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Contributors

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ISLE OF ELY COUNTY COUNCIL.

EDUCATION COMMITTEE

ANNUAL REPORT
of the
PRINCIPAL
SCHOOL MEDICAL OFFICER
for the
Year ending 31st December, 1960.

Sharman & Co., Ltd., High Street, March.

*With the Compliments
of the County Medical Officer
for the Isle of Ely*

*County Health Department.
County Hall.
March. Cambs.*

*To the Chairman and Members of the Isle of Ely
Education Committee*

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report on the School Health Service for the year 1960.

I wish to record my most sincere appreciation of the good team work and loyal service of the whole staff of the department, of the full co-operation of the Chief Education Officer, his staff, and the teachers of the Isle, and of the interest and encouragement of the Chairman and Members of the School Medical Service Sub-Committee.

I have the honour to be, Ladies and Gentlemen,

Your obedient servant,

M. E. HOCKEN,

Principal School Medical Officer.

STAFF

Principal School Medical Officer

M. E. HOCKEN, MB ChB DPH

Deputy: J. C. BURNS, MB BCh BAO DPH (appointed 1/1/60)

School Medical Officers

M. E. HANLON, MB ChB (appointed 14/11/60)

L. MARCZEWSKI, Med. Dip. (U Lwow)

Principal School Dental Officer

G. R. SMITH, LDS RCS (Ed.) (resigned 31/1/60)

N. J. ROWLAND, LDS RCS (Ed.) (appointed 1/3/60)

School Dental Officers

ONE VACANCY

G. F. WHEELER, LDS (appointed 15/12/60)

MRS. O. FOULDS, LDS (part time)

Speech Therapist

D. HALDEN, LCST (appointed 26/1/60)

Speech Therapist—Part-time

A. SPENCER (appointed 12/1/60, resigned 31/12/60)

Orthopaedic Physiotherapist

VACANCY

Oculist—Part-time

M. PERRERS TAYLOR, MRCS LRCP DPH DOMS

H. L. BACKHOUSE, BA BM BCh DO

Orthoptist—Part-time

S. HYND (appointed 8/2/60)

Superintendent Nursing Officer

G. M. SANDERS, SRN SCM HV Cert

Assistant Supt. Nursing Officer

M. HARRIS, SRN SCM HV Cert

Health Visitors and School Nurses

- I. F. BOXOLD, SRN SCM HV Cert (appointed 11/4/60)
J. BRIGHTON, SRN SCM HV Cert
M. B. GUDGEON, SRN SCM HV Cert
M. E. JOYNT, SRN SCM HV Cert
R. WARD, SRN SCM SRFN HV Cert
B. WEBB, SRN SCM HV Cert (appointed 24/6/60)
F. B. WEST, SRN HV Cert

School Nurses—Part-time

- E. ALLEN, SRN SCM HV Cert.
C. M. BIART, SRN SCM HV Cert (resigned 31/12/60)
S. BARNES, SRN SCM
H. BROADHEAD, SRN SCM HV Cert
E. HARRIS, SRN SCM HV Cert (appointed 6/5/60)
G. HARRIS, SRN SCM HV Cert (appointed 1/11/60)
E. HATFIELD, SRN SCM HV Cert (appointed 28/7/60)
A. HENEY, SRN SCM HV Cert
K. M. RAILTON, SRN SCM HV Cert
C. M. RENSHAW, SRN SCM (resigned 30/6/60)
P. SMITH, SRN SCM (appointed 1/10/60)
P. STITT, SRN SCM (appointed 1/12/60)
B. M. S. ROBINSON, SRN SCM

Clinic Nurses

- D. M. HURDLE (resigned 5/5/60)
J. P. SAXBY (appointed 1/7/60, resigned 22/10/60)
J. R. SHAW (appointed 24/10/60)
M. HOYLES (appointed 25/4/60)

Dental Attendant

- V. BRADLEY
J. MELLOY (appointed 28/12/60)

