this number will be reduced yet further.

The number of new cases of unclean heads has again reduced although the total, including old cases re-visited, remains static.

Despite the general improvement in child health and the present immunising procedures available against infectious disease, it is unfortunate to see that a larger number of children, 3,180 in all, and some 13% of the total school population, were absent from school because of infectious or contagious diseases. As the tables in the report show, the causes were mainly German Measles, Chicken Pox and Measles.

Yet another aspect relating to the health of the school child was the publication of the report by the Royal College of Physicians on "Smoking and Health".

In conclusion, I should once again like to record my thanks to the Chairman and members of the Education Committee and Sub-Committees for the continued support and encouragement, to the Chief Education Officer, his staff and teachers for their assistance and co-operation, also to the staff of my own department for their help and loyalty during yet another year.

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:

Mrs. M. E. Bradley, M. R. C. S., L. R. C. P., D. A.
Miss K. M. Harding, M. D., D. P. H.
C. H. Imrie, T. D., Q. H. S., M. B., Ch. B., D. P. H.
Mrs. J. F. Morrison, M. D., D. C. H. (part-time) (to 22/10/62)
H. E. Nutten, M. B., Ch. B., D. P. H.
H. J. Royall, M. B., Ch. B. (4/6/62)
Miss I. Sim, 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 2.60 full-time Officers.

Speech Therapists:

Mrs. E. A. Smyth, L. C. S. T.
Mrs. J. M. Lang, L. C. S. T. (part-time)
Mrs. J. Easdown, L. C. S. T. (1/9/62)

Principal School Dental Officer:

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

School Dental Officers:

J. E. Benfield, L. D. S.
F. W. Walmsley, L. D. S.
J. F. Goldsworthy, L. D. S.
J. R. W. Moffat, L. D. S. (part-time)
A. L. Whitaker, L. D. S. (part-time) (10/9/62)

County Nursing Officer:

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

Deputy County Nursing Officer:

Miss M. Jarrett, S. R. N., S. C. M., H. V. Cert (1/1/62)

Area Nursing Officer:

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

School Nurses: Miss I. Bays (15/8/62), Mrs. W. Beeton (to 25/7/62), Miss B. C. Broughton, Mrs. S. F. Butler, Mrs. C. Carr Jones (to 11.6.62), Miss J. P. Cosnett, Miss W. M. Deakin, Miss P. Dennis, Miss B. L. Frost, Miss S. M. Green (21/7/62), Miss L. Luff, Miss M. Naylor, Miss R. G. H. Payne, Miss A. Rooney, Miss M. Scott (part-time), Miss K. Smith, Miss S. J. Williams, Miss M. K. Wood, Miss M. Wyatt.

The aggregate of time given to School Health Service work is equivalent to the services of 4.80 full-time School Nurses.

Dental Surgery Assistants

- Mrs. C. M. Barnes
- Miss J. Cross (to 21/3/62)
- Miss M. E. Stannard
- Mrs. H. Warner
- Mrs. F. E. Quick (26/3/62)
- Mrs. M. Hales (10/9/62)

1. (b) School Clinics

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

County Area:

<u>Place</u>	<u>Address</u>	<u>Services Provided</u>
Beccles	Crowfoot School	Speech Therapy Dental
Felixstowe	Trinity Methodist Church Hall	Speech Therapy
Ipswich	The County Hall	Dental (Orthodontic) by appointment only.
Leiston	The County Health Clinic, "Daneway", Haylings Road.	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).

Lowestoft Excerpted District:

Clapham Road	Dental Speech Therapy Minor ailments.
Kirkley Clinic, Southwell Road	Speech Therapy Minor ailments Dental
"Penrhyn", Regent Road	Ophthalmic (by Regional Hospital Board). Child Psychiatry (by Regional Hospital Board).

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

a certain amount of improvement work has been possible, and 19 schools have benefited as follows:-

	<u>No. of Schools</u>
Washbasins	1
New or additional lavatories	7
Hot water supply to wash basins	8
Connection to main sewer	3

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 179,684 (1961), 207 schools in the County are under the control of the Education Committee (179 Primary, 20 Modern, 7 Grammar and Ashley Downs E.S.N. Special School, Lowestoft).

The number of children on the school register at the end of the December term was 23,756.

East Suffolk
(excluding Lowestoft)

1958	23,968 (including 2,361 at Grammar Schools).
1959	24,016 (including 2,420 at Grammar Schools).
1960	23,602 (including 2,358 at Grammar Schools).
1961	23,908 (including 2,346 at Grammar Schools).
1962	23,756 (including 2,332 at Grammar Schools).

Inspections — The following examinations were made during the year:-

Periodic Inspections	7,856
Re-inspections	4,668
Special Inspections	<u>50</u>
Total	<u>12,574</u>

5. Findings of Medical Inspection

(a)

Year	Number of Pupils Inspected	PHYSICAL CONDITION			
		Satisfactory		Unsatisfactory	
		Number	Per-centage	Number	Per-centage
1960	8,720	8,650	99.20	70	.80
1961	6,631	6,584	99.29	47	.71
1962	7,856	7,786	99.11	70	.89

(b) Uncleanliness

Vermin Tables

Y E A R	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
1958	613	75	29,169	25,369	54,536	25	42	67	8	11	19
1959	620	66	25,585	23,847	49,432	12	47	59	6	17	23
1960	89	49	2,853	3,422	6,275	17	27	44	6	14	20
1961	58	52	2,585	2,811	5,396	9	25	34	6	12	18
1962	40	48	2,695	2,671	5,366	6	23	29	5	17	22

Uncleanliness examinations were confined to the follow up of the hard core of cases known to be infested from time to time and visits by nurses to schools at the specific request of a head teacher or parent.

(c) Ringworm of the Scalp — one case of ringworm of the scalp was diagnosed or treated through the School Health Service during 1962.

(d) Visual Defects and External Eye Diseases.

Year	Defective Vision	
	Referred for Treatment	Observation Cases.
1960	278	1,102
1961	263	459
1962	208	732

Year	External Eye Disease	
	Referred for Treatment	Observation Cases
1960	8	49
1961	4	31
1962	-	28

(e) Nose and Throat Defects.

Year	Tonsils and Adenoids	
	Referred for Treatment	Observation Cases
1960	15	477
1961	25	239
1962	17	324

(f) Impaired hearing — Routine sweep tests were carried out in respect of 2,648 children of whom 406 failed the tests. Full audiometric hearing tests were ultimately undertaken in all these cases together with a further 90 children referred from various sources. Of these 46 were found to have a hearing loss and arrangements were made for referral to E.N.T. consultants for treatment as necessary and the provision of a hearing aid where appropriate. In the majority of cases Head Teachers were asked to arrange for the children to be given advantageous positions in class.

