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Contributors

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EAST SUSSEX COUNTY COUNCIL

ANNUAL REPORT

OF THE

PRINCIPAL
SCHOOL MEDICAL OFFICER

FOR THE

YEAR 1955

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PUBLIC HEALTH DEPARTMENT

FRANK LANGFORD
M.B., Ch.B., F.R.C.S., L.R.C.P., D.P.H.

*County Medical Officer of Health and
Principal School Medical Officer*



TO THE CHAIRMAN AND MEMBERS OF THE EAST SUSSEX EDUCATION COMMITTEE.

MR, CHAIRMAN, LADIES AND GENTLEMEN,

With the exception of the two matters referred to below, the work of the School Health Service during the year has been more a matter of pressing on with routine work and attempting to catch up with arrears of dental examinations and ascertainment of handicapped pupils than the establishment of new projects. In all branches of the work great benefit has been gained from the helpful co-operation not only of all officers of the Education Department, but also the teaching and other members of the staffs of schools.

During the year the main school medical record card, upon whose accurate completion and maintenance depends our knowledge of the child's health as he goes through school life, has again been altered by the Ministry of Education, mainly in order to secure detailed improvements. A notable feature, however, is that in the assessment of a child's physical condition, classification has reached the logical conclusion of having two categories only, satisfactory or unsatisfactory. Only a few years ago there were four categories of excellent, normal, slightly subnormal and bad; and there was always statistical confusion through differing opinions among school medical officers as to which category suited a particular pupil, and indeed how it was possible to give a realistic definition of what each category meant. The position was improved by reducing four categories to three, i.e., good, fair and poor, but most will agree that all anyone needs to know is whether a child's nutrition is satisfactory or not.

In my report, made a year ago, I made reference to the Education Committee's important decision to require all teachers appointed to a teaching post in the county to undergo a medical examination, including X-ray of the chest.

Your Committee had two factors in mind when making this decision: the more general desire to secure that a candidate is fit to carry out the duties of his appointment for a reasonable length of time and the more special and important matter which is to secure, as far as possible, that a teacher with communicable tuberculosis shall not be employed in a position where he may be a risk to the pupils in the schools. Teachers in general accepted this decision with very good grace; but it has been represented with, it must be admitted, good ground that the rule that a teacher already in service shall be examined again when moving to another post in the county may have an unjustly hampering effect upon promotion. After consultation with organisations representing the teachers therefore the scheme has been altered so that the requirement of a satisfactory medical examination and chest X-ray will apply only to new appointments from outside the authority, and a chest X-ray of not more often than once every 12 months will be obligatory. The same requirement to have a periodic X-ray will be compulsory on all teachers already in post accepting new appointments, but they will not be required to undergo a medical examination.

Other teachers serving in East Sussex will be asked to submit to X-ray on a voluntary basis. It is thought that this modification in procedure will make things easier for serving teachers while at the same time probably provide rather better protection for the children than before.

During the year the decision was taken to establish a Dental Trailer Caravan, so that in rural areas of the county where there are no clinics and the majority of the schools are small without suitable medical and dental facilities children can be treated in good conditions on the spot. It is hoped that this will not only increase the acceptance rate and help to reduce the present unsatisfactory time lag in providing inspection and treatment, but will make it less difficult to obtain dental staff for the country areas.

I have to thank all concerned for their support in the work of the School Health Service and in particular my Deputy, Dr. R. G. Brims Young, who not only does most of the administrative work but also a good many of the special examinations and difficult interviews and prepares the body of this report.

I am, Sir,

Your obedient Servant,

F. LANGFORD,

Public Health Department,
County Hall, Lewes.

County Medical Officer of Health and
Principal School Medical Officer.

April, 1956.

STAFF OF THE SCHOOL HEALTH SERVICE DURING 1955.

Principal School Medical Officer.

F. Langford, M.B., Ch.B., F.R.C.S., L.R.C.P., D.P.H.

Deputy Principal School Medical Officer.

R. G. Brims Young, M.B., Ch.B., D.P.H.

School Medical Officers.

- I. S. Bingeman, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
 *L. A. Collins, M.A., M.B., B.Chir., M.R.C.S., L.R.C.P., D.P.M., D.P.H.
 Joan Raymond, M.A., M.B., B.Chir. (part-time).
 *J. Petrie, M.B., Ch.B., D.P.H.
 Margaret Parker, M.B., Ch.B., D.P.H. (part-time).
 *R. J. Toleman, M.B.E., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
 *M. I. Silverton, M.R.C.S., L.R.C.P., D.P.H.
 P. J. Sweeney, M.B., B.Ch., B.A.O., L.M., D.P.H.
 †R. A. Stenhouse, L.M.S.S.A., C.P.H.
 *N. E. Chadwick, M.A., M.D., B.Ch., M.R.C.S., L.R.C.P., D.P.H.
 (Divisional Medical Officer)
 Mary McEwan, M.R.C.S., L.R.C.P. (died 17th August, 1955).
 J. B. Kershaw, M.B., B.Sc., M.R.C.S., L.R.C.P., D.P.H.
 Janet F. Waugh, M.B., B.S., (Temporary part-time appointment,
 as from 13th September, 1955.)

Hove and
Portslade
Division

*District Medical Officers of Health.

†Assistant Port Medical Officer.

Principal School Dental Officer.

P. S. P. Jenkins, BSc., L.D.S., R.C.S.

School Dental Officers.

- E. S. Butt, L.D.S., U. Liverpool.
 W. Eddings, L.D.S., R.C.S.
 J. V. Goldie, L.D.S., R.C.S.
 R. T. Hamilton, L.D.S., R.C.S., (commenced 1st October, 1955).
 R. H. Hamlyn, L.D.S., R.C.S.
 P. H. S. Lahaise, B.D.S., L.D.S., R.C.S., (part-time, commenced 10th November, 1955).
 Mrs. F. D. Morris, L.D.S., R.F.P.S., (part-time, resigned 31st October, 1955).
 Miss S. J. M. Passat, L.D.S., R.C.S.
 Miss H. M. Phillips, L.D.S., U. Leeds.
 F. P. Rikovsky, L.D.S., R.C.S.
 Miss H. T. Smith, L.D.S., R.C.S., (commenced 31st. January, 1955).
 R. C. Virgo, L.D.S., R.C.S.

