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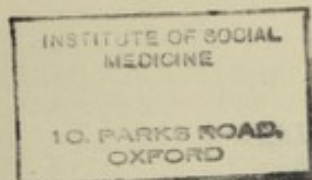
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COUNTY BOROUGH OF HASTINGS

LOCAL EDUCATION AUTHORITY.

ANNUAL REPORT

of the

SCHOOL MEDICAL OFFICER

for the year 1948.

G.R. BRUCE, O.B.E., M.A., M.D., D.P.H.

School Medical Officer.

COUNTY RECORDS OF HASTINGS

LOCAL RESOLUTIONS AND ORDINANCES

ANNUAL REPORT

OF THE

BOARD OF SUPERVISORS

FOR THE YEAR 1900

C. E. BURR, C. E. R., H. D. D. D.

San Francisco, California.

Public Health Department,
44 Wellington Square,
HASTINGS.

April 1949.

To the Chairman and Members of the Education Committee
of the County Borough of Hastings.

Mr. Chairman, Ladies and Gentlemen,

I beg to submit herewith the annual report on the working of the School Medical Service for 1948, again considerably curtailed in accordance with the instructions of the Ministry of Education.

During 1948 the number of children on the school registers was again actually higher than the pre-war level, the numbers at the end of 1948 under the new classification being as follows:-

	<u>1948.</u>	<u>1947.</u>
Secondary (including Grammar Schools)	2,617	2,399
Primary County	2,559	2,590
Primary Voluntary	1,520	1,625
Nursery Classes	126	309
Schools for Handicapped Children	158	159
Total	<u>6,980</u>	<u>7,082</u>

It will be noted that the total number of children on the register is slightly less than in 1947, but this is due to the closing down of the nursery classes in a number of the older infant departments, a wise precaution in view of the great increase in the birth rate since 1945, and the loss of some infant departments in several of the older church schools as a result of enemy action. This measure may just allow, but no more, the admission of the five year olds for the next year or possibly two years, when the full force of the increased birth rate, in terms of infants between 300 to 400 each year about the average former intake, will begin to be felt. The whole matter has been dealt with in an illuminating report by the Chief Education Officer, the conclusions being:-

"In conclusion, the problem may perhaps be simply stated as follows: in order to cater for the increase in the birth rate in classes of 40, and continuing to use all existing accommodation to its limit, the Authority must provide the equivalent of two infants' schools by 1951, three junior schools by 1953 and two secondary schools by 1957."

While the older infant schools may not in most cases at present, actually be overcrowded, these, and particularly the old church schools as I have stressed in previous reports, are very far from attaining a modern standard in lighting, ventilation, heating, cloakrooms and washing facilities, sanitary conveniences and playgrounds. When to this is frequently added overcrowded home conditions, possibly in basements, it is surprising that the general health, nutrition and vigour of the school children remain so satisfactory. I suggest that education in health matters, the well informed interest of many parents, school meals and milk, facilities for outdoor exercise and improved medical attention are important factors.

The special schools functioned practically to capacity, particularly the educationally sub-normal side at Hollington Special School, where the waiting list, however, has now been lessened materially. As stated previously, the open air school at Hollington suffers because it can only take one group of delicate children up to 9 years old, after which it is necessary to transfer them to the Robert Mitchell Open Air School at Ore, on the other side of the Borough. The disadvantage has been overcome to a considerable extent by the provision of the school bus, but the proposal for additional accommodation at Hollington is still definitely indicated.

The future of local authority school clinics and maternity and child welfare centres is bound up in the proposals for Health Centres under the National Health Service Act, 1946. Before the war, the provision of two combined centres (school and maternity & child welfare) was high on the priority list of Corporation new works. Health Centres under the National Health Service Act, to be provided by the local authorities, are at present admittedly in the experimental stage. Many authorities, including it is understood, the Ministry of Health, favour the inclusion of provision for school and maternity & child welfare services in these new Health Centres, which may be either central, large and complete with every facility almost equivalent to a hospital out-patient department, or of a smaller type, suitable for the outer edges of a town. Proposals and plans for Health Centres, including both local authority and general practitioner services, are available, for example from London, Portsmouth and other towns and, indeed, building has already started in the case of London. In Hastings one large comprehensive central, and two smaller outer Health Centres should be considered, embracing all services and so ensuring full co-ordination.

The Child Guidance and Speech Therapy Clinics, now well established, have been installed with much convenience and comfort, in the former Homeopathic Dispensary, centrally situated in Cambridge Road. The Orthoptic Clinic, now under the National Health Service will soon have adequate quarters in a specially adapted former civil defence building in the Royal East Sussex Hospital. The local Education Authority commenced during 1948 a special Orthodontic Clinic under Dr. Ian Chisholm at the Park View Dental Clinic. Reports in some detail of the work of each of these four special clinics are included in the main report.

