

[Report 1951] / School Medical Officer of Health, Eastbourne County Borough.

Contributors

Eastbourne (England). County Borough Council.

Publication/Creation

1951

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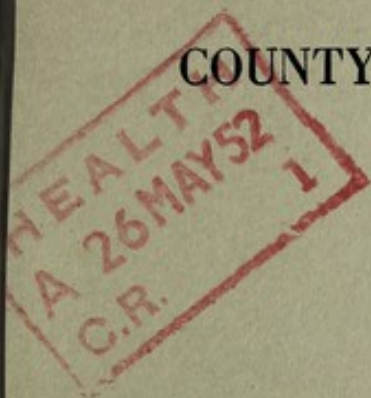
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COUNTY BOROUGH OF EASTBOURNE



SCHOOL HEALTH SERVICE

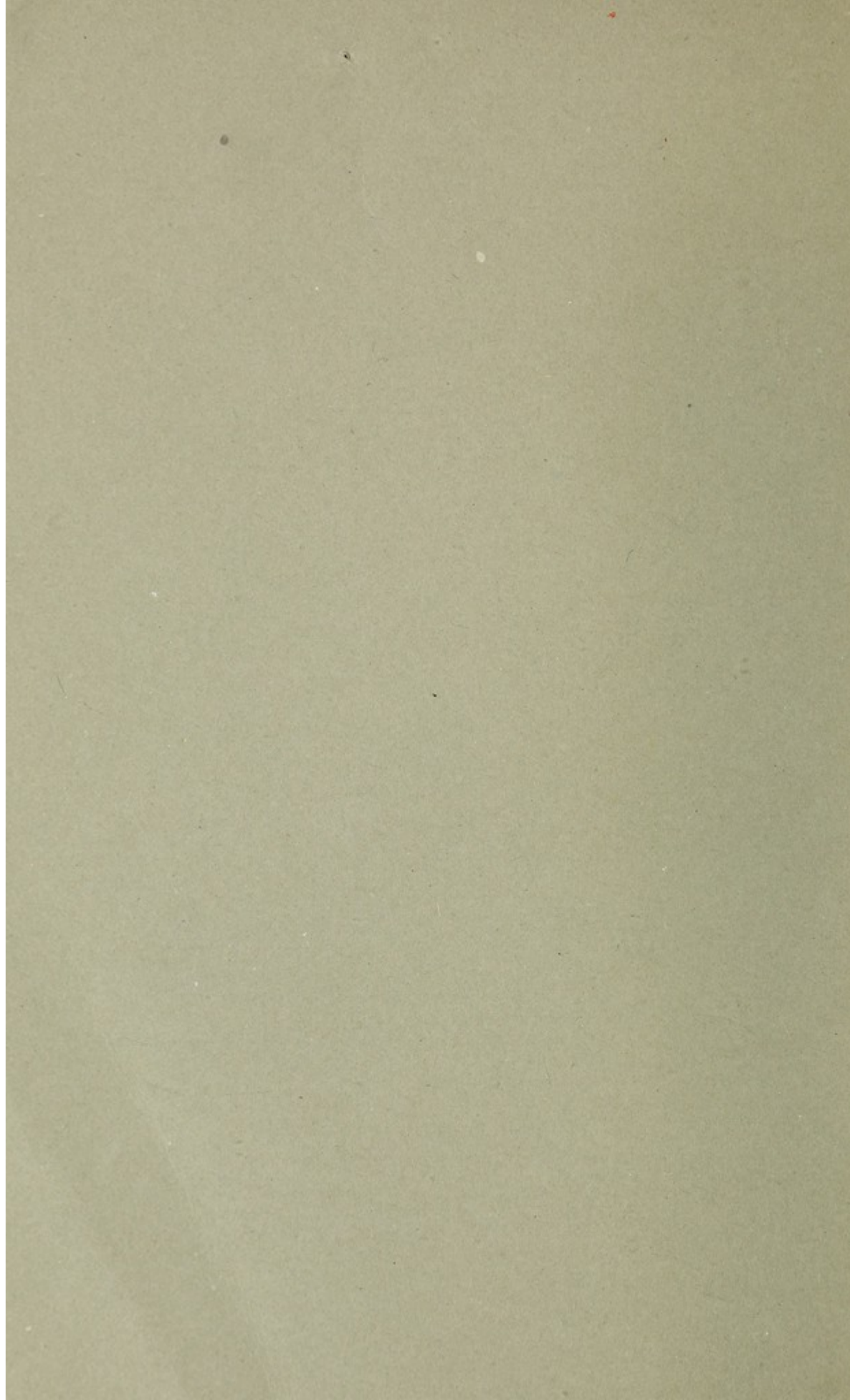
ANNUAL REPORT

of the

School Medical Officer

for the year 1951

JOHN FENTON, M.B., B.Ch., B.A.O., D.P.H.
School Medical Officer



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SCHOOL HEALTH SERVICE

STAFF

(a) Full-time Officers

School Medical Officer :

JOHN FENTON, M.B., B.Ch., B.A.O., D.P.H.

Deputy School Medical Officer :

E. MARY CUMMING, M.R.C.S., L.R.C.P., D.P.H.

Assistant School Medical Officer :

JESSIE GRIFFIN, M.B., Ch.B., D.P.H.

Senior Dental Officer :

MAURICE G. BERRY, L.D.S., R.C.S.

Assistant Dental Officer :

Miss JEAN D. OSWALD, L.D.S., R.F.P.S.G.

School Nurses :

Miss K. M. AVIS (Senior), S.R.N., S.C.M., H.V.Cert., Public Health Nursing Administration Certificate (from 16.7.51).

Mrs. D. M. BATES, S.R.N., S.C.M., H.V.Cert.

Miss J. C. M. BERK, S.R.N., S.C.M. Part 1., H.V.Cert.

Mrs. L. FOSTER, S.R.N., S.C.M., H.V.Cert.

Miss E. E. GRIFFIN, S.R.N., S.C.M., H.V.Cert. (from 1.9.51).

Miss P. IVORY, S.R.N., S.C.M. Part 1., H.V.Cert.

Mrs. S. M. JAMES, S.R.N., S.C.M. Part 1., H.V.Cert.

Miss M. I. PARTRIDGE, S.R.N., S.C.M., H.V.Cert.

Mrs. P. D. M. St. JOHN JONES, S.R.N., S.C.M., H.V.Cert.

Miss A. L. MITCHELL (Senior), S.R.N., S.C.M., T.A.Cert. (Hons.) (to 30.6.51).

Miss I. P. LUCAS, S.R.N., S.C.M., H.V.Cert. (to 7.7.51).

Miss P. A. THACKERAY, S.R.N., S.C.M., H.V.Cert. (to 30.9.51).

(The School Nurses are also Health Visitors)

Clerks :

Miss B. DOUCH (Senior)

Miss V. R. KNIGHT

Dental Attendants :

Miss D. S. JACKSON

Miss M. K. WILSON

(b) Part-time Officers

Orthodontic Specialist :

NORMAN GRAY, H.D.D., L.D.S., R.C.S.

Child Guidance Service :

DORIS KATHLEEN SMALL, L.R.C.P., L.R.C.S., D.P.M.

Miss MARY CARSON, M.A., A.B.Ps., Educational Psychologist.

Miss K. CRAGGS, Psychiatric Social Worker (to 31.5.51).

Miss P. LOMAX, Social Science Certificate, Psychiatric Social Worker (from 1.11.51).

Miss E. D. SMITH, Clerk.

Speech Therapist :

Mrs. K. HANSFORD, L.C.S.T.

SCHOOL HEALTH DEPARTMENT,
AVENUE HOUSE,
EASTBOURNE.

February, 1952.

To the Chairman and Members of the Education Committee.

LADIES AND GENTLEMEN,

I have pleasure in presenting my Annual Report on the health of the school child in Eastbourne and on the various activities of the School Health Department throughout the year 1951. This Report is the forty-fourth in the series which has been submitted to the Local Education Authority, and the thirteenth which has been laid before you by me.

Periodic medical inspection and re-inspection of children were carried out in all schools and the examination clinics provided ample opportunity for the medical staff to follow up and keep under observation children with various defects. From a perusal of the findings of the many medical inspections one can only arrive at the happy conclusion that the health of our school children continues to be maintained at a standard that gives no cause for concern.

Owing to the absence, by reason of illness, of the Assistant Dental Officer, it was not possible to complete the routine annual dental inspection and treatment of children in all schools. The schools not visited in 1951 are being dealt with early in the current year.

Much of the time of the School Nursing Staff was devoted to welfare problems, many of which so deeply affect the social and mental, as well as the physical well-being of the growing child. The vast majority of parents greatly appreciate the value of the School Health and other Health and Welfare Services and are always ready to co-operate to the full with the staff. There will ever be the improvident ones, fortunately relatively few in number, whose way of life and general standard of welfare fall, in varying degrees, below the normal. In a number of cases, the lower standards of this minority group can be attributed to a sub-normal mentality in one or even in both parents. The "problem" family is truly the greatest worry with which the welfare worker in any organisation is faced. In many of these families, however, it is found that, despite mismanagement, idleness and squalor, a very true and deep affection exists between parents and children, and the knowledge of this attachment is the factor which so often influences one in deciding not to take action for removal of the children.