Dental Attendant—Part-time

MRS. J. GOTHARD

Clerical Staff

- H. A. HOUSE (Administrative Officer)
J. GIPSON, A. MILLER, M. E. VAWSER (resigned 24/4/60)
J. ORBINE (appointed 25/4/60)

ANNUAL REPORT

1960

No. of Children on Roll:—

Primary Schools	...	...	...	8644
Secondary Schools	...	...	...	5824
Special Schools	...	...	...	56
				<hr/> 14524
No. of Schools	.....	.....	.....	<hr/>74

MEDICAL INSPECTIONS

Routine visits of inspection were paid to 16 schools

	1960	1959	1958	1957	1956
Periodic Inspections	1282	2614	2216	4215	5664
Special Inspections	41	45	45	91	51
Re-inspections	256	1026	1321	2479	2270
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Total	1579	3685	3582	6785	7985
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

It is hoped to give every child three periodic medical examinations during his school career, the first as soon as possible after admission to school, the second while he is in the junior school, and the third during the year prior to his fifteenth birthday.

WORK OF SCHOOL NURSES—CLEANLINESS INSPECTIONS

Sessions spent at routine medical inspection	Average number of visits per school for cleanliness inspection	No. of children examined for cleanliness	No. of individual children found unclean	Follow-up visits for all purposes	Attendances at minor ailment and eye clinics
60	2.81	33652	119	1308	245

HEALTH EDUCATION.

School medical officers and nurses use every opportunity to teach individual pupils on health matters.

A course on hygiene, housewifery and mothercraft is given every term by the assistant superintendent nursing officer at the Sir Harry Smith School, Whittlesey. By arrangement with the headmaster eight sessions of about half an hour each are devoted to short talks, films and demonstrations for senior girls. They have proved very popular and it is hoped other schools will consider the introduction of a similar series of instruction for their pupils.

MINOR AILMENT CLINICS

CLINIC	ADDRESS	DOCTOR PRESENT
WISBECH	.. County Clinic, Lynn .. Rd., Wisbech	1st & 3rd Friday mornings
MARCH	.. County Clinic, County .. Hall, March	4th Thursday morning
ELY	.. County Clinic, Down- .. ham Rd., Ely	When required
THORNEY	.. Duke of Bedford C.P. .. School	3rd Thursday afternoon
WHITTLESEY	.. Sir Harry Smith School	1st Thursday afternoon
OUTWELL	.. Beaupre School ..	3rd Monday afternoon
CHATTERIS	.. Cromwell School ..	3rd Friday morning

TREATMENT OF MINOR AILMENTS IN THE CLINICS FOR THE YEAR 1960.
(Individual numbers of children treated)

	Wisbech	March	Ely	Chatteris	Thorney	Outwell	Whittlesey
Ringworm (head) ..	..	..	..	..	..	..	..
Ringworm (body) ..	..	..	..	..	..	..	1
Scabies ..	..	..	..	..	..	..	..
Impetigo ..	12	3	..	2	..	1	..
Other skin diseases ..	..	4	1	20	..	..	4
Minor eye defects ..	2	13	..	11	9	10	4
Minor ear defects ..	..	..	..	..	..	7	..
Miscellaneous ..	84	14	1	32	108	454	33
TOTALS ..	98	34	2	65	117	472	47

GRAND TOTAL: 835
Total attendances made by children: 1073

ATTENDANCES AT EYE CLINICS DURING 1960

	Number of Clinics	Total Attendances	Individual Attendances	New Cases
Doddington Hospital	42	341	240	67
Wisbech Clarkson Hospital	41	300	184	81
Ely School Clinic	48	543	266	49
Total	131	1184	690	197

OPHTHALMIC TREATMENT

Miss Perrers Taylor reports as follows:

The ophthalmic clinic continues to be a very rewarding type of work—so much can be done for the young, and with the able assistance of Nurse Gudgeon and Miss Hynd the work has gone well.

Attendances	282
New Cases	29
Operations for Squint	4

With few exceptions, the parents have been very co-operative, and I find that more children under school age are brought to the clinic than formerly. This does show that the parents are appreciative of the facilities afforded by the education committee.

