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Borough of



Lowestoft.

ANNUAL REPORT

OF THE

School Medical Officer

for the Year

1924.

Lowestoft :

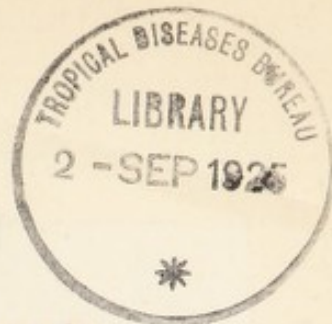
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BOROUGH OF LOWESTOFT.



*With the Compliments
of the
Medical Officer of Health.*





Borough of  Lowestoft.

ANNUAL REPORT

OF THE

School Medical Officer

For the Year

1924.

Lowestoft :

F. Robinson & Co., The Library Press.

Education Committee.

Chairman :

Mr. Councillor H. C. ADAMS, J.P.

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Mrs. P. McBAIN TAYLOR	Miss B. M. C. DOUGHTY, J.P.

School Medical Inspection Staff, 1924.

School Medical Officer :

W. STOTT, M.B., B.S., D.P.H.

Deputy School Medical Officer :

JENNETTE CARROLL HARGRAVE, L.R.C.P., (1) L.M., D.P.H.

Ophthalmic Surgeon :

ARTHUR GREENE, M.D., F.R.C.S.

Dental Surgeons :

R. V. BRITTEN, L.D.S., R.C.S. P. J. BURTON, L.D.S.

Anaesthetist :

W. STOTT, M.O.H.

School Nurses :

M. H. HITCHAM, C.M.B.

E. WHITROD, C.M.B.

C. UNDERWOOD, C.M.B.

A. SHIPPERBOTTOM, C.M.B. (Left September 1st, 1924)

Clerical Staff :

Miss H. KNIGHTS

Miss B. WALKER



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6th February, 1925.

*To the Chairman and Members of the Borough of Lowestoft
Education Committee :*

Sir, Ladies and Gentlemen,

I have pleasure in presenting you with the School Medical Report for the year ending December 31st, 1924.

It has been drawn up on the lines suggested by the Board of Education, and deals with medical inspection and treatment of defects of the scholars attending the Elementary Schools under the Local Authority.

I would especially draw your attention to the notes and remarks I have made :—

1. On the hygiene of each individual school in the Borough.
2. To the large increase of the work done, both inspectorial and treatment.
3. To my remarks on uncleanness.
4. To the remarks on the following-up work of the school nurses.
5. Lastly, to that portion of the report dealing with the blind, deaf, and defective children, and the two appendices taken from Sir George Newman's report, 1923, to the Board of Education.

I am indebted to Dr. Hargrave, Assistant School Medical Officer for the remarks on her findings at routine medical inspection, and also for compiling the statistical tables.

I am,
Ladies and Gentlemen,

Your obedient Servant,

W. STOTT,

*Medical Officer of Health and
School Medical Officer.*

CO-ORDINATION.

The administrative work of the School Medical Service is at present carried out at Connaught House under the supervision of the School Medical Officer, who is also Medical Officer of Health with charge of the Council scheme for Maternity and Child Welfare.

The Deputy School Medical Officer's duties are mainly in connection with school children, but she also has charge of three Maternity and Child Welfare Clinics.

The Health Visitors act also as School Nurses, each being responsible for a district and the Schools therein. There is close co-operation between the School Medical Officer and the Chief Tuberculosis Officer who is also County Medical Officer. Detailed history sheets of each school child and contacts examined at the Tuberculosis Dispensary are sent by the Tuberculosis Officer to the School Medical Officer in order that the cases may be thoroughly followed up.

Conference with the Education Office is facilitated, as it is housed in the same building as the Health Department.

SCHOOL HYGIENE.

This year I am giving an outline of the general conditions of the schools in our Borough, and in doing so I am recording the more modern and more satisfactory type of school first, irrespective of geographical position.

CHURCH ROAD SCHOOL.

This is a good modern school situated at the North end of the town in St. Margaret's Road. It stands on high ground and has open surroundings. The school comprises boys, girls and infants' departments: the main building is a two-story one, the boys' department being on the ground floor, the girls' on the upper floor; the infants' department is a separate one-storey building connected to the main building.

BOYS' DEPARTMENT. Accommodation—448. Average numbers on register—445.

Number of Class Rooms—7.

Lighting. Very good in all class-rooms,

Ventilation. Good and sufficient.

Warming. Quite satisfactory, hot water pipes throughout: open fireplaces in four class rooms.

Equipment. All modern dual desks. Blackboards, etc., satisfactory.

Sanitation. Modern and good.

Washing Accommodation. Six hand basins provided with cold water taps, soap and towel provision ample.

Sanitary Conveniences. Six W.C's, automatic flush. Urinal accommodation ample and satisfactory. All situated in the playground.

Water Supply. Town. No special drinking provision.

Cloak Room. Good and ample cloakroom with drying provision, but wire partitions are advisable between the various rows of pegs to prevent wet clothes dripping on each other.

Playground. Good. Well-drained, paved playground with shelter.

Cleanliness. Cleanliness of classrooms generally good.

Staff Accommodation. There is a teachers' room with lavatory and washing accommodation.

GIRLS' DEPARTMENT. Accommodation — 448. Numbers on register—436.

Class Rooms. The class rooms with their lighting, warming, ventilation, etc., are identical with the Boys' school.

Washing Accommodation. Eight hand basins, with cold water taps with ample provision of towels and soap.

Sanitary Conveniences. Nine W.C's, all in good order, situated in playground.

Cloak Rooms. Similar to the Boys'.

Playground. Separate playground for girls and infants; is well paved and drained, and has a separate shelter. This playground is situated on the opposite side of the school to that of the boys'

Staff Accommodation, There is a teachers' room with lavatory and washing accommodation.

INFANTS' DEPARTMENT. Accommodation—261. Number on register—179

Class Rooms, etc. There is a large entrance hall opening off which are five class rooms.

Lighting. Lighting of all class rooms is good. Artificial light—electric.

Ventilation. Satisfactory.

Warming. Satisfactory: hot water pipes throughout and open fire-places in each room.

Equipment. All modern dual desks, tables and chairs for babies.

Sanitation. Good.

Washing Accommodation. One lavatory, opening off the Central Hall, containing five hand basins with cold water taps, towel and soap provision ample.

Sanitary Conveniences. Eight W.C.s in playground, and urinal.

Water Supply. Town.

Cloak Room. Two cloak rooms with drying provision opening off the central hall.

Playground. Joint with girls.

Cleanliness. Good.

CORRUGATED IRON HUT.

Situated in the girls and infants playground is a corrugated iron hut which provides three additional class rooms, separate lavatory and cloak room accommodation.

I have reported on this structure on two or three occasions during the year as in my opinion they are most unsatisfactory buildings for class rooms, being unbearably hot in summer in spite of the ventilation, and excessively cold in the winter. Fortunately a structure of this kind is only temporary, and it is hoped that when new accommodation is provided, which I understand will be in the near future, the hut will be done away with entirely.

Remarks. With the exception of the above mentioned corrugated iron hut this school is a very satisfactory one.

CENTRAL SCHOOL.

This is a two-story up-to-date high grade school situated at the back of High Street in Whapload Road. It is a mixed school and comprises boys and girls departments. In describing this school I shall describe the boys and girls departments together, as they are identical with the exception that the girls are on the ground floor and the boys on the first floor.

BOYS' DEPARTMENT.

Accommodation—144. Number on register—133.

GIRLS. do. 144. do. 139.

Class Rooms, etc. There is a central hall and eight class rooms.

Lighting. Good. Artificial light—electric.

Ventilation. Satisfactory.

Warming. Satisfactory. Hotwater pipes and radiators.

Equipment. Satisfactory. Desks—all modern dual.

Sanitation. Modern.

Washing Accommodation. Five hand basins on the ground floor for girls and eight on the first floor for boys situated in the cloak room. There is a drinking fountain in each cloak room.

Sanitary Conveniences. Eight W.C's, for girls, all in perfect order. Four for boys with sufficient urinal accommodation in playground. Two W.C's on the first floor and one on the ground floor for teachers.

Cloak Room. There is ample cloak room accommodation with drying provision.

Playground. Good well drained asphalted surface.

Cleanliness. Good.

Remarks. Thoroughly good school.

ROMAN HILL SCHOOL.

This School which comprises boys, girls and infants' departments, consists of two separate buildings. The boys' building situated off Love Road, is the best planned school in the Borough, being a single story building with a large central hall on either side of which is a long corridor off which the various class rooms open. The girls' school is a double story building situated at the west end of Roman Road and Beckham Road; and the Infants' Department consists of a one-story building adjoining the Girls' school, and also of a hut situated in a portion of the boys' playground. Hervey Street School serves to accommodate the excess girls from Roman Hill school at present. This will be described later.

BOYS' DEPARTMENT. Accommodation—560. Numbers on register—618.

Number of Class Rooms. Central hall and 12 class rooms.

Lighting. Good. Artificial light—electric.

Ventilation. Good.

Heating. Central heating—hot water pipes and radiators. Open fire-places in each room.

Equipment. All modern. Satisfactory.

Sanitation. Good.

Washing Accommodation. There are twelve hand basins with cold water taps. Towel and soap provision ample.

Sanitary Conveniences. Nine W.C's in good condition and ample urinal accommodation, situated in playground.

Water Supply. Town. Drinking accommodation in cloak rooms.

Cloak Rooms. Very good with drying accommodation.

Play Ground. Large well-drained asphalted surface.

Cleanliness. Good.

Remarks. This is an excellent type of modern school. There is a Headmaster's room, and staff room with separate lavatory and washing accommodation for the teachers. There is only one fault and that is at the present moment it is somewhat overcrowded.

GIRLS' DEPARTMENT. Accommodation—560. Number on registers—575. (This includes the numbers at Hervey Street school).

Number of Class Rooms. Ten—five on the ground floor and five upstairs.

Lighting. Good. Artificial light—electric.

Ventilation. Satisfactory except middle classroom upstairs, the lighting in this room is also deficient; two roof-lights made to open on the south roof would rectify both faults. This matter I have reported to the Medical Attendance Sub-Committee at its last meeting in December.

Heating. Central heating and radiators. Open fireplaces in each class room except middle classroom upstairs and down.

Equipment. All modern and satisfactory.

Sanitation. Good.

Washing Accommodation. Ten handbasins with cold water taps. Two hand basins on each side of the upper floor adjoining class rooms and three hand basins on each side of the school on the first floor situated in the cloak rooms.

Sanitary Conveniences. 14 W.C's with automatic flush, all satisfactory, situated in playground.

Water Supply. Town.

Cloak Rooms. Four cloak rooms—two on ground floor and two on first floor—with drying accommodation.

Playground. Good asphalted playground, well drained and with shelter.

Cleanliness. Very fair.

Remarks. With the exception of the unsatisfactory lighting and ventilation of the middle class room on the upper floor, there is very little to complain about in this school. There might have been more washing accommodation provided, however, which is rather on the lean side.

INFANTS' DEPARTMENT. Main building.
Accommodation—300. Numbers on registers—280.

Number of Class Rooms. Central hall and 6 classrooms.

Lighting. The lighting in the 4 class rooms situated on the north side is not good owing to the fact that it is somewhat over-built by houses which obstruct the light.

Ventilation. Good. Artificial light—electric.

Heating. Radiators and hot water pipes in all rooms. There are open fireplaces in the rooms at the west and east end.

Equipment. Modern equipment and satisfactory.

Sanitation. Good.

Washing Accommodation. 4 hand-basins with cold water taps. Towel and soap provision ample.

Sanitary Conveniences. 9 W.C's and urinal, quite satisfactory, situated in playground.

Water Supply. Town.

Cloak Room. Accommodation somewhat short. There is drying accommodation.

Playground. There is a good paved playground with shelter.

Cleanliness. Very fair.

HUT.

Accommodation—140. Number on registers—162.

Number of Classrooms. Three.

Lighting. Good. Artificial light—electric.

Ventilation. Good.

Heating. Slow combustion stoves.

Equipment. Satisfactory. Desks—all modern dual.

Sanitation. Good.

Washing Accommodation. Three hand basins with cold water taps.

Sanitary Conveniences. Three W.C's—girls. One W.C. and urinals—boys. All hygienic, and situated in playground.

Water Supply. Town.

Cloak Rooms. No special provision except pegs on walls and moveable racks.

Playground. Good paved playground with shelter.

Cleanliness. Very fair.