Children handicapped by serious defect or disease were given all the attention they merit. The general policy in regard to these less fortunate children is to keep them in their own homes and for them to

attend the Authority's ordinary or special schools. Apart from the undesirability of removing children from their own home surroundings, it must be remembered that sending children to special boarding schools is costly. It is, however, impracticable for an Authority of this size to provide special educational facilities for all classes of handicapped children and it is, therefore, necessary, in a small number of cases, to obtain places in boarding special schools provided by other education authorities or by voluntary organisations. Difficulty is still being experienced in finding vacancies, but in the year under review, one partially sighted boy, one boy suffering from deafness, and one boy and one girl suffering from very severe degrees of physical handicap were placed in boarding special schools. In January of this year we were fortunate in obtaining vacancies for two boys in the Brighton School for Partially Deaf Children, at Ovingdean. At the present time, vacancies are awaited for one boy who is blind and deaf, one boy who is partially sighted and one educationally sub-normal boy.

The conditions at the St. Aidan's Day Special School for Educationally Sub-Normal Children were improved by the provision of hot-water and bathing facilities, and some decorative work was also carried out.

Many problems in the various spheres of medicine following the introduction of the National Health Service yet remain to be solved. One of the greatest weaknesses, in my view, is the lack of machinery for co-ordinating the activities of the consultant in hospital work, of the practitioner in general practice and of the doctors working in preventive medicine in the Local Health Authority Services. Here in Eastbourne, I am glad to say, the relationship of the Health Department with the staffs of the hospitals and with the general practitioners is close and cordial, and it would appear that we have gone a considerable way towards overcoming many difficulties which at first sight appeared to be insuperable. I am glad of this opportunity of expressing to my colleagues in the consultant service and in general practice, as well as to the officers of the Hospital Management Committee, and of the Executive Council, my appreciation of the help they afforded me throughout the year.

The Chief Education Officer and his staff, the Head Teachers and the voluntary organisations and individuals active in the field of welfare work in Eastbourne were, as always, most helpful and I am very happy to place on record my thanks to them, one and all.

Finally, Mr. Chairman, it is a great pleasure to register my gratitude to you and to the members of the Education Committee, and especially to the Chairman and members of the School Attendance and Children's Care Sub-Committee, for the consideration again extended to me.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

JOHN FENTON,
School Medical Officer.

1. STATISTICS

The number of children on the school registers increased from 5,769 in January to 6,032 at the end of the year. New children to the number of 973 were admitted throughout the year. On attaining school-leaving age some 500 children left school and 210 left for other reasons.

The average attendance of children for the year was 5,432, a percentage of 92.49. At the close of the year the numbers of children on the registers of the various schools were as follows :—

PRIMARY SCHOOLS	Children
Bourne Infants	220
Bourne Junior Mixed	305
Christ Church Infants	110
Christ Church Junior	219
Friday Street Infants and Junior Mixed	78
Grammar School Preparatory	60
Hampden Park Infants	281
Highfields County Primary	313
High School Junior	172
Meads Infants and Junior Mixed	123
Motcombe County Infants	130
St. Andrew's Infants	165
St. Andrew's Junior Mixed	264
St. Joseph's R.C. School	168
St. Mary's Boys	275
St. Mary's Girls	225
St. Mary's Infants	179
St. Philip's Infants	192
Trinity District	153
	<hr/>
	3,632
SPECIAL SCHOOLS	
Open Air	56
St. Aidan's	43
SECONDARY SCHOOLS	
Bedewell	468
Bourne County	554
Friday Street	21
Hampden Park	222
St. Joseph's R.C.	68
Grammar	366
High School	345
Commercial	140
Technical	117
	<hr/>
Total	6,032

2. STAFF

All the staff of the School Health Department are in various ways, for example, the Health Visitors are also School Nurses, engaged in duties in connection with the Health and Welfare Services. This close integration of the activities of the staff of a Health Department is most satisfactory; the Officers, in their work, feel their duties are not limited to the problems of the individual only and they are able to get to know and deal with the whole family as a unit.

Miss A. L. Mitchell, who had held the post of Senior Health Visitor and School Nurse since July, 1947, left in June to take up a post with another Authority. Miss K. M. Avis was appointed to fill the vacancy caused by Miss Mitchell's resignation, and she took up duty in July. Miss I. P. Lucas, Health Visitor and School Nurse, resigned in July, and Miss Thackeray, Health Visitor and School Nurse, left the service of the Authority in September.

3. SCHOOL HYGIENE

The sanitary arrangements in the schools were inspected by the Sanitary Inspectors at various times throughout the year; a good general standard of hygiene and cleanliness was maintained.

A detailed survey has just been completed, and the results of this survey and the inspections throughout the year indicate that, on the whole, the existing sanitary standard is reasonably satisfactory. When, however, a comparison is made with the requirements for new buildings as set out in "The Standards for School Premises Regulations, 1951," a number of shortcomings are revealed.

The deficiencies relate in the main to such matters as lack of heating in cloakrooms, fewer wash basins than the Regulations require and lack of hot water in some of the buildings. In addition, in some cases, the water closet accommodation does not reach the standard for new buildings and, in other buildings, the urinals provided are of unsatisfactory design. In considering further possible improvements to schools in Eastbourne, it must be remembered that many of the buildings are old and a number will be in use for a limited period only.

With regard to new school buildings, the second instalment of the Highfield Primary School at Hampden Park, comprising School Hall, three cloakrooms, administrative unit, School Health Service accommodation and kitchen-dining room, was completed and put into use in September. Motcombe Infants' School received pupils at the beginning of the September term.

4. MEDICAL INSPECTION

Following the scheme introduced in 1947, periodic medical inspection of pupils was carried out in the following age groups:—

- (a) Every pupil admitted for the first time to a maintained school.
- (b) Every pupil attending a maintained Primary School on attaining the age of ten years.
- (c) Every pupil attending a maintained Secondary School in the last year of his or her attendance.
- (d) Every pupil attending a maintained school on attaining the age of seventeen years.

In these four groups, 1,639 children were inspected and under the heading of "Other Periodic Inspections" some 189 children were examined; this latter group were mainly children who were transferred from schools in the areas of other Authorities.

Another group of children, known as "Specials" to the number of 1,464, were inspected. The children in this group were seen at the request of parents, teachers or school nurses.

Under the heading of "Re-inspections" 3,648 children who, at previous examinations, periodic or special, were found to have defects, were seen.

A percentage of 13.40, which represents 245 of the 1,828 children examined at Periodic Medical Inspections, were found to have one or more defects, other than dental disease or infestation with vermin, requiring treatment.

GENERAL CONDITION.—In attempting to estimate the fitness of an individual, mental and social well-being as well as physical condition must be taken into account. Mere absence of organic disease certainly cannot be accepted as a complete index to "positive health".

The "general condition" of the children seen at periodic medical inspections was recorded as follows:—

GOOD	in 1,073 cases, a percentage of 58.70
FAIR (SATISFACTORY)	in 708 cases, a percentage of 38.73
POOR	in 47 cases, a percentage of 2.57

The "fair" group can be taken to represent children who were regarded as normal, and those in the "good" group as somewhat above normal. The term "poor" as applied to 47 children must not be interpreted as meaning that these children were suffering from malnutrition or any serious degree of ill health. They represent a group of children whose general state of health did not quite reach the standard regarded, by the Medical Officer concerned, as normal.

5. WELFARE

Parents are always invited to be present when their children are undergoing periodic medical inspection. The presence of a parent undoubtedly enhances the value of the inspection, as it gives both the parent and the doctor the opportunity of fully discussing their doubts or findings.

The interest of parents in the service is shown by the fact that, in the case of infants 93 per cent. of parents were present at the periodic medical inspections, 62 per cent. in the case of juniors and 23 per cent. in the case of children attending Secondary Schools.

In the absence of a parent, a note is sent of any defects found to require treatment and the parent is, at the same time, recommended to seek the advice of the family doctor; a note of the findings of the inspecting Medical Officer is also sent to the child's doctor.

The necessary "follow-up" work in the homes and in the schools is done by the School Nurses :—

Number of visits by nurses to schools	445
Number of visits by nurses to schools for medical inspection	189
Number of visits to homes of children by nurses	749

6. PERSONAL HYGIENE

Children were, at the commencement of each of the three school terms, inspected for head and general cleanliness by the School Nurses. Those needing attention in connection with personal hygiene were followed up at school and, in many cases, in their own homes.

1. Total number of examinations in the schools by the school nurses	14,894
2. Total number of individual pupils examined	6,742
3. Total number of individuals found to be infested	152

Of the 152 children found to be suffering from infestation, verminous conditions were present in 18 cases and nit infestation in 134 cases.