Dental Anaesthetists (Part-time).

- V. M. Eggo, M.R.C.S., L.R.C.P.
 J. Terry, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

Child Guidance Service.

PSYCHIATRISTS.

- Doris K. Small, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M., D.P.M.
 Lamorna Hingston, M.B.E., M.R.C.S., L.R.C.P., D.P.M. (part-time).

EDUCATIONAL PSYCHOLOGISTS.

- Miss M. Garson, M.A. (resigned 10th September, 1955).
 Mr. L. Gardner, B.Sc., (Econ.) (part-time). (resigned 15th June, 1955).
 Miss M. P. Logg, B.A. (commenced 10th October, 1955).
 Mr. N. W. Wilkinson, M.A., B.Ed. (commenced 5th September, 1955).

SOCIAL WORKERS.

Miss J. W. Hasler.
 Mrs. P. Heslop.
 Miss R. V. Smith (resigned 2nd October, 1955).
 Mrs. M. S. Morley (commenced 11th July, 1955).

Speech Therapists.

Miss A. Glover, L.C.S.T.
 Miss A. Hayman, L.C.S.T.
 Mrs. K. G. Hansford, L.C.S.T. (part-time).

Home Visitor for Handicapped Pupils.

Mrs. G. F. Ayshford Ayre.

Nurses, etc.

School Nurses (part-time), 89; Dental Attendants, 11.

Schools.

The number of maintained schools in the administrative County is 217, composed of :—

| | | | | | | | |
|--|----|----|----|----|----|----|-----|
| Grammar Schools | .. | .. | .. | .. | .. | .. | 8 |
| Secondary Modern Schools | .. | .. | .. | .. | .. | .. | 27 |
| Primary Schools (including 15 All-range) | .. | .. | .. | .. | .. | .. | 179 |
| Special Schools | .. | .. | .. | .. | .. | .. | 3 |

The number of children on the registers of the Authority's Schools on 31st. December, 1955, was 38,578.

Medical Inspection.

There were no changes during the year in the arrangements for medical inspection.

The system of employing a part-time School Medical Officer, whose primary occupation is that of District Medical Officer of Health, has been continued in the majority of areas. School nurses also devote only a part of their time to school work, some combining school nursing with health visiting and others doing, in addition, midwifery and district nursing.

A considerable proportion of the time of the School Medical Officers has again been devoted to the examination of handicapped pupils and 181 pupils were classified during the year (including 10 ineducable children, whose names were subsequently notified to the Local Health Authority). The total number of children on the register of handicapped pupils at the end of the year was 714.

10,879 children were submitted to periodic medical inspection and 1,302 to special examination : 5,755 were re-examined, having been found to be suffering from one or more defects at the time of the previous examination.

Findings at Medical Inspection.

General Condition of Children.—The satisfactory state of affairs noted in previous years has been maintained. The number of children classified as being in poor condition was only 58, which was 0.53 per cent. of the pupils examined. This is the lowest percentage recorded since 1947, when the classification of the nutrition of the children in three groups of "Good," "Fair," and "Poor," was adopted and when the percentage under Category "Poor" was 5.04.

Diseases and Defects.—Of the 10,879 children examined at periodic medical inspection, 1,760, or 16.1 per cent., were found to require treatment of defects other than dental disease or infestation. The total number of defects was 1,938, and the following table shows the commonest defects over the last four years :—

| | 1952 | 1953 | 1954 | 1955 |
|--------------------------|--------------|--------------|-------------|---------------|
| Defective vision .. | 564 or 33.8% | 565 or 30.2% | 615 or 36% | 743 or 38.3 % |
| Orthopaedic defects .. | 501 or 30% | 569 or 30.4% | 495 or 29% | 504 or 26% |
| Nose & throat defects .. | 185 or 11.1% | 153 or 8.1% | 148 or 8.8% | 145 or 7.5% |

Infestation with Vermin.

The School Nurse is responsible for the measures to be taken to detect and treat verminous conditions in the schools in her area. A visit is made to the school each term and an inspection is usually carried out in the first few weeks of the term.

As a result of the excellent work done by the School nurses, the incidence of infestation has been considerably reduced during recent years. In the year under review, 93,946 examinations were conducted, to find only 182 individual cases of infestation. Cleansing orders were issued in respect of two cases only.

This is the lowest number of individual children found unclean for over three decades. As a comparison, during the year 1925, 29,986 examinations were made by the nurses and 1,107 individual children were found unclean.

Arrangements for Treatment.

The arrangements, whereby all treatment other than Child Guidance, Speech Therapy and Minor Ailment Treatment is carried out by the National Health Service, have continued to work successfully, with the possible exception of physiotherapy for minor orthopaedic disabilities, which in certain areas involved the loss of an undue proportion of school time.

Child Guidance.

The Child Guidance Service, whose importance and value in the educational and social spheres is now firmly established, has again been handicapped during the year by lack of full staff.

The temporary arrangements for the consultant psychiatric staff reported last year have had to be continued, because of the failure of the Regional Hospital Board to obtain the services of a suitable psychiatrist on a permanent basis.

An increase in the establishment of educational psychologists having become necessary, the opportunity provided by the almost simultaneous resignations of both the whole-time and part-time psychologists was taken and two whole-time psychologists were appointed.

During the year the establishment of psychiatric social workers was completed by the appointment of Mrs. M. Morley, but again fell below strength when Miss R. V. Smith tendered her resignation and by the end of the year had not been replaced.

It will be noted from the statistics given later in the report that 230 children received psychiatric treatment during the year, and the following illustrative cases have been selected from this group of children :—

1. Boy, aged 7½. Referred in November, 1953, by School Doctor for fears and night terrors. I.Q. 106. Underweight and with very poor appetite. Making no progress at school and unable to stand up for himself with other children. Hereditary history of instability. His older sister had been difficult to rear and his mother is an anxious woman, who had had previously two nervous breakdowns. With treatment he has lost most of his fears, is sleeping well, progressing normally at school and mixing normally with other children. Still eating very little. Mother still attending Clinic with him periodically for advice on handling.