Remarks. Dealing with the main building first, the fault with this Department is that it is badly planned. The class rooms are all on the north side of the Central Hall, and the cloak rooms, etc., are all placed on the south and sunny side of the Central Hall, whereas, of course, this position should have been reversed. There would then have been no difficulty with regard to the natural lighting of the four classrooms mentioned above. Regarding the Hut : my remarks on the hut used at Church Road school apply here equally well.

HERVEY STREET SCHOOL.

This building is of the old type, and is situated in Hervey Street. It acts at present as accommodation for the overflow children from Roman Hill girls' school. This arrangement, I am given to understand, is only a temporary one.

Numbers on register—90.

Number of Class Rooms. Two. One large room and one smaller room opening off the larger one; there is a separate entrance to both rooms from the playground.

Lighting. The natural lighting of the smaller room is not good owing to the fact that it is overbuilt; no skyline can be seen from the windows. The natural lighting of the larger room is good. Artificial light—electric throughout.

Ventilation. Good.

Heating. There is a slow combustion stove in each room, the temperature rarely registers 50° , the average temperature being 46° ; this method of heating and also the temperature to which the rooms attain is quite unsatisfactory.

Equipment. The equipment in the large room is modern consisting of dual desks; in the smaller room the equipment is unsatisfactory and consists mainly of four-seater unadjustable forms without back rests.

Sanitation. Satisfactory.

Washing Accommodation. Three washbasins with cold water taps.

Sanitary Conveniences. Five trough closets—automatic flush. Satisfactory. All situated in playground.

Water Supply. Town.

Cloak Rooms. The cloak rooms consist of the entrance passages into each of the classrooms. The clothes are simply round the wall on pegs. There is no drying or heating accommodation. Unsatisfactory.

Playground. Half of the playground is paved with concrete, the remaining half is unpaved and has a shingle surface. This playground, I understand, is about to be paved.

Cleanliness. Good.

Remarks. I have had to describe this school, although it is an unsatisfactory one, together with Roman Hill, as at present it forms part of this school. The most important matters requiring attention are (1). The heating provision is insufficient. (2). There are no proper cloakrooms. (3). The lighting of the small classroom is very bad as mentioned above and could be rectified by means of roof lights.

LOVEWELL ROAD SCHOOL.

This school comprises three departments—boys, girls and infants. The boys' department is contained in a separate two-story building situated at the corner of Beaconsfield Road and Lovewell Road, in South Lowestoft; The girls' department is a two-story building situated in Lovewell Road; the infants' department is contained in a single storey building adjoining the girl's school by means of a corridor. All the buildings are modern.

BOYS' DEPARTMENT. Accommodation—368. Number on registers—330.

Number of Class Rooms. 7.

Lighting. Natural lighting good. Artificial lighting—electric.

Ventilation. Good.

Heating. Hot water pipes and radiators throughout. Open fire-places in each room.

Equipment. Satisfactory. Desks—all modern dual.

Sanitation. Good.

Washing Accommodation. 10 hand-basins fitted with cold water taps. Four upstairs and six downstairs situated in the cloakrooms.

Sanitary Conveniences. Seven W.C's and urinal in playground, all in good order.

Water Supply. Town. Drinking fountain in playground.

Cloakrooms. Four—Two upstairs and two downstairs—with drying accommodation.

Playground. Two paved well-drained playgrounds with shelter.

Cleanliness. Good.

Remarks. A good modern school.

GIRLS' DEPARTMENT. Accommodation—312. Number on register—303.

Number of Class Rooms. Six.

Lighting. Natural lighting satisfactory. Artificial lighting—gas with incandescent mantles, which is satisfactory.

Ventilation. Good.

Heating. Hot water pipes and radiators. Open fire-places in each room. The hot water pipes, with the exception of those supplied with a new boiler recently put in are unsatisfactory, see remarks.

Equipment. Satisfactory. Desks—all modern dual.

Sanitation. Good.

Washing Accommodation. 8 hand-basins fitted with cold water taps, situated on the first landing of the school.

Sanitary Conveniences. 10 trough closets with automatic flush, all satisfactory, and situated in playground.

Water Supply. Town. Drinking fountain in playground.

Cloakrooms. 3, 1 upstairs and 2 downstairs with drying accommodation. Satisfactory.

Playground. Good; paved and well drained, with shelter. It is on the small side owing to the fact that it is also used by the infants.

Cleanliness. Good.

Remarks. This is a good school, the only serious defect being the unsatisfactory heating of the pipes and radiators connected with the old boiler. The remedy for this defect is a modern up-to-date boiler with a capacity large enough to heat the radiators at the end of the system.

INFANTS' DEPARTMENT. Accommodation—311. Number on register—330.

Number of Classrooms. 6 and central hall. There are 3 platforms in each of the classrooms for the purpose of raising the desks in tiers. These platforms are difficult to keep clean and make many corners which the Caretaker is unable to sweep. Moreover, they are somewhat dangerous, especially for infants, and should, therefore, be removed.

Lighting. Good. Artificial lighting—gas with incandescent mantles,

Ventilation. Good.

Heating. Hot water pipes throughout ; open fireplaces in each room, except one in which there is a gas radiator.

Equipment. Satisfactory. Desks—all modern dual. Tables and chairs for the babies.

Sanitation. Good.

Washing Accommodation. Eight handbasins fitted with cold water taps.

Sanitary Conveniences. 11 trough closets with automatic flush and urinal situated in the playground adjoining the sanitary conveniences belonging to the girls' school.

Water Supply. Town.

Cloak Rooms. Three with drying accommodation. Two of these open off the central hall, the doors being fitted with wire netting, thus the fumes arising from drying clothes ventilate into the central hall. This is unsatisfactory. The remedy for this defect is to have the doors glazed.

Playground. Same as the girls.

Cleanliness. Good.

Remarks. Heating—The same remarks with regard to the hot water pipes as I have made about the girls' school apply to this department.

Cloak Rooms. The doors of the cloak rooms which open off the central hall should be glazed.

Platforms. The platforms in the class rooms should be removed.

MORTON ROAD SCHOOL.

This school is a two-storey building situated at the corner of Morton Road and St. Georges Road, South Lowestoft. It is a mixed and infants school. There is a wood and concrete annexe built in one corner of the playground which provides an additional large class room.

MIXED DEPARTMENT. Accommodation—310. Numbers on registers—299.

Number of Class Rooms. 5 including 1 in annexe.

Lighting. Natural lighting for the class rooms is good. Artificial lighting in the main building is gas with incandescent mantles, and is insufficient. Electric light, being the most hygienic artificial light, should be installed in all class rooms as soon as possible. The artificial lighting of the class room in the annexe is electric.

Ventilation. Good.

Heating. Hot water pipes and open fire-places in each room.

Equipment. Satisfactory. Desks—all modern dual.

Sanitation. Good.

Washing Accommodation. 6 hand basins with cold water taps in cloak rooms.

Sanitary Conveniences. Boys—4 trough closets with automatic flush and urinals. Girls and infants—12 trough closets with automatic flush and urinal. Situated in playground.

Water Supply. Town. Drinking fountain in playground.

Cloak Rooms. 2 good cloak rooms with drying accommodation.

Playground. Good paved playground with shelter, for boys only.

Cleanliness. Good.

Remarks. With the exception of the artificial lighting of this department there are no complaints to be made.

INFANTS' DEPARTMENT. Accommodation—274. Number on registers—206.

Number of Class Rooms. 5 and central hall. These class rooms have three platforms fixed in each room in order to raise the desks in tiers. My remarks, which I made concerning these at Lovewell Road school, apply equally well here. These platforms are unhygienic and dangerous and should be removed as soon as possible.

Lighting. Natural lighting good. Artificial lighting gas with incandescent mantles which are insufficient. It would be well to have this form of lighting replaced by electric.

Ventilation. Good. Hot water pipes and radiators throughout: open fireplaces in all rooms except the babies' room in which there is a gas radiator.

Equipment. Satisfactory. Desks—all modern dual.

Sanitation. Good.

Washing Accommodation. 5 hand basins fitted with cold water taps.

Sanitary Conveniences. Same as Girls' department.

Water Supply. Town. Drinking fountain in playground.

Cloak Rooms. 2 good cloak rooms with drying accommodation.

Playground. There is a large playground for girls and infants with shelter. This playground is partially paved with concrete and partially unpaved, with gravel surface, which I understand is to be paved within the near future.

Cleanliness. Good.

Remarks. With the exception of the artificial lighting and the platforms in the infants' class rooms there is nothing to complain about. The school generally is a very good one: the teachers have separate rooms of their own, provided with lavatory and sanitary accommodation.

YARMOUTH ROAD SCHOOL.

This is a mixed and infants school situated on Yarmouth Road, Oulton Broad. The building is partly old and partly modern and is at present undergoing structural alterations. The infants are housed in a separate building to the mixed classes.

Mixed Department. Accommodation—316. Number on registers—368.

Number of Class Rooms. 6—2 new class rooms are now in the course of building.

Lighting. Natural lighting good in all rooms. Artificial lighting up to present time, oil lamps, light now being installed—Electric.

Ventilation. Satisfactory.

Heating. Hot water pipes and radiators throughout.

Equipment. Satisfactory. Desks—all modern dual.

Sanitation. Good and recent.

Washing Accommodation. Boys—4 hand basins in cloak room fitted with cold water taps. Girls—ditto.

Sanitary Conveniences. Situated in playground. Boys quite separate from girls' and infants'. Boys—5 W.C's, and urinals, Girls—12 W.C's. All these conveniences were put in during the summer holidays prior to which time dry earth closets were used.

Water Supply. Town.

Cloak Rooms. Two large cloak-rooms, one for boys, one for girls, with drying accommodation in each.

Playground. The playground is unpaved, having a shingle surface ; this I understand, is about to be surfaced with cement concrete and properly drained.

Cleanliness. Very fair.

Remarks. (1) The school is at present somewhat overcrowded, but this will be rectified by the two additional class rooms which are nearing completion. (2) The playground requires paving and draining, and there should be a shelter.

INFANTS' DEPARTMENT. Accommodation—247. Number on registers—186.

Number of Class Rooms. 5.

Lighting. Natural lighting is good. Artificial lighting oil lamps. Electric light being installed.

Ventilation. Satisfactory in all rooms.

Heating. Hot-water pipes and radiators throughout. Open fire-places in each room.

Equipment. Satisfactory. All modern dual desks, and chairs and tables in babies' room.

Sanitation. Good.

Washing Accommodation. 6 hand-basins with cold water taps in cloak room.

Sanitary Conveniences. 7 W.Cs. and Urinal ; all recent additions as in mixed school.

Water Supply. Town.

Cloak Rooms. Badly arranged.

Playground. As for boys and girls.

Cleanliness. Very fair.

Remarks. A satisfactory school, but the cloak rooms require re-arranging, and more drying accommodation providing.

VICTORIA ROAD SCHOOL.

A modern singled-storey school, situated off Victoria Road, Oulton Broad, which accommodates both boys and girls in mixed classes.

Accommodation—211. Number on registers—230.

Number of Class Rooms. 4.

Lighting. Good throughout the school. Artificial lighting—electric.

Ventilation. Good.

Heating. Open fire-places in each room.

Equipment. The desks are unsatisfactory, consisting of the old type of six-seater with no back rests.

Sanitation. Good

Washing Accommodation. 3 hand basins with cold-water taps for boys, situated in cloak room. Girls similar.

Sanitary Conveniences. Boys—4 WCs and urinal. Girls—6 W.Cs. 1 W.C. for Teachers, all satisfactory. Situated in the playground.

Water Supply. Town. No special drinking provision.

Cloak Rooms. 2 cloak rooms, 1 for boys and 1 for girls. Both cloak rooms very poor type, and there is insufficient accommodation, and no provision made for drying clothes.

Playground. Good, paved, well-drained playground.

Cleanliness. Very fair.

Remarks. The chief defect of this school is the cloak rooms. Certainly some provision should be made for drying wet clothes. The desks are of poor type, and should be replaced by more modern ones. There is no staff room.

DELL ROAD SCHOOL.

This is a modern infants' school, standing well back off Dell Road, Oulton Broad. It was built by the Suffolk County Council prior to Oulton Broad being incorporated in the Borough. It unfortunately lies in the part of the Borough which is still on the conservancy system, and where the drinking water is obtained from shallow wells.

Accommodation, 200. Number on Register, 134.

Number of Class Rooms. 5 and Central Hall.

Lighting. Natural lighting good. Artificial lighting—oil lamps.

Ventilation. Good.

Heating. Hot-water pipes and radiators throughout.