Dr. Backhouse reports as follows:—

Throughout the year these clinics have been held on the first and third Thursday afternoons of each month. In February we were glad to welcome Miss Hynd as orthoptist, and to congratulate her on her bright red Morris Mini Minor.

Of the new cases seen in the year, a small boy who kept a pet dog had a squint caused by the intraocular cyst of the toxocara canis worm. This case afforded occasion for the first use of the toxocara antigen in the Addenbrooke's Eye Department to confirm the diagnosis. The ova of this not too rare dog worm may be ingested by those who handle them.

Of the 7 operations, one was on a girl whose parents feared the procedure and whose medical practitioner discouraged it. The parents have been delighted with the results and the child enjoyed her brief stay in Addenbrooke's Hospital with other children. Very few are the children who do not enjoy their days in the eye ward.

We have not pleased everyone, and those who have to come early for 'drops' prior to refraction often complain of the wait. Some mothers preferred to take their children to Addenbrooke's

Hospital, where the clinics are often 4 hours long, the standard procedure for refraction usually prevents reading for 2 weeks afterwards and orthoptic sessions are seldom arranged to coincide with visits to the surgeon. Others are now transferring to the clinic at Ely from Addenbrooke's for these very reasons.

It has been encouraging to see very young patients referred for investigation as more can be done at an early age than later.

New cases seen	17
Old cases seen	240
Refractions	119
Glasses ordered	75
Defaulters	47
Individual cases	126
Cases operated on	7

ELY ORTHOPTIC CLINIC

Miss Hynd reports as follows:—

In 1960, the first orthoptic clinic was not held until I was appointed at the beginning of February.

Two sessions have been worked throughout the year on Thursday morning and afternoon; the morning session having been changed with the Monday afternoon session held in the previous year. This has been satisfactory as a number of patients prefer to come in the morning; treatment is also facilitated at this time as the clinic is less congested.

As usual, attendance is not good, but absence is generally owing to illness. Towards the end of the year more patients have notified me if unable to keep an appointment.

New cases	26
Number of patients discharged:	
Cured	4
Improved	5
Failed to attend	2
No defect	2
Left school	1
Total	14

Number of patients admitted to hospital for operation:	
To Newmarket	2
To Addenbrooke's	7
Total	9

Number of patients on waiting list for operation	8
Number of patients attending for regular orthoptic treatment	54
Number of patients under observation	61
Total	<hr/> 115 <hr/>
Number of sessions	88
Number of appointments given	639
Number of attendances	502
Percentage of defaulters	21.4
Average number of patients per session	5.7

AUDIOMETRY

Some children suffer from a slight deafness sufficient to cause educational backwardness and in order to discover these children early in their school life every pupil has his hearing tested audiometrically at the time of his first medical examination in school. In 1960 routine audiometry sweep tests were carried out on 330 boys and 295 girls and, of these, 15 boys and 21 girls (5.76%) were found to require further investigation. In addition pupils referred by headteachers, school nurses and at the parent's request were examined.

A failure in the 'sweep' test is registered if there is a hearing loss of more than 20 decibels for a sound at any frequency between 250 and 4000 cycles per second. Those children who fail are retested and, if still found to be defective and requiring treatment, are referred to their general practitioner, or through him to the local ear, nose and throat surgeon.

CHILD GUIDANCE CLINIC

Under the auspices of the regional hospital board, a child guidance clinic is held every week at the county clinic in March under the direction of the consultant child psychiatrist, Dr. R. E. Glennie.

CASES FROM THE ISLE OF ELY, 1960

A. New Cases Seen

1. At March clinic	14
2. At Chesterton, Cambridge, for diagnosis and treatment	12
3. At Addenbrooke's Hospital, Cam- bridge, for diagnosis and treat- ment	6
	<hr/> 32

Sources of cases

(a) School medical officers	6
(b) General practitioners	17
(c) Magistrates and probation officers	6
(d) Consultants	3
	<hr/> 32

B. Cases under treatment — brought forward from 1959

At March Clinic	16
At Chesterton Clinic, Cambridge	4
At Addenbrooke's Hospital, Cambridge	1
	<hr/> 21

C. Total No. of cases seen

	MARCH CLINIC	CHESTER- TON	ADDEN- BROOKE'S
No. of times child seen by psychiatrist	140	46	20
No. of times parents seen by psychiatrist	98	33	9
No. of times parents seen by psychiatric social worker	39	12	15
No. of times child seen by psychologist	—	77	5
	<hr/> 277	<hr/> 168	<hr/> 49

Number of clinics held at March in 1960: 41.