Auditory Training

I am indebted to Mr. Green, the Peripatetic Teacher for the Deaf for the following report:-

"Auditory Training is the process of teaching the child with partial hearing to take full advantage of the sound clues which are still available to him. Auditory Training is vitally important for the child whose hearing loss existed at birth or occurred during infancy. Unless the child has moderately good hearing in at least one ear, the prospect of his utilizing sound without special instruction is poor. Fortunately even most so-called deaf children have some useable residual hearing and though this remnant may be small, suitable auditory training can produce a better adjustment, in the child, towards the hearing world; it can be invaluable as an aid to speech and to the developing command of language.

It must be remembered that sensory habits are as much a part of life as are muscular habits though the former are not as readily seen daily as are the latter. But just as surely as a child learns good or bad table manners, he develops patterns of seeing or hearing. If hearing is defective the child left to himself learns faulty interpretations of sounds or he substitutes other senses for the ear. In other words, vision and touch tend to replace hearing and until the advent of modern electrical hearing aids these sensory channels were those most fully exploited in the education of deaf children. When hearing is faulty sound assumes minor importance, and as a consequence development of speech is likely to be retarded and imperfect. Gestures tend to take the place of talking and in many other ways the child's whole pattern of living is modified by his hearing loss.

The early months and years establish sensory habits and set the pattern for adjustment. Once the child develops faulty patterns, a

double task faces anyone who would teach him to use his residual hearing effectively, for not only must the child be guided through the stages necessary to acquire auditory discrimination, but the guidance he is given must also break down the unfortunate sensory habits he has already acquired.

Thus the guiding principle in auditory training emerges; if there is any suspicion that a baby is hard-of-hearing, his early months must be filled with loud, clear and varied sounds. He must be given special opportunities to learn to hear, and it is better to err on the side of over-doing rather than of neglect. It is important too, to remember that all the members of an infants family must share in the responsibility for ensuring that he gets a 'sound' start in life.

Very briefly the steps in any auditory training programme will follow the general pattern outlined below, though the rate of progress of any child will depend upon many factors; the degree and type of deafness, the date of onset of impairment, the attitudes of the child's family and the quality of his instruction not being among the least.

Stage 1 Development of Awareness of Sound

The child must learn to know when sound is present, to direct his attention to the sound and to come to realize that sounds can be meaningful, e.g. the rattle of crockery preceding a meal, the sound of music heralding a favourite television programme or the blast of the car horn indicating Daddy's return home.

Stage 2 Development of Gross Discriminations

The child now learns to distinguish between highly dissimilar noises. Noise making toys and musical instruments such as drums, cymbals, whistles and bells are invaluable at this stage. Gradually finer and finer discriminations are learned until the child is ready for more exacting work.

Stage 3 Development of Discrimination of Simple Speech Patterns

Once the child has learned that sounds differ from one another he is ready to start understanding speech. Again loud and clear sounds provide the starting point e.g. "ah" in father and "ee" in see are clearly different. Simultaneously, discrimination of longer patterns are encouraged in meaningful situations e.g. the child is taught to differentiate between short spoken sentences, "Come here", "Go there", "Sit down", "Bring me the book", "Look in the box", "Show me your ball", "Sit by the wall" etc.

Stage 4 Development of Finer Discriminations for Speech

Auditory training cannot be complete until the child has learned to make distinctions as exact as his hearing loss will allow. Thus the final stage of auditory training aims towards building increasingly precise discriminations, particularly for speech. Drill is needed to recognize the more subtle phonetic differences such as 's' in sum and 'sh' in shun, or 'th' in thin and 'f' in fin. Vocabulary has to be built

up and also connected speech must be learned in a variety of situations; the child must learn to integrate his growing vocabulary so that he understands phrases and sentences quickly and accurately. Stories, songs, poems are typical activities of the early part of this stage which in most cases extends throughout the child's whole life.

The children of East Suffolk suffering from impaired hearing are spread out through all four stages as indicated below:-

No. of Children in:-	Stage reached in Auditory Training			
	1	2	3	4
Pre-school age range ...	1	1		
Infant ...		2	3	1
Primary ...				3 + 3
Secondary ...			1	4 + 11

Numbers of Children Receiving Regular Auditory Training				
Age Range	Times seen per Week			Occasional Visits
	Once	Twice	Thrice	
Pre-school ...			1	1
Primary ...	5	4		3
Secondary ...	5			11

Most of the children seen occasionally are in advanced phases of Stage 4, with the exception of one young boy of pre-school age who as yet only demonstrates the very slightest interest in sound.

6. Follow Up Visits

During the year School Nurses made 1,179 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 — Apart from Lowestoft Borough 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 238 children whose sight was tested by ophthalmic medical practitioners or ophthalmic opticians, 181 were prescribed glasses. In 47 cases glasses were found to be unnecessary at present and in 10 cases another form of treatment was prescribed.

(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 105 children have received operative treatment, while 13 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, have been treated.

(d) Dental Inspection and Treatment.

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

In July a new mobile surgery was delivered to replace the first of the County's dental caravans, which had become unserviceable after 14 years use. "Unserviceable" is a euphemism of its final condition, but it was valuable to the Dental Service, even to the end, in providing shelter and working space to a travelling officer. Those officers who had formerly worked in a screened portion of a classroom did appreciate its privacy and its facilities — primitive though they were by present standards.

In September Mr. Whitaker was engaged as a part-time officer to carry out dental inspections and treatment in the Felixstowe area. He is working in the Dental Clinic established in Causton School and I acknowledge, with gratitude, the ready co-operation he has received from Mr. Pryke and his staff.

In December Mr. Rivett was engaged as a Dental Officer in Lowestoft. He is working in the Dental Clinic in the newly erected Area Health Centre in Clapham Road. This Clinic has two surgeries so that a Dental Auxiliary, if appointed, could work with modern equipment under adequate supervision by the Dental Officer in Charge. Miss Cross, Dental Attendant, resigned in March, and Mrs. Quick was appointed in her place.

During the year it has been possible to provide treatment for more of the schools not regularly inspected hitherto owing to the shortage of officers. Assuming the present staff situation does not deteriorate there exists, at last, a framework whereby each school in the County may be inspected, and treatment offered at regular, though lengthy, intervals. If the staff situation improves further, the time between such visits could be reduced towards the optimum.

In July the Ministry of Health, the Scottish Office, and the Ministry of Housing and Local Government published a report on "The Conduct of the Fluoridation Studies in the United Kingdom and the Results Achieved after Five Years". This report describes the effect of adding fluoride to the public water supplies on the incidence of dental decay. The studies were carried out at Watford, Anglesey and Kilmarnock — each of which had a control area. The results deal with the temporary teeth and refer only to children up to the age of seven.

