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EAST SUSSEX COUNTY COUNCIL

ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE

YEAR 1956

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

STAFF OF THE SCHOOL HEALTH SERVICE DURING 1956.

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.
Margaret Parker, M.B., Ch.B., D.P.H. (part-time, resigned 19th February, 1956).
*J. Petrie, M.B., Ch.B., D.P.H.
Joan Raymond, M.A., M.B., B.Chir. (Part-time, resigned 31st March, 1956).
*M. I. Silverton, M.R.C.S., L.R.C.P., D.P.H.
†R. A. Stenhouse, L.M.S.S.A., C.P.H.
Anne D. Surtees, M.B., Ch.B., D.C.H. (commenced 1st April, 1956).
P. J. Sweeney, M.B., B.Ch., B.A.O., L.M., D.P.H. (resigned 15th January, 1956).
*R. J. Toleman, M.B.E., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
Janet F. Waugh, M.B., B.S. (commenced 12th March, 1956).

*N. E. Chadwick, M.A., M.D., B.Ch., M.R.C.S., L.R.C.P., D.P.H. (*Divisional Medical Officer*).	Hove and Portslade Division
Nulece C. Eyles, M.B., Ch.B., D.P.H. (commenced 1st March, 1956).	
J. B. Kershaw, M.B., B.Sc., M.R.C.S., L.R.C.P., D.P.H. (resigned 11th September, 1956).	
R. W. Martin, L.R.C.P. & SI., L.M., D.P.H. (commenced 8th November, 1956).	

*District Medical Officer of Health. †Assistant Port Medical Officer.

Principal School Dental Officer.

P. S. P. Jenkins, B.Sc., L.D.S., R.C.S.

School Dental Officers

E. S. Butt, L.D.S., U. Liverpool.
C. Coppelman, B.D.S., L.D.S., R.C.S. (part-time, commenced 23rd October, 1956).
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. (resigned 3rd September, 1956).
R. H. Hamlyn, L.D.S., R.C.S.
P. H. S. Lahaise, B.D.S., L.D.S., R.C.S.
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. (resigned 29th September, 1956).
A. P. Spackman, L.D.S., R.C.S. (commenced 2nd October, 1956).
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. (part-time).
Lamorna Hingston, M.B.E., M.R.C.S., L.R.C.P., D.P.M. (part-time).
Joseph N. Runes, M.D. (part-time).
Michael G. D. Davys, M.A., B.M., B.Ch., D.P.M. (part-time, commenced 16th April, 1956).
H. V. W. Elwell, M.A., M.R.C.S., L.R.C.P., D.P.M. (part-time, commenced 16th August, 1956).

Educational Psychologists.

Miss M. P. Logg, B.A.
Mr. N. W. Wilkinson, M.A., B.Ed.

Social Workers.

Miss J. W. Hasler.
Mrs. P. Heslop.
Mrs. M. S. Morley, (resigned 22nd April, 1956).
Mrs. M. Scott, (commenced 1st July, 1956).

Speech Therapists.

Miss A. Glover, L.C.S.T., (resigned 6th March, 1956).
Miss A. Hayman, L.C.S.T.
Mrs. K. G. Hansford, L.C.S.T., (part-time).
Miss C. R. Wheatland, L.C.S.T., (commenced 4th April, 1956).

Nurses, etc.

School Nurses, (part-time), 91; Dental Attendants, 11.

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

MR. CHAIRMAN, MY LORDS, LADIES AND GENTLEMEN,

As will be seen from the following comments and the material in the body of this report, the increase in the number of pupils and the closer attention being paid to various aspects of the School Health Service bring their own difficulties.

Medical staffing continues to be a problem owing to the increasing number of children to be dealt with and also, it must be admitted, to the existing method of using (part-time) the services of the medical officers of county districts. The quality of their work is not questioned, but the County Council in one capacity or another have taken up all the time that can be spared by their respective District Councils. One cannot forget, moreover, the odd insistence in the nationally agreed salary scales for medical officers that the time spent by a district medical officer doing school health work has to be paid for at the lower rate appropriate to a junior assistant. The school population has increased from 32,522 in 1951 to 39,782 in 1956, and your Committee therefore supported the recommendation, approved in due course by the County Council, that an additional whole-time medical officer be added to the establishment, his duties being mainly school health work and acting as B.C.G. vaccinator.

In common with, I suppose, almost all other education authorities East Sussex continue to find difficulty in bringing up their school dental service to the standard set up years ago. Rural counties are handicapped in having a high proportion of schools which are without medical inspection rooms, let alone properly equipped dental wings, and which are far from any fixed clinic to which children could be sent. In an attempt to meet the needs of certain rural areas the Committee provided, early in the year, a mobile dental clinic which would enable a dental officer to inspect and treat in satisfactory conditions children who might otherwise receive inadequate inspection and treatment.

The mobile dental clinic (the make bought was the " Gloster ") was a trailer-caravan type rather than a self-contained vehicle because (a) it was thought not reasonable to expect the Dental Officer or his attendant to drive a large van round our narrow lanes and (b) towage arrangements could be made with garages or firms dealing with caravans. The mobile clinic is towed to a school where the curtilage includes suitable standing room and stays there long enough to deal with one or more schools and also expectant and nursing mothers of the district. It can be connected to the main services at the school or, if necessary, can work as an independent self-contained unit.

The area served depends on the ability of each school to provide, as a minimum, suitable standing room. It consists at present of a long oval strip running from Warbleton in the south-east up to Worth, Balcombe and Slaugham in the north-west; in this area there are 20 selected schools with about 3,000 pupils on the registers.

It has been hoped to engage a whole-time dental officer within the establishment to work in this clinic, but so far we have not succeeded, so it has been manned by one or other of our present staff, an arrangement which has not permitted fully effective use to be made of it. Nevertheless, very favourable reports have been obtained of better service in rural areas and improved acceptances; we now also know that towage provides no serious problems and that any ordinary dental work, including extractions, can be carried out in this mobile clinic. Further experience will show whether, in actual working practice, the advantages of the mobile clinic are such that another should be obtained to deal with further rural schools; obviously we are limited by the shortage of dental officers.