SCHOOL DENTAL SERVICE

Mr. N. J. Rowland, the principal school dental officer has submitted the following report:—

With the departure of Mr. G. R. Smith in January, the school dental service became virtually non existent for about two months until I took up my appointment on 1st March.

During the year an attempt was made to expand the service beyond the March area. In July, the dental clinic in Whittlesey was established but it could be maintained only at the expense of time lost at the March clinic. The opening of the Whittlesey clinic was in fact the first step in the plan to have a number of fixed clinics operating throughout the county which would give widespread coverage for dental treatment. Unfortunately, the highly populated area of Wisbech remained a thorn in our side owing to our inability to carry out treatment there, but until the new health centre has been completed there is little hope of a service in this district as there are no suitable premises for a dental clinic.

The response to the offer of treatment in Whittlesey was overwhelming and this is not surprising in view of the fact that at a survey carried out in that area, 95% of the children were found to require treatment. It seemed a great tragedy that such a well-equipped clinic should be forced to operate on a part-time basis owing to staff shortage. Therefore efforts to increase the staff were vigorously renewed and it was a red letter day indeed when another full-time officer was appointed late in the year. To spotlight the acute shortage of staff, it is worth recording that this was the first time in at least ten years when there was more than one full-time officer employed simultaneously in the Isle of Ely school dental service. With the additional dental officer, next year should show an improvement in the dental state in the areas under treatment but in my opinion, another three full time officers would be needed to make any real impression on the Isle as a whole.

It is extremely unlikely that we will ever have this number with the general shortage of dental surgeons and we are faced with the impossible task of clearing up the ravages of dental decay which have accrued with the limited staff. Can nothing be done by the parents and children themselves to prevent this widespread dental disease and obviate the necessity for much of the treatment it demands as a consequence? Most certainly there is much they can do in a preventive capacity. Sticky sweet foods should be avoided between meals and the teeth thoroughly brushed on all surfaces after meals particularly last thing at night. Where school meals are taken and toothbrushing is not practicable, I would strongly urge ending the meal with vigorous mouth rinsing, the water being

bubbled to and fro between the teeth and finally swallowed. These practices alone would reduce the amount of decay considerably.

The controversy over the sale of confectionery in schools culminated in September. Only foodstuffs approved by the principal school medical officer are now allowed for sale and although it is not an ideal state of affairs, the less cariogenic foods now being consumed will lead to an improvement in the condition of the teeth.

The total number of inspections carried out during the year was 2,619 (mostly in the areas receiving treatment) and 82% of these required treatment, which is a regrettable figure in itself but undoubtedly an even greater percentage would have been recorded had it been possible to include the whole school population of the county embracing the more neglected areas.

The same policy was adopted as previous years with regard to pre-school children—all children under five years on whose behalf application was made, were inspected and treated.

In September, a consultant orthodontic service was established and cases meriting specialists' advice were able to obtain it.

As a newcomer to the staff this report affords me the opportunity to thank all members of the health and education departments for their valuable help throughout the year and I am particularly grateful to the principal school medical officer who has vigorously supported all my suggestions and activities.

SPEECH THERAPY

Mrs. Dunkin (nee Halden) reports as follows:—

Over the past year I have interviewed approximately 220 children and, with those immediately discharged owing to good speech, those put under observation pending discharge, these have amounted to an average working week of 83 children. Theoretically half hour sessions for each child per week are found to be beneficial. In order to attempt to meet the number of children requiring treatment, however, it was expedient to treat some of the more suitable cases in small groups.