Equipment. All modern equipment.

Sanitation. Satisfactory. Conservancy system.

Washing Accommodation. 4 hand basins with cold-water taps in cloak room.

Sanitary Conveniences. Girls—6 dry earth closets. Boys—3 dry earth closets and urinal. Teachers—1 dry earth closet situated in playground.

Water Supply. Well water. All water has to be hand pumped into supply cistern.

Cloak Room. 1 cloak room with drying accommodation.

Playground. Large, unpaved playground, gravel surface, about to be paved in the near future.

Cleanliness. Good.

Remarks. Apart from the paving of the playground this school is quite satisfactory.

LONDON ROAD GIRLS' SCHOOL.

This school is situated on the main road of the town at the north end of the Borough.

Accommodation—245. Number on register—285.

Number of Class Rooms. 6.

Lighting. Good; except in class room 2, which requires another roof light on the opposite side to the existing one.

Ventilation. Satisfactory in all class rooms.

Heating. Satisfactory. Slow combustion stoves in each room.

Equipment. Unsatisfactory. Old type of long desks with no back rests.

Sanitation. Modern.

Washing Accommodation. 3 hand basins with cold-water taps, this is rather small for the number of pupils.

Sanitary Conveniences. 6 W.Cs. for pupils ; 1 for teachers. These W.Cs. are all within 3 feet of the windows of the class rooms : they should be removed from their present position into the playground, where double the number should be provided, as the present accommodation is too small.

Water Supply. Town.

Cloak Room. The cloak rooms are unsatisfactory : the accommodation too small : the pegs are far too close together, so that in the wet weather clothes hanging on them simply drip on to each other. Moreover, there is no provision made for drying.

Playground. Poor, unpaved, irregular playground, covered with shingle. Fortunately the authority intend to pave this in the near future.

Cleanliness. Good.

Remarks. The chief defects requiring urgent attention in this school are : (1) Position of the W.Cs., and the shortage of this accommodation ; (2) The necessity for an additional cloak room with proper drying provision. (3) Additional lighting in class room 2 ; (4) The paving and draining of the playground ; (5) It is overcrowded.

WILDE'S SCORE SCHOOL.

This is a boys' school, situated in Wilde's Score off the main road, at the north end of the town.

Accommodation—240. Number on register—193.

Number of Class Rooms. 3 in the main building ; 1 situated in a building at the bottom of the playground.

Lighting. Good in the three class rooms in the main building. Artificial lighting—gas, with incandescent mantles.

Ventilation. Good in the three class rooms in the main building.

Heating. Slow-combustion stoves in one class room. Open fires in others.

Equipment. Is unsatisfactory. Old type of six-seater desks with no back rests. The blackboards are in a very bad condition.

Sanitation. Good.

Washing Accommodation. There is only 1 hand basin supplied, with cold water in the whole school, and it is situated in the so-called cloak room which is simply the entrance passage to 2 class rooms.

Sanitary Conveniences. 3 W.Cs. and urinal recently done up and repaired.

Water Supply. Town. No drinking provision.

Cloak Room. There is 1 so-called cloak room, which is simply the entrance passage to two class rooms, pegs being arranged round the wall. There is no heating or drying accommodation.

Playground. Good concrete well-drained playground.

Cleanliness. Good.

Remarks. I have reported on this school during the year, particularly with regard to the temporary building butting on the Whapload Road, which is being used as a class room for Standard 1 boys; but up to the present time nothing has been done to rectify matters. The room in question is most unsuitable in almost every sense of the word, as a class room. It is overbuilt so that there is no skyline to be seen through any of the windows, and the lighting and ventilation are both deficient.

The cloak room used by the boys in this class is a wooden structure, of which the woodwork has become rotten, and in many places it is entirely absent. Little or no protection, therefore, against wet is provided for the clothes hanging on the pegs. This class room should be closed, and fresh accommodation provided.

With regard to the main building, suitable cloak-room and washing provision should be made; and it would be more satisfactory if electric light were installed to replace the gas. The equipment requires serious consideration as it is at present most unsatisfactory throughout the school.

ARNOLD STREET SCHOOL.

This is an infants' school, situated in Arnold Street, in the north end of the Borough.

Accommodation—298. Number on registers—250.

Number of Class Rooms. 5.

Lighting. I reported on the lighting condition of this school in

June. Since then several roof lights have been put in and electric light installed throughout the school; it may now be said that the lighting of the class rooms is satisfactory.

Ventilation. This, again, was deficient, but has now been remedied, and is satisfactory.

Heating. Slow-combustion stoves in each room.

Equipment. The desks of this school are mixed. In the babies' room there are tables and chairs. The other rooms are provided with some modern dual adjustable desks, and with some long four or six-seater desks without backs. The latter desks should be replaced as soon as possible by modern ones.

Washing Accommodation. 4 hand basins with cold water taps which are all too high for infants to wash in. Situated in the entrance hall which also acts as cloakroom.

Sanitary Conveniences. 2 W.C's, for boys and deficient urinal. Girls 6 W.C's. These sanitary conveniences are in a very bad position situated under the windows of some of the class rooms. The whole should be removed from their present position into the playground where more accommodation can be made.

Water Supply. Town. No special drinking provision.

Cloak Room. Unsatisfactory. The cloakroom simply being the entrance hall with pegs round the wall and with no drying accommodation.

Playground. Roomy but unpaved; the surface being covered with loose stones. I understand that this is to be paved shortly.

Cleanliness. Fair.

Remarks. This is an old type of school which requires modernizing. The sanitary conveniences are too few and should be removed from their present position to a suitable one in the playground. New cloakrooms should be provided with drying accommodation, and a ample supply of hand basins and drinking provision should also be made. The floor of the entrance hall or present cloakroom is tiled, many of the tiles being worn half to 1 inch below the general surface, so that in wet weather there are small pools of water standing in the hall, this should be remedied.

ST. JOHN'S SCHOOL.

This is a mixed school and also provides accommodation for infants. It is situated in St. John's Road, at the back of St. John's Church in the south end of the Borough.

Accommodation—335. Number on registers—271.

Number of Class Rooms. 7.

Lighting. With the exception of class room No. 6 the lighting is very poor, the rooms are overbuilt by the church. The only remedy for this defect is to have roof lights on the west side of the span roof. Artificial lighting is also very poor, consisting of gas and incandescent mantles which are far too few in number. The lighting should be electric throughout.

Ventilation. Good in all class rooms.

Heating. Open fires in class rooms Nos. 1, 2, 6 and 7.

Hot water pipes in class rooms Nos. 3, 4 and 5.

Equipment. Very mixed as regards seating. There are many long six-seater desks with no back rests, these should be replaced with modern equipment.

Sanitation. Good.

Washing Accommodation. Two hand basins with cold water taps at each end of the school, situated in the entrance hall.

Sanitary Conveniences. Girls and infants—6 W.C's with automatic flush. Boys—4 W.C's and urinal, all satisfactory.

Water Supply. Town.

Cloak Rooms. There is one cloak room at each end of the building. There is no drying accommodation.

Playground. Good asphalted surface and well drained.

Cleanliness. Very fair.

Remarks. The school consists of a long passage off which six class rooms open on the east side, the seventh class room is situated on the south-west corner. The passage is draughty and damp and is covered by a lean-to glass roof which is very defective and in wet weather water literally pours in. The school generally is in a poor condition and I fear requires a great deal of money spending on it to make it hygienic and satisfactory. The lighting of the class rooms should most certainly be attended to as suggested and the school rendered dry.

ST. ANDREW'S SCHOOL.

Accommodation—260. Number on registers—230.

This is an Infants' school situated at the corner of Roman Road and Haward Street at the west end of the Borough in a thickly populated area.

Number of Class Rooms. 3.

Lighting. Natural lighting—good. Artificial lighting—electric.

Ventilation. Satisfactory in all rooms.

Heating. Open fire-places in each room. The temperature in this school is always too low, and some other provision for warming should be made. I reported on this matter earlier in the year, but so far nothing has been done.

Equipment. Regarding the desks, two-thirds are of the modern dual type, the other third consists of the old long six-seater forms with no back rests. These are unsatisfactory and should be replaced with more modern desks.

Sanitation. Good.

Washing Accommodation. There is 1 hand basin supplied with cold water, in each of the 2 cloak rooms. These are insufficient for the requirements of the school.

Sanitary Conveniences. There are 7 trough closets with automatic flush and urinal for pupils, and one W.C. for teachers situated in the playground.

Water Supply. Town.

Cloak Rooms. There are two cloak rooms which in reality are entrance halls. There is no drying accommodation. This type of cloak room can only be classed as unsatisfactory.

Playground. Gravel surface playground, but there are concrete paths leading to sanitary conveniences. This playground should be paved.

Cleanliness. Good.

Remarks. There are 4 defects which should be remedied. (1). There should be proper cloak rooms with washing accommodation. (2). There should be additional heating in the class rooms. (3). The playground should be paved. (4). Old desks should be replaced by modern ones.

ST. MARGARET'S SCHOOL.

This is a two-story school which in former days was used as a Hospital. It is situated on St. Margaret's Plain at a junction of the two cross roads Mariners Street and Dove Street at the north end of the town. It accommodates both boys' and girls' departments, the boys' being situated on the ground floor and the girls' on the first floor.

BOYS' DEPARTMENT. Accommodation—216. Number on registers—229.

Number of Class Rooms. 5.

Lighting. Natural lighting satisfactory. Artificial lighting electric.

Ventilation. Satisfactory in all class rooms.

Heating. Satisfactory.

Equipment. Regarding the desks, there are some dual desks of modern type and there are many of the old-fashioned long forms without back rests. This type of form is unsatisfactory and should be replaced with more modern type.

Sanitation. Good.

Washing Accommodation. There is no special provision, the children using the sink which is really the Caretaker's sink.

Sanitary Conveniences. 4 W.C's and urinal in satisfactory condition.

Water Supply. Town. No special drinking provision.

Cloak Rooms. No special cloak room. The passage used as an entrance hall serves this purpose. The pegs are arranged round the walls and on one centre rail.

Playground. There is a small playground which is paved and drained, but it is far too small, and the children play on the roads, which is extremely dangerous owing to the cross-roads in this situation and large amount of traffic. I understand, however, that the Managers are trying to obtain a playground in the vicinity.

Cleanliness. Good.

GIRLS' DEPARTMENT. Accommodation—219. Number on registers—155.

Number of Class Rooms. 5.

Lighting. Natural lighting is satisfactory in all class rooms. Artificial lighting electric.

Ventilation. Satisfactory in all class rooms.

Heating. In 3 class rooms there are three open fires, the other 2 are provided with slow combustion stoves.

Equipment. Is poor and practically all old long desks without back rests. These should gradually be replaced by modern desks to be satisfactory.

Sanitation. Satisfactory.

Washing Accommodation. There is no special provision made. The children use the sink which is used by the Caretaker.

Sanitary Conveniences. 6 W.C's all in good order, situated in the small yard at the back of the school.

Water Supply. Town. No special drinking provision.

Cloak Rooms. The cloak room consists of three small outbuildings connected by doorways, the pegs being arranged round the walls. Into one of these cloak rooms opens the coalhouse. The natural lighting is bad and the whole arrangement is unsatisfactory. There is no drying accommodation.

Playground. Similar remarks which I made regarding the boys' playground apply here.

Cleanliness. Very fair.

Remarks. The class rooms in this school are more or less satisfactory with the exception of the equipment. The most urgent matters are (1). Provision of satisfactory cloakroom and washing accommodation for both boys and girls. (2). The provision of a satisfactory playground.

If these provisions cannot be made then the school should only be looked upon as a temporary accommodation for the pupils at present attending, and should be closed when fresh accommodation can be found.

MARINER'S SCORE SCHOOL.

Accommodation—150. Numbers on registers—120.

This is an Infants' school situated in Mariners' Score at the East side of the town. The building is rented from the Plymouth Brethren and as such should only be looked upon as temporary accommodation.

Number of Class Rooms. 2. There is 1 large class room and 1 small one. The large hall is divided by means of a curtain in order to divide the classes up.

Lighting. Natural lighting is good. Artificial lighting gas.

Ventilation. Good.

Heating. In the central hall are two slow combustion stoves. In small class room there is an open fire-place with guard.

Equipment. Modern dual desks. Tables and chairs for babies.

Sanitation. Good.

Washing Accommodation. Two washing basins supplied with cold water are situated in each of the two cloak-rooms.

Sanitary Conveniences. 5 W.C's and urinal all satisfactory, situated in playground.

Water Supply. Town.