In the latter part of the year it was at last found practicable to proceed with the scheme for vaccinating " school leavers " with B.C.G. and it was provisionally planned to start by means of a " test run " in the Lewes area before extending to the remainder of the county. A short further delay occurred, however, and as in the meantime the Borough of Hove had appointed as deputy medical officer of health a doctor who had had several years' experience in this work, it was arranged that (subject to all the necessary consents being obtained from the Ministry of Health and others) the " test run " should be carried out in the combined areas of Hove and Portslade. Particulars of this work, which was carried out in early 1957, will be given in the report for that year.

Two years or so ago considerable discussion arose regarding the need to make more provision for the education of educationally subnormal pupils, which naturally presupposes accurate ascertaining if the problem is to be fully considered and dealt with.

In 1954 the Education Committee's Educational Psychologist carried out a survey in the schools of the Hove and Portslade Divisional Executive in order to ascertain the extent of the problem, and this work was so useful and illuminating that he has been responsible for continuing a similar survey throughout the rest of the county.

It cannot be too strongly emphasised and has had to be pointed out repeatedly to medical officers, school teachers and others concerned with the work that the term " educationally subnormal " is not synonymous with " of dull intelligence," though the two conditions may and, in fact, generally do, overlap. The Handicapped Pupils and School Health Service Regulations state quite precisely that educationally subnormal pupils are those who, by reason of limited ability *or other conditions* resulting in educational retardation, require some specialised form of education .....

For this and other reasons it was found essential when receiving particulars from the Educational Psychologist of children who came within this definition to consider all the factors concerned before making a recommendation, and my Deputy, Dr. R. G. Brims Young, who played a leading part in this work, has devised a very useful record form completed for each pupil, giving bare essential particulars, such as the date of test, chronological age, mental age, reading age, general educational attainments age, I.Q., and a space for giving the examiner's opinion of the reason for the backwardness found.

It is not uncommon for substantial backwardness in education to be found in fully intelligent pupils and to be due to (to take two causes) long periods of illness or maladjustment (see under Maladjusted Pupils, later in this report). We have already found that having deliberately to apply the mind to considering what may be the cause of the retardation found is of great advantage to the pupil in that the action taken may be suitably adjusted to his total needs.

The work of carrying on the School Health Service, substantial though it is, has been made easier by the loyal support of all staff and the friendly co-operation of the Education Department and others throughout the county and, indeed, elsewhere. Special note should be made of my Deputy, Dr. R. G. Brims Young, who prepares this annual report year by year and is ever on the watch for ways in which better service may be given.

I am, sir,

Your obedient servant,

F. LANGFORD,

County Medical Officer of Health and Principal School Medical Officer.

Public Health Department,
County Hall, Lewes.

May, 1957.

Schools.

The number of maintained schools in the administrative county is 219, composed of:—

Grammar Schools	8
Secondary Modern Schools	28
Primary Schools (including 12 all-range)	180
Special Schools	3

The number of children on the registers of the authority's schools during the Autumn Term, 1956, was 39,782, an increase of 11,769 since 1946.

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.

The examination of handicapped pupils occupies a steadily increasing proportion of the time of school medical officers and 245 pupils were classified during the year (including 12 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 784.

A total of 11,396 children were submitted to periodic medical inspection and 2,057 to special examination; 5,823 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.

Physical Condition of Children.—As from January, 1956, the Ministry of Education revised the categories under this head, which had previously been recorded as " Good," " Fair " and " Poor," to two categories only, viz. " Satisfactory " and " Unsatisfactory." If, for the purposes of comparison, the first two categories under the old system are deemed the equivalent of " Satisfactory," and " Poor " to equal " Unsatisfactory," then the percentage of pupils in the unsatisfactory category would appear to have risen from 0.53 in 1955 to 1.02 in 1956. As there has certainly not been such a deterioration in the general condition of the pupils, the figures can be explained only by the reluctance of the school medical officers, in the past, to restrict the use of the term " Fair " to describe pupils in a *satisfactory* general condition. Now that this rather equivocally titled category is no longer in use a more accurate assessment of the position may be expected.

Diseases and Defects.—Of the 11,396 children examined at periodic medical inspection, 1,925, or 16.8%, were found to require treatment of defects other than dental disease or infestation. The total number of defects was 2,150 and the following table shows the commonest defects over the last four years:—

	1953	1954	1955	1956
Defective vision	565 (30.2%)	615 (36%)	743 (38.3%)	799 (41.5%)
Orthopaedic defects	569 (30.4%)	495 (29%)	504 (26%)	552 (28.6%)
Nose and throat defects	153 (8.1%)	148 (8.8%)	145 (7.5%)	188 (9.7%)

The Principal Medical Officer of the Ministry of Education asked Local Education Authorities to record the number of pupils examined in the periodic groups who had at any time previously had their tonsils and/or adenoids removed, as the Medical Research Council on Social and Environmental Health were investigating " Tonsillectomy Rates " of the whole country generally.

As approximately one-third of the child population attending maintained schools is seen annually at periodic medical inspection the Ministry can obtain sufficient information from returns of each Local Education Authority to enable a study to be made.

I give below information concerning the 11,396 East Sussex scholars examined during 1956, from which it is noted that over one-fifth of these pupils had had their tonsils removed:—

	Number examined			Tonsillectomy performed			% treated
	Boys	Girls	Total	Boys	Girls	Total	
Entrants	2,271	2,148	4,419	290	212	502	11.36
Second age group	1,731	1,634	3,365	510	521	1,031	30.64
Leavers	1,499	1,488	2,987	480	448	928	31.07
Other periodics	326	299	625	97	100	197	31.52
TOTAL	5,827	5,569	11,396	1,377	1,281	2,658	23.32

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, 96,253 examinations were conducted, to find only 166 individual cases of infestation. In no case was the issue of a Cleansing Order required.

