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EAST SUSSEX COUNTY COUNCIL

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# ANNUAL REPORT

OF THE  
PRINCIPAL  
SCHOOL MEDICAL OFFICER  
FOR THE  
YEAR 1958

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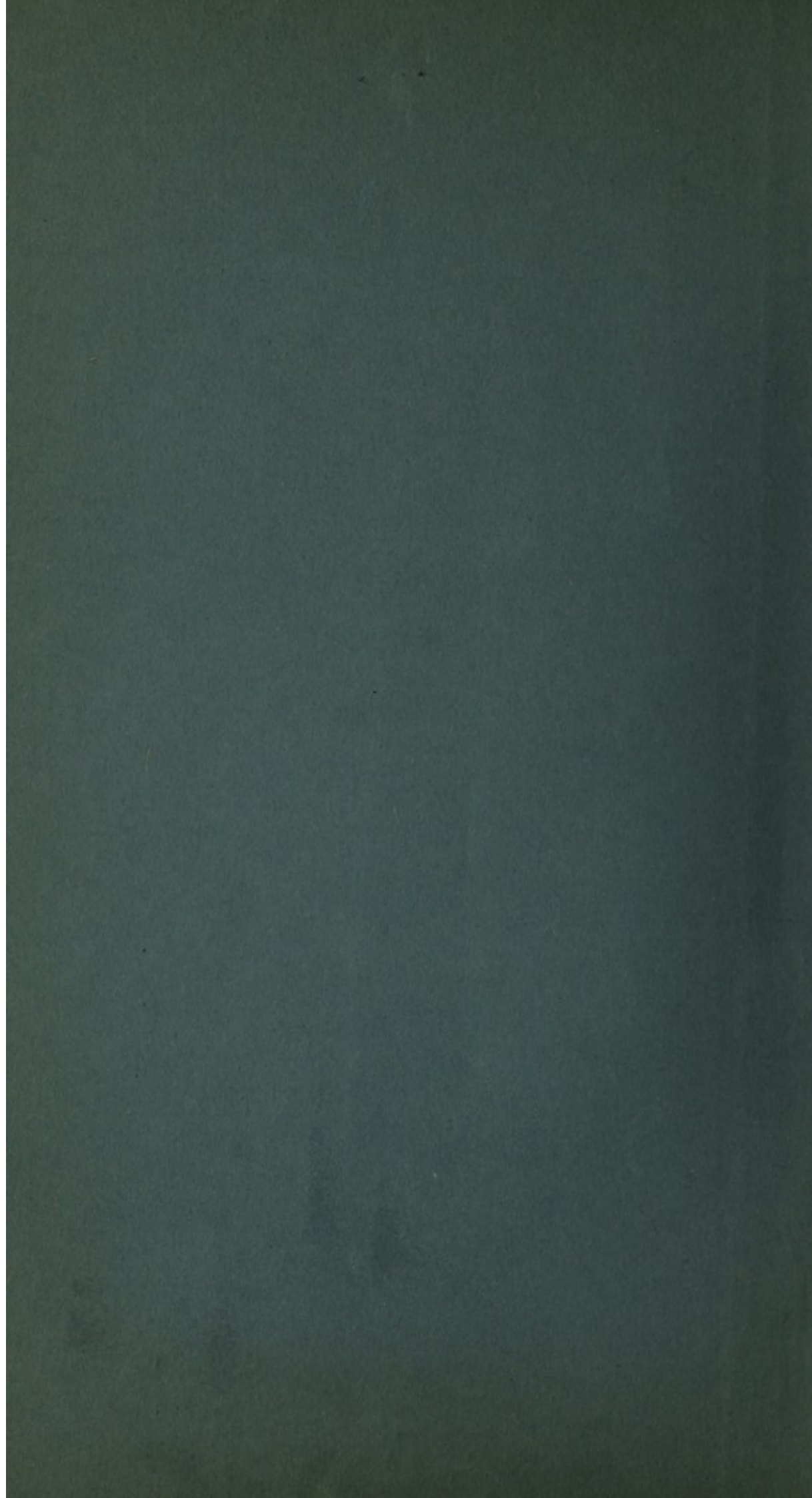
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**FRANK LANGFORD**

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*

SENT BY T  
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## Miss J. W. Hasler

- Mrs. M. Scott  
Mrs. A. I. C. Penber

## SPEECH THERAPISTS

Miss D. Aylen, L.C.S.T. (commenced 6th October, 1958)  
 Miss B. J. Bentley, L.C.S.T.  
 Miss C. R. Wheatland, L.C.S.T. (left 15th August, 1958)  
 Mrs. M. J. Thorndike, L.C.S.T.  
 Miss M. Williams, L.C.S.T. (commenced 1st September, 1958)

## NURSES, etc.

School Nurses (part-time)	92
Dental Attendants	11



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

MR. CHAIRMAN, MY LORDS, LADIES AND GENTLEMEN,

It is the fate of any officer who has the duty to bring to an Authority's attention matters that require improvement to feel that he has to make himself a nuisance by repeated insistence on points the importance of which may sometimes seem clearer to himself, perhaps, than to some of his hearers. It is with the greater pleasure, therefore, that I refer to matters in which your Committee have accepted the views put forward and are enabling effective action to be taken.

On page 7 I report the first results of appointing an audiometer officer provided with an apparatus which enables classes of children, as well as individuals, to be examined for hearing losses. Even in the short time the machine has been in use its value in detecting slight hearing losses which might hamper full education has been amply shown, confirming our previously expressed suspicion that hearing loss is an important cause of poor response to education. A striking example which came under observation shortly before the appointed operator started work was that of a small boy, at first provisionally thought to be of subnormal intelligence, who was found to be virtually stone deaf, a defect which he had succeeded in hiding from teachers and doctors.

Now that major problems of secondary school re-organisation have been dealt with it has been possible for your administrative staff to apply closer attention to the needs of educationally subnormal pupils, and as a result the teachers in the county are co-operating whole-heartedly with their own administrative staff and the School Health Service in the ascertainment of these pupils for whom, until lately, relatively little has been done. It is most satisfactory to note that special classes have been started, or have been planned in a number of schools and that there are already four special schools (including one residential school, St. Mary's, at Horam). I am convinced that in the long run the money spent on this part of the education service is an investment which will bring in valuable dividends in future years.