After five years the results show there was a reduction in the incidence of caries, compared with the control areas, of:-

66% for 3 year-olds.
57% for 4 year-olds.
50% for 5 year-olds.

In the control areas there was a small reduction in caries incidence — very slight by contrast — ranging from 2% to 7% in children from 3 to 7 years.

During these five years of study the number of children with caries-free mouths increased markedly in the fluoridation areas.

Caries-free percentage had risen from 32 to 60 for 3 year-olds.

Caries-free percentage had risen from 22 to 42 for 4 year-olds.

It is of the utmost importance that parents should appreciate the significance of these figures. If they can translate them into the great reduction in pain and loss of function represented by these results they will demand that their water supply should be adjusted to deliver fluoride at a proportion of 1 part per million.

I have always found it difficult to reconcile the aversion to dental treatment with the apathy towards measures such as suitable diet, oral hygiene and control of inter-meal snacks and sweets which would reduce the need for treatment.

(e) Orthopaedic and Posture defects.

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, therefore no statistics relating to this form of treatment can 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 children for East Suffolk from 0-5	...	28
New children for East Suffolk from 5-15	...	134
Referred by G. P's	... ..	139
Referred by S. M. O's	... ..	6
Clinic interviews for the year	...	3,637
School visits	... ..	29
Home visits	... ..	250
No. of children attending on 1st January, 1962		128
No. of children attending on 31st December, 1962		46
Total No. of school children who received treatment during the year, whether commenced in 1962 or previously	... ..	307

(g) Speech Therapy.

The vacancy caused by Miss Wilson's resignation the previous year was filled in September 1962, by the appointment of Mrs. J. Easdown. It was then possible to again provide speech therapy to children in the Leiston, Halesworth, Southwold and Woodbridge areas.

Mrs. E. A. Smyth continued with full day clinics at Felixstowe and Stowmarket. 6 schools have had regular weekly visits but at a further 9 schools fortnightly visits were arranged so as to cover a wider area.

In the North, Mrs. Lang, who is employed in a part-time capacity, instituted a system of visiting each school in her area where speech therapy was required in order to assess the degree of help needed. In all, she visited some 62 schools, giving advice to teachers who supervised in class some 155 children. Meanwhile, she herself visited 5 schools each week and personally gave speech therapy to 16 children. In addition she held a clinic at Beccles Crowfoot School on a fortnightly basis to 7 children.

On the new arrangement Mrs. Lang has the following comments:—

"The dyslalias gain a great deal from being dealt with in class by the teachers, often with the entire class participating, with the following advantages:—

- (a) The children are not specially removed from classmates.
- (b) More frequent practice is given than one weekly visit to Speech Therapist.

- (c) No self-consciousness as all the pupils in the class are taking part.

Teachers have been most co-operative and helpful and extremely keen to assist the children in improved speech. In the past only some 34 children have been seen each year, now many more can be assisted. I treat all stammers myself, as well as cleft or weak palates and dysphasias".

In all, 370 cases of speech defect have been treated, classified as follows:-

Dyslalia	...	...	281
Stammer	...	...	38
Sigmatism	...	...	14
Emotional causes	...	...	2
Cleft palate or other palatal weakness	...	...	7
General poor speech	...	...	7
Dysphasia	...	...	6
Hearing loss	...	...	5
Delayed speech	...	...	8
Spastic	...	...	1
Bifurcated uvular	...	...	1

Of this number, 39 were discharged with normal speech, 8 for other reasons.

(h) Immunisation and Vaccination.

During the year 11 pupils who had not previously been treated were immunised against diphtheria and 1,367 received reinforcing doses.

Through arrangements made by the Education Committee with the Ipswich Group Hospital Management Committee's Consultant Chest Physician, 1,777 school pupils were given B.C.G. vaccination against tuberculosis.

The arrangements for school children to be vaccinated against poliomyelitis continued during the year.

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
German Measles	...	...	1,714
Chicken Pox	...	...	860
Measles	...	...	356
Mumps	...	...	77
Whooping Cough	...	...	62
Scarlet Fever	...	...	31
Impetigo	...	...	23
Tonsillitis	...	...	21
Eye infections	...	...	16
Influenza	...	...	5
Ringworm (skin)	...	...	3
Jaundice	...	...	2
Meningitis	...	...	1
Septicaemia	...	...	1
Skin condition	...	...	1
Other conditions	...	...	7
Total			3,180

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

9. Physical Training and Remedial Exercises

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

Chief Organiser	Mr. H. Stott.	County 4/5	Ipswich 1/5
Assistant Organisers:	Miss R. B. Ayles.	County 7/10	Ipswich 3/10
	Miss A. R. Lewis		
	Mr. J. Walker		
	Mr. F. W. Newborn.	County 4/5	Ipswich 1/5

A total of seventy-six cases were referred to the Organisers during the year. These children were all seen and exercises, considered suitable for their individual needs, were prescribed. Teachers and parents continued to be co-operative. The interest shown by parents is most encouraging as, without this home influence, the remedial exercises would not prove so effective. The specialist teachers, much below strength over the county, are most helpful and much credit is due to the non-specialists who tackle these cases with interest and understanding. Follow-up visits are made and, on the whole, improvement is noted. There are inevitably exceptions — but renewed efforts often produce the desired results.

Total number of children concerned:	1959	1960	1961	1962
	33	39	36	76

<u>Summary of conditions:</u>		1959	1960	1961	1962
Foot conditions	... ..	21	26	21	38
Spine and shoulder girdle	... ..	11	13	13	35
Miscellaneous	... ..	1	1	2	3
<u>Distribution:</u>					
	Grammar	1	1	0	1
	Modern	8	6	11	14
	Primary	26	27	26	61

	<u>Boys</u>		<u>Girls</u>	
	Under 12	Over 12	Under 12	Over 12
1959	20	3	9	1
1960	19	4	12	4
1961	10	2	22	2
1962	33	5	29	9

GENERAL: Despite the continued shortage of specialist teachers and the small number of young teachers the general standard of achievement has, overall, been maintained. Facilities in general again improved. The secondary schools Building Programme is providing the facilities and equipment necessary for a good physical education programme and, with specialist teachers, there could be big advances made. In the primary schools perhaps the greatest need is playing field facilities. Many of the smaller schools still lack suitable outdoor space.

The teaching of swimming made very good progress during the year. The total of permanent baths at the end of the year was seven in secondary schools and three in primary schools. In addition to the two portable pools loaned out to primary schools there were fifteen others in use. This improvement in facilities for swimming instruction produced a much higher number of children able to swim than has ever before been recorded.

10. School Meals.

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

The average number taking meals in 1962 was about 15,866 a day or 66.6% of the children at School compared with 65.8% in 1961.

Kitchens have been provided at the following schools:—

- (1) Cookley and Walpole C.P. School. A new kitchen in an enlarged school.
- (2) Lothingland Modern School previously served by Lowestoft, is a new building. The kitchen also provides meals for Blundeston, Somerleyton, Corton and Lound.