2. Boy, aged 12 years. Was referred in June, 1950, by the Probation Officer having been placed on three years' probation for breaking and entering and stealing. An intelligent boy (I.Q. 132) who attended the local secondary modern school. Investigation revealed most adverse home circumstances.

Since the mother's death a couple of years previously, the father had given up his own business, and taken up a job as a nightwatchman, the two children, of whom this boy is the older, being left to their own devices. All the responsibility of running the home, cooking, etc., was undertaken by him. Stealing, which had been going on for some time, was a means to an end, so far as he was concerned. After a period of treatment he was able to face the reality of his anti-social behaviour. His school work began to improve and we were ultimately able to overcome the father's opposition to residential schooling. This year he passed 8 subjects in the General Certificate of Education, and on the recommendation of the Headmaster the Education Committee have granted him a further 2 years study to enable him to take certain subjects at advanced level. Close contact is maintained with the home, with the result that the father has now obtained more suitable employment and is again playing the full role of father to his sons.

3. A Grammar School girl, aged 14½, of high average intelligence (I.Q. 118). Referred by the Chief Education Officer for depression and worry over homework. Found to be suffering from anaemia, associated with the onset of puberty and a reacting depression, resulting from a conflict arising from her increasing awareness of her intellectual limitations in relation to the Grammar School curriculum and her desire, as the only member of a family of 7 to be selected for Grammar School education, not to let the family down. The depression cleared up when the anaemia was treated and the girl and the family appreciated the nature of the problem. She is now happily settled in a Secondary Modern School and hopes to sit next month for Technical School entrance examination with a view to studying shorthand and typewriting and subjects well within the scope of her intellectual capacity.

4. Boy, aged 6½, an only child of extremely anxious parents. Referred by Welfare Clinic—3 years ago. He had passed all his milestones at a very early age but emotional development appeared to be extremely retarded. His emotional state deteriorated rapidly after a period of hospitalisation for tonsillectomy. In hospital he withdrew completely from the staff and his own parents when they visited, and would sit in his cot, head in hands, moaning "what will become of me."

Treatment at the Clinic commenced shortly after this. He was completely inaccessible on his first visit to the Clinic and the prognosis looked poor. It was impossible to gain his attention for intelligence testing, but rough estimates put it above average. Later, in the course of treatment, a test confirmed that he was a highly intelligent child, with an I.Q. of 135. This was a helpful feature, from the treatment point of view. Prolonged regular treatment was necessary, and after two years' therapy he is now quite a normal little boy, well in touch with the outside world and in spite of minor anxiety phobias, which still trouble him from time to time, he is able to go to school, make friends and play with other children. Treatment continues.

5. Boy, aged 10, referred by mother because of persistent stealing at home and irritating behaviour towards mother. This child lost his father when he was 4 years old, and the mother, an extremely anxious and irritable person, admitted to having no patience with the boy and preferred his younger sister in such an obvious manner that sibling rivalry was intense. Mother's attention was also taken up with her new future husband—another threat to the boy's security.

At the Clinic the child was found to be a markedly inhibited, downtrodden and anxious child, of low average intelligence and regular treatment was commenced immediately. It was soon evident that he was seriously disturbed and a Rorschach test confirmed that the disturbance amounted to a psycho-neurotic depression. His improvement under treatment was slow, and a setback occurred when mother re-married. This unsettled the boy again and he began stealing outside the home. However, the mother, despite her limitations, was concerned about the boy and co-operated with the Clinic extremely well, so that her understanding of the child's needs grew. After about a year of regular treatment the boy was well enough to be discharged. The stealing had ceased, his appetite had improved, and he looks a fitter, happier child.

6. Boy, aged 11½, recently started at the Grammar School. Referred by School Medical Officer at request of family doctor. Parents complained of persistent stealing (mainly at home) and lying. The boy is of good intelligence and lives with father, stepmother and younger brother. He was brought up at the home of, and mainly by, his maternal grandmother during the absence of his father (who served in the R.A.F. until 1947, and later worked away most of the time) but a real home for him was established only after his father's re-marriage in 1953. His symptoms have developed since that time.

The parents are in business partnership. Father is intelligent, able and keen, stepmother a definite asset; both are ambitious and most of their interest and energy goes into work. The home, of good standards of comfort, adjoins one of the business premises. The basis of the boy's troubles was the difficulty of adapting to the new regime. He accepted the stepmother and wanted to be on good terms with her, but found the standards imposed by both parents too high and rigid. He resented the pressure to be useful in the shop and having to take the brother, 5 years younger, with him whenever he was allowed out. His mood on first contact with the clinic was one of sullen resistance, but he eventually became more forthcoming and able to give an adequate picture of his difficulties. The opportunity of consciously formulating his desire to get his own back on father and a chance to air his grievances was immediately beneficial. The parents were helped to see things from the boy's point of view. His pocket money has been reinstated and he now enjoys more freedom to develop his own interests. The stealing ceased and the boy is making good progress under therapy and is well on the way to becoming a happy, useful citizen.

During the year 207 new cases were referred to the psychiatrists and details of the problems involved, by whom they were referred and the manner in which they were dealt with are given below:

Referred by :

| | | | | | | | |
|-------------------------|----|----|----|----|----|----|----|
| School Medical Officers | .. | .. | .. | .. | .. | .. | 82 |
| Private Doctors | .. | .. | .. | .. | .. | .. | 44 |
| Schools.. | .. | .. | .. | .. | .. | .. | 19 |
| Hospitals | .. | .. | .. | .. | .. | .. | 10 |
| Juvenile Courts | .. | .. | .. | .. | .. | .. | 13 |
| Probation Officer | .. | .. | .. | .. | .. | .. | 1 |
| Chief Education Officer | .. | .. | .. | .. | .. | .. | 4 |
| Children's Officer | .. | .. | .. | .. | .. | .. | 22 |
| Other sources | .. | .. | .. | .. | .. | .. | 12 |