In cases of infestation, parents were seen and given advice regarding prevention as well as treatment. Where parents were unable to deal satisfactorily with the condition cleansing was carried out at the Authority's Cleansing Centres. At these Centres 13 children made 34 attendances for treatment of verminous conditions and 33 children made 57 attendances for treatment of nit infestation.

The method of treatment used, and one found to give very satisfactory results, was to thoroughly wash the hair with an antiseptic soap shampoo, then apply D.D.T. Cream or Emulsion and follow-up with combing with a Sacker's Comb.

The general standard of cleanliness of our school children was again, on the whole, very satisfactory. It was, however, as always, necessary to closely supervise some families, the number in the year under review being 36.

7. EXCLUSION FROM SCHOOL

Children to the number of 57 were excluded from school by the medical staff of the Department. The conditions for which the children were excluded, and the periods of exclusion, were as follows :—

<i>Reason for Exclusion</i>	<i>Cases</i>	<i>Days</i>	<i>Average Period of Exclusion</i>
Polio Myelitis	1	50	50
" " Contacts	3	58	19
Carbuncle	1	2	2
Conjunctivitis	5	17	3
Cerebrospinal Meningitis			
Contact	1	11	11
Dermatitis	4	59	14
Head Infestation	5	12	2
Impetigo	5	28	5
Minor Injuries	1	4	4
Ringworm—Scalp	2	194	97
Body	1	6	6
Contacts	2	17	8
Scarlet Fever—Cases	14	536	38
Contacts	10	70	7
Severe Colds	2	7	3
	<hr/> 57	<hr/> 1,071	<hr/> 269

The following children were excluded for indefinite periods :—

Boy born 21.11.43	Educationally Sub-normal (? Educable).
Boy born 24. 3.43	Pleural Effusion.
Boy born 10. 6.45	Haemophilia (receiving home tuition).
Girl born 2. 9.46	Spastic diplegia.
Girl born 8.12.46	Congenital dislocation of hip.

8. CLINICS

The various Clinics are held as follows :—

EXAMINATION

<i>Avenue House</i>	Thursday, 2.15 p.m.
<i>Acacia Villa</i>	Fourth Friday, 10 a.m.
<i>Hampden Park Secondary School or Highfield Primary School</i>	Second Wednesday, 2.15 p.m.
(Additional Clinics are held at all three centres as and when required).	

MINOR AILMENTS

<i>Avenue House</i>	Daily, 9 a.m.
<i>Acacia Villa</i>	Daily, 9 a.m.
<i>Hampden Park Hall</i>	Monday, Wednesday and Friday, 9 a.m.
<i>Open Air School</i>	Monday, Wednesday and Friday, 9 a.m.

SPEECH THERAPY

<i>Avenue House</i>	Tuesday and Wednesday	} 9.15 a.m. and 2.15 p.m.
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CHILD GUIDANCE

<i>Avenue House—</i>		
<i>Psychiatrist</i>	Monday, 9 a.m.	
	Thursday, 9 a.m. and 2 p.m.	
<i>Educational Psychologist</i> ..	Thursday, 9 a.m. and 2 p.m.	

OPHTHALMIC

<i>Princess Alice Hospital</i> ..	Special sessions fortnightly, Friday, 9.30 a.m.
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DENTAL

<i>Avenue House</i>	Daily, 9 a.m. and 2 p.m.
<i>Anaesthetic Sessions</i> ..	Tuesday and Thursday, 10 a.m.
<i>Orthodontic Sessions</i> ..	Friday, 9 a.m.

EXAMINATION CLINICS.—At these Clinics, 1,147 children made 2,765 attendances for the following conditions :—

Diseases of the Skin—

Ringworm—Body	6
Scalp	2
Contacts	3
Impetigo	4
Other	114

Eyes—

Vision	91
Squint	6
Other Conditions	53

Ears—

Hearing	12
Otitis media	6
Other Conditions	39

Nose and Throat

Speech	7
--------	---

Cervical Glands—

Tuberculous	2
Non-Tuberculous	11

Heart and Circulation

Lungs	28
-------	----

Development	31
-------------	----

Orthopaedic—

Posture	18
Flat foot	5
T.B. Bones and Joints	4
Other	63

Nervous System—

Epilepsy	2
Other	31

Psychological—					
Development	..	..	..	..	4
Stability	..	..	..	..	44
Infectious Diseases (fitness for school)	..	..	..	..	6
Minor Injuries	..	..	..	..	118
Diseases of gastro-intestinal tract (Thread Worms)	..	..	..	..	17
Dietetic Disorders	..	..	..	..	11
General Debility	..	..	..	..	50
Miscellaneous	..	..	..	..	45
Total	..	..	..	..	889

Of the total number of children seen at the Examination Clinics, 116 attended for examination in connection with the Employment of Children Byelaws, 144 attended to ensure that they were fit to go to camp and 33 in regard to their fitness to go on a Continental holiday.

It is the general policy of the Department to refer children needing treatment to their own family doctor, or, in special cases, direct to hospitals. In certain cases, nutrients and a limited number of medicaments were, on the advice of the medical officers, supplied to children attending the clinics. In this connection, the following issues were made :—

Cod Liver Oil and Malt	..	..	1,272 cartons (1 lb.)
Virol	..	..	538 cartons (8 oz.)
Cod Liver Oil	..	..	120 bottles
Fersolate Tablets and Syrup Ferri Phosphate were also supplied.			

MINOR AILMENTS CLINICS.—The number of individual children attending these Clinics was 1,107.

Attendances made were—

Avenue House Clinic	..	..	1,500
Acacia Villa	..	..	324
Hampden Park	..	..	506
Open Air School	..	..	185
Total number of attendances	..	..	2,515
Total number of defects treated	..	..	1,111

CONDITIONS TREATED

Eyes—

Blepharitis, styes and other diseases of lids	56
Conjunctivitis	15
Foreign bodies and other eye ailments	51
	122

Ears—

Otitis	27
Otitis externa	9
Wax	14
	50

Skin—		
Impetigo	45	
Other septic conditions	73	
Scabies and post-scabies irritation	2	
Ringworm—Body	6	
Scalp	2	
Boils and carbuncles	31	
Other skin conditions	141	
	—	300
Injuries—		
Sprains, bruises, etc.	115	
Cuts and abrasions	141	
Other minor injuries	33	
Burns	15	
	—	304
Infestation—		
Pediculosis	8	
Nits	26	
	—	34
Miscellaneous	301	
	—	1,111

(In 1950, 1,361 children made 2,791 attendances for 1,366 defects).

SPEECH THERAPY.—The Speech Therapist, employed on a part-time basis, in addition to the four weekly clinic sessions, devoted two sessions each month to visiting children in their own homes and in the schools concerned.

Number of cases under treatment at beginning of year	25
New cases referred during the year	9
Number of clinic sessions	156
Number of attendances	528
Number of visiting sessions by Speech Therapist to schools and homes	20
Number of cases discharged	24
Number of cases under treatment at the end of the year	10

Defects treated—		
Deafness	4	
Sigmatism (inability to pronounce "S")	4	
Dyslalia (defective articulation)	14	
Stammer	12	
	—	34

Discharged—				
Dyslalia—Clear speech	..	..	..	9
	Slight improvement, cases with low I.Q.	..	..	2
Sigmatism—Clear speech	..	..	..	2
	Improved	..	..	2
Stammer—Cured	..	..	..	4
	Much improved	..	..	1
	Referred to Child Guidance Clinic	..	..	1
Deafness—Speech improved (all had hearing aids)				3
				—
				24
				—

In addition to children of school age, seven pre-school children were treated for the following conditions :—

Spastic speech	..	..	..	1
Dyslalia (defective articulation)	..	..	..	3
Cleft palate	..	..	..	1
Delayed speech	..	..	..	2

One girl over school age was treated for :—

Deafness	1
----------	----	----	----	----	---

These eight cases made 154 attendances.

Mrs. Hansford, Speech Therapist, reports :—

“A child with a speech defect is handicapped in its contact with other people. After being referred to the Speech Clinic for treatment, the child attends weekly for thirty to forty minute sessions. There can be no result when treating a speech defect without the active co-operation of the child; so the Eastbourne clinic is equipped with toys and books and the child can feel at ease and speak spontaneously. The co-operation of parents and teachers is also of paramount importance, and in this connection, two sessions monthly are devoted to making contact with parents and teachers.

Dyslalia and stammering were the most prevalent defects during the year; it is better if a child can attend the clinic before reaching school age, this minimises the risk that a comparatively simple defect may grow into a strong habit.

Children with defective hearing attended the Speech Clinic for lip-reading lessons and correction of faulty sounds; the three cases who attended were fitted with hearing aids : two of these children have now been admitted to a school for the partially deaf. One case over school age, who attends for lip reading and speech therapy, has a type of deafness which is not benefited by a hearing aid, and consequently she has to rely on lip reading.

The incidence of serious speech defect in Eastbourne is small in comparison with the number of children in the Borough.”