These figures maintain the trend towards freedom from infestation which has been noted in previous years, but the annual figures also show that as the prevalence of pediculosis decreases so does any subsequent improvement become more difficult. Continued vigilance by the school nurses is essential if infestation with vermin is to be eradicated.

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.

The following Table indicates the extent of the Treatment Services provided by the Authority:

	Weekly Sessions				
	Child Guidance	*Minor Ailment*	*Speech Therapy*	*Dental*	*Ophthalmic*
Burgess Hill					
County Clinic, "Windermere," Mill Road ..	1	Daily	1	5	—
East Grinstead					
County Clinic, "Moat View," Moat Road ..	1	Daily	2	7	—
Hailsham					
Church Room, Victoria Road	—	—	—	2	—
Haywards Heath					
County Clinic, "Oaklands," Boltro Road ..	—	As required	2	7	—
Newhaven					
County Clinic, Hillcrest Road	—	Daily	1	7	—
Rye					
County Primary School	—	2	1	2	—
Seaford					
County Modern School	—	As required	—	—	—
Bexhill					
County Clinic, London Road	—	Daily	2	8	—
Hove					
Hangleton Clinic	—	As required	1	10	—
Shirley Street Clinic	—	As required	1	10	—
Portslade					
Sellaby House, Old Shoreham Road	—	1	—	4	—
Lewes					
Castlegate House	2	Daily	3	10	—
Uckfield					
Old Grammar School, High Street	—	—	—	6	—

Handicapped Pupils

As an introduction to this Section of the report I should like to quote the text of a lecture given to groups of teachers by the Deputy Principal School Medical Officer early in the year:—

The Handicapped Pupil in the Ordinary School.

Some children, because of a physical or mental defect, are unable to cope with the educational programme of the ordinary school and require special educational treatment, which may take the form of some modification of the normal curriculum or may be provided in special schools or classes. The Principal School Medical Officer of the Local Education Authority is responsible for the detection of these pupils and for recommending the appropriate type of education, but as it is impossible for him to assess the needs of every individual child in his area he has to rely on a great variety of people for information regarding those who may require special treatment.

In the case of the more severe handicaps, such as blindness or deafness, such information may be provided by the family doctor, hospital specialist or health visitor well before compulsory school age, because the Local Education Authority can provide special education, where necessary, for children from the age of two years. The education of these children is a highly specialised procedure which can only be provided in a special school and nothing in relation to these pupils affects the staff of an ordinary school.

Less severe handicaps, however, are not usually discovered until the child has commenced attendance at school and, in their case, the teaching staff has a large and important part to play in both detection and treatment. As regards detection, other sources of information are still important but no one is so well placed as the class teacher to observe deviations from normality in the pupil which, if neglected, may have a serious harmful effect on the child's educational progress. As regards treatment, a sympathetic and understanding attitude on the part of the teacher can often have a greater beneficial effect in helping the child to overcome its disability than any other single form of assistance.

Consideration of the ways in which the teacher can help towards the best solution of the problem of the handicapped pupil is easiest if the various disabilities are discussed in several groups.

The Physically Handicapped Pupil.—In this category are included those children who suffer from a physical disability which prevents the child's normal use of his body. Examples are the child who is crippled, either from birth or as a result of disease, or the child who suffers from congenital or acquired heart disease. Here, the problem is not one of detection but of treatment. Whenever possible this child should be retained in the ordinary school in order to permit as complete a life as is compatible with the disability. Segregation amongst others similarly handicapped will tend to distort the child's appreciation of his place in the community and lessen his ability ever to take that place successfully, and so should never be considered except in those cases where attendance at the ordinary school is utterly impossible. This principle has been followed on several occasions in East Sussex, with the most beneficial effects on the pupil's educational and psychological development. In these cases it has been found that fellow-pupils have been most sympathetic and helpful in assisting their less fortunate schoolmate to take as full a share as possible in the communal activities of the school, an excellent thing for both helper and helped.

Another important principle emerges from the first. The physically handicapped pupil in the ordinary school will be unable to take part in activities such as physical education and organised games. During periods allotted to such activities extra tasks in formal subjects will interfere still further with the balance of a curriculum which has already been disturbed. Of much greater value would be some occupation which contributed to the corporate life of the school and permitted the disabled pupil to take his place among the other children as an integral part of the community. The teacher will know what means to adopt to attain this end.

The Epileptic Pupil presents in many respects a similar problem. Frequent major fits create too much disturbance in an ordinary school but, for those who suffer to a lesser degree, attendance at an ordinary school contributes infinitely more towards the child's complete development than does segregation in a colony. Provided the nature of the disability is explained in simple terms to the other children, the occurrence of a fit will not give rise to undue alarm. The only attention the patient will require is restraint to prevent self-injury, followed by a period of rest and, preferably, conveyance home. A child subject to epileptic fits should not, of course, engage in any activity where the occurrence of a fit would be dangerous, such as rope or ladder climbing or being near moving machinery.

Speech Defects.—A child with a speech defect differs from one with a crippling handicap in that he does not arouse the sympathy of his school-fellows but rather tends to become the butt of their mockery. This may have the effect of exaggerating a feeling of inferiority and adding a degree of psychological disturbance to an inability to communicate freely and easily with others. Those are good reasons why every child with a speech defect should be provided with speech therapy and, under the guidance of the therapist, receive every encouragement from his teacher towards overcoming his handicap.

Delicate Pupils are children whose educational progress is being retarded by frequent illnesses necessitating abscences from school or whose chronic ill-health interferes with their ability to absorb instruction. Such children can be sent to special schools where their education and restoration to good health can proceed together. Teachers should not hesitate to inform the Principal School Medical Officer of children likely to benefit from a period in one of these schools.