My thanks are due to all the members of the Education Committee and the Education Department for their helpful co-operation and also to members of my own staff concerned with this work, in particular to Dr. R. G. Brims Young, who not only prepared the body of this report but has been largely responsible for our share of the improvements noted above.

I am, My Lords, Ladies and Gentlemen,

Your obedient Servant,

F. LANGFORD,

Public Health Department,  
County Hall, Lewes.

County Medical Officer of Health and Principal  
School Medical Officer.

May, 1959.



## Schools.

The number of maintained schools in the county is 221, composed of :-

Grammar Schools .. .. .	9
Secondary Modern Schools .. .. .	29
Primary Schools (including 3 all-range) .. .. .	179
Special Schools .. .. .	4

The number of children on the registers of the Authority's schools during the Autumn Term, 1958, was 41,063, an increase of 10,682 since 1948.

## 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 370 pupils were classified during the year (including 13 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 1,127.

A total of 12,872 children were submitted to periodic medical inspection and 1,635 to special examination. 6,310 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* - When a School Medical Officer examines a pupil, he makes a general assessment whether the physical condition of the child is satisfactory or not. The proportion deemed to be in unsatisfactory condition remains in the region of 0.75 per cent., a low figure but one which should be still lower in a county such as East Sussex.

*Diseases and Defects* - Of the 12,872 children examined at periodic medical inspection 1,661, or 12.1%, were found to require treatment of defects other than dental disease or infestation. The total number of defects was 1,809, and the following table shows the commonest defects over the last four years :-

	1955	1956	1957	1958
Defective vision .. .. .	743 (38.3%)	799 (41.5%)	834 (43.7%)	826 (45.6%)
Orthopaedic Defects .. .. .	504 (26%)	552 (28%)	440 (23.6%)	362 (20.0%)
Nose and Throat Defects .. .. .	145 (7.5%)	188 (9.7%)	83 (4.4%)	69 (3.8%)

It will be noted that there is a slight reduction in the number of pupils requiring treatment and that this reduction is mainly due to the decrease in the numbers with orthopaedic and nose and throat defects.

*Tonsillectomy.* - The Principal Medical Officer of the Ministry of Education asked Local Education Authorities in 1956 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 12,872 East Sussex scholars examined during 1958, together with the figures for 1956 and 1957 for comparison :-

	Number Examined			Tonsillectomy Performed			% Treated		
	1956	1957	1958	1956	1957	1958	1956	1957	1958
Entrants .. .. .	4,419	3,955	4,396	502	459	476	11.36%	11.61%	10.83%
Second Age Group ..	3,365	4,140	4,841	1,031	1,206	1,265	30.54%	29.13%	26.13%
Leavers .. .. .	2,987	2,986	3,635	928	859	1,045	31.07%	28.76%	28.75%
	10,771	11,081	12,872	2,461	2,524	2,786	22.85%	22.78%	21.64%

It will be noted that there tends to be a steady reduction in the proportion of children whose tonsils are removed.

*Infestation with Vermin.* - The School Nurse is responsible for the measures 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 and of improved standards of the county population, the incidence of infestation has been considerably reduced during recent years. In the year under review 96,362 examinations were conducted, to find only 130 individual cases of infestation. In only one 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
<b>BURGESS HILL</b>					
County Clinic, "Windermere", Mill Road	2	Daily	2	6	-
<b>EAST GRINSTEAD</b>					
County Clinic, "Moat View", Moat Road	2	Daily	3	7	-
<b>HAILSHAM</b>					
Church Room, Victoria Road	-	-	-	2	-
<b>HAYWARDS HEATH</b>					
County Clinic, "Oaklands", Boltro Road	-	as required	2	7	-
<b>NEWHAVEN</b>					
County Clinic, Hillcrest Road	-	Daily	1	7	-
<b>RYE</b>					
County Primary School	-	as required	1	2	-
<b>SEAFORD</b>					
County Modern School	-	as required	-	-	-
<b>BEXHILL</b>					
County Clinic, London Road	-	Daily	2	11	-
<b>HOVE</b>					
Hangleton Clinic	-	as required	1	11	1
Shirley Street Clinic	-	as required	1	11	-
33, Clarendon Villas	3	-	-	-	-
<b>PORTSLADE</b>					
Sellaby House, Old Shoreham Road	-	1	1	4	-
<b>LEWES</b>					
Castlegate House	2	Daily	2	11	-
<b>UCKFIELD</b>					
Old Grammar School, High Street	-	-	2	4	-
<b>BRIGHTON</b>					
Sussex Street	-	-	-	-	1

**Handicapped pupils.**

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 1,127 in the last twelve years. During 1958 the following numbers of pupils were classified as handicapped in the various categories :-

Blind pupils	1
Partially-Sighted pupils	3
Deaf pupils	1
Partially-Deaf pupils	1
Educationally subnormal pupils	314
Epileptic pupils	-
Maladjusted pupils	10
Physically handicapped pupils	16
Pupils suffering from speech defect	-
Delicate pupils	11

In addition 13 children were reported to the Local Health Authority as ineducable and 28 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 1958.

*Blind Pupils.* - These children can be educated satisfactorily only in a residential special school and this type of education was being supplied for 15 out of 17 known blind pupils in the county. Of the remaining 2 pupils, one was receiving home tuition as he had been withdrawn from a special school on account of his state of health, and the other pupil, who had not yet attained 5 years of age, was awaiting a vacancy at a residential 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, precludes the possibility of a day special school. At the end of the year 16 were at special residential schools, and of the remaining 2 a recommendation had been deferred in one case and the other child was only 4 years of age and has not yet been placed.

*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.* - 8 out of 11 partially-deaf pupils were receiving education in special schools. One was awaiting a vacancy and the remaining 2 were continuing in the ordinary school, with special arrangements to ensure the adequacy of their education.

In my report last year I referred to the Committee's consideration of the purchase of special apparatus for the testing of children's hearing and of the appointment of an officer to operate this audiometer. The Committee, in the Spring of 1958, accepted this recommendation which was put into effect at the beginning of the Autumn Term.