CHILD GUIDANCE CLINIC.—This Authority is a partner in a Joint Child Guidance Service, with our neighbours the East Sussex County Council and the Hastings Education Authorities.

Number of Sessions	139
Cases seen—	
Old	34
New	56
	— 90
Total Attendances	767
New Cases referred during 1951	69
Cases treated—	
By Psychiatrist	45
By Psychologist (excluding those seen by Psychiatrist)	15
	— 60
<i>Waiting List—</i>	
1st January, 1951	16
31st December, 1951	15
<i>Analysis of New Cases—</i>	
A. <i>Source—</i>	
School Health Service	57
Parents	3
Probation Officer	1
Medical Practitioners	6
Other Agencies	2
	— 69
B. <i>Reasons—</i>	
Nervous Disorders	10
Habit Disorders	10
Behaviour Problem	19
Educational and Vocational Problem	26
Delinquency	4
	— 69
<i>Analysis of Cases seen during 1951—</i>	
A. <i>By Psychiatrist—</i>	
For diagnosis	38
For treatment	45
(NOTE—Five parents were seen by Psychiatrist).	
Number of attendances, 37.	
<i>Analysis of Diagnostic Cases—</i>	
Diagnosis and advice	16
Treatment and case closed	4
Under treatment	12
Awaiting treatment	6
	— 38
<i>Analysis of Treatment Cases—</i>	
Satisfactorily adjusted	12
Much improved	6
Slightly improved	1
Still under treatment	22
Withdrawn—(a) Transferred to Hospital	1
(b) Non co-operative	3
	— 45

B. <i>By Psychologist—</i>		
(a) For ascertainment of I.Q.	45	
<i>Analysis of Ascertainment Cases—</i>		
Advice regarding education	18	
Vocational guidance	2	
Maladjustment	25	
	—	45
(b) <i>Coaching Cases—</i>		
Receiving coaching at end of year 1951	12	
Discharged satisfactory	3	
	—	15
(c) Home Visits		
School Visits	8	
C. <i>Psychiatric Social Workers—</i>		
Case histories	27	
Interviews	131	
School visits	21	
Home and other visits	78	

PSYCHIATRIST'S REPORT.—Dr. Small writes :—

"Due to the fact that the Clinic was without the services of a Psychiatric Social Worker for five months, the case turnover shows a decrease on the previous year. However, in November, we were fortunate in securing the services of a full-time Psychiatric Social Worker and there is now every prospect that we shall be able to overtake the waiting list of fifteen cases which it has been necessary to carry over to 1952.

Miss K. Craggs, locum part-time Psychiatric Social Worker, left to take up a full-time appointment in May, and Miss P. Lomax was appointed full-time Psychiatric Social Worker from 1st November."

OPHTHALMIC TREATMENT.—Children found to require treatment for defective vision are referred to the Ophthalmic Surgeons attached to the Princess Alice Hospital. The Hospital Management Committee has arranged a special fortnightly session for school children.

All the arrangements for children to attend these special hospital clinics are made in the Department, and the ophthalmic records relating to them are returned to the Department, where they are kept pending the child's next visit to the Hospital.

<i>Defects—</i>	NEW CASES				
Myopia	23
Hypermetropia	48
Squint	22
Astigmatism	12
Inflammatory conditions	4
Other	5
No refractive error found	20
					134

Treatment—

Glasses prescribed	63
Orthoptic treatment	7
Drops, lotions, etc.	3
Observation	42
No treatment necessary	17
Referred to Physician	1
	<hr/>
	133
	<hr/>

NOTE—Two children suffered from two of the above defects and one child had two treatments.

9. DENTAL SERVICES

GENERAL SERVICES.—At the 35 sessions devoted to periodic inspection, 4,149 children were seen in the following age groups :—

Age	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	Total
No.	80	370	340	392	420	388	415	402	377	382	380	142	37	16	7	1	4,149

At the request of parents, a further 517 children were inspected at the Clinic. Of the 4,666 children inspected, 2,250, a percentage of 48.37, were found to require treatment. The number of sessions devoted to treatment was 548, and 1,971 children made 5,270 attendances. The following is a summary of the treatments given :—

Fillings—

Permanent teeth	2,010
Temporary teeth	116
	<hr/>
	2,126
	<hr/>

Number of teeth filled—

Permanent teeth	1,659
Temporary teeth	94
	<hr/>
	1,753
	<hr/>

Extractions—

Permanent teeth	457
Temporary teeth	1,882
	<hr/>
	2,339
	<hr/>

Administrations of General Anaesthetics 1,219

Other Operations—

Permanent teeth	3,446
Temporary teeth	276
	<hr/>
	3,722
	<hr/>

The anaesthetic in use is Nitrous Oxide gas and Oxygen from a Walton apparatus.

Dental treatment is, in the main, provided at the Central Dental Clinic, but to save loss of school time, facilities for treatment are provided in out-lying districts as follows :—

Hampden Park Secondary School—Children attending this school, as well as the children from the Hampden Park Infants and Highfields Primary Schools, were treated in the medical inspection rooms.

Swallow's Nest School—Children attending this school were treated in the school.

ORTHODONTIC TREATMENT.—One weekly clinic session was held throughout the year at the Central Dental Clinic, and 109 children made 869 attendances.

Number of cases under treatment at the beginning of the year	92
New patients	17
Treatment completed	15
Left school and treatment not completed	7
Failed to complete treatment	11
Number of cases under treatment at end of year	76
Number of children awaiting treatment at end of year	15

Some orthodontic treatment was given at the ordinary dental clinics and 778 attendances were made by 74 children.

Dentures were supplied to 23 children.

REPORT OF THE SENIOR DENTAL OFFICER.—Mr. Berry writes :—

“During the year, 4,149 children were examined at the routine dental inspections carried out at the schools, and in addition, 517 special applications for treatment were received; these together make a total of 4,666 children seen, of whom 2,250 were found to require treatment.

Inspections occupied 35 sessions, and 548 sessions were devoted to treatment. Two thousand and ten fillings were inserted in permanent teeth and one hundred and sixteen in temporary teeth. A general anaesthetic was administered in 1,219 cases, and 23 children were fitted with artificial dentures.

In the orthodontic section, 109 children made 869 attendances for treatment at the weekly clinics under Mr. Norman Gray, the visiting Orthodontic Specialist, and 74 children suffering from mal-occlusion of a less serious nature made 778 attendances for orthodontic treatment at the general clinics.

The acceptance rate for treatment remained, as in the previous year, at the high level of 80 per cent., a figure which showed that, in spite of facilities under the National Health Service Act, there had been no falling off in the demands on the School Dental Service.

In the recent discussion in the London Press on the future of the School Dental Service, some criticism was made on the lack of published statistics showing the progress or otherwise of the battle against dental caries. The methods in use in the United States of America and New Zealand were mentioned. Public Health dentists in these two countries consider the number of missing teeth ('tooth mortality') to be the most satisfactory objective index of the effectiveness of a caries control programme.

In the United States an average of just over one permanent tooth was found to be missing in the 14-year-old age group, whereas in New Zealand this figure was more than halved, making an average of under half a tooth missing per child. In an attempt to form some comparison, a survey was made of the 14-year-old age group attending a secondary school in Eastbourne. It is gratifying to note that, as will be seen from the figures shown below, we in Eastbourne approach closely the more satisfactory result obtained by the New Zealanders.

Number inspected	.. .. .	190
Number of children with permanent teeth missing	.. .. .	45
Number of permanent teeth missing	.. .. .	75
Twenty-six children had 1 missing tooth.		
Eleven children had 2 missing teeth.		
Five children had 3 missing teeth.		
Three children had 4 missing teeth.		

In the above table, permanent teeth which had been extracted for orthodontic reasons were not counted in the analysis, as the purpose of the investigation was to assess the extent of dental caries.

This survey was made on a relatively small proportion of the 14-year-old age group, but it is hoped that in the future we may be able to extend the survey, so that a more comprehensive and accurate result may be obtained."

10. SCHOOL MEALS AND MILK

Mid-day meals were prepared and served as follows :—

Bourne County Secondary School	Kitchen Dining Room.
Friday Street School	Kitchen Dining Room.
Grammar School	Kitchen Dining Room.
Girls' High School	Kitchen Dining Room.
Highfield County Primary School	Kitchen Dining Room.
(from September)	
Meads Infants' and Junior Mixed School	Kitchen Dining Room.
Motcombe County Infants' School	Kitchen Dining Room.
(from September)	
Open Air School	Kitchen Dining Room.
Technical Institute	Kitchen Dining Room.
Trinity District School	Kitchen Dining Room.