- (3) Kelsale C.P. School — previously served from Saxmundham C.P. is a new building. The kitchen also provides meals for Saxmundham C.P. School.
- (4) Kesgrave Modern School. A new kitchen in an enlarged School.
- (5) Kesgrave Infants School is a new building. Meals are served from a scullery and are provided by Kesgrave Heath School.
- (6) Woodbridge St. Mary's School previously served from Woodbridge C.P. School has a new kitchen in an enlarged school.

At the following schools the washing-up arrangements have been improved:-

- (1) Bedford V.C.P. School. A wash-up hut has been provided equipped with sink and calor gas equipment. Meals continue to be provided from Worlingworth Endowed C. of E. School;
- (2) Bawdsey C.P. School. A new scullery has been built and the meals continue to be served from Hollesley School.

In the latter half of the Autumn term an experiment was started in some 60 schools to promote the eating of apples after the School Meal as a preventative of dental decay. Nearly all these schools reported on the success of the scheme and it is hoped to continue and extend it to as many schools as possible.

11. Provision of Milk for School Children.

This report deals with the supply of milk to school children under the Milk in Schools Scheme whereby each child receives a free allowance of $\frac{1}{3}$ pint daily. In the County (excluding the Borough of Lowestoft) milk is supplied to 207 maintained and 35 non-maintained schools.

1. Popularity of the Scheme

Maintained Schools — 22,714 children in attendance in September, 17,358 that is 76.42% were receiving milk.

Non-Maintained Schools — 3,749 children in attendance in September, 3,459 that is 92.0% were receiving milk.

2. Delivery

With one exception all schools received milk in $\frac{1}{3}$ pint bottles. In the other case the milk is received from the adjoining farm, owned by the Governing Body of the school.

The pasteurised milk was delivered by 40 dairymen, received by them pasteurised and bottled from 16 licensed sources. 2 dairymen delivered raw milk produced at their own dairies.

3. Quality of Milk

All sources of school milk must be approved by the County Medical Officer of Health, and wherever possible supplies must be Pasteurised or Tuberculin Tested. At the end of 1962, 2 schools Gosbeck and Southwold St. Felix, were receiving a Tuberculin Tested supply; the remainder received Pasteurised milk.

Types of Milk approved by County Medical Officer
December 1962

Maintained Schools

Designation	No. of Schools	Percentage of all schools	No. $\frac{1}{8}$ pints daily	Percentage of total supply
Pasteurised	206	99.5	17,332	99.85
Tuberculin Tested	1	0.5	26	0.15

Non-Maintained Schools

Designation	No. of Schools	Percentage of all schools	No. $\frac{1}{8}$ pints daily	Percentage of total supply
Pasteurised	34	97.1	3,120	90.2
Tuberculin Tested	1	2.9	339	9.8

4. Supervision of Supplies

6 of the 16 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) Biological

All raw milk supplies were sampled regularly and submitted for biological examination. The 2 herds concerned were sampled on 7 occasions, involving 35 samples, all of which proved satisfactory.

(ii) Keeping Quality and Efficiency of Pasteurisation

46 samples were taken for this purpose. All satisfied the Phosphatase Test for efficient pasteurisation, 4 failed the Methylene Blue Test for keeping quality.

2 failures occurred in milk pasteurised and bottled outside the County, the cases were reported to the appropriate Food and Drugs Authorities for investigation.

The other 2 failures were in raw Tuberculin Tested milk and details were reported to the Ministry of Agriculture, Fisheries and Food and investigations were carried out.

(iii) Chemical Quality

41 samples were examined for this purpose. 1 sample was found to contain approximately 3.3% of added water; details were reported to the Public Health Committee. It was decided not to institute legal proceedings and a warning letter was sent to the dairy concerned by the Clerk of the Council.

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, 63 of whom are in residential Special Schools.

EDUCATIONALLY SUBNORMAL PUPILS					
No. on Register at end of year		No. of children ascertained during year			
		Requiring treatment in a Special School		Requiring special class at ordinary School	TOTAL
Special School	Special Class	Res.	Day		
104	29	22	5	12	39

Unsuitable for education in the ordinary school

During the year 7 children were found to be unsuitable for education in the ordinary schools and notified to the Local Authority in accordance with Section 57(4) of the Education Act, 1944, as amended.

Other Defects —	Total ascertained	At Special School
Blind Pupils	2	2
Partially Sighted Pupils	8	7
Deaf Pupils	16	15
Partially Deaf Pupils	4	1
Delicate Pupils	12	2
Epileptic Pupils	3	3
Maladjusted Pupils	31	18 (1 at Independent School)
Physically Handicapped Pupils	17	7
Pupils suffering from Speech Defects	-	-
Multiple Defects:-		
Educationally Subnormal and Physically Handicapped	2	1
Physically Handicapped and Speech Defect	1	1
Educationally Subnormal and Maladjusted	4	4
Epileptic and Educationally Subnormal	2	2
Maladjusted and Educationally Subnormal	1	1
Educationally Subnormal and Partially Sighted	1	1
Physically Handicapped and Educationally Subnormal	1	1 (Independent School)
Educationally Subnormal and Epileptic	1	

14. Full Time Courses of Technical Training for Handicapped Children

Two physically handicapped boys were aided by the Education Committee to attend a short pre-vocational course at the Queen Elizabeth's Training College for the Disabled at Leatherhead.

There were no other handicapped pupils awaiting training during 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, 446 pupils were medically examined and found fit to be employed in various specified occupations.

EAST SUFFOLK COUNTY EDUCATION COMMITTEE -- MEDICAL INSPECTION RETURN, 1962

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

PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By years of birth)	No. of Pupils Inspected (2)	Physical Condition of Pupils Inspected		PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS (excluding Dental Diseases and Infestation with Vermin)		
		Satisfactory		For defective vision (excluding squint) (7)	For any of the other conditions recorded (8)	Total individual pupils (9)
		No. (3)	% of Col. (2) (4)				No. (5)	% of Col. (2) (6)
1957 - and later	--	--	--	--	--	--
1956 ...	731	725	99.18	13	56	53
1955 ...	1,586	1,560	98.36	42	78	93
1954 ...	421	418	99.29	27	26	48
1953 ...	102	101	99.02	7	10	12
1952 ...	84	81	96.43	5	2	5
1951 ...	1,697	1,676	98.76	124	66	174
1950 ...	334	333	99.70	35	23	51
1949 ...	157	156	99.36	18	7	23
1948 ...	102	102	100	22	2	23
1947 ...	2,135	2,129	99.72	260	56	309
1946 - and earlier	507	505	99.61	62	18	76
TOTAL ...	7,856	7,786	99.11	615	344	867

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	50
Number of re-inspections	<u>4,668</u>
Total	<u>4,718</u>

INFESTATION WITH VERMIN

- (a) Total number of individual examinations of pupils in schools ... 5,366
- (b) Total number of individual pupils found to be infested ... 29
- (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) —

DEFECTS FOUND BY MEDICAL INSPECTION DURING
THE YEAR

NOTE — All defects noted are included, whether or not under treatment or observation at the time of the inspection. The tables include separately the number of pupils found to require treatment (T) and observation (O).