Problems :

| | | | | | | |
|--|----|----|----|----|----|----|
| Personality Problems and Nervous Disorder | .. | .. | .. | .. | .. | 49 |
| Habit Disorders | .. | .. | .. | .. | .. | 22 |
| Behaviour Disorders | .. | .. | .. | .. | .. | 86 |
| Educational and Vocational Difficulties | .. | .. | .. | .. | .. | 27 |
| Special examinations for Juvenile Courts | .. | .. | .. | .. | .. | 11 |
| Special examinations for Advice re Placement | .. | .. | .. | .. | .. | 12 |

How dealt with :

| | | | | | | | |
|---|----|----|----|----|----|----|----|
| Advice | .. | .. | .. | .. | .. | .. | 43 |
| Psychiatric Treatment | .. | .. | .. | .. | .. | .. | 64 |
| Psychiatric treatment and Coaching | .. | .. | .. | .. | .. | .. | 2 |
| Periodic Supervision | .. | .. | .. | .. | .. | .. | 14 |
| Withdrawn before completion | .. | .. | .. | .. | .. | .. | 17 |
| Awaiting diagnosis | .. | .. | .. | .. | .. | .. | 49 |
| Transferred before treatment commenced | .. | .. | .. | .. | .. | .. | 1 |
| Placed in special school | .. | .. | .. | .. | .. | .. | 4 |
| Transferred to Lady Chichester Hospital | .. | .. | .. | .. | .. | .. | 13 |

As stated earlier, 230 children in all received psychiatric treatment, coaching, etc., but this figure includes children who commenced treatment in 1954, which was continued during 1955. An analysis of the figure is given to show the progress made by these children :—

Analysis of Treatment :

| | | | | | | | |
|---|----|----|----|----|----|----|-----|
| Recovered | .. | .. | .. | .. | .. | .. | 36 |
| Improved | .. | .. | .. | .. | .. | .. | 37 |
| Not improved | .. | .. | .. | .. | .. | .. | 8 |
| Transferred | .. | .. | .. | .. | .. | .. | 5 |
| Cases closed (withdrawn or unco-operative) | .. | .. | .. | .. | .. | .. | 15 |
| Still receiving psychiatric treatment | .. | .. | .. | .. | .. | .. | 107 |
| Transferred to schools for maladjusted children | .. | .. | .. | .. | .. | .. | 13 |
| Admitted to hospital for intensive treatment | .. | .. | .. | .. | .. | .. | 5 |
| Left area | .. | .. | .. | .. | .. | .. | 3 |
| Admitted to Approved School | .. | .. | .. | .. | .. | .. | 1 |

The following summary gives an indication of the amount of work involved in dealing with these cases :—

Psychiatrist :

| | | | | | | | |
|-----------------------|----|----|----|----|----|----|-------|
| Diagnostic interviews | .. | .. | .. | .. | .. | .. | 162 |
| Treatment interviews | .. | .. | .. | .. | .. | .. | 1,054 |

Educational Psychologist :

| | | | | | | | |
|-----------------------|----|----|----|----|----|----|-----|
| Diagnostic interviews | .. | .. | .. | .. | .. | .. | 158 |
| Coaching interviews | .. | .. | .. | .. | .. | .. | 236 |
| Tests in School | .. | .. | .. | .. | .. | .. | 4 |
| School visits | .. | .. | .. | .. | .. | .. | 46 |

Psychiatric Social Workers :

| | | | | | | | |
|-----------------------|----|----|----|----|----|----|-----|
| Interviews at Clinics | .. | .. | .. | .. | .. | .. | 953 |
| School Visits | .. | .. | .. | .. | .. | .. | 53 |
| Home and other visits | .. | .. | .. | .. | .. | .. | 430 |

Speech Therapy.

Clinics have continued to be held at the County Clinics at Bexhill, Burgess Hill, East Grinstead, Haywards Heath, Hove, Lewes and Rye.

A large number of children in the eastern half of the County who have been unable to attend a Central Clinic have been seen either at school or in their own homes.

A high standard of co-operation is still being received from parents, both in supervising home practice and in maintaining a good attendance. This helps to provide the continuity essential to the forming of a correct speech pattern.

Many of the children have achieved intelligibility after really hard work, but their speech is still far from good and they can hardly be said to have been cured. Some of the reasons why certain children have shown little or no improvement are lack of security owing to friction in the home, insufficient intelligence to enable the child to co-operate, poor health, over-stimulation of a young and highly intelligent child, combined with lack of sleep, encouragement and help at home, and imitation of a similar difficulty in an older member of the family. The table given below shows the types of speech defects dealt with and the numbers in which improvement was recorded :—

| Defect. | DISCHARGED | | UNDER TREATMENT. | | Total |
|------------------------|------------|---------------|------------------|---------------|-------|
| | Improved. | Not improved. | Improved. | Not improved. | |
| Stammering | 35 | 3 | 43 | 3 | 84 |
| Dyslalia | 116 | 2 | 90 | 1 | 209 |
| Cleft Palate | 6 | — | 4 | 1 | 11 |
| Other conditions | 9 | 3 | 12 | — | 24 |
| | 166 | 8 | 149 | 5 | 328 |

Minor Ailments.