The clinical time-table remains as in the past, divided between school premises and clinics. In the former one can be sure of seeing the child regularly, but it is often difficult to make rapport with the parents. When the child attends the clinic he is generally accompanied by a parent and one immediately makes contact with the home situation and can explain the treatment and practice to be carried out at home to the person who is most likely to help. In general, the children I have seen at clinics have made better pro-

gress with home co-operation and one can more easily learn of influential changes in the child's environment.

During the past year, the number of children requiring treatment at the Duke of Bedford school has dropped so as to make two sessions there each week unnecessary. From November, 1960, therefore, I visited this school for one session only, and started a weekly session at Wilburton Manor. This has proved fairly successful as one can be sure of encouragement from the teaching staff and practice with the children by the house staff. It was interesting to note the changes in three children whom I had previously seen in their home towns and, with indifferent home help, when on transfer to Wilburton, an active interest was taken in their progress. They themselves became more interested and more aware of speech, and the fact that they went home at the end of each term proved a very useful psychological incentive!

The clinic at Wisbech has a potential number of cases far in excess of the time available. It also presents the most transport difficulties, so that it has been possible, at times, only to give advice to teachers and parents. This was responsible for the decision of at least three parents to reject the idea of therapy from the start.

The age range of children treated is weighted to the under tens, which, I feel, is an optimistic sign, although the number of non-talkers of school age is rather alarming. It seems that the non-talking child is thought 'normal' or just 'slow in talking' by the parents until the prospect of school looms large on the horizon. The idea of the child being unable to make himself understood is then worrying, and enquiries are made for treatment. One is then faced with a virtually alalic child who may have had no incentive to talk and parents whose worry is aggravating a situation increasingly unbearable towards the start of term.

I should like to thank the health visitors who have spotted such children at an early age, enabling one to initiate treatment at an earlier, and less emotionally trying time.

In conclusion I should like to thank all members of the health and education departments and the office staff who have been so helpful.

HANDICAPPED PUPILS.

Category	In Special Schools (including Hospital Special Schools)		In maintained Primary and Secondary Schools		In Independent Schools		Not at School		TOTAL	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Blind	3	..	..	..	..	..	..	..	3	..
Partially Sighted ..	3	2	1	1	..	..	..	..	4	3
Deaf	3	1	..	..	1	..	..	..	4	1
Partially Deaf	5	5	..	1	..	..	1	..	6	6
Delicate	3	1	3	3	..	..	..	..	6	4
Educationally Sub-normal										
Resident pupils ..	26	21	..	..	..	..	..	..	11½	63
Day pupils ..	21	5	63	37	..	..	2	..		
Epileptic	2	1	..	..	..	..	..	..	2	1
Maladjusted	2	2	..	..	..	..	..	..	2	2
Physically Handicapped										
Resident pupils ..	7	2	..	..	..	..	..	..	12	15
Day pupils ..	1	3	4	9	..	..	..	1		
	76	43	76	51	1	..	3	1	156	95

Handicapped pupils were admitted to special schools other than the authority's special school for the educationally sub-normal at Wilburton, as follows:

CATEGORY	BOYS	GIRLS
Partially Deaf	3	—
Educationally Sub-Normal	—	2
Epileptic	2	—
Physically Handicapped	1	1
Delicate	2	—

32 pupils were resident at the Manor Special School for the educationally sub-normal at Wilburton, and 26 were attending daily. During the year, 8 pupils were admitted as residents, and 7 commenced as day pupils. 17 pupils left during the year, and 4 were admitted to other special schools.

Consideration was given to the arrangements for the child guidance service and following a joint report by the chief educat-

ion officer and the principal school medical officer to the education committee, it was recommended that an educational psychologist be appointed, whose duties would include attendance at the weekly child guidance clinic, and the intelligence testing associated with the ascertainment of handicapped pupils. A meeting was held at Cambridge with senior officers of the East Anglian Regional Hospital Board, when the board's plans for a comprehensive child guidance service were outlined by the senior administrative medical officer.

TUBERCULOSIS

224 examinations of school children were carried out at the chest clinics at Wisbech, Doddington and Peterborough by the chest physician during 1960. Of this number 99 were new cases, the remainder being re-examinations.