Hampden Park County Secondary School	Kitchen Dining Room. A container service catered for children attending Hampden Park Infants' School.
St. Mary's Boys' School	.. Kitchen serving meals in School Hall for children attending this School. Until September, St. Mary's Infants' used St. Mary's Boys' School Hall, since when they have been catered for by container service.
Alma Road Central Kitchen	.. Catered by container service for :— Bedewell Secondary School, Bourne Junior and Infants' Schools, Christ Church Junior and Infants' Schools, Highfield County Primary School till September, St. Aidan's School, St. Andrew's Junior and Infants' School, St. Joseph's (R.C.) Mixed School, St. Mary's Girls' School, St. Philip's Infants' School.
Victory British Restaurant	.. Catered for pupils attending the Commercial School; also for children entitled to free meals during the school holidays.

HOT MID-DAY MEALS.—Of a total number of 608,293 meals served, 88,581 were granted free. In the previous year, of the 584,164 meals served, 84,479 were provided free.

The following table shows the number of children taking meals and milk in school on a given day in February, June and October.

(Figures in brackets are those for the previous year.)

MEALS					MILK	
<i>Date</i>	<i>No. of Children in Schools</i>	<i>Free</i>	<i>Paid</i>	<i>Percentage taking meals</i>	<i>Total taking milk</i>	<i>Percentage taking milk</i>
		PRIMA	RY AND	SECONDARY	DEPARTM	ENTS
February	5,002	388	2,516	58.5% (59%)	4,204	84.4% (88.8%)
June	5,394	409	2,593	55.6% (55.7%)	4,561	84.5% (87.4%)
October	5,638	389	2,781	56.2% (57.9%)	4,841	85.8% (86.9%)

HOLIDAY MEALS.—Meals were served during the three school holiday periods :—

	<i>Victory British Restaurant</i>	<i>Hampden Park Secondary School Canteen</i>
Easter ..	916	305
Summer ..	3,043	750
Christmas..	609	171
	<hr/> 4,568 <hr/>	<hr/> 1,226 <hr/>

Assessment for free meals was based on the following family income scale :—

<i>Number in Family</i>	<i>Children were granted free meals where the income per head of the family after deducting rent, rates and insurance was the following amount or less</i>
Not exceeding 3	17s. per head.
4 or 5	16s. per head.
Exceeding 5	15s. per head.

Miss E. C. Mulcaster, Organiser of School Meals, writes :—

“The new Kitchen Dining Room at Highfield County Primary School and the Kitchen at Motcombe Infants’ School opened in September.

The number of meals served to children in 1951 shows a slight increase on the previous year. It does appear that sufficient provision has been made for all children who require school meals.”

The premises used for the preparation and storage of food were inspected by the medical officers and sanitary inspectors at various times throughout the year. The methods of washing up and the standards of cleanliness maintained were found to be satisfactory.

Eleven schools are provided with dining halls, seven use their central assembly halls, in two the school gymnasium is used, and in one case a classroom is used for dining purposes. In the case of three schools, buildings outside the school curtilage are in use. Fourteen of the twenty-four premises where school meals are taken are provided with facilities for the sterilising, by heat, of crockery and cutlery. An adequate supply of hot water is available in all kitchens and washing-up rooms, and a liquid detergent is in general use. In a number of premises rinsing sinks are provided as well as washing-up sinks. The washing and sterilising of dish cloths, washing up mops and tea towels is satisfactorily provided for.

It is satisfactory to note that wash basins with adequate supplies of hot and cold water for the use of the kitchen staff are available in most of the premises.

11. PHYSICAL EDUCATION

Captain G. A. Stansfield, who had held the post of Organiser of Physical Education to the Education Authority for some 26 years, retired on 31st August, 1950. Mr. J. Roberts, B.A., who was selected to fill the vacancy, took up duty on 1st January, 1951. I am very pleased to include the following most interesting and comprehensive report by Mr. Roberts. From this report, it will be seen that Physical Education is not regarded merely as a vague subsidiary in our educational system, but is given the full prominence and importance it unquestionably deserves.

“THE CHANGING CONCEPTION OF PHYSICAL EDUCATION

The more recent changes in the aims and methods of education as a whole are reflected in the changing conception of physical education. The very fact that the term “physical training” is being replaced by the words “physical education” is indicative of the type of change, for no longer is it considered sufficient that physical activity in schools should consist of formal instruction in a rigid system of exercises plus some games but rather it is realised that the training of the child physically forms a highly important part of its education. The idea that a child can be arbitrarily divided into two parts—mental and physical—for educational purposes, or for that matter any other purpose, is recognised as a false conception and the present aim is to educate the whole child all the time, whether it be through a physical or a mental medium. Consequently, the purpose of physical education is not only to ensure that the child increases its bodily strength, vigour and endurance but also develops the qualities of courage, determination, alertness and self-confidence. A further purpose in physical education is to assure the child's interest in some sport, game or other physical activity from which he will derive health and enjoyment when he has left school. To meet this wider conception of physical education it is essential that it should include not only exercises and gymnastics but all forms of games and sports.

As the aims of physical education have altered so have the methods. While still exercising control over the class, the teacher attempts to create in each child a sense of self-discipline and physical endeavour and to develop its sense of movement. Some teachers who were originally trained in the more formal and rigid method of instruction find the change-over to the informal method somewhat difficult initially, but when they have learnt to adapt their previous teaching experience to the new technique there remain few who are not convinced of its value.

GENERAL ORGANISATION OF PHYSICAL EDUCATION IN SCHOOLS

INFANT SCHOOLS.—A daily period of 20 minutes is devoted to physical education. This period generally takes place in the morning and is often supplemented in the afternoon by a lesson of shorter duration. In addition, it is the practice in some schools to allow the children shorter periods of physical activity between all lessons.

The physical education lessons are taken by the form teacher and emphasis is placed on developing large, free movements and utilising as much apparatus as possible. Lessons in music and movement and simple dancing are also included in the curriculum.

JUNIOR SCHOOLS.—In these schools a daily period of 20 minutes, or a lesser number of periods of half an hour's duration, plus games training once a week, is allocated to physical education and, as a general rule, the lessons are taken by the form teachers. In some cases, however, a teacher may take more than one form for this subject, and in the upper forms of some mixed schools two parallel forms combine to form a boys' and a girls' class which are taken by a man and woman teacher respectively. Where this organisation is possible it is to be commended as it allows the teacher to concentrate on the movements and skill training most suitable to either sex.

SECONDARY SCHOOLS.—The normal amount of time devoted to physical education in the secondary schools is two periods a week plus a longer period for games training, although, unfortunately, in some cases, the pressure of examination preparation results in this time being reduced. Whilst desiring that more time could be allocated to this subject it is recognised that the normal curriculum is almost always supplemented by out-of-school club activities which give pupils the opportunity for practising those physical skills which particularly interest them.

In all the secondary schools there are teachers who have received specialist training in physical education and normally they are in charge of the subject as a whole. However, the specialist teacher in a school is generally assisted by other members of the staff who have an interest in some branch of physical education and may be in charge of a particular game or sport.

ACCOMMODATION

PRIMARY SCHOOLS.—The physical education lessons in most of the infant and junior schools are taken in the playgrounds, several of which have been reconditioned during the past year. While it is recognised that exercise is far more beneficial when taken in the open air and teachers are encouraged to take their classes out whenever possible, the absence of indoor accommodation in many schools has seriously curtailed the number of physical education lessons during the long periods of bad weather.

The new school hall and the dining hall at Highfield County Primary School and the new hall at Motcombe Infants' School have been extensively used for physical education lessons during the winter months, as have the halls at St. Mary's Infants' and the Open Air Schools. Some indoor physical education has been possible in the hall at Christ Church Junior School (Stafford House) but has had to be restricted in scope owing to the somewhat frail condition of the floor. The remaining primary schools have no indoor accommodation for physical education.

SECONDARY SCHOOLS.—Every secondary school within the Authority's jurisdiction has some form of indoor accommodation for physical education, either in the form of gymnasia or adapted school halls. These are adequate in size with the exception of the Grammar School gymnasium and the Technical School hall, both of which are too small for the requirements of the respective schools.

EQUIPMENT

During the year all schools received a supply of small apparatus, games equipment, plimsolls and some sports clothing, and now have a fairly adequate stock of these items. It is intended to give further opportunities for replenishing and in some cases expanding this stock.

A simple form of clambering apparatus constructed by the Borough Engineer's Department has been installed in the playgrounds of all junior schools except Highfield County Primary School, where a larger piece of apparatus has been erected. This school has also received a complete set of Essex Agility Apparatus which is used in the school hall. A clambering cage and a scrambling net have been erected in the playground at Motcombe Infants' School, which has also received a set of apparatus called Nesting Bridges for use in the school hall. These various types of apparatus are popular with both teachers and pupils and have proved extremely effective not only in promoting the children's strength, suppleness and agility but also in developing their self-confidence and nervous stability. It is intended gradually to provide a variety of types of clambering apparatus in all primary schools, thereby increasing the scope and effectiveness of physical education lessons. Some secondary schools have manufactured their own basketball posts and the remainder are being supplied with them.

The hall at Bedewell C.E. Secondary School has recently been equipped with fixed apparatus with the result that every secondary school is now equipped with fixed and portable apparatus with the exception of the Technical School, which has portable apparatus only.