Children suffering from diabetes may be included in this group and are, perhaps, worthy of special mention because of the anxiety they cause to their teachers, an anxiety which is almost entirely unnecessary. Few of these children require care which cannot be provided at home and so the majority attend the ordinary school, where little in the way of special attention is necessary. Teachers should, however, be aware of the diabetic child's liability to more or less sudden attacks of faintness or abnormal behaviour. These attacks are not dangerous and should not be confused with diabetic coma, a serious complication which is slow in onset and should be detected at home before becoming obvious at school. The sudden attacks are due to a lack of sugar in the blood and are easily treated by giving the child sugar which acts immediately and cannot in any way do any harm. The attacks may be occasioned by too little breakfast, a delayed mid-day meal or more exercise than usual. The teacher must be on the look-out, however, for feigned attacks of this mild disorder, designed to avoid disliked subjects in class!

Partially-Sighted Pupils.—Children with a marked visual disability are easily detected and usually require education in a special school. Less marked degrees of visual defect may not be so obvious and may for various reasons evade detection at the initial periodic school medical inspection. Detection by the teacher may be impeded by the unwillingness of an otherwise normal child to admit to an inability to see the blackboard. A teacher aware of the possibility, however, should easily spot the disparity between the results of teaching involving the use of visual aids and other subjects. The child should then be referred to the Principal School Medical Officer for ophthalmic examination and removed from the favourite back-row seat to a more suitable position in class.

When spectacles have been supplied, the teacher should ensure that they are worn and that they are in a condition capable of transmitting light. Dirt is easily dealt with. Scratched lenses and ill-fitting frames can be replaced via the Principal School Medical Officer.

Partially-Deaf Children are a much more serious problem. In the absence of special apparatus for the testing of hearing, they may evade detection throughout a child's school career, with disastrous effects on educational attainments. Hardness of hearing can handicap a child to the extent of reducing his attainments from the average to the educationally subnormal level or from brilliance to mediocrity. The child of average intelligence with poor attainments will probably be examined as a potentially educationally subnormal pupil, when his hearing loss will be discovered and appropriate measures taken to compensate for his disability. The bright child with an average performance will never be detected unless the teacher is on the alert and spots the association of high intellectual ability with relatively poor attainments. When such a disparity is suspected, the pupil should be referred to the Principal School Medical Officer for investigation.

Maladjusted Pupils form another group whose educational attainments are below intellectual capacity. By maladjustment is meant a state of chronic worry and insecurity which prevents a child being capable of devoting his innate abilities to his education, the distracting forces of his psychological or emotional disturbance being too powerful. The causes of maladjustment are many and varied but frequently-met examples are: an unhappy or broken home; the arrival of a baby sister or brother exciting jealousy and fear of displacement in the mother's affection; pressure on the child to attain heights of educational prowess beyond his ability; the boredom and frustration of the exceptionally bright child; in fact, anything which interferes with the child's feeling of being loved and in harmony with his environment may lead to maladjustment, although probably only if it is associated with some degree of innate inadequacy to cope with adverse circumstances.

Many maladjusted pupils manifest their disturbance by some form of habit or behaviour disorder which facilitates their detection and reference to the child guidance clinic for investigation and treatment, but many others are able to conceal all outward signs of their disturbance other than their failure to perform up to capacity in school. It is exceedingly important that such pupils should be detected, and teachers are best placed to do so, to prevent the enormous loss to the individual and to the community due to undeveloped ability, and to avoid that undeveloped ability from being diverted to undesirable activities which so often lead to appearances in the courts of law. Every teacher must therefore be ever on the alert to detect performance below ability and refer the pupil for investigation.

This problem of maladjustment must not be neglected, because it has only recently achieved recognition and is still little understood by the general public. It is a major cause of unhappiness, mental ill-health and wasted abilities which demands attention. The frequency of broken homes in our modern society and the reaction from Victorian discipline, which has led to children being allowed to grow up under the strain of having to make all their own decisions without any parental guidance, must not be allowed to continue to wreak their damage on children.

Educationally Subnormal Pupils form the largest group of handicapped pupils and present a problem which can be solved only by special educational treatment. Their detection is easy, but teachers must not fall into the trap of thinking that educational subnormality depends on a child's intelligence quotient. It is true that the vast majority of educationally subnormal pupils have I.Q's. below average, but the only true criterion is the level of the child's attainments. A child so retarded that his standard of work is below that achieved by average children 20 per cent. younger than he is requires special educational treatment. If the cause is limited intelligence, he will require special education throughout his school career; where other causes operate, e.g., lack of education, a period of special education may permit the pupil to take his place in the ordinary school.

Lack of special education will lead to the educationally subnormal pupil plodding his way through the educational system without ever acquiring the basic elements of education and therefore, unable to profit from the teaching of any other subject. He will leave school illiterate, unemployable and an easy prey to bad influence leading to delinquency.

An educationally subnormal pupil cannot be taught in association with forty children whose educational attainments are at a higher level. Special educational treatment, either in special classes or special schools, is essential and will only be provided for a *known* demand. It is imperative, therefore, that teachers should overcome their reluctance to have pupils "labelled," and refer the backward members of their classes for assessment and possible ascertainment as educationally subnormal. Only by those means can the Local Education Authority know the need for, and be willing to supply, special education.

This review of the handicaps teachers are liable to encounter amongst their pupils lays great emphasis on the part to be played by the teacher. That is because the class teacher is the most important person in the entire educational system. As the only person in continuous and intimate association with the children, the class teacher is in the best position to detect deviations from normality at an early stage and can exert a tremendous influence on the outcome of any recommended line of treatment. Without the co-operation of the teachers, the work of the ancillary educational services would be foredoomed to failure.