172 X-ray examinations of school children were carried out at the chest clinics and of these 79 were new cases, the remainder being re-examinations of old cases.

1 non-pulmonary case of tuberculosis was notified as occurring among school children during 1960, and this case was admitted to Addenbrooke's Hospital, Cambridge, for treatment.

BCG vaccination

BCG vaccination against tuberculosis is offered to all thirteen-year-old children who need it. After obtaining parental consent a preliminary skin test, using the Heaf gun multiple puncture technique, is carried out by injecting a small quantity of tuberculin into the skin of the forearm. A red raised area develops within a week in some children who are then advised to undergo a routine chest X-ray. Where no such reaction occurs the child receives BCG vaccination, usually into the skin of the left arm. After two weeks a papule forms which progresses during the subsequent four to six weeks and finally heals leaving a tiny scar. 580 children were vaccinated in this way.

BCG VACCINATION, 1960

School	Tuberculin Tested	+	-	Ab- sent	% +	BCG
March Hereward Boys'	52	4	47	1	7.7	46
March Hereward Girls'	46	5	40	1	10.9	40
Wisbech Grammar	35	1	34	0	2.9	34
Wisbech High	88	1	86	1	1.1	86
Wisbech Queen's Boys'	141	9	126	6	6.4	126
Wisbech Queen's Girls'	188	8	171	9	4.3	171
Wisbech, St. Audrey's Convent	19	0	19	0	00.0	19
Witchford C.S. Mixed	62	4	58	0	6.5	58
Total	631	32	581	18	5.1	580

INFECTIOUS DISEASES

The following table gives the incidence of notifiable and other infectious diseases:—

	Diph- theria	Scarlet Fever	Whoop- ing cough	Chic- ken pox	Meas- les	German measles	Mumps	Total
Cases	..	68	49	574	267	28	188	1174
Contacts	1	1	..	..	2

IMMUNISATION

Diphtheria

During 1960, 218 school children were immunised against diphtheria and 286 received a re-inforcing, or 'booster', injection.

Poliomyelitis

During 1960, 2,147 immunisations were given, each child receiving two injections.

Whooping Cough

During 1960, 28 pupils were immunised against whooping cough.

MILK IN SCHOOLS SCHEME

On a given day in September, 1960, 10,875 pupils in attendance took milk.

All schools, including non-maintained schools, now receive milk in $\frac{1}{2}$ pint bottles.

Since the 6th August, 1946, all pupils requiring milk are supplied free of charge.

October	1954	1955	1956	1957	1958	1959	1960
No. on school rolls	13,293	13,336	14,594	14,573	14,292	14,250	14,146
No. of $\frac{1}{2}$ pints supplied	10,091	10,157	10,956	11,067	11,142	11,203	10,875
Percentage receiving milk	76%	76%	75%	76%	78%	79%	77%

PROVISION OF COOKED MEALS AND HOT DRINKS IN SCHOOLS

During 1960, school meals were provided in all schools.

On a day in September, 1960, the number of mid-day meals served was 6,934.

HYGIENE IN SCHOOLS

A routine hygiene inspection was carried out during the periodic medical inspection at each school and any sanitary defects were reported. Appropriate action was initiated and the repairs carried out.

PHYSICAL TRAINING

Physical training continued to be carried on by instructors and specially trained members of the teaching staff.

SPECIAL EXAMINATIONS

The following examinations were carried out during 1960:—

Prospective teachers	.....	.....	.....	43
Entrants to teaching profession	.....	.....	.....	19

CO-OPERATION

The measure of co-operation which has existed between the chief education officer and his staff and the staff of the school medical department continues to be very close and leads to prompt action in any matters which concern either department. The head teachers and teaching staffs continue to give valuable assistance at the periodic medical inspections and also in referring pupils with defects. As regards the latter we regard the teachers as our most reliable source of information.

Parents are fully appreciative of the scope of the services and the high acceptance for all types of treatment offered is evidence of their co-operation.