Thirty-five primary schools were visited and all children of the age of 6+ were tested, together with any other pupils whom the Head Teachers suspected might have a hearing loss. The Authority's four special schools for educationally subnormal pupils were also visited, when all pupils in attendance were tested.

The total number of pupils seen was 912, of whom 91 failed the preliminary tests. These pupils were given the full range of tests and as a result the Operator found 40 of these to have normal hearing. In the remaining 51 cases an audiogram was plotted, so that the degree of hearing loss in each ear could be assessed. These pupils were subsequently examined by the Area School Medical Officer, to ascertain the reason for the child's hearing disability and, where necessary, the pupil was referred to the family doctor for further investigation or noted for observation at each visit to the school of the Area School Medical Officer.

Unfortunately, owing to a motoring accident, the work of the Officer concerned was curtailed to two months only of the Autumn Term.



*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. 212 out of the 293 pupils recommended for education in a special school were receiving this form of education. In addition, 4 were receiving home tuition. Of 92 pupils recommended for education, either in a special class for educationally subnormal pupils in the ordinary school, or in a special school, 30 were receiving special education. In addition to these figures 534 children were recommended for special educational treatment in the ordinary school. In 2 other cases a decision with regard to special education has been deferred.

It has become evident in recent years that many teachers, psychologists and medical officers are unaware of the correct meaning of the term "educationally subnormal" which is used properly to denote a pupil who is educationally retarded "by reason of limited ability or other conditions" to the extent that he requires special educational treatment. The special educational treatment may be provided in a special class in the ordinary school, or in a special school. If the pupil is able to share his contemporaries' activities outside the classroom, then education in a special class is the correct choice. If, however, he is unable to share any of the activities for his own age-group, he should be educated in a special school.

The survey of secondary modern schools referred to in last year's report indicated that many educationally subnormal pupils were reaching the secondary schools without having been ascertained and therefore without having the opportunity of special educational treatment.

In order to ensure that the staff of the East Sussex Local Education Authority were proceeding on the right lines, and to initiate a drive for a more complete ascertainment of educationally subnormal pupils in maintained schools, a number of small meetings, attended by the Heads of Secondary Modern and Primary Schools and school medical officers, were addressed by the Senior Schools Organiser and the Deputy Principal School Medical Officer during the latter half of the year throughout the county area. At these meetings it was made quite clear that the criterion, by which the necessity for special educational treatment for educationally subnormal pupils is decided, is the pupil's level of educational attainment in relation to his age, and not his intelligence quotient. It was agreed that a pupil is sufficiently retarded to require special educational treatment if his attainments are at or below the level expected of the average child 20% younger. A schedule of the minimum attainments in the basic subjects to be expected of pupils of different ages was proposed and accepted, which will ensure that the same standard is used throughout the county for the ascertainment of educationally subnormal pupils.

This clarification of ideas about educationally subnormal pupils was welcomed by all who attended the meetings and the subsequent spate of Forms 3 H.P. (Head Teachers' report on the educational attainments of a retarded pupil), arriving at the Education Office should ensure that the Education Committee by the end of 1959 will have a much more accurate knowledge of the need for special educational treatment for educationally subnormal pupils in East Sussex than they have had hitherto.

*Epileptic Pupils.* - Of the 10 pupils whose epilepsy was sufficiently severe to warrant classification as epileptic pupils, 8 were in special schools, 1 was in a boarding home and one was receiving home tuition.

*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 239 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, is given as follows :-



*Referred by:*

School Medical Officers .. .. .	80
Private doctors .. .. .	78
Schools .. .. .	19
Hospitals .. .. .	8
Juvenile Courts .. .. .	7
Probation Officer .. .. .	4
Chief Education Officer .. .. .	4
Children's Officer .. .. .	27
Other sources .. .. .	12

*Problems:*

Personality problems and nervous disorders .. .. .	69
Habit disorders .. .. .	33
Behaviour disorders .. .. .	88
Educational vocational difficulties .. .. .	29
Special examinations for Juvenile Courts .. .. .	8
Special examination for advice re placement .. .. .	12

*How dealt with:*

Advice .. .. .	46
Psychiatric treatment .. .. .	54
Psychiatric treatment and coaching .. .. .	3
Periodic supervision .. .. .	40
Withdrawn before completion .. .. .	28
Awaiting diagnosis .. .. .	54
Placed in special school .. .. .	3
Transferred to other Authorities .. .. .	7
Admitted to hospital .. .. .	4

The total number of children treated by the service throughout the year was 311, but this figure includes children whose treatment commenced before 1958. An analysis of the figure is given to show the progress made by these children :-

*Analysis of Treatment:*

Recovered .. .. .	2
Improved .. .. .	46
Not improved .. .. .	10
Transferred .. .. .	6
Cases closed (withdrawn or unco-operative) .. .. .	14
Still receiving psychiatric treatment, coaching or supervision .. .. .	220
Transferred to schools for maladjusted children .. .. .	3
Admitted to hospital for intensive treatment .. .. .	2
Left area .. .. .	5
Advice for Juvenile Courts .. .. .	3

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

*Psychiatrists:*

Diagnostic interviews .. .. .	199
Treatment interviews .. .. .	1,526

*Educational Psychologists:*

Diagnostic interviews .. .. .	316
Coaching interviews .. .. .	442
School visits .. .. .	157

*Psychiatric Social Workers:*

Interviews at Clinics .. .. .	1,383
School visits .. .. .	63
Home and other visits .. .. .	1,146



During the year 23 maladjusted pupils were receiving special school education, 7 were receiving treatment in a hostel and attending the ordinary school, 5 were receiving home tuition and 1 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 mainly in some way other than lack of educational progress.

The results of the examination of educationally subnormal pupils continue to show that, in a high proportion, emotional disturbance is a significant factor in the causation of their educational retardation. If the staffing of the Child Guidance Service permitted the devotion of more time and attention to this group, the reward would be enormous.

*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, 14 were in special residential schools, 8 in a hospital school and 25 were receiving home tuition.