Minor ailments are treated at the following clinics :—

| Name and Address of Clinic : | | | | | Sessions : | | | |
|---|-------------|----|---------------------|----|------------|-------------|---|--|
| BURGESS HILL | | | | | | | | |
| County Clinic, "Windermere," | Mill Road | .. | Monday to Friday.. | .. | .. | 9.0-10.0 | | |
| EAST GRINSTEAD | | | | | | | | |
| County Clinic, "Moat View," | Moat Road | .. | Monday to Friday.. | .. | .. | 9.0-10.0 | | |
| HAILSHAM | | | | | | | | |
| Church Room, Victoria Road | .. | .. | As required | .. | .. | .. | — | |
| HAYWARDS HEATH | | | | | | | | |
| County Clinic, "Oaklands," | Boltro Road | .. | As required | .. | .. | .. | — | |
| (Minor Ailment Clinics are also held at the Schools in Haywards Heath). | | | | | | | | |
| NEWHAVEN | | | | | | | | |
| County Clinic, Hillcrest Road | .. | .. | Monday to Friday.. | .. | .. | 9.0-10.0 | | |
| RYE | | | | | | | | |
| County Primary School | .. | .. | Mondays and Fridays | | | 9.15-10.0 | | |
| SEAFORD | | | | | | | | |
| County Modern School | .. | .. | As required | .. | .. | .. | — | |
| BEXHILL | | | | | | | | |
| County Clinic, London Road | .. | .. | Monday to Friday.. | .. | .. | 9.0-10.30 | | |
| HOVE | | | | | | | | |
| Hangleton Clinic | .. | .. | As required | .. | .. | .. | — | |
| Shirley Street Clinic | .. | .. | As required | .. | .. | .. | — | |
| PORTSLADE | | | | | | | | |
| Sellaby House, Old Shoreham Road | .. | .. | Tuesday | .. | .. | 10.30-11.30 | | |
| LEWES | | | | | | | | |
| Castlegate House | .. | .. | Monday to Friday.. | .. | .. | 9.0-10.0 | | |

The principle of establishing Minor Ailment Clinics in schools with appropriate accommodation has been continued, thus reducing loss of school time.

Handicapped Pupils.

The Principal School Medical Officer has a duty to ascertain all children in the area requiring special educational treatment. Such children are termed handicapped pupils and their examination occupies a large and ever-increasing proportion of the time of the School Medical Officers. In the last nine years the number of ascertained handicapped pupils has increased from 275 to 714. The following table shows the distribution among the recognised categories of the pupils ascertained during the year as handicapped :—

| | | | | | | | |
|----------------------------|----|----|----|----|----|----|-----|
| Blind or partially-sighted | .. | .. | .. | .. | .. | .. | 4 |
| Deaf or partially-deaf | .. | .. | .. | .. | .. | .. | 4 |
| Delicate | .. | .. | .. | .. | .. | .. | 13 |
| Educationally subnormal | .. | .. | .. | .. | .. | .. | 130 |
| Maladjusted | .. | .. | .. | .. | .. | .. | 14 |
| Physically Handicapped | .. | .. | .. | .. | .. | .. | 11 |
| Epileptic | .. | .. | .. | .. | .. | .. | 5 |

In addition, 10 children were reported to the Local Health Authority as ineducable and 45 as likely to require supervision, by reason of a disability of mind, after leaving school.

Blind Pupils.

There were, at the end of the year, 16 blind pupils on the register, 3 of whom are receiving education in the Royal London School for the Blind recently moved to new premises at Seal, in Kent, 2 are at the Royal Normal College for the Blind, Rowton Castle, and 2 are in Sunshine Homes for Blind Babies. The remaining 9 children are only 2-3 years of age and are awaiting placement in Sunshine Homes.

Partially-Sighted Pupils.

Of the total of 18 partially-sighted pupils 13 attend special schools, 11 of whom are in the Brighton School for Partially-Sighted Boys. Parental consent to special school education has been obtained in respect of 2 pupils and they are awaiting vacancies. In the case of the remaining pupils parental consent is withheld at present in 2 cases and the Ophthalmic Surgeon has reported that the remaining child is at present making satisfactory progress in the ordinary school.

Deaf Pupils.

There are 32 deaf pupils in the County, all of whom are in special residential schools. 13 are in the Royal School for Deaf and Dumb Children, Margate, 9 are in Hamilton Lodge Independent School, Brighton, 3 in Nutfield Priory School, Redhill, and the others in various residential schools throughout the country.

Partially Deaf Pupils.

18 out of a total of 23 partially-deaf pupils are receiving education in special schools, the largest number being in attendance at the School for the Partially Deaf, Ovingdean Hall, Ovingdean, Brighton. Of the remaining 5 pupils, 2 are awaiting vacancies at Ovingdean Hall and in 3 cases they have been allowed to have a further trial at the ordinary school with a favourable position in class.

Delicate Pupils.

These are pupils who require special educational treatment because of temporarily impaired physical health. A period of residential special school education is usually between 3 and 6 months. During the year 24 were provided with special education, mainly at St. Dominic's Open Air School, Godalming, and St. John's Home Brighton, but 2 pupils were attending day open air schools as they resided within reasonable distance of schools established by the Hastings and Eastbourne County Boroughs. At the end of the year 7 of these children were still at special schools (5 at boarding schools and 2 at day schools), and 5 were awaiting vacancies.

Educationally Sub-Normal Pupils.

This is the largest category of handicapped pupils and the one for which it is most difficult to provide suitable education. Of the total of 333 educationally subnormal pupils recommended for education in special schools, only 153 are receiving special education, 121 of whom are attending the Authority's schools at St. Mary's, Horem (residential), Newick House, Burgess Hill (day school) and St. Anne's, Lewes (day school). 6 pupils are receiving home tuition. 18 are awaiting vacancies at the Authority's own special schools. In addition, 158 educationally subnormal pupils have been recommended for special educational treatment in an ordinary school but few schools in the County provide this. In 17 cases a decision whether the children are capable of receiving education has been deferred.

Epileptic Pupils.

Of the total of 11 epileptic pupils, 8 are in special schools. Of the remaining 3 pupils, 2 have been allowed to have a further trial at the ordinary school and the name of the other child is on the waiting list of Lingfield Epileptic Colony.

Maladjusted Pupils.

Under the heading of Child Guidance, reference has been made to maladjusted pupils who can be dealt with by the Child Guidance Service while they continue to attend the ordinary school. At the end of the year 27 maladjusted pupils were receiving special school education. 2 were in a hostel and received education at the ordinary school. 9 were awaiting placement in a special school.

Physically Handicapped Pupils.

56 physically handicapped pupils were on the register at the end of the year, 12 of whom were receiving special school education, 8 were in a hospital school and 10 were receiving home tuition. Only 2 children were awaiting placement in a special school. All the other cases are either continuing at the ordinary school, as they can obtain benefit from such education with a modified curriculum e.g., excused P.T. or organised games, or are so severely handicapped that consideration cannot be given either to special school education or home tuition.