PERIODIC AND SPECIAL INSPECTIONS

Defect or Disease		PERIODIC				Special
		Entrants	Leavers	Others	Total	
Skin ...	T	6	9	12	27	-
	O	22	15	31	68	-
Eyes —	T	55	322	238	615	8
	O	368	129	199	696	3
(a) Vision ...	T	22	5	25	52	1
	O	20	9	7	36	-
(b) Squint ...	T	3	3	12	18	-
	O	7	6	15	28	-
(c) Other ...	T	6	5	14	25	1
	O	36	7	22	65	-
Ears —	T	3	-	1	4	-
	O	37	5	26	68	-
(b) Otitis Media	T	2	1	2	5	-
	O	7	2	5	14	-
(c) Other ...	T	28	9	13	50	-
	O	190	25	109	324	3
Nose and Throat	T	14	2	3	19	-
	O	47	7	14	68	1
Speech ...	T	2	-	1	3	-
	O	49	4	33	86	-
Lymphatic Glands	T	7	7	5	19	1
	O	27	16	21	64	-
Heart ...	T	2	-	5	7	-
	O	22	14	34	70	1
Lungs ...	T	2	-	2	4	-
	O	13	3	2	18	-
Developmental —	T	2	1	5	8	-
	O	36	3	33	72	-
(a) Hernia ...	T	2	13	14	29	-
	O	17	21	42	80	1
(b) Other ...	T	20	12	13	45	-
	O	13	12	39	64	1
(c) Other ...	T	7	1	6	14	1
	O	36	18	32	86	-
Nervous System —	T	4	2	1	7	-
	O	4	2	4	10	-
(a) Epilepsy ...	T	2	1	-	3	-
	O	4	11	6	21	-
(b) Other ...	T	2	1	4	7	-
	O	19	7	29	55	2
Psychological —	T	1	1	5	7	2
	O	2	13	15	30	1
(a) Development	T	1	1	5	7	2
	O	2	13	15	30	1
(b) Stability ...	T	1	1	5	7	2
	O	2	13	15	30	1

Defect or Disease	PERIODIC				Special	
	Entrants	Leavers	Others	Total		
Abdomen ...	T	2	1	2	5	-
	O	9	-	7	16	-
Other ...	T	4	-	1	5	-
	O	22	37	45	104	2

TREATMENT OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS

EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint ...	1
Errors of refraction (including squint)	239
Total ...	240
Number of pupils for whom spectacles were prescribed ...	183

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 ...	1
(b) for adenoids and chronic tonsillitis ...	105
(c) for other nose and throat conditions ...	-
Received other forms of treatment	21
Total ...	127
Total Number of pupils in schools who are known to have been provided with hearing aids -	
(a) in 1962 ...	7
(b) in previous years ...	14

DENTAL INSPECTION AND TREATMENT CARRIED OUT
BY THE AUTHORITY

(1)	Number of pupils inspected by Authority's Dental Officers:—				
	(a)	At Periodic Inspections	...	...	14,922
	(b)	As Specials	...	...	<u>436</u>
				Total (1)	<u>15,358</u>
(2)	Number found to require treatment				7,979
(3)	Number offered treatment				7,979
(4)	Number actually treated				4,960
(5)	Number of attendances made by pupils for treatment, including those recorded at heading 11(h)				7,906
(6)	Half days devoted to Periodic (School) Inspection				163
		Treatment	...	...	<u>1,709</u>
				Total (6)	<u>1,872</u>
(7)	Fillings:	Permanent Teeth	...	...	5,357
		Temporary Teeth	...	...	<u>1,254</u>
				Total (7)	<u>6,611</u>
(8)	Number of Teeth Filled:	Permanent Teeth	...	...	5,010
		Temporary Teeth	...	...	<u>1,213</u>
				Total (8)	<u>6,223</u>
(9)	Extractions:	Permanent Teeth	...	...	858
		Temporary Teeth	...	...	<u>2,931</u>
				Total (9)	<u>3,789</u>
(10)	Administration of general anaesthetics for extraction				-
(11)	Orthodontics:				
	(a)	Cases commenced during the year	...	...	17
	(b)	Cases carried forward from previous year			41
	(c)	Cases completed during the year	...	...	12
	(d)	Cases discontinued during the year	...	...	—
	(e)	Pupils treated with appliances	...	...	65
	(f)	Removable appliances fitted	...	...	24
	(g)	Fixed appliances fitted	...	...	—
	(h)	Total attendances	...	...	265
(12)	Number of pupils supplied with artificial teeth				32
(13)	Other operations:				
		Permanent Teeth	...	...	1,332
		Temporary Teeth	...	...	<u>1,156</u>
				Total (13)	<u>2,488</u>

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS APPROVED UNDER SECTION 9(5) OF THE EDUCATION ACT 1944 OR BOARDING IN BOARDING HOMES

During the calendar year ended 31st December 1962	*(1) (2)		(3) (4)		(5) (6)		(7) (8)		(9) (10)		(11)
A. Handicapped pupils newly assessed.	1	-	4	-	3	3	5	26	-	-	42
B. (i) Children included at A, newly placed in special schools (other than hospital special schools) or boarding homes	1	-	3	-	-	-	1	7	-	-	12
(ii) children assessed prior to 1st January, 1962, and newly placed in special schools (other than hospital special schools) or boarding homes	-	1	2	-	2	1	6	18	-	-	30
TOTAL	1	1	5	-	2	1	7	25	-	-	42

On or about 20th January 1963, handicapped pupils

C. (i) requiring places in special schools											
(a) day	-	-	-	-	-	-	-	3	-	-	3
(b) boarding ...	-	-	-	-	4	4	12	34	-	-	54
(ii) included at (i) had not reached the age of 5 and were awaiting -											
(a) day places ...	-	-	-	-	-	-	-	-	-	-	-
(b) boarding places	-	-	-	-	1	-	-	-	-	-	1
(iii) included at (i) who had reached the age of 5 but whose parents had refused consent to admission to a special school, were awaiting											
(a) day places ...	-	-	-	-	-	-	-	-	-	-	-
(b) boarding places	-	-	-	-	1	1	7	22	-	-	31