GAMES

JUNIOR SCHOOLS.—Football, shinty, rounders, cricket and stoolball are the main games played by pupils in junior schools. Netball has been successfully introduced for the older girls in some schools and it is hoped to provide further facilities for the playing of this game. The games are played in various Corporation recreation grounds and parks, although netball and rounders are also played in school playgrounds.

The practise of games' skills and the playing of minor games form part of many of the daily physical education lessons.

SECONDARY SCHOOLS.—The games chiefly played by boys in the secondary schools are football, cricket and stoolball, while the girls play hockey, rounders, netball and stoolball.

The High School, Hampden Park Secondary School and the Technical School possess their own playing fields, while the Grammar School and the Commercial School play some of their games on the Saffrons. The remainder of their games are played on Corporation grounds, as are all the field games of the remaining secondary schools. This results in overcrowding on some grounds, particularly at Seaside Recreation Ground which is shared by two secondary schools and two junior schools.

Basketball has been successfully introduced into the Grammar School, and with the provision of the necessary equipment it is hoped that this fast, skilful and enjoyable game will soon be played in all the secondary schools.

Boxing forms part of the physical education programme in every boys' secondary school, generally as a club activity, and successful competitions have been held.

ATHLETICS

Athletics is an exceedingly valuable branch of physical education. Through its variety of events in running, jumping or throwing it can appeal to almost every type of pupil, and the training develops strength, skill, endurance and determination. It forms part of the physical education curriculum in all junior and secondary schools and every school held a successful sports meeting, in addition to the annual Inter-School Sports Meeting organised by the Eastbourne Schools' Athletic Association. Training in the various athletic events is taken in some of the normal physical education lessons as well as in lessons specially devoted for this purpose. It is hoped to widen the scope of the subject in secondary schools in the future by the introduction of a greater variety of field events.

SWIMMING

This highly important subject has formed part of the physical education in nearly all junior and secondary schools whose pupils have received regular swimming instruction during the summer term at either the Old Town Baths or the Devonshire Baths. The Old Town Baths were used for a total of 20 hours a week and the Devonshire Baths for a total of $8\frac{1}{2}$ hours. In addition, the Grammar School and Bourne Secondary School extended their swimming instruction into the winter months.

Lack of accommodation would not allow all children in the junior schools to attend the baths and, consequently, the general practice has been to restrict attendance to the upper forms in order that there might be a carry-over into the secondary schools. A large number of children learnt to swim during the season, many improved their standard of performance and numerous proficiency certificates were awarded.

Enjoyable swimming galas were held by individual schools and the Annual Inter-Schools Gala, organised by the Eastbourne Schools' Swimming Association, was a great success. During the winter season the Eastbourne Swimming Club conducted a regular series of classes which have given specialist coaching to selected pupils from schools within the Authority. These classes, which have been supported by the Education Committee, have proved extremely successful, and have produced some excellent swimmers.

TEACHERS' COURSES

A course of eight sessions in physical education for men and women teachers in junior schools was held during the summer term and was very well attended. The purpose of the course, which was conducted by the Organiser of Physical Education, was to acquaint teachers with the modern methods of teaching physical education.

It is intended to organise further courses in junior games training, swimming, boxing, football and basketball.

CONCLUSION

In conclusion, it can be said that the physical education in all schools is in a healthy state and its value reflected in the generally sound physique and lively vigour of the pupils.

The gradually expanding scope of the work should result in the subject becoming an increasingly important part of their education as a whole."

12. PROVISION OF CLOTHING

EDUCATION (MISCELLANEOUS PROVISIONS) ACT, 1948, SECTION 5.— Various articles of clothing were supplied by the Education Authority to 116 children from 58 families. Many articles of clothing were also obtained from voluntary sources, mainly the Women's Voluntary Services.

13. HANDICAPPED PUPILS

Special Educational Treatment

The following children were on the register of handicapped pupils at the end of the year.

A. BLIND—

Girl born 29.12.35	Admitted to the Catholic School for the
(Transferred from	Blind, Liverpool, on 10th December, 1942.
Partially Sighted	Transferred to the Royal School for the
Category June, 1951)	Blind, Leatherhead, on 10th January, 1952.

Boy born 1.8.40. Admitted to Drayton Manor School, near
(Transferred from Tring, in 1947. Transferred to Dorton
Partially Sighted House, Dorton, Aylesbury, September,
Category Sept. 1951) 1948. Transferred to Linden Lodge
Boarding School, Wandsworth Common,
on 8.1.52.

Boy born 12.7.44. In Guy's Hospital. On the waiting list for
(Blind and Deaf) admission to Condover Hall.

B. PARTIALLY SIGHTED—

Girl born 29.10.41 Admitted to the Catholic School for the
Blind, Liverpool, on 20th July, 1943.

Boy born 27.4.43. Admitted to Exhall Grange Special School,
Coventry, on 9th April, 1951.

Boy born 14.11.47 On waiting list for admission to the
Brighton School for the Partially Sighted,
Blatchington, Seaford.

Girl born 7.9.43 Admitted to Barclay School for Partially
Sighted Girls, Sunninghill, Berks, on
29th April, 1949.

C. DEAF—

Boy born 17.10.45 Admitted to Portley House School for Deaf
Children, Caterham, on 19th February, 1951.

Boy born 11.4.43 Admitted to the Royal School for Deaf and
Dumb Children, Margate, on 6th September,
1948.

Boy born 13.11.35 Attended Eastbourne School of Arts and
Crafts.

D. PARTIALLY DEAF—

Boy born 6.6.42 Attended Highfield Junior School. Ad-
mitted to the Brighton School for the
Partially Deaf, Ovingdean, on 31st January,
1952.

Boy born 3.12.42 Attended Open Air School. Admitted to
the Brighton School for the Partially Deaf,
Ovingdean, on 31st January, 1952.

Boy born 7.1.40 Attended a Primary School.

Boy born 22.1.40 Attended a Primary School.

Girl born 26.7.38 Attended a Secondary School.

E. DELICATE—

Sixty children were on the register of the Open Air School at the
beginning of the year and were classified as follows :—

Delicate	..	..	..	..	54
Physically Handicapped	..	..	..	..	5
Debility and Partially Deaf	..	..	..	..	1

Fourteen boys and 14 girls were admitted for the following conditions :—

Asthma	4
Chronic Eczema and Asthma	1
Bronchitis	2
Debility—General	8
—Nervous	3
Paralysis—following A.P.M.	2
—flaccid	1
Partially Sighted	1
Rheumatism and Chorea	3
Nervous Debility and Speech Defect (Severe)	1
Tuberculosis—Primary Infection	1
—Spine	1
	— 28

The children who left were placed as follows :—

Transferred to ordinary schools	26
Transferred to Residential Schools	3
Left District	1
Transferred to St. Aidan's	2
	— 32

The average duration of stay was nineteen months.

The number of children on the register at the end of the year was 56 :—

Delicate	47
Physically Handicapped	8
Partially Deaf	1

F. EDUCATIONALLY SUB-NORMAL—

(a) ST. AIDAN'S SPECIAL SCHOOL—

	Boys	Girls
Number on Roll, January	34	9
Admissions	5	2
Leavers	6	2
Number on Roll, December	33	9

Of the seven children admitted, two were transferred from the Open Air School and two from the area of another Authority.

Of the six boys who left—

Two left the district.

Two were transferred to ordinary schools.

Two left to take up employment; (one was notified to the Mental Deficiency Authority).

Two girls left to take up employment; (both were notified to the Mental Deficiency Authority).

At the request of Head Teachers, 27 children were examined with a view to seeing whether they should be classified as educationally sub-normal and in need of special educational treatment.

These children were dealt with as follows :—

Four were recommended for transfer to St. Aidan's Special School.

Three were referred to the Child Guidance Clinic.

Two were transferred to the Open Air School.

Six were considered suitable for education in ordinary schools.

In the cases of eleven children it was recommended that they be reviewed in six to twelve months.

At the end of the year, one child was awaiting special examination.

Miss E. M. Wilkes, Head Teacher, reports :—

"The girls and junior boys continue to enjoy their Physical Training Lesson at Chelsea College each week. During this period the older boys are instructed in book-binding and leather work. During the summer holidays a bathroom and an immersion heater extending to the wash basins were installed. This has been most helpful in creating a higher standard of cleanliness. The Aldes Projector, supplied during the Autumn Term, is going to be of great assistance in arousing an interest in many topics of educational value."

(b) BOARDING SPECIAL SCHOOLS—

One boy, born 13.3.38, admitted to Besford Court Special School in April, 1948.

(c) EDUCATION ACT, 1944, SECTION 57—

Children were notified to the Local Mental Deficiency Authority as follows :—

Under Section 57 (3)	..	..	..	..	3
Under Section 57 (5)	..	..	..	..	2

G. EPILEPTIC—

Boy born 4.4.36 Discharged from St. Elizabeth's School, Much Hadham, on 1.5.50. Admitted to Lingfield Epileptic Colony on 25.10.50.