Summarising the figures out of a total of 714 handicapped pupils on the Authority's Register on 31st December, 1955, 287 were receiving suitable education and 16 home tuition. Included in the remaining 411 there are 158 educationally subnormal children capable of benefiting from special educational treatment in the ordinary school, 24 physically handicapped children able to attend ordinary school with a modified curriculum or the defect too severe for special school education to be considered, and 17 children in respect of whom a decision with regard to special school education or otherwise has been deferred: therefore the final figure of children requiring places in special schools at the end of 1955 was 212.

Education in Hospitals.

Education for children undergoing long-stay treatment at the Queen Victoria Hospital, East Grinstead, Heritage Craft Schools and Hospitals, Chailey, and at Haldane House, Bexhill, is provided by the Authority and financial responsibility was also accepted for education provided for East Sussex children in hospitals in other counties.

Employment of Children.

One of the conditions regulating employment of school children in the administrative area of the County is that the Principal School Medical Officer should supply to the employer a certificate that the employment will not be prejudicial to the health or physical development of the child and will not render him unfit to obtain proper benefit from his education. During the year 985 children were examined for this purpose and in no case was a certificate refused.

Medical Examination of Teachers.

During the year medical examinations and chest X-rays were arranged for 196 teachers on taking up posts in this county and for 106 East Sussex students prior to their admission to teachers' training colleges. In addition, 28 teachers were medically examined on behalf of the Ministry of Education prior to taking up their first teaching post.

Infectious Diseases.

The returns from Head Teachers indicate that there was a large increase in the number of children suffering from measles and scarlet fever during the year, as compared with the previous year. 19 cases of poliomyelitis were notified during the year.

Mothercraft.

Instruction in this subject was given by the Assistant County Nursing Superintendents and certain nurses to the senior girls in 18 schools. The course continues to be received with enthusiasm and of 460 girls entering for examination 356 were awarded certificates of proficiency.

School Meals Service.

The total number of canteens in the County (including Hove and Portslade Division) is 204, which includes three which were opened during the past year. The central Kitchens total six and serve meals to schools generally in their immediate vicinity.

A recent return made by the Chief Education Officer to the Ministry of Education showed that of the 36,330 children at school on the day of the return 29,352 were taking school milk and 21,291 were taking school dinners. The School Medical Officers supervise the hygienic precautions taken in canteens and kitchens to prevent the occurrence of any food infection.

As a protection against possible infection of the children partaking of canteen meals, it was decided, as from the middle of June, 1955, that all persons taking up employment as school canteen assistants should be appointed subject to the completion of a medical history sheet and a satisfactory chest X-ray. As a result of 87 such forms received from prospective employees, 69 X-rays had to be arranged but only one candidate was required to have a full medical examination as a result of her medical history.

Milk-in-Schools Scheme.

All milk supplied to the 193 schools participating in the Scheme is now pasteurised milk from approved sources.

During the year supervision of supplies has been continued and 258 samples have been submitted for examination. These were reported to be satisfactory in all except four instances, in which "keeping quality" was questionable. This was due principally to delays in distribution during the warm season and, so far as is practicable, the arrangements have been corrected.

The provision of pasteurised milk affords the greatest margin of safety and in general the position is considered to be satisfactory.

Sanitary Conditions in Schools.

During the year improvements to sanitary facilities were carried out at the following 16 schools :

Falmer C.E.
Lewes, Western Road, C.P.
South Heighton C.E.
Bexhill County Grammar School for Boys.
East Grinstead Sackville Secondary School.
St. Mary's School, Horam.
Cophthorne C.E.
Fairwarp C.E.
Park Mead C.P.
East Grinstead Blackwell C.P. Junior.
Peasmarsh C.E.
Eridge C.P.
Waldron C.E.
Cross-in-Hand.
Playden C.E.
Seaford County Secondary School.

These improvements included provision of a flushing system, extension of existing sanitary accommodation, additional wash basins, etc.

As stated previously, the present large number of pupils taking their mid-day meal at schools makes the provision of adequate and satisfactory latrine and ablution arrangements of paramount importance.

REPORT OF THE PHYSICAL EDUCATION ORGANISERS FOR THE YEAR 1954-55.

1. Teachers' Courses.

A total of 272 teachers from East Sussex attended refresher courses in physical education held in various centres throughout the County. In collaboration with the Principal School Medical Officer the Organisers held the first day course in School remedial work, which was much appreciated by the 28 teachers from Secondary Schools who attended.

The day course, organised by the County Association of Teachers, included morning and afternoon sessions on Infant Physical Education, and was attended by over 100 teachers.

2. Staffing.

In the boys' schools the position was unchanged. In the girls' schools the tendency was for improvement, with a larger proportion of specialised teachers appointed to the Secondary Schools.

3. Gymnastics.

The general picture shows a greater variety in the type of work being taken. Provision of agility apparatus continues as far as finances will allow.

4. Athletics.

At the East Sussex Schools' Athletic Championships, 500 competitors took part and performances were bettered in 11 events.

At the Sussex Schools' Athletic Championships East Sussex were first in the Intermediate section and were second in both senior and junior sections.

In the National Championships Sussex were placed 7th in 38 competing counties.

Pole Vault and Hop-Step-and-Jump were introduced into the boys' programme for the first time.

5. Games.

Girls—The full programme of netball, hockey, stoolball and tennis tournaments was carried out with increased entries. It is hoped that Rounders will be included in the near future.

Boys—Football and Cricket competitions were organised on the same lines as in previous years. Basketball has been taken up in some schools and it is hoped that, as more apparatus becomes available, regular competitions will be established. The first Basketball rally to be held in the Authority was attended by 18 teams from 12 Secondary Schools.

6. Swimming.

Instruction was carried out as in previous years and certificates were awarded as follows :—

| | |
|----------------------|-----|
| First Class | 28 |
| Second Class | 112 |
| Third Class | 270 |
| Fourth Class | 61 |

7. Camping.

Boys—Four schools sent a total of 74 boys in a four-week period to the Pett Level Site. One Secondary school borrowed Committee's equipment to hold a 14-day camp for 35 boys on a private site during the school holidays.