*KEY

- | | | |
|---------------------------|--------------------|-------------|
| 1. Blind | 6. Delicate | 11. TOTAL |
| 2. Partially Sighted | 7. Maladjusted | Cols. 1-10. |
| 3. Deaf | 8. E.S.N. | |
| 4. Partial Hearing | 9. Epileptic | |
| 5. Physically Handicapped | 10. Speech Defects | |

Handicapped pupils requiring education at special schools approved under Section 9(5) of the Education Act 1944 or boarding in boarding Homes (cont'd)

During the calendar year ended 31st December 1962	*	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
D. (i) on the registers of:												
(1) maintained special schools as:												
(a) day pupils ...	-	-	-	-	-	-	-	-	11	-	-	11
(b) boarding pupils ...	-	8	14	1	1	2	7	43	-	-	-	76
(2) non-maintained special schools as:												
(a) day pupils ...	-	-	-	-	-	-	-	-	-	-	-	-
(b) boarding pupils ...	2	-	2	-	7	-	8	17	3	-	-	39
TOTAL ...	2	8	16	1	8	2	15	71	3	-	-	126
(ii) were on the registers of independent schools under arrangements made by the Authority ...	-	-	-	-	1	-	2	-	-	-	-	3
TOTAL (D(i) and D(ii))	2	8	16	1	9	2	17	71	3	-	-	129
(iii) were boarded in homes and not under (i) and (ii) above ...	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL (D(i), (ii) and (iii))	2	8	16	1	9	2	17	71	3	-	-	129
E. On or about 20th January, 1963, handicapped pupils (irrespective of the areas to which they belong) educated under arrangements made by the Authority in accordance with Section 56 of the Education Act, 1944.												
(i) in hospitals ...	-	-	-	-	-	-	-	-	-	-	-	-
(ii) in other groups ...	-	-	-	-	-	-	-	-	-	-	-	-
(iii) at home ...	-	1	-	-	1	-	1	-	-	-	-	3

*KEY

- | | | |
|---------------------------|--------------------|-------------|
| 1. Blind | 6. Delicate | |
| 2. Partially Sighted | 7. Maladjusted | |
| 3. Deaf | 8. E.S.N. | 11. TOTAL |
| 4. Partial Hearing | 9. Epileptic | Cols. 1-10. |
| 5. Physically Handicapped | 10. Speech Defects | |

BOROUGH OF LOWESTOFT
(EXCEPTED DISTRICT)

The following report on the work of the School Health Service during 1962 has been prepared by Dr. A. C. Gee, School Medical Officer for Lowestoft.

This is my first report from the new office apartments, which have been occupied from the Autumn of this year. With adequate room space, warm, even temperature and convenience of access to records and reports, the work of the entire staff has been made much more pleasant.

The vacant position of School Dental Officer was filled in December by Mr. D. L. Rivett and we extend to him a cordial welcome. He is based at the new dental clinic at the Health Department and deals with the children from the northern half of the town.

The Health Visitor to the Pakefield area, Mrs. Carr-Jones, left to take up an appointment in Kent, and her place is taken by Miss M. Swindells.

The attendance of Health Visitors at school medical inspections was discontinued in September and their place taken by School Nurses. This leaves more time for the Health Visitors to be actually visiting homes. The services of an additional School Nurse was required and Mrs. G. Sampson joined the staff.

Routine inspection of heads was discontinued in September and replaced by a system whereby the School Nurse carried out inspection of a particular group only, i. e. persistent offenders, at the request of the Headteacher. Throughout the year, a total number of 24 pupils were found to have verminous heads, and, as usual the incidence was greater immediately following the summer holiday. The regular check of persistent offenders continued to be carried out with unrelenting vigour.

In September, vision testing of age groups 5, 7, 9, 11, 13 and 15 years was started. Where a defect is found or suspected, the case is referred to the School Medical Officer and six monthly review is carried out routinely.

During the year, immunisation covering Tetanus as well as Diphtheria has been initiated. Where a child has received full protection in infancy against Diphtheria and Tetanus, a further combined injection is offered on school entry. Where a child has not received any protection in infancy, or, as in many cases, has received protection against Diphtheria alone, a suitable course of either two or three injections of combined anti-tetanus and anti-diphtheria serum is offered. A fourth injection of anti-poliomyelitis vaccine continues to be offered to children at school entry. For the first time this takes the form of Oral Vaccine. In addition to it being much more acceptable to the children, it is of course a time-saving procedure.

Liaison and co-operation with Regional Hospital Board Specialists continued in a satisfactory manner, particularly the Ear, Nose & Throat, Ophthalmic and Psychiatric departments.

During the year the number of children waiting for ascertainment as being possible cases for category "Educationally Sub Normal", was reduced to nil. Ascertainment is now carried out at approximately age eight years and a review of each case will be carried out at two yearly intervals. As before, children suspected of being incapable of receiving education at school are examined and ascertained at age $4\frac{1}{2}$ to 5 years. Of the twelve new cases ascertained during 1962 as handicapped, five were placed in suitable special schools. In addition, three were placed who had been ascertained prior to 1st January 1962. While this is a creditable achievement, it is rather disturbing to note that, of the total number of 48 handicapped children, there are still fourteen for whom placing in suitable special schools is as yet unobtainable.

Regarding routine medical examinations, which are carried out mainly on age groups, five, eleven and fourteen, the number of children who come under group "satisfactory" is slightly lower than in 1961, falling from 99% to 98.3%. As in previous years, vision defects are most frequently found, followed by skin and throat defects. Orthopaedic defects, particularly regarding feet, come next on the list, with speech, psychological disturbance and ear defects being about equal and of much less frequent incidence.

At special inspection examinations, skin conditions were by far the most prevalent disorder found. Of the 139 skin cases known to have been treated, the majority were found as the result of special examination. During the year there was an unduly severe epidemic of measles. In many of the infant schools this helped to raise the absence rate to as much as 27% during the worst weeks.

The success of the School Health Service in maintaining the health and well being of the Lowestoft children at the level shown in the year's report, is made possible through the efforts of my staff, and also by the co-operation of Headteachers in schools and colleagues in the Education Department. To all who have so willingly contributed to the work, cordial thanks are given.

1. STAFF

Borough School Medical Officer:

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

Deputy School Medical Officer:

A.S. Lindsay, 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:

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

School Dental Officers:

Mrs. H.A. Bell, L.D.S.
D.L. Rivett, L.D.S. (1.12.62).

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:

Mrs. C. Carr-Jones (to 11.6.62)
Miss J. P. Cosnett
Miss E.A.M. Pretty
Miss A. Taylor

The aggregate of time given to School Health Service work is equivalent to the services of 2.4 full time School Nurses.