Cloak Rooms. There are two cloak rooms, pegs arranged round the walls which are damp. This arrangement is not good.

Playground. A roomy, unpaved, gravel surface playground.

Cleanliness. Good.

Remarks. As this building is used three times weekly by the Plymouth Brethren as a Meeting Hall, and on this account alone, it is most unsatisfactory for the purpose of a school, especially for an Infants' school. Fresh accommodation should be found as soon as ever practicable for these children.

CUNNINGHAM SCHOOL.

Accommodation—178. Numbers on registers—85.

This school is situated in High Street at the north end of the town.

Number of Class Rooms. 2.

Lighting. Natural lighting of the main room by means of six windows, all situated on the eastern side. The height of the building on the opposite side of the road obstructs the light and no skyline can be seen. Moreover, the windows are glazed with a most unsatisfactory type of coloured glass. These facts together make the lighting of this room extremely bad. Artificial light is gas with incandescent mantles, which are very old and inadequate.

Ventilation. Satisfactory.

Heating. Open fires with guards.

Equipment. Desks mostly of the dual type.

Sanitation. Good.

Washing Accommodation. 1 hand basin supplied with cold water in small room adjoining the cloak room. There is no window and it is almost impossible to see.

Sanitary Conveniences. 3 W.C's with automatic flush, satisfactory.

Water Supply. Town.

Cloak Rooms. 1 cloak room, pegs arranged round the walls, no drying accommodation.

Playground. There is a large playground, a small portion of which is paved, the larger portion, however, has a gravel and earth surface and is undrained. There is no shelter and the boundary fences are dilapidated and dangerous.

Cleanliness. Fair.

Remarks. This is probably the worst school in the Borough, and I fear that I am able to say very little that is good about it.

I understand that it is simply serving as a temporary place to accommodate infants, and that as soon as better accommodation can be provided, it will be closed, this is the only method of dealing with a school of this type.

During the past ten years the watchword of all Committees has been "economy" owing to the lean times through which the town has passed, and many of the defects existing in the schools have had to be passed over and allowed to remain. There are now signs of returning prosperity, and without doubt great changes will be seen for the betterment of the hygienic conditions of the schools during the next few years.

Already the Authority have big schemes under consideration for the paving of all the school playgrounds and for the building of an additional school which is badly needed, and which will be still more needed when the bye-laws extending the period of school attendance to 15 years of age come into force.

There are two points which I particularly wish to draw the attention of the Authority to. Firstly, with regard to the Washing Accommodation in the Schools. It is quite apparent to anyone reading the above notes that the provision of hand basins is not all that it might be, and moreover, there is not a single school where hot water can be obtained for washing purposes. In an old town such as Lowestoft, where probably not 10 per cent of the houses have baths, or even a hot water supply in the house, this is a serious defect. I hope, therefore, that when a new school is built, there will be not only ample hand-basin provision but also shower baths for the use of the scholars with a generous supply of both hot and cold water. Secondly, Cloak-room and Drying Provision. This is another serious defect, particularly the drying accommodation in the outlying schools to which children have to walk long distances. It appears to me that this provision has been an after-thought in many cases when the schools were built, and it requires the serious consideration of the Authority.

MEDICAL INSPECTION.

The three groups selected for routine examination are as follows :—

1. Entrants.
2. Intermediates. (Between 8 and 9 years).
3. Leavers. (12 years and over).

Other children not belonging to these groups who are brought forward by the teachers at routine inspection for examination owing to some defect, are examined as special cases.

This year the inspectorial work has increased greatly, the total number of inspections being 6867 against 4339 last year. This is an increase of 2528 more inspections. The above numbers are made up as follows :—

ENTRANTS	...	...	886	
INTERMEDIATES	...	...	619	Code Group
LEAVERS	...	...	813	
OTHER AGES	...	...	130	
			—	
Total			2448	
Special Inspections			2293	
Re-inspections			2126	
			—	
Grand Total			6867	
			—	

FINDINGS AT ROUTINE MEDICAL INSPECTION INCLUDING SPECIAL CASES.

<i>Disease</i>	<i>No. of Defects</i>	<i>Percentage of Defects.</i>	<i>Number referred for treatment.</i>
Uncleanliness	184	7.0	184
Enlarged Tonsils & Adenoids	418	15.9	124
Tuberculosis	51	1.9	6
Skin Diseases	65	2.4	64
External Eye Diseases	53	2	45
Defective Vision & Squint	172	6.5	164
Ear Diseases and Defective Hearing	82	3.1	55
HEART—			
Organic	10	0.4	1
Functional	16	0.6	2
Lungs	70	2.6	7
Dental Defects	394	15	394
Deformities	5	0.2	1
Other Defects and Diseases including Malnutrition	265	10.1	114
Total	1785	68	1161

Uncleanliness. From the above table it is seen that the uncleanliness of the schools has increased greatly. At routine inspection 184 children were found to require treatment on account of nitty or verminous conditions of the head. 14 girls and 4 boys were sent home on account of *Perdiculi*. Dr. Hargrave reports that she finds the conditions of uncleanliness, both in numbers and degree, much worse than in 1923.

The nurses, moreover, during their visits to the schools in connection with uncleanliness, found 2689 children to be unclean as against 939 last year. The total number of children thus found during 1924 was 2873 as against 1027 in 1923, an increase of 1846. This shows us that it is necessary for more stringent measures to be put into force in dealing with these cases, than has hitherto been done.

There is no doubt from what I gather from Dr. Hargrave that there is great negligence and "a don't care" attitude on the part of

many parents, as children who have been cleansed return to school and in a few days time are just as filthy as they were before cleansing.

I drew your attention earlier in the year to some of these facts, and it was then decided that the parents of children who were brought to the clinic after service of notice under Section 122 of the Childrens' Act, should be charged 1/- for cleansing, in the hope that negligent parents would find it paid them better to keep their children clean at home.

I fear, however, that stronger measures than these will have to be adopted, as poverty is no plea for filthiness.

There is still one other point I would like to draw your attention to, and that is as Dr. Hargrave says, we cannot follow up these cases as they should be followed up both in the schools and in the homes, with the present staff.

Nutrition. Dr. Hargrave reports that 5.2% of the children suffer from poor nutrition, and that in only 4% was the nutrition above the average as compared with 7% last year.

Clothing and Foot Gear. Clothing and foot gear as reported by the head teachers was poor in about 1% cases, and was only fairly good in 99% cases.

Vaccination. Only 32.6% of the 2448 children examined at routine inspection were vaccinated. I have pointed out the seriousness of this to you on 1 or 2 occasions during the year. I think that most Medical Officers of Health are sick and weary of preaching the importance of vaccination to parents. It is only the scare of a smallpox epidemic which brings people to their senses, who then make a wild rush to the overburdened vaccination officers. It is, however, unfortunately too late for many people who will have already contracted the disease, resulting in much unnecessary suffering and loss of life which could have all been prevented by the simple precautionary measure of being vaccinated before the advent of this dread disease.

Smallpox is increasing and has been increasing throughout the country since the year 1917, from 7 cases to almost 4000 cases in 1924. These figures in themselves should be a good enough warning to rightly thinking parents to have their children vaccinated, without waiting for further, and probably more serious, developments.

INFECTIOUS DISEASES.

1924 has been a year of epidemics. Whooping Cough commenced in one Infants' Department towards the end of 1923, and continued into the early months of 1924. This was followed by an outbreak of Chickenpox, and we no sooner had got rid of the Chickenpox when a fairly extensive epidemic of Measles occurred at the beginning of May, and lasted until the end of July. At the commencement of September the schools were visited by a very mild type of Scarlet Fever. Notifications of infectious fevers occurring in the schools received from school teachers and from Medical Practitioners through the Health Department during the year were as follows:—

1. Whooping Cough	...	...	171 Cases
2. Chickenpox	...	...	129 „
3. Measles	...	...	791 „
4. Scarlet Fever	...	...	48 „
5. Diphtheria	...	...	5 „

The system of dealing with infectious disease cases in the schools was described fully in the Annual Report for 1923, and during 1924 it worked admirably; every case of Whooping Cough, Chickenpox and Measles were visited by the School Nurse, and where necessary, advice was given on the nursing. On the 1st September, however, Nurse Shipperbottom was taken over by the County Council as Tuberculosis Nurse, and when the Scarlet Fever epidemic commenced, owing to lack of staff, the cases reported as absent through sickness from the schools could not be visited within the 24 hours, as was the rule, and thus it happened that many "missed" cases of Scarlet Fever returned to school after a few days' slight illness, and thus spread the infection. I visited each department from which I had received notification of this fever, and inspected every child for suspicious symptoms and signs. I excluded 27 children under Article 53 of the Code, of which three were actually desquamating profusely all over the body.

By these means one was able to keep the disease under control, but I have no doubt whatever that if the cases had been visited in their homes immediately they had been notified to me, they would not have returned to school as "missed" cases, and the epidemic would probably have been brought to an end much sooner.

I found the issuing to parents of warnings couched in simple language detailing the early symptoms of Scarlet Fever, and advising

a doctor to be called in should any child thus suffer, of great assistance to me, and generally speaking, the parents were most grateful for being warned, many coming to the schools during my tours of inspection and thanking me personally.

In no case did I find it necessary to take action under Article 45 (b) and 57 of the Code.

Following up. Physical defects discovered at Routine Medical Inspection are at once notified by the examining officer to the parent if present, and in any event, a written or printed notice of the defect is sent to the parent. If the case can be treated at our own Clinic, the parent is notified of the date and time the child is to attend. If the treatment is to be obtained otherwise than at the Clinic, a following-up card is made out, and the school nurse visits the home until the defect is remedied.

The work of following up is most unsatisfactory as it is quite impossible to cope with this part of the work with the present staff. One sees from the statistical tables that the amount of work and the number of defects have greatly increased, and it is an utter waste of time finding these defects if they are not going to be treated. The only method of discovering whether the treatment is being carried out, or whether any benefit has been derived from treatment, is by the following up work of the school nurses.

To take only 1 example, at routine medical inspection 139 children suffering from enlarged tonsils and adenoids were referred for treatment, 82 of these children received treatment under the Authority's scheme, and Dr. Hargrave reports that she does not know whether any of the remaining 57 received any treatment or not. I hope the Authority will realise the importance of this matter and understand that it is a waste of money to only half do the work.

As I have reported under the heading of Uncleanliness there is far too little visiting done at the homes and at the schools. During the year an average of only 5.6 visits were made to each department *re* uncleanliness. This is far too little. Each department should be visited at least once a fortnight to a month, but with the present staff this is impossible.

There is no doubt whatever in my mind that the services of three school nurses to devote the whole of their time to school work entirely, is absolutely necessary to carry out the work effectively.

SUMMARY OF WORK OF HEALTH VISITORS DURING 1924.

1.	Visits to Schools	...	...	...	620
2.	Average number of visits to each department	...	...	...	24
3.	Number of Home Visits paid (for any reason)	...	...	...	10448
4.	Visits to Homes <i>re</i> uncleanliness	...	...	...	223
5.	Visits to Homes <i>re</i> defects	...	...	...	2544
6.	Number of children inspected in connection with uncleanliness	...	...	...	15773
7.	Number of individual children found unclean	...	...	...	2689
	Conditions in (7) summarised as follows :—				
	(a) Nits only	...	...	...	2530
	(b) Vermin and nits of head	...	...	...	159
	(c) Body vermin only	...	...	...	nil
	(d) Head and body vermin	...	...	...	7
	(e) Insufficient footgear	...	...	...	11
	(f) Insufficient clothing	...	...	...	6
8.	Number of new cases of uncleanliness (i.e. those for whom no sheets are in existence for the year)	...	...	...	242
9.	Number of other children found with ailments requiring treatment	...	...	...	3645
10.	Total inspections of children for reasons other than uncleanliness	...	...	...	8026

TREATMENT OF DEFECTS.

Medical Treatment. 97.5% of all cases referred by the head teachers or others were treated at the various centres, 2.5% cases were treated elsewhere. The cases treated, the number of attendances, and the number of cases discharged as cured are shown in the Table below. This work again has greatly increased as compared with 1923, the number of attendances made at the Clinics being almost 2000 more.

The total attendances at each of the Clinics from whatever cause were as follows :—

Connaught House	...	...	...	5153
Oulton Broad Clinic	...	...	...	1981
Lovewell Road Clinic	...	...	...	1405
			Total	8539

CASES TREATED AT SCHOOL CLINICS, 1924.