8. Further Education.

The following classes were held :—

| | | | | | |
|--------------------------------|----|----|----|----|---|
| Gymnastics or Keep Fit (Women) | .. | .. | .. | .. | 4 |
| Gymnastics or Keep Fit (Men) | .. | .. | .. | .. | 7 |
| Dancing (Men and Women) | .. | .. | .. | .. | 8 |
| Cricket Coaching (Men) | .. | .. | .. | .. | 1 |
| Football Coaching (Men) | .. | .. | .. | .. | 1 |
| Badminton (Men and Women) | .. | .. | .. | .. | 2 |

J. LOUGHRAN,

C. R. L. CALLANDER,

Organisers of Physical Education.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER.

Most Authorities are having increasing difficulty in retaining their Dental Officers and still greater difficulty in replacing any who leave, but we have been more fortunate than most. In the past 12 months it was possible to fill one vacancy resulting from the departure of an Officer in 1954, to make a new full-time appointment, and to replace a part-time Officer who left during the year. In consequence, the year ended with a staff of one Principal School Dental Officer and 10 4/11ths Dental Officers, an increase equivalent to nearly 2 full-time Officers.

Premises.

The new Clinic at Hangleton came into use early in the year. The dental wing has waiting, recovery and work rooms and two surgeries. One surgery only is in use at present. It is fully equipped with modern apparatus, including a unit, anaesthetic machine and X-ray apparatus.

Use of the medical rooms in the new schools at Battle and Robertsbridge has greatly improved the working conditions in those places but suitable accommodation is still badly needed in many places. The position is aggravated by the fact that more schools are now overcrowded and cannot spare a room, even for dental inspection. An attempt to ease this is being made by the purchase of a mobile dental clinic, to be delivered in 1956. More fixed clinics are, however, still needed, particularly at Hailsham and Crowborough.

Inspection.

26,086 school children received routine inspection during 293 sessions, which gives an average of 89 children inspected per session. In addition, 2,878 'specials' were inspected at the treatment centres, making a total of 28,964. Of these 15,711 (54%) were offered treatment.

Treatment.

Details of the work done are given in the tables at the end of the report. Of the 15,711 offered treatment 12,105 (77%) received treatment from the School Dental Officers. The corresponding percentage for 1954 was 64%. Extractions of temporary teeth were 6% less than those for the preceding year but other treatment figures show an increase, the number of fillings in permanent teeth rising by 5%. 173 appliances were inserted to correct irregularities of the teeth and partial dentures to re-place teeth which had been lost numbered 77.

The X-ray unit installed in Hangleton proved to be most useful. In all, with the co-operation of the hospitals, to whom we are most grateful, X-ray photographs of the teeth of 240 children were taken during the year.

As in previous years, I would like to record my appreciation of the help given by the members of the County Nursing Association and the teaching staffs at the Schools.

P. S. P. JENKINS,
Principal School Dental Officer

27th April, 1956.

APPENDIX.

STATISTICAL TABLES—MAINTAINED PRIMARY AND SECONDARY SCHOOLS, 1955.

TABLE 1.—RETURN OF MEDICAL INSPECTIONS.

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the Prescribed Groups :—

| | |
|------------------------------------|---------------|
| Entrants | 3,920 |
| Second Age Group | 3,656 |
| Third Age Group | 2,547 |
| Other Periodic Inspections | 756 |
| TOTAL | 10,879 |

B.—OTHER INSPECTIONS.

| | |
|---------------------------------------|--------------|
| Number of Special Inspections | 1,302 |
| „ „ Re-Inspections | 5,755 |
| TOTAL | 7,057 |

C.—PUPILS FOUND TO REQUIRE TREATMENT.

NUMBER OF INDIVIDUAL PUPILS FOUND AT PERIODIC MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING DENTAL DISEASES AND INFESTATION WITH VERMIN).

| Age Group. (1) | For defective vision (excluding squint). (2) | For any of the other conditions recorded in Table IIA. (3) | Total individual pupils. (4) |
|------------------------------------|--|---|------------------------------------|
| Entrants | 89 | 493 | 550 |
| Second age group | 305 | 338 | 603 |
| Third age group | 251 | 187 | 417 |
| Total (prescribed groups) | 645 | 1018 | 1570 |
| Other periodic inspections | 98 | 104 | 190 |
| GRAND TOTAL | 743 | 1,122 | 1,760 |

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1955.

| Defect or Disease (1) | PERIODIC INSPECTIONS | | SPECIAL INSPECTIONS | |
|-------------------------------|--------------------------------|--|--------------------------------|--|
| | No. of Defects. | | No. of Defects. | |
| | Requiring treatment. (2) | Requiring to be kept under observation but not requiring treatment. (3) | Requiring treatment. (4) | Requiring to be kept under observation but not requiring treatment. (5) |
| Skin | 83 | 100 | 50 | 72 |
| Eyes :— | | | | |
| (a) Vision | 743 | 364 | 98 | 44 |
| (b) Squint | 108 | 63 | 22 | 2 |
| (c) Other | 31 | 31 | 7 | 9 |
| Ears :— | | | | |
| (a) Hearing | 8 | 62 | 11 | 10 |
| (b) Otitis Media | 15 | 45 | — | 2 |
| (c) Other | 5 | 8 | 3 | 4 |
| Nose or Throat | 145 | 590 | 43 | 52 |
| Speech | 38 | 62 | 56 | 14 |
| Cervical glands | 8 | 150 | 3 | 6 |
| Heart and circulation | 33 | 97 | 7 | 12 |
| Lungs | 44 | 182 | 10 | 31 |
| Developmental :— | | | | |
| (a) Hernia | 15 | 33 | — | — |
| (b) Other | 23 | 167 | 14 | 31 |
| Orthopaedic :— | | | | |
| (a) Posture | 126 | 168 | 13 | 5 |
| (b) Flat foot | 208 | 278 | 39 | 22 |
| (c) Other | 170 | 317 | 64 | 37 |
| Nervous system :— | | | | |
| (a) Epilepsy | 9 | 6 | 3 | 3 |
| (b) Other | 2 | 19 | 14 | 18 |
| Psychological :— | | | | |
| (a) Development | 27 | 124 | 15 | 24 |
| (b) Stability | 14 | 128 | 29 | 48 |
| Other | 83 | 82 | 34 | 44 |