The examination of handicapped pupils continues to occupy an increasing proportion of the time of the school medical officers, as shown by the rise in the number of ascertained handicapped pupils from 275 to 784 in the last ten years. During 1956 the following numbers of pupils were classified as handicapped in the various recognised categories:—

Blind pupils	1
Partially-sighted pupils	7
Deaf pupils	2
Partially-deaf pupils	2
Educationally subnormal pupils	168
Epileptic pupils	3
Maladjusted pupils	15
Physically handicapped pupils	17
Pupils suffering from speech defect	—
Delicate pupils	18

In addition, 12 children were reported to the Local Health Authority as ineducable (including one on the grounds that it was inexpedient that he should continue to be educated in association with other children) and 39 as likely to require supervision, by reason of a disability of mind, after leaving school.

The Chief Education Officer is responsible for arranging the provision of special educational treatment and I am indebted to him for much of the following information about the handicapped pupils for whom the authority was responsible during 1956.

Blind Pupils

These children can be educated satisfactorily only in a residential special school and this type of education was being supplied for 14 out of the total of 16 known blind pupils in the county. The remaining two were, at the end of the year, on the waiting list for admission to a residential special school.

Partially-Sighted Pupils.

There were 18 pupils in the county whose vision was such that they required education in a special school for partially-sighted pupils. The small number and their scattered location precluded the possibility of a day special school. At the end of the year, 15 were at residential special schools, 2 were on the waiting list for admission to a residential special school and in the case of the remaining child consent to special school education had not been received from the parents.

Deaf Pupils

Deaf pupils, like blind pupils, require education in a residential special school and this type of education was provided for all of the 30 deaf pupils for whom the Authority are responsible.

Partially-Deaf Pupils.

Twelve out of 17 partially-deaf pupils were receiving education in special schools, 2 were receiving home tuition (one prior to admission to a special school and the other because of multiple defects) and the remaining 3 were continuing in the ordinary school with special arrangements to ensure the adequacy of their education.

Educationally Subnormal Pupils.

This is by far the largest category of handicapped pupil and the one for which there is relatively the least provision of special educational treatment. Only 180 out of 358 pupils recommended for education in a special school, 32 out of 177 recommended for education in a special class in the ordinary school and 10 out of 26 recommended for either special school or special class, were actually receiving the recommended type of education during 1956.

As the number of pupils classified as educationally subnormal is considerably below the expected total, the Education Committee authorised a survey of the secondary modern schools in the area to ascertain the true extent of this handicap in the senior age-group. Heads of schools were asked to submit the names of all pupils 20% or more retarded in their educational attainments. The Educational Psychologist was asked to estimate the intelligent quotient and the Principal School Medical Officer to arrange for the medical examination of each of these pupils. By the end of the year sufficient of the survey had been completed to indicate that the true number of educationally subnormal pupils in the county is considerably in excess of the numbers previously ascertained and that the greatest need is for special classes.

It is hoped that when this survey is completed heads of secondary modern schools will continue to report the names of educationally retarded new entrants and that the survey can be extended to cover the primary schools.

Epileptic Pupils.

Of the 15 pupils whose epilepsy was sufficiently severe to warrant classification as epileptic pupils, 12 were in special residential schools and 3 were attending ordinary schools with appropriate modification of the curriculum.

Maladjusted Pupils.

The great majority of the known maladjusted pupils are dealt with by the Child Guidance Service while they continue to attend the ordinary school. During the year 290 new cases were referred to this service and a summary 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	122
Private doctors	60
Schools	30
Hospitals	11
Juvenile Courts	1
Probation Officer	3
Chief Education Officer	11
Children's Officer	31
Other sources	21

Problems:

Personality problems and nervous disorder	77
Habit disorders	42
Behaviour disorders	89
Educational and vocational difficulties	64
Special examinations for Juvenile Courts	2
Special examinations for advice re placement	16

How dealt with:

Advice	90
Psychiatric treatment	68
Psychiatric treatment and coaching	9
Periodic supervision	27
Withdrawn before completion	23
Awaiting diagnosis	58
Placed in special school	11
Transferred to Lady Chichester Hospital	4

The total number of children treated by the service throughout the year was 232, but this figure includes children whose treatment commenced before 1956. An analysis of the figure is given to show the progress made by these children:—

Analysis of treatment:

Recovered	20
Improved	40
Not improved	3
Transferred	4
Cases closed (withdrawn or unco-operative)	18
Still receiving psychiatric treatment, coaching or supervision	127
Transferred to schools for maladjusted children	13
Admitted to hospital for intensive treatment	5
Left area	2

The following summary indicates the amount of work involved in dealing with these cases:—

Psychiatrists:

Diagnostic interviews	199
Treatment interviews	1,100

Educational Psychologists:

Diagnostic interviews	283
Coaching interviews	427
Tests in school	3
School visits	88

Psychiatric Social Workers:

Interviews at clinics	649
School visits	63
Home and other visits	330

During the year 34 maladjusted pupils were receiving special school education; 5 were receiving treatment in a hostel and attending the ordinary school; 3 were receiving home tuition and 3 at the end of the year awaited placement in a special school.

These summaries show that the Child Guidance Service is kept fully occupied and that the vast majority of the children dealt with are referred because of a disorder which has manifested itself in some way other than lack of educational progress. The survey being conducted in secondary modern schools to ascertain the number of educationally subnormal pupils indicates that there is a considerable number of pupils who are educationally retarded despite average intelligence and no detectable physical disability, a finding which supports Dr. Young's opinion that many maladjusted pupils demonstrate their disorder only by their failure to make educational progress in keeping with their intelligence. These children should be investigated to ascertain whether their disability is emotional or psychological. Although the staffing difficulties of the Child Guidance Service have been largely resolved by the appointment in January, 1956, of Dr. M. G. D. Davys as consulting psychiatrist at the Hastings Clinic and Dr. H. V. W. Elwell to a similar post at the Eastbourne Clinic, and the service is up to the establishment recommended by the Ministry of Education Committee on Maladjusted Children, the additional work involved in these investigations would be beyond their resources. A possible alternative to increasing the establishment of the Child Guidance Service might be the resuscitation of the now moribund Minor Ailment Clinic as

a clinic for the preliminary investigation of emotional or psychological disturbances. Such a clinic, which could be staffed by an experienced but non-specialist medical officer with assistance from an educational psychologist, as well as being economical, could relieve the Child Guidance Service to some extent and permit it to function properly as a consultant service.