<i>Disease</i>	<i>Cases</i>	<i>Number of Attendances</i>	<i>Discharged as cured Dec. 31st, 1924</i>
Skin—Ringworm of the Scalp	79	2109	48
Ringworm of the Body	41	202	38
Scabies	18	97	17
Impetigo	112	811	103
Other Skin Diseases	145	597	133
Minor Eye Defects	141	426	122
Minor Ear Defects	62	820	34
Miscellaneous	798	2672	704
Verminous Children	72	140	60
Refraction Clinic	204	340	129
Dental Clinic	253	325	251
	1925	8539	1639

Uncleanliness. Nine children were cleansed after service of Notice under Section 122 of the Children's Act.

Sixty-three were brought voluntarily by mothers.

Ringworm of the Scalp. At the beginning of the year having read a report on the use of Collosol Iodine Oil for the treatment of ringworm of the scalp by Dr. Corfield, Medical Officer of Health, Colchester, and his Assistant, Dr. Balmain, I wrote to Dr. Corfield asking him if he would be good enough to give me the technique of this treatment, which he kindly did. I decided to give it a trial, and in so doing selected 10 of the worst cases, many of which had been undergoing treatment of various sorts from 18 months to 2 years duration. Out of the 10 cases 8 were cured in an average of 19 weeks. I considered this to be extremely good considering the duration of the disease and the fact that in all the cases except one the whole scalp was involved with the disease. The cure depends to a large degree on the interest which one is able to instil into the parent. If the parent will not give the time to carrying out the instructions which are issued to them in keeping the scalp closely shaved and removing the loose diseased hairs daily, etc., then nothing short of X-Ray treatment will be of avail. There is no doubt, in my opinion, that Collosol Iodine Oil is as yet the best and most effective treatment, if properly carried out, which can be used at School Clinics for treatment of Ringworm cases.

X-Ray Treatment for ringworm of the scalp is carried out at the Norfolk and Norwich Hospital, Norwich, under agreement with the Authority. It is a great pity we cannot obtain this form of treatment at our own local hospital, as there is no doubt more parents would be willing to have their children treated if this could only be so. The train journey is the chief difficulty, as parents have to take their children three or four times to Norwich to complete the treatment, and this adds greatly to the cost.

Seven cases of Ringworm were treated by means of X-Ray during the year.

Ear Diseases. During the year I reported on the large number of children suffering from Oterrhoea and strongly advised Zinc Ionisation treatment. The Authority agreed to have this form of treatment done for children whose parents were willing, and arrangements are now being made by means of which it can be carried out at the local hospital.

Tonsils and Adenoids. I reported at some length on the prevalence of chronically enlarged tonsils and adenoids among the school children in my Annual Health Report of 1923, and during the year 1924 I was again struck by the prevalence of these defects, more particularly at the Isolation Hospital in the Scarlet Fever wards. Chronically enlarged tonsils and adenoids are the seat of infection in many of the acute fevers, more especially Scarlet Fever and Diphtheria, and children suffering in this way are liable to become carriers of infection.

Moreover, I have not yet seen a case of chronic oterrhoea in which there has not been an enlargement of tonsils and adenoids. It is obvious, therefore, that to lessen the number of cases of middle ear disease, the preventive treatment is to have the diseased tonsils and adenoids removed before infection spreads to the ear.

During the various inspections which I made, and more particularly in the infants' departments, I noted a large number of children whose noses were made up with mucus, and were therefore unable to breathe in any way except by the mouth. This mucus forms a continual source of infection from which septic matter is absorbed by the tonsils, causing them to become chronically inflamed and later hypertrophied.

I reported on the subject to you in October as follows:—

“From time to time during the year and also in the Annual Report I have pointed out to you the unduly large numbers of children suffering from enlarged tonsils and adenoids. This is due to continual septic absorption from the mouth and nasal passages. The infection in the nasal passages is kept up owing to the fact that large numbers of children do not know the use of a handkerchief, and even

when they possess one are unable to use it satisfactorily. This not only leads to the continual blocking up of the nose, which, therefore, becomes the seat of constant infection, but also leads to mouth breathing, which is very harmful to the child's throat and lungs, and is the cause in later years of chronic Bronchitis and chest complaints.

I therefore strongly recommend the Committee to ask Head Teachers of all Infants' Schools and Departments to give ten minutes or a quarter of an hour each morning to instruction in nose drill and breathing exercises. I understand that such is carried out in some of our Infant Departments, but I should like a reminder to go to every school to impress upon the teachers the importance of this lesson for the benefit of the health of the children."

You fully approved of my suggestions and directed that a copy of the report should be sent to all head teachers in infant schools, and permission was given to obtain a supply of paper handkerchiefs for necessitous cases.

Dental Defects. Of the 875 cases referred by the dentist for treatment only 253 actually received treatment. This is a slightly larger percentage than last year, but is still very poor. Parents do not realise the importance of attending to the teeth.

I have spoken to Mr. Britten, the School Dentist, on the subject, and we intend to draw up, at an early date, a notice dealing in simple terms with the importance of good teeth and attention to the teeth, which will be given to each child, who requires treatment, to take home to its parents.

This year, as recommended by Mr. Britten, the Committee raised the age groups from 7 to 10 years, and it is satisfactory to note that approximately only half the number of temporary teeth, and almost three times as many permanent teeth were filled as compared with last year.

Regarding extractions under Nitrous Oxide Gas, the attendances have been quite good, and the circular which I detailed in last year's report has proved most useful.

Open Air Education. There is no open air school in the district; the only open air education being comparatively few classes held in the playgrounds in the summer. In reference to the delicate children, in the area, Table 3, one finds that there are approx. 100 such children, and it is very obvious that there is a great demand for an open air school where attention could be given to their physical well-being, nutrition and rest—three factors which form an important part of open air school curriculum.

School journeys are taken regularly by most departments during the Spring and Summer months for the purposes of nature study.

As the Committee were considering the matter of Open Air Schools during the year, I am taking this opportunity of giving in detail a description of such a school as described by the Chief Medical Officer, Sir George Newman, in his report for 1923 ; see Appendix 1.

Physical Training. There is no area organiser of physical training for the Elementary Schools in the district. The Authority has given facilities for teachers to have expert training both in Summer Courses and Evening Classes in carrying out the official Syllabus, and a good proportion of the teachers are well qualified in physical education. A special class of physical culture for slightly defective children is needed. Playing Fields are utilised for organised games and a School Sports Association is doing excellent work.

During the year the Authority provided an additional playing field on the Crown Meadow.

Provision of Meals for school children has not yet been undertaken by the Authority up to the present time. I do not consider that it is a necessity to provide meals in a large number of the schools, but there are one or two in which I think it would be extremely beneficial to the health of the children, more especially to the infants. On making my usual tours of inspection towards the latter end of the year I paid a visit to Yarmouth Road School just about the time when the morning session had finished. At this school there are a large number of children coming from long distances, and I noticed between 20 and 30 of them, amongst which were several infants, carrying small paper packages containing bread and butter, bread and cheese, etc. This, the head teacher informed me, was their mid-day meal, which in fine weather they ate out of doors, but in wet weather, were allowed to sit in one of the class rooms.

I think, therefore, that the Authority might seriously consider the provision, for small payment, of a hot mid-day meal in the form of broth or something similar at this school, as I consider it would be particularly beneficial, more especially during the winter months.

In order to give you some idea as to the cost of providing simple mid-day fare for 5 days per week for 25 to 30 mixed children, I consulted Mrs. Webb the Domestic Science Mistress at the Technical School, who has very kindly drawn up the following list of dinners together with the utensils necessary for preparing same.

DINNER. (Monday).

Pea, Lentil or Bean Soup with Dumplings.

Cost—2½d. per child.

Sufficient for 25 to 30 mixed children.

Time—2½ to 3 hours.

Soup.

4 lbs. Beans or Peas	...	...	...	10d.
4 large onions	...	...	...	4d.
8 large carrots	...	...	...	4d.
4 turnips	...	...	...	4d.
8 ozs. Dripping	...	...	...	4d.
4 lbs. Bones	...	...	...	4d.
24 pints water, pepper and salt.				Total 2/6d.

Dumplings.

3 lbs. Flour	...	...	...	10d.
1½ lbs. Suet	...	...	...	1/6d.
4 teaspoonfuls baking powder				
Few mixed herbs				2d.
Pepper and salt				
Cold water to mix				Total 2/6d.

Total Cost—5/-

DINNER (Tuesday).

Irish Stew.

Cost per child—2½ to 3d.

Sufficient for 25 to 30 mixed children.

Time—3 hours.

4 lbs. Scrag end of Neck	...	...	...	2s. 8d.
4 lbs. Haricot Beans	...	...	...	10d.
14 lbs Potatoes	...	...	...	1 6d.
6 lbs. Onions	...	...	...	1 0d.
Pepper, salt and water.				Total 6/-

DINNER. (Wednesday).

Sheep's Head and Broth with Dumplings.

Cost—3d. per child.

Sufficient for 25 to 30 mixed children.

Time—3 hours.

4 Sheep's heads	...	...	...	2s. 0d.
8 carrots	...	...	...	4d.
8 turnips	...	...	...	4d.
12 onions	...	...	...	4d.
2 pints skimmed milk	...	...	...	2d.
Pearl Barley or Rice	...	...	...	4d.
				Total 3/6d.

Dumplings.

3 lbs. Flour	...	...	...	10d.
1½ lbs. Suet	...	...	...	1s. 6d.
4 teaspoonfuls Baking Powder				
Few mixed herbs				2d.
Pepper and salt				
Cold Water to mix				Total 2/6d.

Total Cost—6/-

DINNER (Thursday).

Irish Stew.

(Same as for Tuesday).

DINNER. (Friday).

Brown Stew and Savoury Balls.

Cost per child—3d. to 3½d.

Sufficient for 25 to 30 mixed children.

Time—2½ hours.

Stew.

4 lbs. Stewing Beef	...	...	...	3s. 4d.
4 lbs. Haricot Beans	...	...	...	10d.
16 small onions	...	...	...	6d.
8 ozs. Flour	{			2d.
4 ozs. Dripping				
				Total 4/10d

Savoury Balls.

2 lbs. Flour	...	...	...	6d.
1 lb. Suet	...	...	...	1s. 0d.
2 teaspoonfuls Baking-powder	{			2d.
Few mixed herbs				
Cold water to mix				Total—1/8d.
Total Cost—				6/6d.

Cooking Utensils Necessary—

	£	s.	d.
Valor Perfection Oil Cooking Stove (2 burners)	...	...	...
Two 3-gall. Boilers	...	...	...
Large Collander	...	...	...
Enamel Bowl	...	...	...
Cook's Knife	...	...	...
	£6	0	0

From the above items it is seen that for the small outlay of £6 necessary for obtaining the utensils, dinners could quite easily be prepared and provided for children for the small sum of 3d. per head. Mrs. Webb informs me that the preparation of the above meals requires very little skill and attention, and any caretaker's wife could prepare same without very much trouble, especially if two of the older girls were to help her in the cutting up of the vegetables.

There is no doubt that the children who partook of these meals would derive great benefit from them; moreover, if the senior girls took turns at the cooking preparations they would gain some small knowledge of cooking simple but valuable foodstuffs.

I would like to add that if vegetables could be purchased from surrounding gardens the cost of these would be almost halved.

School Baths. There are no school baths, but organised swimming instruction is given throughout the summer at the open-air Swimming Pool on the North Denes. As I previously remarked, it is to be hoped that baths will be provided as part of the equipment of the new school.

Co-operation of Parents. Cards are sent to parents inviting their attendance on the occasion of their children undergoing Medical Inspection. The percentage of parents attending Medical Inspections during 1924 was 70.6.

Co-operation of Teachers. My best thanks are due to the teachers of all departments for their untiring efforts in co-operating with the school medical service, both at medical inspection, following up, and with medical treatment. They are all most willing to carry out any suggestions I have to make which they know will be of benefit to the health of their scholars.

Co-operation of Attendance Officers. The Attendance Officers render every assistance in their power, and show an intimate knowledge of the home conditions of the children, reporting cases of illness and poverty which might otherwise be overlooked. They also assist in discovering "exceptional children" who are not in attendance at school.

Co-operation of Voluntary Bodies. The National Society for the Prevention of Cruelty to Children render very valuable assistance in those cases which it is necessary to refer to their Inspector.

The Lowestoft Invalid Children's Medical Aid Association render us great assistance in supplying necessitous cases with Malt and Oil and Surgical Appliances, etc. I give a report which I have received from the Hon. Secretary—Mr. S. V. West.

LOWESTOFT INVALID CHILDREN'S MEDICAL AID ASSOCIATION.