Boy born 2.8.37 Admitted to Chalfont Epileptic Colony on 14.1.1941.

Boy born 20.11.35 Admitted to Lingfield Epileptic Colony on 12.5.1947.

H. PHYSICALLY HANDICAPPED—

Children placed in this category suffer from defects which are considered more severe and more lasting than in the case of Delicate children.

(a) DAY SCHOOLS—

Girl born 23.9.46 Admitted to Open Air School on 11.9.51.

Paralysis left arm
and leg

Girl born 8.7.38 Attended a Secondary School.

Bronchiectasis

Boy born 11.12.38 Pseudo-hypertrophic muscular dystrophy	Attended a Secondary School.
Boy born 19.9.42 Congenital heart disease	Admitted to Open Air School on 12.9.47.
Boy born 4.9.38 Congenital heart disease	Admitted to Open Air School on 1.9.43.
Boy born 8.10.37 Congenital heart disease	Attended a Secondary School.
Boy born 13.10.42 Skull defect fol- lowing fracture	Admitted to the Open Air School on 12.9.49.
Boy born 4.10.44 Cerebral palsy	Attended an Infants' School.
Boy born 10.6.45 Haemophilia	Received home tuition.
Boy born 13.3.38 Severe chronic skin condition	Discharged from Goldie Leigh Hospital Special School 9.6.51. Admitted to Open Air School 25.6.51.
Girl born 8.12.46 Congenital dislocation of hip	Did not attend school. Admission deferred.
Girl born 24.12.37 Osteogenic sarcoma of the cervical spine	Attended the High School. Admitted to Brook General Hospital, Shooters Hill, in October, 1951. Transferred to Royal National Orthopaedic Hospital, Stanmore, in November, 1951, and to Middlesex Hospital on 15.12.51.
Girl born 8.12.38 T.B. Spine	Discharged from Chailey Heritage Craft Schools, July, 1951. Admitted to Open Air School, 11.9.51.
Boy born 10.6.46 Paralysis left upper limb follow- ing A.P.M. 1949	Admitted to Open Air School 24.6.51.
Girl born 2.9.46 Spastic Diplegia	Excluded from school. Admission de- ferred.
Boy born 12.5.46 Flaccid Paraplegia Partially Sighted.	Admitted to the Open Air School on 11.9.51.

(b) BOARDING SPECIAL SCHOOLS—

Boy born 17.6.37 Multiple congenital deformities	Attended the Open Air School. Admitted to the Hurst Lea School (Shaftesbury Society), Kingsgate, Kent, 21.3.51.
Girl born 9.3.37 Spina Bifida Paralysis of legs	Attended the Open Air School. Admitted to the Halliwick Cripples' Home, Winch- more Hill, London, on 5.4.51.

(c) HOSPITAL SPECIAL SCHOOL—

Girl born 27.8.42 Admitted to Goldie Leigh Hospital Special
Ichthyosis School on 6.9.50.

(d) SANATORIUM

Girl born 5.3.36 Bevendean Hospital, Brighton, to 2.2.51.
Pulmonary Admitted Darvell Hall on 7.3.1951.
Tuberculosis

14. SPECIAL TUITION (HOME AND HOSPITAL)

Children who by reason of ill health or physical defect were unable to attend school were provided by the Authority with special tuition as follows :—

Boy aged 10 years suffering from T.B. Hip—tuition provided in a local hospital.

Boy aged 6 years suffering from haemophilia—tuition provided at home.

Fifteen of our children, whilst undergoing long-stay in-patient treatment, continued their education in the schools associated with some six hospitals away from Eastbourne.

15. INFECTIOUS DISEASES

Notifications of infectious diseases relating to children of school age were as follows :—

	Scarlet Fever	Whooping Cough	Polio- Myelitis Non- Paralytic	Measles	Dysentery	Meningo- coccal Infection	Totals
January ..	1	1	—	54	24	—	80
February ..	2	2	—	40	6	—	50
March ..	2	1	—	12	12	—	27
April ..	—	2	—	35	7	—	44
May ..	1	4	—	35	5	—	45
June ..	2	—	—	43	1	—	46
July ..	2	1	—	3	—	—	6
August ..	—	—	—	3	—	—	3
September ..	2	—	—	—	—	—	2
October ..	2	3	—	—	—	—	5
November ..	5	1	1	—	1	—	8
December ..	1	3	—	—	—	1	5
	20	18	1	225	56	1	321

INCUBATION AND EXCLUSION PERIODS OF THE COMMONER INFECTIOUS DISEASES

Disease	Incubation Period (days)	Interval between onset of illness and appearance of Rash (days)	Period of Exclusion	
			Patient	Contacts
Scarlet Fever	1—7	1—2	7 to 14 days after discharge from hospital. There must be no sore throat, "septic spots" or discharge from the nose or ear. Medical certificate required before admission.	7 days after the removal of the patient to hospital.
Diphtheria	2—7	—	Medical certificate required before admission.	7 days after removal of patient to hospital. Medical certificate required.
Measles	7—14	3—4	14 days after the appearance of the rash if the child appears well.	INFANTS only who have NOT had the disease should be excluded for 14 days from the date of the appearance of the rash in the last case in the house.
German Measles	5—21	0—2	7 days from the appearance of the rash.	NONE.
Whooping Cough	6—18	—	28 days from the beginning of the characteristic cough.	INFANTS only who have NOT had the disease should be excluded for 21 days from the date of onset of the disease in the last case in the house.
Mumps	12—28	—	14 days from onset of the disease or 7 days from subsidence of all swelling.	NONE.
Chicken Pox	11—21	0—2	14 days from date of appearance of rash.	NONE.
Small Pox	10—21	3	Until the patient is pronounced by a medical practitioner to be free from infection. Medical certificate required.	No re-admission without the permission of the School Medical Officer.

16. DIPHTHERIA IMMUNISATION AND VACCINATION AGAINST SMALLPOX

A. DIPHTHERIA IMMUNISATION—

Children between the ages of 5 and 15 years were immunised as follows :—

PRIMARY IMMUNISATION—

By Medical Officers of the Department	..	..	30	
By General Medical Practitioners	..	..	21	
			—	51

REINFORCING DOSE—

By Medical Officers of the Department	..	..	558	
By General Medical Practitioners	..	..	96	
			—	654

At the end of the year, according to our records, 5,364 Eastbourne children between the ages of 5 and 15 had been immunised.

<i>Age Group</i>	<i>Numbers</i>
5—6	689
6—7	556
7—8	661
8—9	539
9—10	531
10—11	445
11—12	462
12—13	503
13—14	491
14—15	487
	5,364

Information obtained from the School Medical Records indicates that 4,871, a percentage of 80.7 of children attending Local Authority Schools had been immunised.

B. VACCINATION AGAINST SMALLPOX

As a result of an outbreak of Smallpox in a neighbouring Borough there was a very considerable increase in the number of children vaccinated and re-vaccinated between the ages of 5 and 15 years :—

PRIMARY VACCINATION—

By Medical Officers of the Department	..	2,005	
By General Medical Practitioners	..	638	
		—	2,643

RE-VACCINATION—

By Medical Officers of the Department	..	766	
By General Medical Practitioners	..	831	
		—	1,597
			4,240

In 1950 there were 37 vaccinations and 74 re-vaccinations of children of school age.

17. TUBERCULOSIS

One new case of respiratory tuberculosis (primary infection) in a boy aged 8 years, and one case of tuberculous adenitis of the neck, in a boy aged 13 years, were notified.

B.C.G. INOCULATION.—In cases where children are in close contact with persons suffering from tuberculosis of the respiratory tract, parents were advised to seek the advice of the Chest Physician regarding B.C.G. inoculation. Two boys, aged six and nine years, whose fathers were the victims of pulmonary tuberculosis, were given the necessary protection.

18. SCABIES

Six children of school age were found to be suffering from Scabies : they made 13 attendances for treatment at the Cleansing Section of Avenue House Clinic.

19. RINGWORM OF THE SCALP

Two children, a brother and sister, were found to be suffering from Ringworm of the Scalp. They were admitted to the Goldie Leigh Special Hospital School, Abbey Wood, London, S.E.12, on April 9th and discharged on June 17th.

20. DIFFICULT AND PROBLEM FAMILIES

(a) The conditions under which some 23 families were living were sufficiently unsatisfactory to justify the continued attention of School Nurses, Welfare Workers and other officers of the Department. In the case of 9 of these families conditions were at times most unsatisfactory and considerable time and attention was devoted to them.