The local inspectors of the N.S.P.C.C. have at all times responded promptly to requests for assistance in dealing with problem families and the school attendance officers link up with this department in all investigations concerning prolonged absences of pupils due to health reasons.

TABLE I
MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS
(including Nursery and Special Schools)

Number of pupils on registers in January, 1961 14,524

A—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	%	No.	%
1956 and later	1	1	100.00	..	..
1955	194	186	95.88	8	4.12
1954	232	220	94.83	12	5.17
1953	146	144	98.63	2	1.37
1952	33	30	90.91	3	9.09
1951	16	15	93.75	1	6.25
1950	243	243	100.00	..	..
1949	169	168	99.41	1	0.59
1948	71	69	97.18	2	2.82
1947	25	25	100.00	..	..
1946	79	79	100.00	..	..
1945 and earlier	73	73	100.00	..	..
TOTAL	1232	1253	97.74	29	2.26

B—OTHER INSPECTIONS

Number of Special Inspections	.....	41
Number of Re-inspections	.....	256
Total		297

C.—PUPILS FOUND TO REQUIRE TREATMENT

Pupils found at Periodic Medical Inspection to Require Treatment
(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	Total individual pupils
1956 and later	..	..	..
1955	1	33	30
1954	4	28	30
1953	7	14	19
1952	1	7	6
1951	2	1	3
1950	13	18	30
1949	4	11	15
1948	2	11	12
1947	2	..	2
1946	..	4	4
1945 and earlier	6	9	14
TOTAL	42	136	165

INFESTATION WITH VERMIN.

- | | | |
|-------|---------------------------------------------------------------------------------------------------------------------------|--------|
| (i) | Total number of individual examinations of pupils in schools by the school nurses or other authorised persons | 33,652 |
| (ii) | Total number of <i>individual</i> pupils found to be infested | 119 |
| (iii) | Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) | — |
| (iv) | Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) | — |

TABLE II

A. DEFECTS FOUND BY MEDICAL INSPECTION

A. PERIODIC INSPECTIONS

Defect or Disease	PERIODIC INSPECTIONS							
	Entrants		Leavers		Others		Total	
	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation
Skin	10	9	4	..	9	8	23	17
Eyes—								
a. Vision ..	5	49	6	13	31	46	42	108
b. Squint ..	1	11	..	..	4	9	5	20
c. Other ..	3	1	..	1	2	5	5	7
Ears—								
a. Hearing ..	..	26	..	..	1	8	1	34
b. Otitis Media ..	2	1	..	..	..	2	2	3
c. Other ..	2	1	..	..	..	1	2	2
Nose and Throat ..	14	47	..	2	12	31	26	80
Speech	3	..	..	..	4	1	7	1
Lymphatic Glands ..	..	9	..	..	2	1	2	10
Heart .. ..	..	9	..	..	..	3	..	12
Lungs	15	13	..	3	8	10	23	26
Developmental—								
a. Hernia ..	..	2	..	..	2	2	2	4
b. Other ..	1	14	1	7	5	25	7	46
Orthopædic—								
a. Posture ..	1	6	..	1	1	5	2	12
b. Feet	4	2	2	..	3	9	9	11
c. Other ..	3	2	3	..	2	4	8	6
Nervous system—								
a. Epilepsy ..	1	..	2	..	2	2	5	2
b. Other ..	..	1	..	..	..	2	..	3
Psychological—								
a. Development ..	..	1	..	..	..	2	..	3
b. Stability ..	..	..	..	2	2	..	2	2
Abdomen .. ..	..	..	..	..	..	1	..	1
Other	1	4	1	..	3	8	5	12

TABLE II (Continued)
B. SPECIAL INSPECTIONS

Defect or Disease	Special Inspections	
	Requiring Treatment	Requiring Observation
Skin	1	..
Eyes—		
a. Vision ..	..	6
b. Squint ..	..	2
c. Other ..	..	..
Ears—		
a. Hearing ..	..	..
b. Otitis Media ..	..	..
c. Other ..	..	..
Nose and Throat ..	..	5
Speech .. ..	..	..
Lymphatic Glands ..	..	1
Heart .. ..	..	..
Lungs .. ..	..	1
Developmental—		
a. Hernia ..	..	..
b. Other ..	..	..
Orthopædic—		
a. Posture ..	..	..
b. Feet .. ..	..	..
c. Other ..	..	..
Nervous system—		
a. Epilepsy ..	..	..
b. Other ..	..	1
Psychological—		
a. Development ..	..	..
b. Stability ..	..	..
Abdomen .. ..	..	..
Other .. ..	..	..