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

| Age Groups (1) | Number of Pupils. (2) | A (Good). | | B (Fair). | | C (Poor). | |
|------------------------------------|-----------------------------|--------------|----------------------------|--------------|----------------------------|--------------|----------------------------|
| | | No. (3) | % of Column (2). (4) | No. (5) | % of Column (2). (6) | No. (7) | % of Column (2). (8) |
| Entrants | 3,920 | 1,945 | 49.62 | 1,950 | 49.74 | 25 | 0.64 |
| Second age group | 3,656 | 2,022 | 55.31 | 1,621 | 44.34 | 13 | 0.35 |
| Third age group | 2,547 | 1,602 | 62.90 | 937 | 36.79 | 8 | 0.31 |
| Other periodic inspections | 756 | 237 | 31.35 | 507 | 67.06 | 12 | 1.59 1.59 |
| TOTAL | 10,879 | 5,806 | 53.37 | 5,015 | 46.10 | 58 | 0.53 |

TABLE III.—INFESTATION WITH VERMIN.

| | |
|---|--------|
| (i) Total number of examinations of pupils in the schools by School Nurses | 93,946 |
| (ii) Total number of individual pupils found to be infested | 182 |
| (iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944) | 182 |
| (iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944) | 2 |

TABLE IV.—TREATMENT TABLES.

GROUP 1.—DISEASES OF THE SKIN (EXCLUDING UNCLEANLINESS, FOR WHICH SEE TABLE III).

| | Number of cases treated or under treatment during the year | |
|------------------------------|--|-------------|
| | By the Authority. | Otherwise. |
| Ringworm :—(i) Scalp | — | —+? |
| (ii) Body | 1 | —+? |
| Scabies | — | —+? |
| Impetigo | 56 | 3+? |
| Other skin diseases | 184 | 13+? |
| TOTAL | 241 | 16+? |

Group 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

| | Number of cases dealt with | |
|---|---|--------------|
| | By the Authority. | Otherwise. |
| External and other, excluding errors of refraction and squint | 98 | 11+? |
| Errors of refraction, including squint | 1,371 | 311+? |
| TOTAL | 1,469 | 322+? |
| Number of pupils for whom spectacles were :— | | |
| (a) Prescribed | 583 | ? |
| (b) Obtained | No Record (supplied through National Health Ophthalmic Services Committee). | |

Group 3.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

| | Number of cases treated | |
|--|-------------------------|-------------|
| | By the Authority. | Otherwise. |
| Received operative treatment :— | | |
| (a) For disease of ear | — | 4+? |
| (b) For adenoids and chronic tonsilitis | — | 44+? |
| (c) For other nose and throat conditions | — | 7+? |
| Received other forms of treatment | 28 | 3+? |
| TOTAL | 28 | 58+? |

Group 4.—ORTHOPAEDIC AND POSTURAL DEFECTS.

| | | |
|--|-------------------|------------|
| (a) Number treated as in-patients in hospitals | No information | |
| | By the Authority. | Otherwise. |
| (b) Number treated otherwise, e.g. in clinics or out-patient departments | Nil | 205 + ? |

Group 5.—CHILD GUIDANCE TREATMENT.

| | | |
|--|--|------------|
| | Number of cases treated | |
| | In the Authority's Child Guidance Clinics. | Elsewhere |
| Number of pupils treated at Child Guidance Clinics | 230 | Not known. |

Group 6.—SPEECH THERAPY.

| | | |
|---|--------------------------|------------|
| | Number of cases treated. | |
| | By the Authority. | Otherwise |
| Number of pupils treated by Speech Therapists | 328 | Not known. |

Group 7.—OTHER TREATMENT GIVEN.

| | | |
|--|--------------------------|------------|
| | Number of cases treated. | |
| | By the Authority. | Otherwise. |
| (a) Miscellaneous minor ailments | 869 | 77 + ? |
| (b) Other (specify) Obesity | — | 2 + ? |
| Undescended testicles | — | 4 + ? |
| TOTAL | 869 | 83 + ? |

TABLE V.—DENTAL INSPECTION AND TREATMENT.

| | | | | | | | | | | | |
|--|----|----|----|---------------------------|--------|---------|----|----|----|----|--------|
| (1) Number of pupils inspected by the School Dental Officers :— | | | | | | | | | | | |
| (a) At periodic inspections | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 26,086 |
| (b) As specials | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 2,878 |
| (c) Total | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 28,964 |
| (2) Number found to require treatment | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 19,433 |
| (3) Number offered treatment | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 15,711 |
| (4) Number actually treated | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 12,105 |
| (5) Attendances made by pupils for treatment | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 24,928 |
| (6) Half-days devoted to | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| | | | | { Inspection | 293 | } Total | | | | | |
| | | | | { Treatment | 3,815 | | | | | | |
| (7) Fillings | .. | .. | .. | .. | .. | } Total | | | | | |
| | | | | { Permanent teeth | 13,394 | | | | | | |
| | | | | { Temporary teeth | 3,263 | | | | | | |
| (8) Number of teeth filled | .. | .. | .. | .. | .. | } Total | | | | | |
| | | | | { Permanent teeth | 11,599 | | | | | | |
| | | | | { Temporary teeth | 3,077 | | | | | | |
| (9) Extractions | .. | .. | .. | .. | .. | } Total | | | | | |
| | | | | { Permanent teeth | 2,536 | | | | | | |
| | | | | { Temporary teeth | 9,807 | | | | | | |
| (10) Administrations of general anaesthetics for extractions | .. | .. | .. | .. | .. | | | | | | |
| | | | | { Permanent teeth | 6,389 | } Total | | | | | |
| | | | | { Temporary teeth | 3,272 | | | | | | |
| (11) Other operations | .. | .. | .. | .. | .. | | | | | | |