Dental Attendants:

Miss D. Rudd
Mrs. M. Mathew

MINISTRY OF EDUCATION
 MEDICAL INSPECTION AND TREATMENT
 RETURN FOR THE YEAR ENDED 31st DECEMBER 1962

LOCAL EDUCATION AUTHORITY —
 EAST SUFFOLK, LOWESTOFT EXCEPTED DISTRICT

Number of Pupils on registers of maintained primary and secondary schools (including nursery and special schools) in January 1963, as in Form 7, 7M and 11 Schools 7,200

Notes: Tables A and B relate only to medical inspections of pupils attending maintained schools prescribed in Section 48(1) of the Education Act 1944. Pupils found at Periodic Inspections to require treatment for a defect should not be excluded from columns (7), (8) and (9) by reason of the fact that they were already under treatment for that defect. Columns (7), (8) and (9) relate to individual pupils and not to defects. Consequently, the total in column (9) will not necessarily be the same as the sum of columns (7) and (8).

PART 1 — MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED 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)
1958 and later	30	30	100	-	-
1957	430	423	98.3	7	1.6
1956	234	222	94.8	12	5.1
1955	43	42	97.6	1	2.3
1954	7	7	100	-	-
1953	10	9	90.0	1	1.0
1952	5	5	100	-	-
1951	393	390	99.2	3	.7
1950	215	211	98.1	4	1.8
1949	7	7	100	-	-
1948	41	41	100	-	-
1947 and earlier	705	699	99.1	6	.8
TOTAL:	2,120	2,086	98.3	34	1.7

TABLE A — PERIODIC MEDICAL INSPECTIONS (Continued)

PUPILS FOUND TO REQUIRE TREATMENT
(Excluding dental diseases and infestation with vermin)

Age Groups Inspected (by year of birth) (1)	For defective vision (excluding squint) (2)	For any other condition record- ed in Part II (3)	TOTAL individual pupils (4)
1958 and over	1	8	9
1957	11	47	53
1956	8	27	32
1955	1	11	12
1954	-	-	-
1953	-	1	1
1952	-	1	1
1951	26	67	87
1950	23	49	68
1949	1	1	2
1948	-	5	5
1947 and earlier	84	135	193
TOTAL	155	352	463

TABLE B — 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	...	201
Number of re-inspections	...	<u>738</u>
TOTAL	...	<u>939</u>

TABLE C — INFESTATION WITH VERMIN

Notes:- All cases of infestation, however slight, should be included in Table C. The numbers recorded at (b), (c) and (d) should relate to individual pupils, and not to instances of infestation.

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	14,876
(b)	Total number of individual pupils found to be infested ...	24
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944) ...	NIL
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act 1944) ...	NIL

TABLE D — SCREENING TESTS OF VISION AND HEARING

1. (a) Is the vision of entrants tested? — Yes.
(b) If so, how soon after entry is this done? — 1-3 months at 1st medical examination.
2. If the vision of entrants is not tested at what age is the first vision test carried out? —
3. How frequently is vision testing repeated throughout school life? — Every two years.
4. (a) Is colour vision testing undertaken? — No.
(b) If so, at what age?
(c) Are both boys and girls tested?
5. By whom is vision and colour testing carried out? — School Nurse.
6. (a) Is audiometric testing of entrants carried out? — No.
(b) If so, how soon after entry is this done?
7. If the hearing of entrants is not tested, at what age is the first audiometric test carried out? — No audiometric tests carried out.
8. By whom is audiometric testing carried out?

RETURN FOR THE YEAR ENDED 31st DECEMBER 1962

LOCAL EDUCATION AUTHORITY -
EAST SUFFOLK LOWESTOFT EXCEPTED DISTRICT

PART II — DEFECTS FOUND BY MEDICAL INSPECTION
DURING THE YEAR

TABLE A — PERIODIC INSPECTION

Notes:- All defects, including defects of pupils at Nursery and Special Schools, noted at periodic medical inspections should be included in this Table, whether or not they were under treatment or observation at the time of inspection. This Table should include separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

Defect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS				
		Entrants	Leavers	Others	Total	
4	Skin	T	11	45	23	79
		O	10	3	8	21
5	Eyes —	T	20	84	51	155
		(a) Vision	O	58	4	24	86
	(b) Squint	T	12	-	1	13
		O	8	-	2	10
	(c) Other	T	4	2	5	11
		O	3	-	3	6
6	Ears —	T	1	2	3	6
		(a) Hearing	O	7	-	4	11
	(b) Otitis Media	T	4	2	-	6
		O	12	-	-	12
	(c) Other	T	4	19	6	29
		O	4	-	1	5
7	Nose and Throat	T	26	7	14	47
		O	51	3	6	60
8	Speech	T	5	2	6	13
		O	34	-	1	35
9	Lymphatic Glands	T	2	-	-	2
		O	3	-	-	3
10	Heart	T	-	1	1	2
		O	4	3	-	7
11	Lungs	T	6	5	9	20
		O	15	-	7	22
12	Developmental —	T	1	-	-	1
		(a) Hernia	O	1	-	1	2
	(b) Other	T	3	6	14	23
		O	6	1	6	13
13	Orthopaedic —	T	1	5	6	12
		(a) Posture	O	-	4	2	6
	(b) Feet	T	11	8	12	31
		O	44	1	5	50
	(c) Other	T	3	26	14	43
		O	13	-	5	18

Table A — Periodic Inspection (cont'd)

Defect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS			
		Entrants	Leavers	Others	Total
14	Nervous System — T	1	-	-	1
	(a) Epilepsy ... O	-	-	1	1
	(b) Other ... T	2	1	3	6
	... O	-	-	-	-
15	Psychological — T	1	3	3	7
	(a) Development ... O	16	1	7	24
	(b) Stability ... T	1	3	3	7
	... O	19	-	7	26
16	Abdomen ... T	1	-	2	3
	... O	1	-	-	1
17	Other ... T	-	-	-	-
	... O	2	-	-	2

TABLE B — SPECIAL INSPECTIONS

Note:- All defects, including defects of pupils at Nursery and Special Schools, noted at special medical inspections should be 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	
		Pupils requiring treatment (3)	Pupils requiring observation (4)
4	Skin ...	142	-
5	Eyes —		
	(a) Vision ...	10	-
	(b) Squint ...	-	-
6	(c) Other ...	16	-
	Ears —		
	(a) Hearing ...	1	-
7	(b) Otitis Media ...	-	1
	(c) Other ...	2	-
8	Nose and Throat ...	2	1
9	Speech ...	-	-
10	Lymphatic Glands ...	-	1
11	Heart ...	-	-
12	Lungs ...	1	-
12	Developmental —		
	(a) Hernia ...	-	-
	(b) Other ...	1	1

Table B — Special Inspections (cont'd)