*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 576 children received treatment by the Authority's Speech Therapists, either at one of the county clinics or at home, and continue 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, but suggest that some cases are not referred for treatment immediately the existence of a speech defect is known. Any such delay appreciably extends the period of therapy necessary and militates against a successful result.

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

	UNDER TREATMENT		
	Improved	Not Improved	Total
Stammerers .. .. .	66	5	71
Dyslalias .. .. .	239	26	265
Cleft Palate .. .. .	5	2	7
Other Conditions .. .. .	16	2	18
	326	35	361

	DISCHARGED					Total
	Normal	Improved to Maximum	Unresponsive to Treatment	Left School or Area Before Completion of Treatment	Non-Attendance	
Stammerers .. .. .	-	28	-	8	3	39
Dyslalias .. .. .	91	33	2	25	12	163
Cleft Palate .. .. .	2	2	-	1	2	7
Other Conditions .. .. .	-	2	-	4	-	6
	93	65	2	38	17	215



Reference was made last year to my request for an increase in the establishment of speech therapists from 2½ to 4. This was approved in the Spring of 1958, and put into effect during the summer. As a result the Speech Therapist for the Hove and Portslade Division (a part-time Officer in 1958), was able to deal with 118 individual pupils, as compared with 79 the previous year and the other three Speech Therapists in the county dealt with 458 individual pupils as compared with 315 in 1957.

I am grateful to the Speech Therapists for the following report :-

"During the year, 576 children were treated, examined or reviewed by the County Speech Therapists. Dyslalic and stammering cases, ranging from the mild to the severe, still outnumber all other forms of speech defect. Cleft palate conditions continue to decrease with the advance in operative techniques, and other cases, including congenital aphasia, alalia and dysphonia still form a very small proportion of cases referred for treatment.

With the appointment of a third peripatetic speech therapist, it became possible, during the latter part of the year, to make many more school visits. Almost without exception the therapist was greeted enthusiastically and many children were presented for treatment. Unfortunately, it is still not possible to visit each school every term, particularly those in rural areas, and it still remains true that, unless at least termly visits can be made to each school, the existence of the speech therapy service is usually forgotten. In schools where more than one visit has been made over a period, the standard of co-operation is improving, and children are referred immediately their speech defects are noted.

A number of pre-school children were treated during the year, and results were very encouraging. Formal speech work cannot easily be undertaken with the very young child, but indirect speech work incorporated in play will often obviate intensive speech therapy at a later age. A prompt referral by the general practitioner before the child reaches school age helps considerably.

The problem of running a large rural area where there are no clinic centres is that in order to visit all the schools where there are children in need of weekly treatment, so much time has to be spent travelling during school hours, that many patients can only be seen for a relatively short time each week. This is very inadequate in most cases and prolongs treatment considerably. Generally speaking, it is most unsatisfactory to treat children in their homes after school hours, as the atmosphere is seldom conducive to concentration and work. After school the child is often too tired to benefit from the treatment. At present, however, it is impossible to avoid treating a few cases in this way.

The standard of co-operation with parents remains high. Most children can be treated only once each week and it is essential that home practice should be carried out regularly, in order to bridge the gap between each visit. By and large, parents are becoming increasingly helpful in this respect. In the few cases where parental co-operation has proved inadequate school staffs have been most helpful and undertaken to arrange daily practice for certain children".



*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.

At the end of the year 8 pupils were being provided with a period of special educational treatment in residential schools. 1 diabetic pupil was in a special hostel, from which she attended an ordinary school.

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

The decision of the Committee not to provide hospital tuition for pupils under the age of 9 years was rescinded during the year and approval was given to any child in hospital over the age of 7 years being provided with tuition to be limited to a maximum of two hours daily. This applied to pupils where the hospital stay was likely to exceed four weeks.

In addition, approval was also given to home tuition for pupils who were absent from school through illness provided such tuition was recommended by the Principal School Medical Officer and the child was not expected to be able to resume school attendance for at least two months.

*B.C.G. Vaccination of School Children.* - B.C.G. vaccination to reduce susceptibility to tuberculosis continued to be offered throughout the county to children in their 14th year.

During the year Dr. A. P. Gorrie visited 91 schools for the purpose of carrying out Mantoux skin tests and vaccinating those pupils whose test showed no previous experience of the tuberculosis germ. 3,092 children were tested and 2,555 vaccinated. The children who showed a positive reaction to the skin test were X-rayed by arrangement with the Chest Physicians, all of whom co-operated enthusiastically in this part of the drive against tuberculosis.

19 children who were X-rayed were required to undergo further investigations, as a result of which 10 have been pronounced free from infection, 6 are still being kept under observation and 3 have been notified as suffering from tuberculosis. Although the children found to have tuberculosis were not eligible for B.C.G. vaccination, they benefitted from our vaccination programme by having their disease diagnosed and treated at an earlier stage than would have otherwise been possible.

During the latter part of the year a proportion of the children vaccinated in 1957 were re-tested. In every case the results showed that the vaccination had been effective.

In Hove and Portslade, under similar arrangements, Dr. R. Martin vaccinated 560 pupils.

*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 1,150 children were examined for this purpose and in only two cases were certificates refused.

*Medical Examination of Teachers.* - During the year 14 teachers were medically examined on behalf of the Ministry of Education prior to taking up their first teaching post and 71 East Sussex students, prior to their admission to Teachers' Training Colleges. Medical examinations, including chest X-rays, were arranged for 165 teachers on taking up posts in this county, including temporary teachers. As from 6th October, 1958, serving teachers were required to have chest X-rays and complete Health Statements only, a medical examination only being called for if it appeared necessary. As from the operative date 36 Health Statements were considered but in no case was a medical examination considered necessary.



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

*Child Care and Hygiene Instruction.* - Instruction in these two subjects was given by the Assistant County Nursing Superintendents and Health Visitors to the Senior Girls.

The Child Care Syllabus was covered in 19 schools. The Hygiene Syllabus in 2 schools.

Child Care (Mothercraft under a more acceptable title) continues to be accepted with enthusiasm and of 485 girls entering the examination 371 were awarded certificates of proficiency, of whom 150 passed with credit.

The new Hygiene Course, which was especially requested by two Headmasters, is intended for a slightly younger age group of girls and as a preliminary to the Child Care Course. The girls are very interested and results good. 28 girls entered the examination, 25 were awarded certificates of proficiency, of whom 13 passed with credit.