Physically Handicapped Pupils.

As far as possible these pupils are retained in the ordinary schools, the curriculum being modified according to the nature and extent of the child's disability, and transport to and from school being provided where necessary; 24 pupils were being educated in this manner. Of those whose disability was sufficiently severe to preclude attendance at an ordinary school, 11 were in special residential schools, 8 in a hospital school, 12 were receiving home tuition and 2 were too severely disabled to permit any form of education.

Pupils with Speech Defects.

There were no pupils sufficiently handicapped by defective speech to require education in a special school during the year under review.

A total of 368 children received treatment by the authority's speech therapists, either at one of the county clinics or at home, and continued to attend the ordinary school.

The speech therapists report a continued high level of co-operation from parents and teachers, both in supervising speech practice and ensuring regular attendance for treatment.

The following table shows the main types of speech defect dealt with and summarises the effect of the therapy provided:—

	Discharged		Under Treatment		
Defect	*Improved*	*Not Improved*	*Improved*	*Not Improved*	*Total*
Stammering	24	3	50	5	82
Dyslalia	66	—	159	5	230
Cleft palate	3	—	6	1	10
Other conditions	20	2	21	3	46
	113	5	236	14	368

No cures are claimed as any speech defect is liable to return in times of stress.

Delicate Pupils.

This category is somewhat different from the others in that the disability which makes special educational treatment necessary is unlikely to be permanent, and the great majority of delicate pupils can return to the ordinary school after a few months of recuperation in a special school.

During the year 14 pupils were provided with a period of special educational treatment in residential schools and 2 in day schools maintained by neighbouring authorities. 4 diabetic pupils were in special hostels, from which they attended ordinary schools.

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, continued to be provided by the Authority, and financial responsibility was also accepted for education provided for East Sussex children in hospitals in other counties.

During the year, consideration was given to the Ministry of Education Circular 312, which emphasized the importance of providing education for children who have to spend a considerable time in hospital. This assists their recovery and helps to ensure that, handicapped as they already are by illness, they are not in addition handicapped by avoidable loss of education. The authority agreed to provide tuition daily up to two hours for children over 9 years of age, where hospital stay was likely to exceed four weeks.

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, 1,009 children were examined for this purpose and in 3 cases a certificate was refused.

Medical Examination of Teachers.

During the year, medical examinations, including chest X-rays, were arranged for 138 teachers on taking up posts in this county and 95 East Sussex students prior to their admission to Teachers' Training Colleges. In addition, 15 teachers were medically examined on behalf of the Ministry of Education, prior to taking up their first teaching post.

28 X-rays only were arranged for teachers on appointment to a fresh post within the county.

Mothercraft.

Instruction in this subject is given by the Assistant County Nursing Superintendents and certain nurses to the senior girls in 19 schools. The course continues to be received with enthusiasm, and of 490 girls entering for examination, 381 were awarded certificates of proficiency.

School Meals Service.

The total number of canteens in the county is 205, 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 37,137 children at school on the day of the return, 30,049 were taking school milk and 21,310 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 stated in my previous report, as a protection against possible infection of the children partaking of canteen meals, all persons taking up employment as school canteen assistants are appointed subject to the completion of a medical history sheet and a satisfactory chest X-ray. During the year, medical history sheets were received from 152 school canteen helpers and chest X-rays arranged. As a result, one candidate was not accepted and one only was required to have a full medical examination.

Milk-in-Schools Scheme.

Supervision of milk supplies provided under the Scheme has been maintained and 260 samples have been submitted for examination with satisfactory reports in all except 4 cases, in which the keeping quality was questionable.

All the 193 maintained schools participating received pasteurised milk, as recommended.

Sanitary Conditions in Schools.

Improvements to sanitary facilities were carried out at the following schools during 1956:—

Alfriston C.P.
Ashburnham C.P.
Barcombe C.E.
Bexhill County Grammar, Girls
Bexhill Down Secondary, Boys
Blackwell C.P., Junior
Catsfield C.E.
Crowhurst
Dallington C.E.
East Grinstead Grammar
Fletching C.E.
Maynards Green C.P.
Ninfield C.E.
Oakmeeds County Secondary
Peacehaven C.P.
Salehurst C.E.
Westfield C.P.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER.

There were some staff changes during the year, two full-time officers leaving for service with other Authorities, only one being replaced. In addition, one full-time officer was off duty for some months on doctor's orders. For some of this time a part-time officer was engaged on a temporary basis. The net result of changes during the year was that the number of Dental Officers employed on 31st December was the equivalent of 10 8/11ths whole time officers, a decrease of 7/11ths, against an authorised establishment of 12.

The staffing situation in the future causes concern, as two of the officers now on the strength have reached retiring age and are re-engaged on a year-to-year basis. There is a general shortage of dental surgeons throughout the country and newly-qualified dentists are attracted to the greater financial rewards in private practice rather than to the School Dental Service, where shorter hours and longer holidays are the main inducements.

Premises.

The mobile dental clinic, referred to in last year's report, was delivered this year and has been in use since May. It gives good working conditions in places where fully-equipped static clinics are not available and is welcomed by the Head Teachers as it causes the minimum of interference with the normal school routine. Where it can be used, it is a great improvement on treatment carried out in a village hall or a classroom in the school.

Inspection.

During 268 sessions, 24,937 children received routine inspection, which gives an average of 93 children inspected per session. In addition, 2,844 "specials" were inspected at treatment sessions, making a total of 27,781. Of these, 14,880 (54%) were offered treatment.

Treatment.

Details of the work done are given in the tables at the end of the report. Of the 14,880 offered treatment, 10,928 (73%) received treatment from the School Dental Officers. The number of fillings in temporary teeth was approximately the same as last year but those in permanent teeth again showed an increase. It is interesting to note that this figure (number of fillings in permanent teeth) has increased each year, with one exception, from 5,902 in 1947, to 13,811 in 1956. The exception was in 1952, when the number of staff was at its lowest ebb during the ten years.