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Pupils requiring treatment (3)	Pupils requiring observation (4)
13	Othopaedic —		
	(a) Posture	-	-
	(b) Feet	2	-
	(c) Other	2	-
14	Nervous System --		
	(a) Epilepsy	-	-
	(b) Other	-	-
15	Psychological --		
	(a) Development	18	-
	(b) Stability	2	-
16	Abdomen	2	-
17	Other	8	-

Form 8 M (iii)

MINISTRY OF EDUCATION

MEDICAL INSPECTION AND TREATMENT

RETURN FOR THE YEAR ENDED 31st DECEMBER 1962

LOCAL EDUCATION AUTHORITY —
EAST SUFFOLK LOWESTOFT EXCEPTED DISTRICTPART III — TREATMENT OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS (INCLUDING
NURSERY AND SPECIAL SCHOOLS).NOTES:- This part of the return should be used to give the total
numbers of:-

- (i) cases treated or under treatment during the year by members of the Authority's own staff.
- (ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board; and
- (iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

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	27
Errors of refraction (including squint)	364
Total ...	391
Number of pupils for whom spectacles were prescribed	258

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

	Number of cases known to have been dealt with
Received operative treatment —	
(a) for diseases of the ear	3
(b) for adenoids and chronic tonsillitis	177
(c) for other nose and throat conditions	15
Received other forms of treatment	1
Total ...	196
Total number of pupils in schools who are known to have been provided with hearing aids —	
* (a) in 1962	-
(b) in previous years	3

* A pupil recorded under (a) above should not be recorded at (b) in respect of the supply of a hearing aid in a previous year.

TABLE C — ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	67
(b) Pupils treated at school for postural defects	-
Total ...	67

TABLE D — DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table C of Part 1)

	Number of cases known to have been treated.
Ringworm — (a) Scalp ...	-
(b) Body ...	-
Scabies	-
Impetigo	5
Other skin diseases	134
Total ...	139

TABLE E — CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated.
Pupils treated at Child Guidance Clinic	71

TABLE F — SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists	115

TABLE G — OTHER TREATMENT GIVEN

	Number of cases known to have been treated
(a) Pupils with minor ailments ...	95
(b) Pupils who received convalescent treatment under School Health Service arrangements ...	-
(c) Pupils who received B. C. G. Vaccination	341
(d) Other than (a), (b) and (c) above	-
Total ...	436

MINISTRY OF EDUCATION
MEDICAL INSPECTION AND TREATMENT
RETURN FOR THE YEAR ENDED 31st DECEMBER 1962

LOCAL EDUCATION AUTHORITY —
EAST SUFFOLK LOWESTOFT EXCEPTED DISTRICT

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY AUTHORITY

Number of pupils on registers of maintained primary and secondary schools (including nursery and special schools) in January 1963, as in Forms 7, 7M and 11 Schools — 7,200.

(a) Dental and Orthodontic work.

I. Number of pupils inspected by the Authority's Dental Officers:-			
(a) At periodic inspections ...	1,913)		Total (I) <u>1,983</u>
(b) As specials ...	70)		
II. Number found to require treatment			<u>1,213</u>
III. Number offered treatment ...			<u>1,213</u>
IV. Number actually treated ...			<u>880</u>

(b) Dental work (other than orthodontics) (NOTE:- Figures relating to orthodontics should not be included in Section (b)).

I. Number of attendances made by pupils for treatment, excluding those recorded at (c) 1 below				<u>2,003</u>
II. Half days devoted to:				
(a) Periodic (school) Inspection	29)		Total (II) <u>452</u>	
(b) Treatment ...	423)			
III. Fillings:				
(a) Permanent Teeth ...	1,126)		Total (III) <u>1,629</u>	
(b) Temporary Teeth ...	503)			
IV. Extractions:				
(a) Permanent Teeth ...	166)		Total (IV) <u>658</u>	
(b) Temporary Teeth ...	492)			
V. Number of Teeth Filled:				
(a) Permanent Teeth ...	893)		Total (V) <u>1,355</u>	
(b) Temporary Teeth ...	462)			
VI. Administration of general anaesthetics for extraction			<u>343</u>	
VII. Number of pupils supplied with artificial teeth			<u>1</u>	
VIII. Other operations:				
(a) Permanent Teeth ...	423)		Total (VIII) <u>687</u>	
(b) Temporary Teeth ...	264)			

(c) Orthodontics

(a) Number of attendances made by pupils for orthodontic treatment ...			7
(b) Half days devoted to treatment ...			-
(c) Cases commenced during the year ...			7

Handicapped pupils requiring education at special schools approved under Section 9(5) of the Education Act 1944 or boarding in boarding Homes.

During the calendar year ended* 31st December 1962	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
D. (i) were on registers of (1) maintained special schools as -											
(a) day pupils ...	-	-	-	-	-	-	-	7	-	-	7
(b) boarding ...	1	2	1	-	-	-	1	8	-	-	13
(2) non-maintained special schools as -											
(a) day pupils ...	-	-	-	-	-	-	-	-	-	-	-
(b) boarding ...	-	1	-	1	1	-	4	5	-	-	12
TOTAL ...	1	3	1	1	1	-	5	20	-	-	32
(ii) were on registers of independent schools under arrangements made by the Authority ...	-	-	-	-	1	-	1	-	-	-	2
TOTAL (D(i) and D(ii))	1	3	1	1	2	-	6	20	-	-	34
(iii) were boarded in homes and not already included under (i) and (ii) above ...	-	-	-	-	-	-	-	-	-	-	-
TOTAL (D(i), (ii) and (iii)).	1	3	1	1	2	-	6	20	-	-	34
E. On or about 20th January, 1963, how many handicapped pupils, (irrespective of the area to which they belong) were being educated under arrangements made by the Authority in accordance with Section 56 of the Education Act, 1944											
(i) in hospitals ...	-	-	-	-	-	-	-	-	-	-	-
(ii) in other groups (spastics, convalescent homes) ...	-	-	-	-	-	-	-	-	-	-	-
(iii) at home ...	-	-	-	-	-	1	1	-	-	-	2
CHILDREN FOUND UNSUITABLE FOR EDUCATION AT SCHOOL											
During the calendar year ended 31st December, 1962:											
(i) how many children were the subject of new decisions recorded under section 57(4) of the Education Act 1944? 2											

Children found unsuitable for Education at School
(Continued)

(ii) how many reviews were carried out under the provisions of Section 57A of the Education Act, 1944?	...	...	-
(iii) how many decisions were cancelled under Section 57A(2) of the Education Act, 1944?	...	...	-

*KEY

- | | | |
|---------------------------|-------------------|-------------|
| 1. Blind | 6. Delicate | |
| 2. Partially Sighted | 7. Maladjusted | |
| 3. Deaf | 8. E.S.N. | 11. Total |
| 4. Partial Hearing | 9. Epileptic | Cols. 1-10. |
| 5. Physically Handicapped | 10. Speech Defect | |

Date	Description	Amount