*School Meals Service.* - The total number of schools in the county with self-contained kitchens is 136 and 80 schools receive meals from central kitchens, or from other schools. The central kitchens total 5, and serve meals generally in their immediate vicinity. The number of schools receiving meals from central kitchens has been reduced because kitchens were provided during the year at 7 schools.

A recent return by the Chief Education Officer to the Ministry of Education showed that of the 38,310 children at school on the day of the return 30,414 were taking school milk and 21,950 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.

Medical history sheets continued to be received from all persons taking up employment as school canteen assistants. In all 155 were dealt with and X-rays arranged. None warranted a full medical examination being carried out.

#### **Milk-in-schools scheme.**

For the purposes of the scheme all schools are supplied with pasteurised milk except for two private schools using tuberculin tested milk from their own herds.

Supervision of supplies has been maintained and during the year 164 samples of pasteurised milk were submitted for examination, of which two failed the keeping quality test, but subsequent samples from these sources were found to be satisfactory.

Nine samples taken from the private school supplies of raw tuberculin tested milk were submitted for biological examination and reported to be free from tubercle and Brucella infections.

The present arrangements of supply are considered to be satisfactory.

#### **Sanitary Conditions in Schools.**

Improvements to sanitary facilities were carried out at the following schools during 1958 :-

Hassocks C.P.	Hellingly C.E.
Plumpton C.P.	Selmeston C.E.
Polegate C.E.	Warbleton C.E.
Staplecross Methodist	Buxted C.E.
Twineham C.E.	Balcombe C.E.
Isfield C.E.	Handcross C.P.
Chiddingly C.P.	Sackville County Secondary
Lewes F. E. Centre	



## REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

In contrast to last year's report, no dental officers left the staff, but in spite of the fact that one part-time officer became full-time and the appointment also of part-time officers, the average effective strength during 1958 was only fractionally better than during 1957. At the time of writing this report, however, the outlook for 1959 appears brighter, with the possibility of approaching nearer to the establishment of 13 full-time officers. The importance of full establishment cannot be too greatly stressed, for regular dental care during a child's school life is reflected in its constructive attitude towards the subject after leaving school. It is the often expressed opinion of our colleagues in private practice that children who have received periodic examination and treatment in school clinics tend to continue the habit into their adult life, in marked contrast to children who have not developed dental awareness while at school.

A development which will have to be considered seriously during 1959 is the introduction of the high speed air turbine, which reduces the time taken to prepare cavities - to the benefit of both the operator and the patient. This equipment is rapidly becoming standard in dental surgeries.

### Inspection

26,799 Children received routine inspection during 272 sessions, giving an average of 99 children inspected per session. In addition, 2,216 special cases were inspected at treatment sessions, making a total of 29,015. Of these, 14,772 (51%) were offered treatment.

### Treatment

Details of the work done are given in the tables at the end of the report. Of the 14,772 offered treatment 9,451 (64%) received treatment from the School Dental Officers.

The figures are generally better than those for 1957, fillings, for example, being nearly a thousand higher for both permanent and temporary teeth.

Once again, my thanks are due to the members of the Dental Staff, the Nursing Association, the teachers and the hospitals for their co-operation and help during the year.

P. S. P. JENKINS,

Principal School Dental Officer

## REPORT BY THE ORGANISERS OF PHYSICAL EDUCATION FOR THE YEAR 1957/58

## 1. Teachers' Courses

The following refresher courses were held :-

Subject	Area Served	Duration	Attendance
Primary School P.E.	Rye	6 sessions	31 (M & W)
Primary School Infant P.E.	Lewes	2 sessions	67 (M & W)
Primary School Infant P.E.	Haywards Heath	2 sessions	56 (M & W)
Secondary Girls' P.E. (Gymnastics)	Whole county with Sussex P.E.	1 day	24 women
Games )	Association	1 day	32 women
Basketball	Uckfield	1 day	24 men
Outdoor Pursuits Course	Whole county	6 days	14 (M & W)
"Movement" for Primary Schools	Lewes	5 sessions	17 (M & W)
Swimming (with C.C.P.R.)	Hove	10 sessions	12 (M & W)

## 2. Staffing

## (a) Secondary Schools (men)

At the beginning of the year 4 fully trained men specialists took up their appointments and 2 men left to take supplementary courses to become specialists.

During the year, vacancies occurred at 6 schools and appointments were made at 5 of them, the teachers taking up duty in September, 1958.

The general state is that on September 1st, 1958, there were 11 secondary schools in East Sussex and 5 in Hove and Portslade, in which the physical education was being taken by teachers lacking specialist training. At the same time there were 18 fully trained specialists, 17 in the county and 1 in Hove.

## (b) Secondary Schools (women)

Considering the general shortage of P.E. specialist teachers throughout the country, East Sussex schools have not fared too badly on the women's side during the year. 2 schools (Robertsbridge and Wadhurst) were without a specialist teacher for the whole year, while 3 other schools (Uckfield, Seaford and Chailey) were without for part of the year. The failure to attract an applicant for Wadhurst for the last three years is most regrettable.

The position on September 1st, 1958, is that there are 31 specialist women teachers in the secondary schools and 4 schools without a specialist teacher.

## (c) Primary Schools

The standard of work varies greatly from school to school, both in games and gymnastics. Schools in which one or two teachers have a real flair for the subject are fortunate, when so many primary teachers, if only because of age, are unable to teach the subject well. The standard of work would undoubtedly rise if a greater amount of specialisation were possible.

## 3. Athletics

There has been an increase in athletic matches between small groups of 2 or 3 schools, which is a very desirable trend as it puts more and more emphasis on participating by the children and less in the spectator aspect.

The normal county and inter-county meetings were carried through in good weather conditions this year. Performances again showed rising standards with 18 Best Performances recorded in the East Sussex meeting. A total of 38 county badges was awarded; though 53 qualified for this award at the meeting, 15 competitors had gained the badge in previous years.