My thanks are due to all those whose co-operation and help were given during the year, the members of the Dental Staff, the County Nursing Association, the teaching staff and the Hospitals.

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

REPORT OF THE ORGANISERS OF PHYSICAL EDUCATION FOR 1955-56.

1. Teachers' Courses.

The following refresher courses were held:—

Subject.	*Area Served.*	*Attendance.*
(a) Infant Physical Education	Hove and Portslade	69 (men and women)
(b) Dancing, Primary School	East Grinstead	31 ,, ,, ,,
	Crowborough	20 ,, ,, ,,
	Hove and Portslade	68 ,, ,, ,,
(c) Junior School Physical Education	Battle	38 ,, ,, ,,
	East Grinstead	58 ,, ,, ,,
(d) Cricket	Haywards Heath	10 men
(e) Basketball	All (December, Lewes) ..	16 ,,
	All (May, Lewes)	15 ,,
(f) Secondary Boys' Physical Education	Eight-day residential at Seaford College, dealing with gymnastics, soccer, athletics and basketball	20 ,,

2. Staffing.

(a) *Girls.*

At the beginning of the year all secondary schools were well staffed, but by the end of the summer term five schools were without a qualified physical education mistress and it was not possible to make a satisfactory appointment in any of them for the new school year.

(b) *Boys.*

Fully-trained specialists were appointed at Seaford, Uckfield, Newhaven and Willingdon Modern Schools and at Hove Boys' Grammar School.

Vacancies remained at Heathfield, Cuckfield, Crowborough and Knoll Modern Schools and at East Grinstead Grammar School (junior post).

One man teacher was given leave of absence to take a year's supplementary course in 1956-57.

3. Athletics.

(a) *East Sussex Championships.*

These were held at Hailsham Secondary School and 409 boys and 215 girls from 22 schools took part. This was a record entry for these championships; 15 new records were established.

(b) *Sussex Schools Championships.*

As usual, these were held at Withdean Stadium, Brighton; 69 boys and 40 girls drawn from 17 schools represented the East Sussex Association, which finished second in all sections of the championships.

(c) *Inter-County Championships held at Plymouth.*

Sussex, which finished twelfth out of 38 competing counties, was represented by 10 boys and 5 girls from 9 schools; 60 of the 63 points gained were won by boys. In the Junior Boys' Championship (under 15 years) Sussex did remarkably well to finish third, beaten only by Yorkshire and Lancashire.

4. Games.

(a) *Girls.*

Rallies were held in all the usual games, including for the first time rounders. All were well attended and unspoilt by the weather.

In the South-Eastern Counties Girls' Public Secondary Schools' Lawn Tennis Tournament, Lewes Girls' Grammar School retained the trophy which they won last year.

(b) *Boys.*

Football and cricket competitions were run as in other years and, in addition, East Sussex Schools' Cricket Association combined with West Sussex to play inter-county cricket matches against Hampshire and Surrey.

A day tournament in basketball was held at Lewes in May and 7 schools entered a total of 16 teams. As part of the rally a first-class match was played by teams from the London Central Y.M.C.A. Four international players took part and senior representatives of the Amateur Basketball Association officiated.

5. Swimming.

Instruction was given as in previous years and the Education Committee's certificates were gained as follows (1955 awards in brackets):—

First Class	42 (28)
Second Class	112 (112)
Third Class	346 (270)
Fourth Class	857 (671)

6. Camping.

(a) *Girls.*

No camping was done during school time. One school sent a party to camp during the summer holidays.

(b) *Boys.*

Two schools arranged 10-day camps during term at the Committee's site at Pett Level, recording 383 camper nights. One school ran a 12-day camp for 40 boys during the school holiday on a private site. Two other schools which have regularly sent parties to the Pett camp were prevented from doing so this year by staff shortages.

It is clear that more use could be made of the Committee's equipment, particularly by girls' departments. It is recognised that the existing complications of the summer timetable, the want of staff to replace the teacher at camp, the domestic ties of married women teachers and the growing popularity of school journeys tend to reduce the demand for camping. It is felt, however, that camping would be more readily undertaken by schools during holidays if the cost could be reduced.

7. Further Education.

The following Evening Institute Classes were held:—

Gymnastics/Keep Fit:	
Men	10
Women	3
Mixed	2
Dancing (mixed)	10
Cricket Coaching	1
Badminton	1
Football Coaching	2

This is an increase of 6 classes over 1954-55.

APPENDIX.

MEDICAL INSPECTION RETURNS.

Year ended 31st December, 1956.

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

A.—PERIODIC MEDICAL INSPECTIONS.

Age groups inspected and number of pupils examined in each:—

Entrants	4,419
Second age-group (10 to 11+)	3,365
Leavers	2,987
TOTAL	10,771
Additional periodic inspections	625
GRAND TOTAL	11,396

B.—OTHER INSPECTIONS.

Number of special inspections	2,057
Number of re-inspections	5,823
TOTAL	7,880

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 Inspected. (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table III. (3)	Total individual pupils. (4)
Entrants	87	539	605
Second age group (10 to 11+)	314	378	638
Leavers	279	234	476
TOTAL	680	1,151	1,719
Additional periodic inspections	119	114	206
GRAND TOTAL	799	1,265	1,925

D.—CLASSIFICATION OF THE PHYSICAL CONDITION OF PUPILS INSPECTED IN THE AGE GROUPS RECORDED IN TABLE I.A.

Age groups inspected. (1)	Number of pupils inspected. (2)	Satisfactory.		Unsatisfactory.	
		No. (3)	% of column (2). (4)	No. (5)	% of column (2). (6)
Entrants	4,419	4,355	98.55	64	1.45
Second age group (10 to 11+)	3,365	3,340	99.26	25	0.74
Leavers	2,987	2,973	99.53	14	0.47
Additional periodic inspections	625	612	97.92	13	2.08
TOTAL	11,396	11,280	98.98	116	1.02

TABLE II.—INFESTATION WITH VERMIN.