The aims and objects of the above Association are to endeavour to help the following cases :—

- (a) Invalid and Crippled Children.
- (b) Children with any Physical Defect, whether of eye, limb or body.
- (c) Children insufficiently nourished or clothed, (where parents are unable to provide).
- (d) To encourage and assist thrift.

The Association is entirely voluntary and is managed by a Committee consisting of the following ladies and gentlemen :—

Mrs K. D. Preston (Chairman)
 Mrs. Councillor G. M. Harris.
 Mrs. H. C. Adams.
 Miss B. M. C. Doughty.
 Mrs. F. W. M. Beckett.
 Dr. Jennette C. Hargrave.
 Rev. Roger Bulstrode.

During the past year its main sources of income were as follows :—
 Envelope Collection in Schools, Christmas 1923, £31 0s. 0d. Grant from Kirkley Poor's Land Trustees, £10 0s. 0d. Grant from Education Committee £5 0s. 0d. and from private donations.

The Association proceeds unostentatiously in assisting the poorer families, but works in close contact with the School Medical Office and the Education Office ; and during the past twelve months has been in a position to help cases as follows :—

Provision of Surgical Appliances	3 Cases
Provision of New Boots ...	39 Pairs
Repairs to Boots ...	150 Pairs
Provision of Spectacles ...	15 Pairs
Repairs to Spectacles ...	4 Pairs
Provision of Malt and Oil, etc., etc.	108 lbs.

Assistance is only given after the most thorough investigation possible, and the Association is careful to assist only the very necessitous cases.

The long spell of bad trade and unemployment found many cases of children insufficiently nourished, and the Association is glad to have been able to help even a small proportion of these little ones.

The Association tenders its best thanks to Dr. Jennette C. Hargrave, the School Nurses, Head Teachers and Attendance Officers for their kind assistance throughout the past year.

STANLEY V. WEST.

Hon. Secretary.

Town Hall,
 Lowestoft.

Nursery Schools. There are no Nursery Schools in the district.

Secondary Schools. During the year all the necessary arrangements were made for the medical inspection of the Secondary School, which will come into operation in 1925.

Employment of Children and Young Persons. Education Act 1921, Section 92.

- “(1) A child under the age of 12 shall not be employed. . . .
 (2) A child under the age of 14 shall not be employed—(a) In street trading ; (b) to lift, carry, or move anything as to be likely to cause injury to the child ; (c) in any occupation likely to be injurious to his life, limb, health or education, regard being had to his physical condition.”

The school medical staff are called upon to adjudicate as to (b) and (c) under the Bye-laws for the employment of school children. The hours of such employment are limited to the following:— On school days between the hours of 5.30 p.m. and 7.30 p.m. ; on Sundays, two hours between 7 a.m. and 10 a.m. ; on Saturdays and school holidays, not more than five hours, and not before 7 a.m. or after 7 p.m., and shall not be employed for more than three consecutive hours without a meal time interval of not less than one hour.

A child between 12 and 14 shall not be employed in the sale or delivery of newspapers or milk or bread carrying or delivering goods or parcels, in or in connection with any shop or office, in any coalyard, in domestic work, in industrial work at home, or in agricultural work, unless the child possesses an “ Employment Card ” issued by the Local Education Authority.

No girl under the age of 16 or boy under the age of 15 shall be employed in street trading.

No boy under the age of 16 shall be engaged in street trading before 7 a.m. or after 8.30 p.m. on any week day and for not more than 8 hours on any week day, and not at any time on Sunday unless furnished with a licence from the Local Authority.

During the year 8 children were permitted to be employed outside school hours.

No case came to the notice of the Authority in which any child was being employed in contravention to the Bye-laws.

Street Trading. 30 boys were licenced to engage in street trading during 1924.

Licences for Children to take part in Entertainments. Number of children who performed at theatres during 1924 under licences issued by various Education Authorities—5. These 5 children attended Public Elementary Schools within the area during their stay in the town.

Juvenile Employment. Close co-operation exists between the Juvenile Employment Bureau and the Medical Department. Juvenile Employment cards are sent to the School Medical Officer for the medical report to be filled in and it is intended during 1925 to also issue a card stating the type of work for which the person is most suited; this should be of great assistance to the Factory Surgeons.

Blind, Deaf, Defective and Epileptic Children. Defective children coming under the above headings are brought to the notice of the medical staff by the head teachers, school attendance officers, school nurses, relieving officers and others. The parents are given appointments and invited to attend the clinic bringing their children for examination. During the year 37 suspected mentally defective children were examined and classified. There are at present no special schools in this district for the defective.

The following is a list of children maintained in Institutions during 1924 :—

BLIND.		DEAF CHILDREN.		MENTALLY DEFECTIVE.	
<i>London Society for Teaching the Blind Swiss Cottage.</i>		<i>East Anglian Institution Gorleston.</i>		<i>Royal Eastern Counties Institution, Colchester.</i>	
Boys	Girls	Boys	Girls	Boys	Girls
1	—	2	9	1	—

At the beginning of the year I gave my special attention to the collecting and recording of children of this group, and since this the Board of Education have drawn the attention of the various Education Authorities to the matter by means of Circular 1341 in September, 1924, and Circular 1349 at the beginning of the present year.

Obviously the first step towards the adequate solution of the defective child is to have an accurate record of its extent. This is a very difficult matter from many points of view, as there cannot possibly be any uniform or universal standard which can be adopted. Each Authority will differ in various respects. This variation is undoubtedly due to the fact that the definitions of mental and physical defect given in the Education Act, 1921, can be so widely interpreted.

As the Chief Medical Officer in his report for 1923 so clearly puts it :—

“ It might be thought that it was fairly easy to determine whether a child was blind or not, but a child who is blind within the meaning of the Act is one who is too blind to be able to read the ordinary school books used by children, and it will be obvious that it is not always easy to decide whether for practical purposes a child falls within this category or not.”

In order to enable Authorities to check the results of their findings of this group of children, the Board publishes for their use the following table :—

For every 1000 children there will be approximately the following number defective.

Blind—Totally	...	...	...	.4
Partially	...	...	...	1.0
Deaf—Totally	...	...	...	.9
Partially	...	...	...	.3
Mentally Defective	...	...	...	8.6
Epileptics	...	...	...	.6
Physically Defective :				
Pulmonary and Glandular				
Tuberculosis :—				
Infectious	...	...	...	.7
Non-infectious but active	...	...	...	1.7
Active non-pulmonary				
Tuberculosis	...	...	...	1.5
Delicate children	...	...	...	15.5
Crippled children	...	...	...	10.0

Working from these numbers and comparing our own Tables (Table 3) we find that we have more cases of deaf, epileptic and children suffering from infectious pulmonary tuberculosis than the average, but the number of mentally defective children is smaller. I cannot say at the moment that this list is complete, but by means of a circular letter which I sent round to all the schools, I have collected a large number of children who will have to be examined in the near future and sorted out and placed in their correct category. By this means I hope to be able to have a fairly accurate survey of all defective children in the area.

Up to the present time the Authority has provided for the blind and deaf, and according to Circular 1349, the Authority is now asked to turn their attention at once to the possibilities of a good Orthopaedic

scheme for crippled children, of which there are 83 in the area, 78 being at Public Elementary School, 4 at no school or institution, and only one at a special institution.

For the benefit of the Committee I am taking this opportunity of giving an extract of Sir George Newman's report on the organisation and treatment of the crippled child, and also on the equipment of an Orthopaedic Clinic. This will be found at the end of the Report in Appendix 2. Should the Authority consider the question of a special school or clinic, I should like to point out that in all but the largest Urban areas the most satisfactory way of dealing with this provision is by co-operation with other areas ; and also that the Board of Education are desirous that the transference of a child from ordinary school to special school, and from special school to ordinary school should be as elastic and as easy as possible.

Mentally Defective Children. The Board drew the attention of the Authority, in September by Circular 1341, to this group of children, of whom (as so far recorded) we have 27 in the district either at ordinary elementary school or at no school at all. The requirements of the Board are summarised at the end of their Circular, and are as follows :—

1. Authorities who have not already done so, should perfect their arrangements for the ascertainment of all mentally defective children in their area in accordance with the general principles outlined in this circular.
2. Children in attendance at Special Schools should be passed periodically under review in order that suitable cases may either be returned to the ordinary school or notified to the Mental Deficiency Committee under the provisions of Articles 3, 4 or 6, as the case may be, of the Mental Deficiency (Notification of Children) Regulations, 1914.
3. In the case of mentally defective children who are suitable for admission to Special Schools but for whom for the moment no Special School is available, especially for those who are in no school at all, the Authority's arrangements for the ascertainment of the children and for school attendance should cover arrangements for the supervision of the children by means of home visits, whether by school nurses, care committees, paid welfare workers, or voluntary organisations.
4. The main objects of such supervision are two : (a) to give advice to parents, and (b) to provide means by which all cases are reviewed from time to time with a view to the notification of suitable cases to the Mental Deficiency Committee under the Mental Deficiency Act, 1913. In this connection special attention should be given

to the cases of boys and girls of 14 and 15 years of age in order that the provisions of Article 5 of the Notification Regulations 1914 may be utilised in appropriate cases.

5. Before notifying a child to the Mental Deficiency Committee, the Local Education Authority should consider reports from the Medical Officer on the child's physical and mental condition, from the teacher on his progress and behaviour in school, and from the Care Committee or competent persons on his home circumstances.
6. Authorities should consider, in appropriate cases and under careful safeguards, the possibilities of retaining high grade mentally defective children in classes for mentally retarded children.
7. Close co-operation should always be secured between the Local Education Authority and the Mental Deficiency Committee.

It is obvious that some steps will have to be taken very shortly, and it is also obvious that to supervise those children for whom no special school can be obtained in the immediate future will entail additional following-up work for the school nurses. When considering what can be done for these children, as suggested by the Board in Article 6 of the Summary, it will be well to keep in mind that at the present time there are in the Public Elementary Schools 196 children retarded 2 years and 54 retarded 3 years, and that there are no special classes for backward children.

Supervision under the auspices of the Local Control Authority, in the form of classes held two afternoons weekly at Connaught House, is given to the mentally defective children who have left school.

Miscellaneous. Intending teachers, children returning to Special Schools and other Institutions after the holidays, and also children committed to Industrial Schools and Homes, are examined with regard to fitness for admission.

Prosecutions during the year, 1924.

Actions taken under the Attendance Bye-laws and by the N.S.P.C.C.

Two cases were summoned under the Attendance Bye-laws—one for Uncleanliness, the parents being fined 5/-, and one case of Ringworm, where the parents refused to have treatment and also to allow child to attend school with cap. The parents were ordered to obtain treatment from the School Medical Officer.

One case of cruelty was brought up by the N.S.P.C.C. at the instance of the Education Committee, the mother was sent to prison.

OPHTHALMIC SURGEON'S REPORT FOR THE YEAR ENDING 31st DECEMBER, 1924

The number of new patients examined at the Clinic during the year was 136, of whom 47 were over 12 years of age.

In most cases the parent also attended the Clinic with an evident desire to do all possible for the vision of their child.

The value of routine ophthalmic inspection was again demonstrated by the fact that many parents were quite unaware of and surprised to find that any visual defect existed.

As is to be expected there was an increase in the numbers of re-examinations, i.e., cases coming up for re-examination, which had at a younger school age in previous years attended the Clinic; some of them had never been able to afford to purchase the glasses prescribed—thus wasting time and opportunity which can never be regained. A fund to help such parents, usually hard hit by unemployment, would be helpful.

Six patients were recommended for operations for squint and it is satisfactory to note that arrangements have been made for such operations to be performed locally.

Below are some particulars of conditions found:—

Total new cases examined	...	...	136
Prescriptions given for glasses	...	...	97
Cases of Long-sight (including long-sighted astigmatism)	...	...	79
Cases of Short-sight (including short-sighted astigmatism)	...	...	34
Cases of mixed Astigmatism (i.e. a combination of long-sight and short-sight)	...	...	9
Cases of Squint—right eye	...	...	10
„ left eye	...	...	12
„ both eyes	...	...	2
Cases of one eye very defective as a result of squint	...	...	7
Cases of one eye very defective as a result of disease or accident	...	...	7
Operations for squint advised	...	...	6
Defect for which no treatment was considered necessary	...	...	4
Re-examinations	...	...	68

(Signed) ARTHUR GREENE, M.A., M.D., F.R.C.S.

STATISTICAL TABLES

Table I.—Return of Medical Inspections.

A. ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections

Entrants	...	...	...	...	...	...	...	886
Intermediates	...	...	...	...	...	...	...	619
Leavers	...	...	...	...	...	...	...	813
<hr/>								
Total	...	...	...	...	...	...	...	2,318

Number of other Routine Inspections 130

B. OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	...	2293
Number of Re-inspections	...	...	...	...	...	2126
<hr/>						
Total	...	...	...	...	...	4419

TABLE II.

A. *Return of Defects found by Medical Inspection in the Year Ended 31st December.*

Defect or Disease.					Routine Inspections.		Special Inspections.	
					No. of Defects.		No. of Defects.	
					Requiring treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment.
(1)					(2)	(3)	(4)	(5)
Skin	Malnutrition	...	...	...	20	70	—	10
	Uncleanliness	...	...	...	178	—	6	—
	Ringworm :							
	Scalp	...	...	...	12	—	2	—
	Body	...	...	...	2	—	1	—
	Scabies	...	...	...	2	—	2	—
Eye	Impetigo	...	...	...	13	—	1	—
	Other Diseases (non-Tuberculous)				22	—	7	1
	Blepharitis	...	...	...	15	1	5	—
	Conjunctivitis	...	...	...	10	2	2	—
	Keratitis	...	...	...	—	—	—	—
	Corneal Opacities	...	...	...	—	—	—	—
Ear	Defective Vision (excluding Squint)	...	...	...	110	4	24	1
	Squint	...	...	...	25	2	5	1
	Other Conditions	...	...	...	10	5	3	—
	Defective Hearing	...	...	...	8	14	4	2
Nose and Throat	Otitis Media	...	...	...	32	9	8	1
	Other Ear Diseases	...	...	...	3	1	—	—
	Enlarged Tonsils only	...	...	...	66	95	4	3
Teeth—Dental Diseases	Adenoids only	...	...	...	25	120	4	6
	Enlarged Tonsils and Adenoids	...	...	...	23	66	2	4
	Other Conditions	...	...	...	15	—	—	—
	Enlarged Cervical Glands(non-Tuberculous)	...	...	...	2	—	—	—
Defective Speech					1	2	—	—
Teeth—Dental Diseases					375	—	19	—

(1)					(2)	(3)	(4)	(5)
Heart and Circulation.	{	Heart Disease :						
		Organic	...	...	1	8	—	1
		Functional	...	...	2	14	—	—
		Anaemia	...	...	15	6	2	1
Lungs	{	Bronchitis			—	1	—	—
		Other non-Tuberculous Diseases			7	49	—	13
Tuberculosis.	{	Pulmonary :						
		Definite	...	...	1	—	—	—
		Suspected	...	...	—	42	—	—
		Non-pulmonary :						
		Glands	...	...	2	3	—	—
		Spine	...	...	—	—	—	—
		Hip	...	...	2	—	—	—
		Other Bones and Joints	...	...	1	—	—	—
Nervous System	{	Skin			—	—	—	—
		Other Forms			—	—	—	—
		Epilepsy	...	...	—	—	—	—
Deformities.	{	Chorea			—	—	—	—
		Other Conditions			—	4	—	—
		Rickets	...	...	—	—	—	—
	{	Spinal Curvature			—	3	—	—
		Other Forms			—	1	1	—
Other Defects and Diseases					51	48	8	10

B. Number of Individual Children found at Routine Medical Inspection to Require Treatment (Excluding Uncleanliness and Dental Diseases).

Group	Number of Children.		Percentage of Children found to require treatment.
	Inspected.	Found to require treatment.	
(1)	(2)	(3)	(4)
<i>Code Groups :</i>			
Entrants	886	134	15.1%
Intermediates	619	129	19.7%
Leavers	813	152	18.69%
Total (code groups)	2318	415	17.9%
Other routine inspections	130	23	17.7%

TABLE III.

Return of All Exceptional Children in the Area.

			Boys	Girls	Total
Blind (including partially blind.	(i) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind	1	—	1
		Attending Public Elemen- tary Schools	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution	—	—	—
	(ii) Suitable for training in a School or Class for the par- tially blind.	Attending Certified Schools or Classes for the Blind.			
		Attending Public Elemen- tary Schools	1	1	2
		At other Institutions ...	—	—	—
		At no School or Institution	—	1	1
Deaf (in- cluding deaf and dumb and par- tially deaf)	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf	2	9	11
		Attending Public Elemen- tary Schools	1	—	1
		At other Institutions ...	—	—	—
		At no School or Institution	1	—	1
	(ii) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf	—	—	—
		Attending Public Elemen- tary Schools	4	4	8
		At other Institutions ...	—	—	—
		At no School or Institution	—	—	—
Mentally Defective.	Feebleminded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children ...	1	—	1
		Attending Public Elemen- tary Schools	10	11	21
		At other Institutions ...	—	—	—
		At no School or Institution	3	3	6
	Notified to the Local Control Authority <i>during the year.</i>	Feebleminded	—	—	—
		Imbeciles	1	—	1
		Idiots	2	—	2

			Boys.	Girls.	Total.
Epileptics	Suffering from severe epilepsy	Attending Certified Special Schools for Epileptics.	—	—	—
		In Institutions other than Certified Special Schools.	—	—	—
		Attending Public Elementary Schools ...	1	—	1
		At no School or Institution	1	3	4
Physically Defective.	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools. ...	4	2	6
		At no School or Institution.	—	—	—
	Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board. ...	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution.	3	8	11
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board. ...	—	—	—
		At Certified Residential Open Air Schools. ...	—	—	—
		At Certified Day Open Air Schools ...	—	—	—
		At Public Elementary Schools. ...	7	5	12
		At other Institutions. ...	—	—	—
		At no School or Institution.	—	—	—
	Delicate children (<i>e.g.</i> , pre - or latent tuberculosis, malnutrition, debility, anaemia, etc.)	At Certified Residential Open Air Schools. ...	—	—	—
		At Certified Day Open Air Schools. ...	—	—	—
		At Public Elementary Schools. ...	44	49	93
		At other Institutions. ...	—	—	—
		At no School or Institution.	2	3	5
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital ... Schools approved by the Ministry of Health or the Board. ...	1	—	1
		At Public Elementary Schools. ...	1	2	3
		At other Institutions. ...	—	—	—
		At no School or Institution.	3	1	4

			Boys.	Girls.	Total.
Physically Defective (contd).	Crippled Children (other than those with active tuberculous disease), <i>e.g.</i> , children suffering from paralysis, &c., and including those with severe heart disease.	At Certified Hospital Schools. ...	—	—	—
		At Certified Residential Cripple Schools. ...	—	—	—
		At Certified Day Cripple Schools. ...	—	—	—
		At Public Elementary Schools. ...	37	41	78
		At other Institutions. ...	—	1	1
		At no School or Institution. ...	3	1	4

TABLE IV.

Return of Defects Treated during the Year Ended 31st December.

Treatment Table.

Group 1.—Minor Ailments (excluding Uncleanliness, for which see Group V).

Disease or Defect.					Number of Defects treated or under treatment during the year		
					Under the Authority's Scheme.	Otherwise	Total.
(1)					(2)	(3)	(4)
<i>Skin—</i>							
Ringworm-Scalp	...	...	...	...	79	28	107
Ringworm-Body	...	...	...	...	41	1	42
Scabies	...	...	...	...	18	2	20
Impetigo	...	...	...	...	112	6	118
Other skin disease	...	...	...	...	145	—	145
<i>Minor Eye Defects</i> ...							
External and other, but excluding cases falling in Group II).					141	1	142
<i>Minor Ear Defects</i> ...					62	—	62
<i>Miscellaneous</i> ...							
(e.g. minor injuries, bruises, sores, chilblains, etc.).					798	—	798
Total	...	...	...	...	1396	38	1434

TABLE IV.—(contd.)

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

Defect or Disease. (1)	Number of defects dealt with.			
	Under the Authority's Scheme. (2)	Submitted to refraction by private practitioner or at hospital apart from the Authority's Scheme. (3)	Otherwise. (4)	Total. (5)
Errors of Refraction (including Squint) (Operations for squint should be recorded separately in the body of the Report).	113	1	3	117
Other Defect or Disease of the eyes (excluding those recorded in Group I).	23	—	—	23
Total	136	1	3	140

Total number of children for whom spectacles were prescribed

(a) Under the Authority's Scheme	...	...	97
(b) Otherwise	...	...	—

Total number of children who obtained or received spectacles

(a) Under the Authority's Scheme	...	...	—
(b) Otherwise	...	...	90

Group III.—Treatment of Defects of Nose and Throat.

Number of Defects.

Received Operative Treatment.			Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital. (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)	Total. (3)		
80	Unknown.	80	2	82

TABLE IV.—(contd.)

Group IV.—Dental Defects.

(1) Number of Children who were :—

(a) Inspected by the Dentist :

		Aged :	4..... 14	} Total 1023
			5..... 80	
			6..... 82	
			7.....210	
			8.....278	
Routine Age Groups			9.....310	
			10..... 49	
			11.....	
			12.....	
			13.....	
			14.....	
Specials	106
Grand Total				1129

(b) Found to require treatment ... 857

(c) Actually treated ... 253

(d) Re-treated during the year as the result of
periodical examination 47(2) Half-days devoted to { Inspection ... 28 } Total 87
{ Treatment ... 59 }

(3) Attendances made by children for treatment 325

(4) Fillings { Permanent teeth 68 } Total 254
{ Temporary teeth 186 }(5) Extractions { Permanent teeth 14 } Total 566
{ Temporary teeth 552 }

(6) Administrations of general anaesthetics for extractions 52

(7) Other operations { Permanent teeth 4 } Total 80
{ Temporary teeth 76 }*Group V.—Uncleanliness and verminous conditions.*(i) Average number of visits per school made during the year by the
School Nurses, 5.7.(ii) Total number of examinations of children in the Schools by
School Nurses, 15,773.

(iii) Number of individual children found unclean, 2689.

(iv) Number of children cleansed under arrangements made by the
Local Education Authority, 72.

(v) Number of cases in which legal proceedings were taken :

(a) Under the Education Act, 1921, nil.

(b) Under School Attendance Bye-laws, 2.

*Sir George Newman's
Description*

APPENDIX 1.

Extract from the Chief Medical Officer's Report for 1923.

THE DAY OPEN-AIR RECOVERY SCHOOL.

SELECTION OF CHILDREN. This is the duty of the School Medical Officer. The following classes of children specially benefit from attendance at an open-air school.

1. Children suffering from mal-nutrition, rickets, anaemia.
2. Delicate children living in the same house as a notified consumptive.
3. Children with Tubercular glands in the neck.
4. Children convalescent after debilitating diseases such as pneumonia, measles, whooping cough, etc.
5. Children convalescent after operation for adenoids, glands in the neck, etc.
6. Children suffering from blepharitis and other chronic non-infectious eye diseases associated with mal-nutrition.
7. Certain types of cripple children.
8. Nervous and highly strung children.
9. Myopic children requiring special educational provision. (N.B. Rheumatic children including those suffering from chorea do not as a rule do well at an open-air school).

CHARACTER OF SITE. The ideal site for an open-air school is on the outskirts of a town, preferably on that site from which the prevailing wind blows. It should be within an easy walking distance and in any event not exceeding quarter of a mile from the tram or motor omnibus route. The site should slope preferably to the south, with a belt of trees or rising land for protection on the north and east. There should be a light and porous sub-soil. The site should be of a size sufficient to admit of a playing-field and a school garden.

Generally speaking two acres must be considered the minimum for a school accommodating 100 to 120 children. A portion of the playground should be asphalted.

BUILDING AND EQUIPMENT. These may take the form of:—
(a) a new building specially erected for the purpose. (b) existing school building adapted and supplemented. (c) Private house to serve as a nucleus with the necessary additions.

(a). **A New Building,** may be constructed in a variety of forms. Broadly speaking, all rooms, other than class rooms and resting sheds, should for the sake of convenience be grouped together. The class rooms should preferably not be immediately contiguous, but so disposed that three sides of each room can be thrown completely open. The dining rooms and resting sheds should be capable of being used to a greater or less extent for teaching purposes. Particular attention should be paid to the lavatory and cloakroom accommodation. More space should be allowed than is usually found in the ordinary school.

A spray and shower bath installation should be looked upon as an important part of the equipment of an open-air school. Two rooms will be necessary—one for the baths and one as a dressing room. Ample provision should be made for store purposes including the storage of the resting couches and blankets.

In other than quite small open-air schools where the teacher's room may serve the purpose, a small room should be provided which can be warmed by an open fire. This will serve as a medical examination and treatment room and as a rest room for any child with symptoms of slight temporary illness.