In the Sussex Schools Championships 119 competitors from 19 schools represented East Sussex at Withdean Stadium, Brighton. At this meeting 16 competitors gained 1st placings, 15 gained 2nd placings and 18 gained 3rd placings - a total of 49 placings. East Sussex came 2nd in all sections of the Championships.

The Inter-Counties Championships were held at Houghton-le-Spring County Secondary School, Durham. Sussex entered a full team of 60 competitors, 14 coming from East Sussex. The Sussex team proved a worthy one, finishing 3rd with an aggregate of 145 points, to Lancashire's 164 and Yorkshire's 159. Some idea of the rising standards of school athletics may be gained from the fact that in the case of 2 competitors who did not survive the semi-finals, one set up a new Best Performance and the other equalled the existing Best Performance in the preliminary rounds.

#### 4. Camping

##### (A) Teachers' Course

As part of the season's coming programme a teachers' course was run in Whit week in conjunction with the Brighton and Eastbourne Authorities. 9 men and 5 women teachers from East Sussex spent 5 days practising lightweight camping, rock climbing and canoeing, in the Wannock, Eridge and Cuckmere areas, using the same sites and equipment as prepared for the children's parties later in the term. Instruction was given mainly by the Organisers of Physical Education of the three Authorities and officers of the Central Council of Physical Recreation.

The main object of the course was to train teachers to organise similar outdoor-pursuits camps in their own schools.

##### (B) Outdoor-Pursuits Camps

The outdoor-pursuits camps for school-children were likewise organised by Brighton, Eastbourne and East Sussex, each authority providing a share of the amenities and each deriving a share of the benefits. East Sussex contributed most of the large tents and assorted base-camp equipment. The other authorities supplied the remainder of the heavy canvas, all the light-weight camping sets, all the canoes but two, the climbing ropes and the orienteering compasses and maps.

As far as this authority is concerned, the camps were undertaken by 3 boys' parties for periods of 10, 10 and 7 days, and 1 girls' party of 7 days. In all, 55 boys and 19 girls, drawn from 15 schools, attended the camps. Each authority provided approximately a third of the children and each camp was directed by 1 of the 5 Organisers of Physical Education.

##### The Staffs included :-

- (a) Teachers from the 3 authorities
- (b) A Youth Leader from East Sussex at each boys' camp
- (c) Officers of the Central Council of Physical Recreation - one tutor at the 3 boys' camps and 2 at the girls' camp.

Staffing again proved difficult. Where there were teachers able and willing to help, in most cases they could not be released without replacement and adequate supply teachers for the schools were hard to find.

##### (i) The Boys' Camps - All the boys' courses involved :-

- (a) base camp routine
- (b) a night trek over the Downs to Cuckmere,
- (c) a lightweight camping and canoeing at Cuckmere,
- (d) a cycle ride to Groombridge and back to Wannock,
- (e) rock climbing and small-camp life at the rocks,
- (f) orienteering exercises.

The Organisers were left with the impression that the majority of boys sent to the camps benefited considerably from them. There was, however, a number, who so lacked basic camp-craft training that they must have been struggling to keep pace with their fellows. There were, alas, several besides who seemed to lack the intention of pulling their weight, and these made unnecessary difficulties for the short-handed staff in the base camp.



Experience suggests that base-camp life should be avoided and that there should be 3 separate camps at the 3 pursuits centres, each self-administered. Arrangements are being made to run next years camps on these lines.

(ii) *The Girls' Camp*

During the week in camp the girls' activities included :-

- (a) general camp training at Wannock,
- (b) orienteering at Wannock,
- (c) trekking over the Downs to the camp sites at Frog Firle and Cuckmere
- (d) lightweight camping at Frog Firle,
- (e) canoeing at Cuckmere.

In spite of difficulties with weather, there is no doubt that the girls enjoyed their experiences, not only the camp activities but living together with girls from varying parts of the county. It is obvious that this type of camp has a definite appeal to the older girl in the secondary school.

From this first experience we have learnt that more initial training must be given to the girls before they can be competent to fend for themselves, with enjoyment, in lightweight camping conditions. Therefore, we plan this year for every camper to spend 3½ days in the base-camp at Wannock, practising the various skills of lightweight camping prior to embarking on the remaining 3½ days rock climbing at Groombridge or canoeing at Cuckmere.

The majority of the girls who attended last year's camp accepted the activities as a challenge and gave a great deal to the community life of the camp. There were, of course, the few who had come to have an easy time and benefited less in consequence.

(iii) *General Sunning Up*

It is felt that after another course for teachers has been held in May, 1959, and the children's camps are run by the Organisers for a second time, interested schools should be able to make their own outdoor pursuits camps. We would like to see interested schools building up their own sets of lightweight equipment and establishing camping clubs for week-ends and holiday camping.

2 schools borrowed Committee's equipment for camps held in holiday time.

## 5. Games

### *Boys*

(a) The East Sussex Schools' Cricket Association is now firmly on its feet, thanks largely to an energetic honorary secretary. The representative team played a match with each of the 4 neighbouring authorities' teams.

(b) The East Sussex Schools' Football Association enjoyed its best run in the English Schools' Shield, reaching the 5th round. Two 7-a-side tournaments were staged most successfully in addition to the usual knock-out competition. Hopes that the Hastings Association would amalgamate with the East Sussex Association did not materialise, but an Eastern Division was set up to group our schools who have, for a number of years, been affiliated to Hastings.

(c) 2 basketball tournaments were held during the summer term, one at Lewes, the other at Bexhill.

(d) A gymnastics (vaulting and agility) competition for secondary schools in the Bexhill area was held in March. 2 East Sussex schools and 2 Hastings schools took part. This was the first venture of this sort and it is hoped that similar competitions can be organised in other areas.



## Girls

The East Sussex Girls' Physical Education Association organised the following tournaments during the year :-

- (a) Netball - The Autumn Term meeting had to be cancelled on account of the weather. The Spring Term Tournament was held at Heathfield in which 32 teams from 18 schools took part.
- (b) Hockey - Owing to a bigger entry than before, the tournament was staged in two centres - Willingdon and Hailsham. 14 schools competed.
- (c) Tennis - For the second year running the tournament had to be cancelled because of rain. 10 schools had entered.
- (d) Rounders - This was held at Lewes. 7 schools took part.
- (e) Stoolball - 14 schools played in the tournament, which was held at Burgess Hill.