(i) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	96,253
(ii) Total number of *individual* pupils found to be infested	166
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	166
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	—

TABLE III.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1956.

A.—PERIODIC INSPECTIONS.

Defect or disease. (1)	Periodic Inspections.				Total (including all other age groups inspected).	
	Entrants.		Leavers.			
	Requiring treatment. (2)	Requiring observation. (3)	Requiring treatment. (4)	Requiring observation. (5)	Requiring treatment. (6)	Requiring observation. (7)
Skin	39	32	27	20	115	71
Eyes:—						
(a) Vision	87	91	279	129	799	395
(b) Squint	52	39	3	5	95	68
(c) Other	19	4	5	2	38	11
Ears:—						
(a) Hearing	7	28	1	3	9	50
(b) Otitis Media	6	16	3	4	15	25
(c) Other	1	4	1	—	2	5
Nose and throat	142	342	11	14	188	447
Speech	51	45	4	3	67	66
Lymphatic glands	5	96	2	5	10	120
Heart	9	47	3	23	18	104
Lungs	28	101	11	30	61	165
Developmental:—						
(a) Hernia	10	14	—	2	12	22
(b) Other	14	50	8	18	50	117
Orthopaedic:—						
(a) Posture	10	34	47	36	137	131
(b) Feet	64	83	66	33	237	198
(c) Other	67	116	38	27	178	234
Nervous system:—						
(a) Epilepsy	2	10	5	—	11	17
(b) Other	1	11	—	3	2	16
Psychological:—						
(a) Development	7	42	7	20	30	96
(b) Stability	3	64	5	21	22	115
Abdomen	8	8	—	5	18	24
Other	14	23	6	13	36	57

B.—SPECIAL INSPECTIONS.

Defect or disease. (1)	Special inspections.	
	Requiring treatment. (2)	Requiring observation (3)
Skin	58	16
Eyes:—		
(a) Vision	200	45
(b) Squint	13	3
(c) Other	5	6
Ears:—		
(a) Hearing	14	31
(b) Otitis Media	6	—
(c) Other	2	1
Nose and throat	27	41
Speech	53	24
Lymphatic glands	2	2
Heart	2	23
Lungs	12	29
Developmental:—		
(a) Hernia	2	—
(b) Other	20	29
Orthopaedic:—		
(a) Posture	6	6
(b) Feet	31	15
(c) Other	38	31
Nervous system:—		
(a) Epilepsy	2	1
(b) Other	10	14
Psychological:—		
(a) Development	19	41
(b) Stability	26	37
Abdomen	2	12
Other	17	28

TABLE IV.—TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

GROUP 1.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases known to have been dealt with	
	By the Authority.	Otherwise.
External and other, excluding errors of refraction and squint	53	13+ ?
Errors of refraction (including squint)	1,155	291+ ?
TOTAL	1,208	304+ ?
Number of pupils for whom spectacles were prescribed	412	252+ ?

GROUP 2.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases known to have been treated.	
	By the Authority.	Otherwise.
Received operative treatment:—		
(a) For diseases of the ear	—	—+ ?
(b) For adenoids and chronic tonsillitis	—	28+ ?
(c) For other nose and throat conditions	—	—+ ?
Received other forms of treatment	24	25+ ?
TOTAL	24	53+ ?
Total number of pupils in schools who are known to have been provided with hearing aids:—		
(a) In 1956	3	1
(b) In previous years	—	5

GROUP 3.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	By the Authority.	Otherwise.
Number of pupils known to have been treated at clinics or out-patient departments	—	210+ ?

GROUP 4.—DISEASES OF THE SKIN (EXCLUDING UNCLEANLINESS, FOR WHICH SEE TABLE II).

	Number of cases treated or under treatment during the year by the Authority.
Ringworm:—(i) Scalp	1
(ii) Body	—
Scabies	5
Impetigo	33
Other skin diseases	99
TOTAL	138

GROUP 5.—CHILD GUIDANCE TREATMENT.

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority	232

GROUP 6.—SPEECH THERAPY.

Number of pupils treated by Speech Therapists under arrangements made by the Authority	368

GROUP 7.—OTHER TREATMENT GIVEN.

(a) Number of cases of miscellaneous minor ailments treated by the Authority	978
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	—
(d) Other than (a), (b) and (c) above (specify):—	
1. Undescended testicles	12
2. Obesity	2
TOTAL	992

TABLE V.—DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1)	Number of pupils inspected by the Authority's Dental Officers:—		
	(a) At periodic inspections	24,937	
	(b) As specials	2,844	
			27,781
(2)	Number found to require treatment		18,081
(3)	Number offered treatment		14,880
(4)	Number actually treated		10,928
(5)	Number of attendances made by pupils for treatment, including those recorded at heading 11 (h) overleaf		24,489
(6)	Half-days devoted to:— Inspection	268	
	Treatment	3,850	
			4,118
(7)	Fillings:— Permanent teeth	13,811	
	Temporary teeth	3,252	
			17,063
(8)	Number of teeth filled:—Permanent teeth	11,968	
	Temporary teeth	3,099	
			15,067
(9)	Extractions:— Permanent teeth	2,791	
	Temporary teeth	8,540	
			11,331
(10)	Administration of general anaesthetics for extraction		4,396
(11)	Orthodontics:—		
	(a) Cases commenced during the year		133
	(b) Cases carried forward from previous year		106
	(c) Cases completed during the year		65
	(d) Cases discontinued during the year		32
	(e) Pupils treated with appliances		117
	(f) Removable appliances fitted		190
	(g) Fixed appliances fitted		15
	(h) Total attendances		1,563
(12)	Number of pupils supplied with artificial dentures		49
(13)	Other operations:—Permanent teeth	4,275	
	Temporary teeth	2,491	
			6,766

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