The building whilst reasonably permanent in type should be for the most part of light construction.

(b). **Existing school buildings adapted and supplemented.**

Occasionally it may be found practicable to utilise an existing school building where additional open-air class rooms and resting sheds can be added as found necessary. In this way an open-air school can be provided at a comparatively small initial outlay.

(c). **A Private House to serve as a nucleus with the necessary additions.**

It is not infrequent to find houses with good gardens available at reasonable cost which will provide most of the accommodation other than that required for actual teaching purposes. Stowey House, Clapham Common is an example of this type of open-air school. The house which stands in 7 acres of garden is used as an administrative block, rooms being available as Head Master's room and office, staff dining room and sitting room, store room, kitchen, scullery, bath-room with 12 tubs on lead floor, medical officer's room and nurse's room for minor ailment treatment. In the garden has been erected a dining room to accommodate 200 children and 8 class rooms built of wood on concrete foundations, the walls of the class rooms being arranged to open on the "loose box" principle. Since the school has been open, the boys have built a rest shed to accommodate 280 resting couches.

CLASS ROOMS. Whatever type of class room is decided upon, three of the sides should be capable of being thrown open, thus it will probably always be possible to preserve free ventilation even when there is a driving rain from one quarter.

Heating of class rooms by hot water pipes and radiators is adopted in some schools, but heating by means of a stove is quite a suitable method in a fully open-air class room. The need for heating is to dispel a damp atmosphere rather than to provide warmth.

SCHOOL FURNITURE should include light individual tables and chairs capable of being moved out of doors. Light trestle tables for group work will be found useful; those used for dining may serve the purpose of teaching also. Lockers in the class rooms, corridors or cloak rooms may be provided to take the place of the ordinary school desk.

DINING ROOM. This should be large enough to accommodate all the children at one time. The room should be of such a shape and structure that it can be used if required for teaching purposes. The kitchen should adjoin. It is preferable to prepare and provide the meals on the spot, but in some cases meals may be delivered from a central school kitchen or from a contractors.

REST SHED. Sufficient accommodation should be provided to accommodate the resting couches without crowding which will prove useful in wet weather for physical exercises and games, and like the dining room, it should be constructed in such a way as to be serviceable for teaching purposes.

STAFF. The general arrangement should be under the supervision of the School Medical Officer who should make a weekly visit. A school nurse should be attached to the school for whole or part time according to the nature of her duties. This will in any event include (1) supervision of the personal hygiene and cleanliness of the children (2) assisting the School Medical Officer during his visits (3) treatment of minor ailments under the direction of the School Medical Officer.

The teachers should be chosen for their personal fitness, education and other experience to serve in a school of this kind.

EDUCATION. The health of the child rather than its education must necessarily be the preoccupation of the open-air school. The aim of the curriculum should be primarily to give life and interest to the child, avoiding at the same time over-stimulation; consideration being given always to the particular need of

each individual child. The lessons at an open-air school should be specially designed, and include such subjects as English, practical arithmetic, nature studies, practical geography, gardening, physical exercises, including dancing, etc.

MEDICAL SUPERVISION. The School Medical Officer should visit the school weekly, and the school dentist from time to time. Children should be weighed accurately once a fortnight, careful medical records of each case must be kept. The duration of stay will vary; except in the case of children sent for recovery and training after, for example, an operation for the removal of tonsils and adenoids when a month or two may suffice; the duration of stay should be for at least six months. Every child on return to ordinary school should be carefully followed up and re-examinations made.

MEALS. Three meals a day, breakfast, dinner and tea should be provided. Breakfast is found by experience to be a particularly valuable meal at an open-air school. The dietary is under the supervision of the School Medical Officer.

MID-DAY REST. This is an important part of the cure of the mal-nourished or delicate child. Mid-day rest should be arranged after dinner for a period of one to two hours, and should always be taken in the open-air unless weather conditions make this impossible, when the rest shed should be used. A flat canvas stretcher is recommended as being more satisfactory than deck chairs.

CLOTHING. The question of clothing is of great importance. In some schools jerseys are provided, and in all it is most necessary that satisfactory overcoats should be available. The character of the under-clothing is equally important, every effort should be made to ensure that each child is properly clothed. In some schools the girls make their own clothing as part of the needle work course.

For the journey to and from the school it is usual to provide mackintosh capes in wet weather, which can be taken home and returned to the school the following morning. The question of satisfactory foot gear is also important, and in many schools clogs are provided which can be worn in school time, particularly for gardening during wet weather. Arrangements should be made for drying boots and stockings.

TRANSIT. In nearly all cases it is necessary to provide means of transport for the children.

FINANCE. It is difficult to make a useful statement in regard to the capital expenditure likely to be incurred in starting an open-air school. To build and fully equip such a school to-day for 120 to 150 children will cost, exclusive of site, probably £35 to £40 per place.

COST OF MAINTENANCE. Broadly speaking it may be said that excluding loan charges and making no allowance for parents and other contributions, the cost per child in average attendance should be approximately £25 to £30 per annum.

APPENDIX 2.

CRIPPLED CHILDREN.

The organisation and treatment of Crippled Children as detailed by Sir George Newman in his report for 1923.

A complete scheme of Orthopaedic treatment for a given area involves a number of agencies:—

1. In the first place it is necessary for the Education Authority to ascertain through the help of general practitioners, school doctors, tuberculosis officers, infant welfare doctors, teachers, nurses, school attendance officers, and voluntary bodies, the number of cripples in the area and the nature of the defects from which they are suffering.

In view of the importance of early ascertainment and the high incidence of crippling in the first few years of a child's life, similar steps should also be taken by the Public Health Authorities acting through their Maternity and Child Welfare Committees.

2. Secondly, it is essential that an Orthopaedic Hospital should be available. The hospital, which should be conducted under open-air conditions in a country district, should include provision for the education of the children during their residence and usually be of sufficient size to deal with all the cases requiring in-patient treatment within a radius of some 20 to 40 miles. The exact area to be served would depend on the density of the population, and to some extent on the administrative boundaries of the Public Authorities of the district.

Each of the Authorities should enter into arrangements with the central hospital for the examination of the children by the Orthopaedic surgeon of the hospital staff and for the reception and treatment of such of them as he selects. The fees for the surgeon's service and the treatment of the children being matters for agreement between the parties.

3. Each Local Education Authority, acting so far as possible in co-operation with other Local Education Authorities served by the same central Orthopaedic hospital and in association with the local Child Welfare Committee, should make or secure provision of one or more Orthopaedic Clinics at which the children can be collected at regular intervals for examination by Orthopaedic Surgeon and plaster treatment, supervision of splints, etc., by the Orthopaedic nurse, and at which any necessary treatment such as massage, electro-therapy, re-education, and remedial exercises can be given. The treatment at these Clinics should be given by a fully qualified medical gymnastic or masseuse, with Orthopaedic experience, working under the direct supervision of the Orthopaedic surgeon with whom the Authority's Medical Officer will of course keep in close touch.

The Clinic should be open at least once a week, and more frequently, if special treatment is given. Details of the premises and equipment required for Orthopaedic Clinics are given below.

4. The scheme will not be complete unless it includes arrangements for the supply of surgical appliances, which the surgeon may prescribe, and for the following up of the children by school nurses to ensure regular attendances at the clinics.

5. Lastly, the Authority should consider what it can do in its own area to prevent crippling. What is being done to prevent tuberculosis, rickets and infantile paralysis?

Equipment of an Orthopaedic Clinic.

An Orthopaedic Clinic is a Centre to which are gathered children with crippling defects for the purpose of examination, observation, treatment and after-care. In some cases where the population is especially scattered and long distances have

to be travelled to reach the Clinic, regular treatment such as massage and electrical treatment cannot be undertaken, and the Clinic then becomes the Centre for examination, observation and after-care only. Thus there are two types of Clinic and the premises and equipment vary slightly according to the purpose and scope of the Centre.

1. Examination Clinic. (where massage, electrical treatment and remedial exercises are not undertaken).

Two rooms are all that are necessary, namely (1) a room for waiting (2) a room for examination and plaster work. Such a Clinic is usually open once a week when the visiting Orthopaedic Sister attends to carry out after-care. Once a month as a rule, the Orthopaedic Surgeon visits to supervise the after-care treatment and examine new patients.

2. Treatment Clinic. (where massage, electrical treatment, remedial exercises are undertaken).

In this type of Clinic, which should be open at least three times a week, and in many districts daily, three rooms are desirable, and if possible a fourth room should be provided. The rooms may be allocated as follows: (1) Waiting room. (2) Massage and remedial treatment room. (3) Examination room. (4) Plaster room. In some Clinics a portion of the massage room is curtained off to form the doctor's examination room, and in others, the plaster room and examination room are combined. Some accommodation for undressing is needed, and this is usually provided by screening off a portion of the examination room or massage room.

The special equipment usually required is as follows—the approximate cost being added in brackets:—

1. In the Massage and Remedial Treatment room:

Massage Couch (£5). Wall Bars (£2 2s.). Gymnasium Stool (£1 5s.). Bristow Coil (£5 10s.). Galvanic Battery (£4).

2. In the Examination Room:

Examination Table (£2 to £5). Screens, table and chairs.

3. In the Plaster Room:

Plaster Table (£2). Head Suspension Apparatus (£2 15s.). Plaster Shears (£2 15s.). Plaster Knives, Bandages, etc. (Approx. £3).

The minimum cost to equip a Clinic would range between £30 to £40.

It is clear that a comprehensive scheme of this nature is not always immediately practicable. In some cases there is no hospital available in the area, and in others the provision of facilities for after-care presents exceptional difficulty. Where there is at present no hospital available in the neighbourhood, arrangements could probably be made for the children who require in-patient treatment to be sent away to one of the recognised Orthopaedic hospital schools, some provisional scheme being devised whereby the Orthopaedic surgeon can pay occasional visits to the area and keep the work under his general supervision. In such cases as this it is of particular importance to secure close co-operation between the Authority's Medical Officer and the Surgeon, so that the former may be in a position to see that the treatment prescribed is properly and efficiently carried out at the local clinics.

The difficulties arising from the remoteness of the hospital and relative infrequency of the surgeon's visits to the area might be still further mitigated by the employment on the Authority's school nursing staff of Orthopaedic nurses specially trained at the particular hospital to which the children are sent.

Whilst the primary object of Orthopaedic surgery is the provision and cure of crippling defects, the immediate concern of local Education Authorities in conducting such a scheme is to secure that, so far as it is possible, no child shall be precluded by reasons of such defects from attending the ordinary Public Elementary Schools or from deriving proper benefit from instruction therein.

The aim of the Authority should, therefore, be to see (a) that the defect is discovered at as early a stage as possible and promptly treated (b) that treatment is, if practicable, carried so far in the hospital that the child is able to return to ordinary school without delay, and (c) that any necessary after-care or treatment at the Clinic is so conducted as to cause the minimum of interference with the child's education. So far as present knowledge goes, it is probable that there will always be a small number of children for whose education provision will have to be made in residential special schools for cripples, but an advance has been made in recent years in Orthopaedic surgery which gives good ground for the belief that the immense majority of cases of crippling defects, if taken in time, can be so far remedied as to enable the children to continue to live in their own homes and to attend regularly the same school as their fellows and to live useful and happy lives when their school days are over.

Partial or complete schemes for Orthopaedic treatment of school children have already been approved by the Board in the areas of some 20 local Education Authorities, and I quote two or three as given by the Chief Medical Officer.

1. **At Wallasey.** The Education Authority have established and equipped their own Orthopaedic Clinic with a fully qualified Masseuse who works under the supervision of an Orthopaedic Surgeon from the Leasowe Open-air Hospital School. The Orthopaedic Surgeon visits the Clinic once a month. Cases needing in-patient treatment are taken into the Leasowe Hospital and all necessary following up is done by the school nurses.
2. **At Walthamstow.** A local voluntary Committee have opened a small Orthopaedic Hospital for children conducted on open-air lines, and appointed an Orthopaedic Surgeon from London. The Education Authority who are working in co-operation with this Committee have established an Orthopaedic Clinic, and have arranged for the Orthopaedic Surgeon to visit regularly.
3. **At Swansea.** The Education Authority have made arrangements with an Orthopaedic Surgeon from Cardiff to visit the Clinics periodically, in-patient treatment being provided at the Cardiff Orthopaedic Hospital. The Assistant School Medical Officers supervise and carry on the after-care in between the consultant's visits. They see cases at the various school clinics most convenient to the parents.