## 6. Swimming

Instruction was given as in previous years. Certificates were awarded as follows:-

1st class	-	21
2nd class	-	132
3rd class	-	397
4th class	-	991

In April, the Committee resolved that in future schools might take an additional term for swimming, provided the cost could be met from the amount provided in the estimates. It was not possible this year to take advantage of this, as monies would not allow.

## 7. Further Education

The following classes have been held throughout the year :-

### (a) Evening Institutes

Keep-Fit and Gymnastics	14 (men) 11 (women)
Recreational (Dancing, Badminton, etc.)	15 (mixed)

### (b) Adult Education and Youth Clubs

Keep-Fit and Gymnastics	6 (men and boys) 4 (women and girls)
Recreational	9 (boys) 12 (mixed)

## 8. Liaison

We continue to represent the Education Committee on the various sports' associations of the schools and also on the committees of the sports and physical recreations of the adult community in the county. As in previous years, we have given talks to parent-teacher associations on physical education.

J. LOUGHRAN,

C. R. L. CALLANDER.

## Ministry of Education

## MEDICAL INSPECTION AND TREATMENT

Return for the year ended 31st December, 1958

Number of Pupils on registers of maintained and assisted primary and secondary schools (including nursery and special schools) in January, 1959, as in Form 7, 7M and 7N Schools ..... 40,992

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

TABLE A. - PERIODIC MEDICAL INSPECTIONS

		Physical Condition of Pupils Inspected			
Age Groups Inspected (By year of Birth)	Number of Pupils Inspected	SATISFACTORY		UNSATISFACTORY	
		Number	% of Col. 2	Number	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1954 and Later	28	27	96.43	1	3.57
1953	1,758	1,745	99.26	13	.74
1952	1,811	1,798	99.28	13	.72
1951	305	301	98.69	4	1.31
1950	189	187	98.94	2	1.06
1949	154	153	99.35	1	.65
1948	151	148	98.01	3	1.99
1947	3,725	3,696	99.22	29	.78
1946	899	892	99.22	7	.78
1945	217	216	99.54	1	.46
1944	1,282	1,275	99.45	7	.55
1943 and Earlier	2,353	2,334	99.19	19	.81
<b>TOTAL</b>	<b>12,872</b>	<b>12,772</b>	<b>99.22</b>	<b>100</b>	<b>.78</b>



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

Age Groups inspected (By year of Birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total Individual Pupils
(1)	(2)	(3)	(4)
1954 and Later	-	1	1
1953	30	119	147
1952	45	140	181
1951	10	19	27
1950	9	16	24
1949	5	14	18
1948	16	13	27
1947	309	272	554
1946	62	59	115
1945	19	15	31
1944	65	109	160
1943 and Earlier	256	144	376
<b>TOTAL</b>	<b>826</b>	<b>921</b>	<b>1,661</b>

**TABLE C. - OTHER INSPECTIONS**

Number of Special Inspections .. .. .	1,635
Number of Re-inspections .. .. .	6,310
<b>TOTAL</b>	<b>7,945</b>

**TABLE D. - INFESTATION WITH VERMIN**

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons .. .. .	96,362
(b) Total number of individual pupils found to be infested .. .. .	130
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944) .. .. .	130
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944) .. .. .	1

**PART II - RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION**  
**IN THE YEAR ENDED 31st DECEMBER, 1958**

**A. - PERIODIC MEDICAL INSPECTIONS**

(T) Number of pupils requiring treatment      (O) Number of pupils requiring observation

Disease or Defect  (2)	PERIODIC INSPECTIONS							
	Entrants		Leavers		Others		Total	
	T (3)	O (4)	T (5)	O (6)	T (7)	O (8)	T (9)	O (10)
Skin .. .. .	28	56	65	30	25	57	118	143
Eyes -								
a. Vision .. ..	115	286	321	262	390	376	826	924
b. Squint .. ..	41	82	15	22	20	54	76	158
c. Other .. ..	15	4	5	2	12	10	32	16
Ears -								
a. Hearing .. ..	10	26	5	5	4	23	19	54
b. Otitis Media ..	6	12	4	4	5	8	15	24
c. Other .. ..	-	4	-	-	2	3	2	7
Nose and Throat ..	54	249	4	19	11	76	69	344
Speech .. .. .	39	67	9	1	12	11	60	79
Lymphatic Glands ..	4	94	1	8	-	33	5	135
Heart .. .. .	7	26	7	17	6	24	20	67
Lungs .. .. .	24	106	8	32	8	99	40	237
Developmental -								
a. Hernia .. ..	8	11	3	2	1	6	12	19
b. Other .. ..	14	112	11	22	49	100	74	234
Orthopaedic -								
a. Posture .. ..	5	24	56	38	50	97	111	159
b. Feet .. .. .	35	62	28	40	53	81	116	183
c. Other .. ..	29	93	29	61	77	116	135	270
Nervous System -								
a. Epilepsy .. ..	3	11	4	6	4	10	11	27
b. Other .. ..	1	11	2	6	1	14	4	31
Psychological -								
a. Development ..	10	44	5	85	14	60	29	189
b. Stability .. ..	6	91	5	34	6	75	17	200
Abdomen .. .. .	2	14	1	4	2	10	5	28
Other .. .. .	3	11	4	7	6	22	13	40



TABLE B.- SPECIAL INSPECTIONS

Defect or Disease (1)	SPECIAL INSPECTIONS	
	Requiring Treatment (2)	Requiring Observation (3)
Skin .. .. .	26	7
Eyes -		
a. Vision .. .. .	142	30
b. Squint .. .. .	30	2
c. Other .. .. .	4	5
Ears -		
a. Hearing .. .. .	8	6
b. Otitis Media ..	-	-
c. Other .. .. .	-	-
Nose and Throat ..	2	11
Speech .. .. .	16	2
Lymphatic Glands ..	-	-
Heart .. .. .	-	4
Lungs .. .. .	3	6
Developmental -		
a. Hernia .. .. .	-	1
b. Other .. .. .	2	8
Orthopaedic -		
a. Posture .. .. .	4	3
b. Feet .. .. .	7	5
c. Other .. .. .	7	5
Nervous System -		
a. Epilepsy .. .. .	1	1
b. Other .. .. .	1	3
Psychological -		
a. Development ..	14	13
b. Stability .. ..	14	41
Abdomen .. .. .	-	1
Other .. .. .	5	15