(b) THE NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN.—As in previous years we had the full co-operation of Mr. A. Banyard, the local Inspector. He, at my request, dealt with some 17 families involving 39 children. He classified the cases as follows and paid 76 visits :—

General Neglect	..	..	..	..	13
Advice and help sought	..	..	..	..	2
Ill treatment	..	..	..	..	2
					—
					17
					—

The Inspector also dealt with 85 other families. Of the 179 children in these families, 88 were of school age. The complaints were classified as :—

Neglect	48
Advice and help sought	25
Ill treatment	3
Assault	1
Beyond control	8
	<hr/>
	85
	<hr/>

(c) JUVENILE CRIME.—The following particulars relating to Juvenile Crime have been kindly supplied by the Chief Constable :—

	Males	Females
Sent to approved schools	1	1
Fined	6	—
Probation	18	2
Convicted—absolute discharge	4	—
Convicted—conditional discharge	1	—
Dismissed	3	—
Care of Local Authority	—	2
	<hr/>	<hr/>
	33	5
Cautions	44	5
	<hr/>	<hr/>
	77	10
	<hr/>	<hr/>
Total Offenders	87	

(The total number of offenders in 1950 was 74 (67 males and 7 females.)

21. EMPLOYMENT OF CHILDREN

Under the Byelaws regulating the employment of children, it is a condition of employment that a Certificate from the School Medical Officer is produced to the employer that such 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.

In connection with these Byelaws, 116 children were examined and the necessary certificates provided.

The Department co-operates closely with the Youth Employment Service and a medical report is sent at the end of each term to the Youth Employment Officer on children leaving school. As a result of co-operation between the two Departments it is hoped that children will not take up employment which would be injurious or dangerous to their health.

Reports on children to the number of 302 were made, and special reports on three handicapped children were also made :—

Girl—Valvular disease of the heart.

Boy—Old T.B. Hip.

Boy—Minor Epilepsy.

22. DEATHS OF SCHOOL CHILDREN

Deaths of children of school age :—

- | | | | | | |
|---------|----|----|----|----|---------------------------------------------------------------------------------------------|
| 5 years | .. | F. | .. | 1. | (a) Peripheral circulatory failure. |
| | | | | | (b) Purpura—Henoch Schonlein. |
| 9 years | .. | M. | .. | 1. | Shock due to multiple injuries sustained in a train accident. (Inquest : Accidental Death). |
| 9 years | .. | M. | .. | 1. | (a) Glioma of Brain. |

Group	For defective condition (excluding spina)	For any of the other conditions recorded in Table II A	Total
First Age Group	11	60	71
Second Age Group	24	53	77
Third Age Group	30	43	73
Total (Prescribed Groups)	65	156	221
Other Periodic Inspections	18	39	57
Grand Total	83	195	278

MINISTRY OF EDUCATION
MEDICAL INSPECTION RETURNS
Year ended 31st December, 1951

TABLE 1

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

A. PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups :—

Entrants	741
Second Age Group	401
Third Age Group	497
Total	1,639
Number of other Periodic Inspections	189
Grand Total	1,828

B. OTHER INSPECTIONS

Number of Special Inspections	1,464
Number of Re-inspections	3,648
Total	5,112

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).

<i>Group</i> (1)	<i>For defective vision (excluding squint)</i> (2)	<i>For any of the other conditions recorded in Table IIA</i> (3)	<i>Total individual pupils</i> (4)
Entrants	11	69	72
Second Age Group	24	55	72
Third Age Group ..	29	42	69
Total (Prescribed Groups)	64	166	213
Other Periodic Inspections	7	29	32
Grand Total ..	71	195	245

TABLE II

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1951

Defect Code No.	Defect or Disease	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring Treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin	19	40	117	12
5	Eyes— <i>a</i> Vision ..	71	233	69	28
	<i>b</i> Squint ..	14	30	6	1
	<i>c</i> Other ..	4	8	47	6
6	Ears— <i>a</i> Hearing ..	2	16	5	7
	<i>b</i> Otitis Media ..	2	12	3	3
	<i>c</i> Other ..	3	6	36	3
7	Nose or Throat ..	21	118	32	19
8	Speech	3	33	5	2
9	Cervical Glands ..	1	53	5	8
10	Heart and Circulation ..	2	20	2	4
11	Lungs	4	101	17	12
12	Developmental—				
	<i>a</i> Hernia	2	8	—	—
	<i>b</i> Other	4	22	10	21
13	Orthopaedic—				
	<i>a</i> Posture	19	29	13	5
	<i>b</i> Flat Foot ..	6	20	4	1
	<i>c</i> Other	35	92	45	22
14	Nervous System—				
	<i>a</i> Epilepsy	1	5	—	2
	<i>b</i> Other	2	8	15	16
15	Psychological—				
	<i>a</i> Development ..	1	15	2	2
	<i>b</i> Stability	10	41	30	14
16	Other	40	112	207	40

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

Age Groups	Number of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	741	486	65.59	242	32.66	13	1.75
Second Age Group ..	401	226	56.36	164	40.90	11	2.74
Third Age Group ..	497	259	52.11	221	44.47	17	3.42
Other Periodic Inspections ..	189	102	53.97	81	42.86	6	3.17
Total	1,828	1,073	58.70	708	38.73	47	2.57

TABLE III

INFESTATION WITH VERMIN

(i) Total number of examinations in the schools by the school nurses or other authorised persons	14,894
(ii) Total number of individual pupils examined	6,742
(iii) Total number of individual pupils found to be infested	152
(iv) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	Nil
(v) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	Nil

TABLE IV

TREATMENT OF PUPILS ATTENDING MAINTAINED

PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

GROUP 1—DISEASES OF THE SKIN (excluding uncleanness, for which see Table III)

				<i>Number of cases treated or under treatment during the year</i>	
				<i>By the Authority</i>	<i>Otherwise</i>
Ringworm—(i) Scalp .. .. .	..	..	..	—	2
(ii) Body .. .. .	..	..	..	6	1
Scabies .. .. .	..	..	..	6	—
Impetigo .. .. .	..	..	..	45	—
Other skin diseases .. .. .	..	..	..	245	153
Total				302	156

GROUP 2—EYE DISEASES, DEFECTIVE VISION AND SQUINT

				<i>Number of cases dealt with</i>	
				<i>By the Authority</i>	<i>Otherwise</i>
External and other, excluding errors of refraction and squint .. .. .	..	..	..	122	45
Errors of refraction (including squint) .. .. .	..	..	..	—	455
Total				122	500
Number of pupils for whom spectacles were					
(a) Prescribed .. .. .	..	..	..	—	174
(b) Obtained .. .. .	..	..	..	—	Information not available

GROUP 3—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	<i>Number of cases treated</i>	
	<i>By the Authority</i>	<i>Otherwise</i>
Received operative treatment—		
(a) for diseases of the ear	—	1
(b) for adenoids and chronic tonsilitis ..	—	251
(c) for other nose and throat conditions ..	—	2
Received other forms of treatment ..	50	81
Total ..	50	335

GROUP 4—ORTHOPAEDIC AND POSTURAL DEFECTS

(a) Number treated as in-patients in hospitals	26	
	<i>By the Authority</i>	<i>Otherwise</i>
(b) Number treated otherwise, e.g., in clinics or out-patient departments ..	—	155

GROUP 5—CHILD GUIDANCE TREATMENT

	<i>Number of cases treated</i>	
	<i>In the Authority's Child Guidance Clinics</i>	<i>Elsewhere</i>
Number of pupils treated at Child Guidance Clinics	60	—

GROUP 6—SPEECH THERAPY

	Number of cases treated	
	By the Authority	Otherwise
Number of pupils treated by Speech Therapists	34	—

TABLE IV

TREATMENT OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

GROUP 7—OTHER TREATMENT GIVEN

	Number of cases treated	
	By the Authority	Otherwise
(a) Miscellaneous minor ailments ..	301	327
(b) Other than (a) above (specify)—		
1. Appendicitis	—	72
2. Fractures	—	33
3. Minor Injuries	304	280
4. Pneumonia	—	13
5. Various other conditions ..	—	175
Total ..	605	900

TABLE V

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(1) Number of pupils inspected by the Authority's Dental Officers :—					
(a) Periodic age groups	..	..	..	..	4,149
(b) Specials	..	..	..	..	517
Total (1)					4,666
(2) Number found to require treatment	..	..	..	..	2,250
(3) Number referred for treatment	..	..	..	..	2,250
(4) Number actually treated	..	..	..	..	1,971
(5) Attendances made by pupils for treatment	..	..	..	..	5,270
(6) Half-days devoted to :—Inspection	..	..	..	..	35
Treatment	..	..	..	..	548
Total (6)					583
(7) Fillings :—Permanent Teeth	..	..	..	..	2,010
Temporary Teeth	..	..	..	..	116
Total (7)					2,126
(8) Number of teeth filled :—Permanent teeth	..	..	..	..	1,659
Temporary teeth	..	..	..	..	94
Total (8)					1,753
(9) Extractions :—Permanent Teeth	..	..	..	..	457
Temporary Teeth	..	..	..	..	1,882
Total (9)					2,339
(10) Administration of general anaesthetics for extraction	..	..	..	..	1,219
(11) Other Operations :—Permanent Teeth	..	..	..	..	3,446
Temporary Teeth	..	..	..	..	276
Total (11)					3,722