TABLE III.

TREATMENT OF PUPILS

(1) EYE DISEASES, DEFECTIVE VISION AND SQUINT.					
Received treatment other than for errors of refraction and squint ... ..				...	52
Errors of refraction (including squint) ...				...	2359
				Total	2411
Number of pupils for whom spectacles were prescribed					1596
(2) DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.					
Received operative treatment					
(a) for diseases of the ear ... ..				...	7
(b) for adenoids and chronic tonsillitis .....				...	201
(c) for other nose and throat conditions ...				...	21
Received other forms of treatment ... ..				...	8
				Total	237
Total number of pupils in schools who are known to have been provided with hearing aids					
(a) in 1960 .....				...	1
(b) in previous years ... ..				...	6
(3) ORTHOPAEDIC AND POSTURAL DEFECTS.					
Pupils treated at clinics or out-patients departments					48
Pupils treated at school for postural defects ...				...	—
				Total	48
(4) DISEASES OF THE SKIN (EXCLUDING UNCLEANLINESS).					
Received treatment for					
Ringworm — (a) Scalp ... ..				...	—
(b) Body ... ..				...	1
Scabies ... ..				...	—
Impetigo ... ..				...	18
Other skin diseases ... ..				...	30
				Total	49
(5) CHILD GUIDANCE TREATMENT.					
Pupils treated at child guidance clinics				...	36

(6) SPEECH THERAPY.

Pupils treated by speech therapists ...	225
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(7) OTHER TREATMENT GIVEN.

(a) Pupils with minor ailments ...	731
(b) Pupils who received convalescent treatment under school health service arrangements ...	—
(c) Pupils who received BCG vaccination ...	596
(d) Other than (a), (b) and (c) above.	

Hospital In-patients:—

Medical ...	47
Surgical ...	39

Total	1413
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TABLE 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	...	...	...	...	2240
(b) As Specials	...	...	...	...	379
				Total (1)	2619
(2) Number found to require treatment	...	...	...	...	2151
(3) Number offered treatment	...	...	...	...	1711
(4) Number actually treated	...	...	...	...	1627
(5) Number of attendances made by pupils for treatment, including those recorded at heading 11(h) below	...	...	...	...	3337
(6) Half days devoted to:					
Periodic (School) Inspection	...	...	...	...	14
Treatment	...	...	...	...	470
				Total (6)	484
(7) Fillings:					
Permanent Teeth	...	...	...	...	1674
Temporary Teeth	...	...	...	...	159
				Total (7)	1833
(8) Number of teeth filled:					
Permanent Teeth	...	...	...	...	1448
Temporary Teeth	...	...	...	...	143
				Total (8)	1591
(9) Extractions:					
Permanent Teeth	...	...	...	...	408
Temporary Teeth	...	...	...	...	803
				Total (9)	1211

(10)	Administration of general anæsthetics for extraction	...	...	...	...	...	525
(11)	Orthodontics:						
	(a) Cases commenced during the year	...					16
	(b) Cases carried forward from previous year						18
	(c) Cases completed during the year	...					17
	(d) Cases discontinued during the year	...					11
	(e) Pupils treated with appliances	...	...				34
	(f) Removable appliances fitted	...	...				23
	(g) Fixed appliances fitted	...	...	...			—
	(h) Total attendances	...	...	...	..		245
(12)	Number of pupils supplied with artificial dentures	...	...	...	...	...	14
(13)	Other operations:						
	Permanent teeth		233
	Temporary teeth		112
						Total (13) ...	<u>345</u>

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