**PART III - TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS  
(INCLUDING SPECIAL SCHOOLS)**

**TABLE A.- EYE DISEASES, DEFECTIVE VISION AND SQUINT**

	Number of Cases known to have been dealt with
External and other, excluding errors of refraction and squint .. .. .	123
Errors of refraction (including squint) .. .. .	1,583
<b>TOTAL</b>	<b>1,706</b>
Number of pupils for whom spectacles were prescribed ..	635

**TABLE B.- DISEASES AND DEFECTS OF EAR, NOSE AND THROAT**

	Number of Cases known to have been dealt with
Received operative treatment -	
(a) for diseases of the ear .. .. .	-
(b) for adenoids and chronic tonsillitis .. ..	4
(c) for other nose and throat conditions .. ..	-
Received other forms of treatment .. .. .	40
<b>TOTAL</b>	<b>44</b>
Total number of pupils in schools who are known to have been provided with hearing aids -	
(a) in 1958 .. .. .	6
(b) in previous years .. .. .	7

**TABLE C.- ORTHOPAEDIC AND POSTURAL DEFECTS**

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments .. .. .	554
(b) Pupils treated at school for postural defects ..	104
<b>TOTAL</b>	<b>658</b>



TABLE D.- DISEASES OF THE SKIN

(excluding uncleanness, for which see Table D of Part I)

	Number of Cases known to have been treated
Ringworm - (a) Scalp .. .. .	-
(b) Body .. .. .	4
Scabies .. .. .	-
Impetigo .. .. .	24
Other skin diseases .. .. .	125
<b>TOTAL</b>	<b>153</b>

TABLE E.- CHILD GUIDANCE TREATMENT

	Number of Cases known to have been treated
Pupils treated at Child Guidance Clinics .. ..	311

TABLE F.- SPEECH THERAPY

	Number of Cases known to have been treated
pupils treated by Speech Therapists .. .. .	576

TABLE G.- OTHER TREATMENT GIVEN

	Number of Cases known to have been dealt with
(a) Pupils with minor ailments .. .. .	607
(b) Pupils who received convalescent treatment under School Health Service arrangements .. ..	-
(c) Pupils who received B. C. G. vaccination ..	3,115
(d) Other than (a), (b) and (c) above.	
Please specify :	
Undescended testicles .. ..	47
Hernia .. .. .	7
Other .. .. .	28
<b>TOTAL (a) - (d)</b>	<b>3,804</b>

## PART IV - DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(1)	Number of pupils inspected by the Authority's Dental Officers :-	
	(a) At periodic inspections .. .. .	26,799
	(b) As Specials .. .. .	2,216
	TOTAL (1)	29,015
(2)	Number found to require treatment .. .. .	18,604
(3)	Number offered treatment .. .. .	14,772
(4)	Number actually treated .. .. .	9,451
(5)	Number of attendances made by pupils for treatment, including those recorded at 11(h) .. .. .	23,361
(6)	Half days devoted to :	
	(a) Periodic (School Inspection) .. .. .	272
	(b) Treatment .. .. .	3,702
	TOTAL (6)	3,974
(7)	Fillings :	
	(a) Permanent Teeth .. .. .	13,507
	(b) Temporary Teeth .. .. .	3,503
	TOTAL (7)	17,010
(8)	Number of Teeth filled :	
	(a) Permanent Teeth .. .. .	11,883
	(b) Temporary Teeth .. .. .	3,369
	TOTAL (8)	15,252
(9)	Extractions :	
	(a) Permanent Teeth .. .. .	2,536
	(b) Temporary Teeth .. .. .	6,642
	TOTAL (9)	9,178
(10)	Administration of General Anaesthetics for Extraction .. .. .	3,405
(11)	Orthodontics :	
	(a) Cases commenced during the year .. .. .	94
	(b) Cases carried forward from previous year .. .. .	121
	(c) Cases completed during the year .. .. .	77
	(d) Cases discontinued during the year .. .. .	55
	(e) Pupils treated with appliances .. .. .	84
	(f) Removable appliances fitted .. .. .	163
	(g) Fixed appliances fitted .. .. .	2
	(h) Total attendances .. .. .	1,114
(12)	Number of pupils supplied with artificial teeth .. .. .	62
(13)	Other operations :	
	(a) Permanent Teeth .. .. .	5,316
	(b) Temporary Teeth .. .. .	1,273
	TOTAL (13)	6,589



# TABLE IV - DENTAL INSPECTION AND TREATMENT CARDS BY THE AUTHORITY

(1) Number of pupils inspected by the authority in dental offices	30,788
(2) At dental offices	1,218
(3) At dental offices	30,018
(4) At dental offices	18,004
(5) At dental offices	18,004
(6) At dental offices	18,004
(7) At dental offices	18,004
(8) At dental offices	18,004
(9) At dental offices	18,004
(10) At dental offices	18,004
(11) At dental offices	18,004
(12) At dental offices	18,004
(13) At dental offices	18,004
(14) At dental offices	18,004
(15) At dental offices	18,004
(16) At dental offices	18,004
(17) At dental offices	18,004
(18) At dental offices	18,004
(19) At dental offices	18,004
(20) At dental offices	18,004
(21) At dental offices	18,004
(22) At dental offices	18,004
(23) At dental offices	18,004
(24) At dental offices	18,004
(25) At dental offices	18,004
(26) At dental offices	18,004
(27) At dental offices	18,004
(28) At dental offices	18,004
(29) At dental offices	18,004
(30) At dental offices	18,004
(31) At dental offices	18,004
(32) At dental offices	18,004
(33) At dental offices	18,004
(34) At dental offices	18,004
(35) At dental offices	18,004
(36) At dental offices	18,004
(37) At dental offices	18,004
(38) At dental offices	18,004
(39) At dental offices	18,004
(40) At dental offices	18,004
(41) At dental offices	18,004
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