In the opinion of my Deputy and myself, from observations at routine school medical inspections and at the clinics, the general health and nutrition of the children have remained satisfactory, the percentage of children with nutrition marked good (which includes very good) being 42, those marked poor being only 4.

During 1948 about 60 per cent of the school children had school meals and 5,296 children (85 per cent) had school milk, both of which must have been important factors, in spite of ration difficulties, in maintaining or even improving nutrition.

The incidence of infectious diseases, notably diphtheria (see later with regard to immunisation) was relatively slight, with the exception of some prevalence of whooping cough and measles. Fortunately there was no overspill in 1948, as was generally anticipated, from the 1947 outbreak of poliomyelitis.

The cleanliness of the children continued to be very satisfactory, particularly as regards gross infestation with lice.

Effect of the National Health Service Act, 1946 on the
School Medical Service.

The appointed day, 5th July 1948, brought profound changes in all the health services of the country, including the school medical service. Under the Act, every school child became entitled, as a right and as a member of an insured family, to medical and surgical services by the family doctor, and hospital, dental and nursing services. It was, therefore, essential to adjust and co-ordinate the school medical service to the new administration. In brief it meant that in addition to certain services which had to be carried out direct (e.g. routine school medical inspection, clinic work and minor ailments), the school medical service still had important duties to sort out and arrange - treatment in various directions and categories, to arrange for after-care and supervision from the preventive aspects, both initially and after hospital treatment. In detail the effects on the service are:-

(a) Routine School Medical Inspection:

This remains exactly as before, a service directly carried out at the ordained age or special groups by the School Medical Officers of the local Education Authority. In fact with the leaving age at 15 and the increasing number of school children owing to the higher birth rate, the number of children to be examined has materially increased and will increase still further.

(b) The School Clinics:

In accordance with policy, and with the full approval of parents, school authorities, and also the hospitals and medical practitioners, the work of the school clinics continues, particularly in connection with minor ailments. The work carried out relieves the hospital out-patient and casualty departments and doctors' overcrowded surgeries. In addition the clinics now act as a sorting place, where children can be directed to the appropriate hospital department or to the general practitioner according to their needs. The School Medical Officer is an important link, particularly with the hospitals, and is in a specially favoured position through the clinic or routine school medical examination and special inspection to initiate treatment and watch children after hospital treatment.

(c) Ophthalmic Work:

Before the appointed day, refractions and special eye consultations had been carried out mainly by specialists appointed and paid by the local Education Authority, linked up with the school medical service as regards administration and working with the school nurse and school clerks. The local Education Authority also arranged for the supply of spectacles. There has been no essential change in the ophthalmic service, the administration, specialists, nurse and clinic staff continuing as before. The payment of specialists and provision of spectacles are now the responsibility of the local Executive Council under the National Health Service. There is a suggestion that this service will in the near future be operated through the special ophthalmic department of the Hospital Management Committee. Throughout the year, 625 children, as compared with 404 in 1947, were referred for refraction, and the very considerable waiting list resulting from the war years was thereby reduced to manageable proportions.

(d) The Orthoptic Clinic:

This clinic at the Royal East Sussex Hospital for the reduction of squint, by appropriate exercises of the eye muscles, is now the entire responsibility of the Hospital Management Committee. Cases of squint referred from the school medical service are seen by the Consulting Ophthalmic Surgeon and the appropriate treatment is prescribed. This department has developed considerably and outgrown its temporary and unsatisfactory quarters in the out-patient department, but an A.R.P. building designed for decontamination is being adapted and will provide very suitable accommodation.

(e) Ear, Nose & Throat Work:

Prior to the appointed day, operations for tonsils and adenoids were carried out at any of the three local hospitals by arrangement, the local Education Authority being financially responsible. Otherwise special consultations and operative work were dealt with by the Ear, Nose & Throat Departments. Now the Hospital Management Committee is responsible for all this work, including arrangements for operative treatment of tonsils and adenoids. The hospitals, however, still accept recommendations from the school medical service for treatment and due consideration is given to any request for priority of operation in the still rather long waiting lists.

(f) Orthopaedic Clinic - Royal East Sussex Hospital.

From the initial opening of the new building at the Royal East Sussex Hospital, the local Education Authority was financially responsible, along with the East Sussex County Council and the respective Health Committees, for orthopaedic treatment of school children, infants under five, and cases of tuberculosis being also treated. This proved a most satisfactory scheme. In addition to the clinic and its special treatment, short stay operation cases were admitted to the Royal East Sussex Hospital, long term cases to Chailey or other appropriate Orthopaedic Institutions. The Hospital Management Committee is now entirely responsible financially and administratively for the whole scheme, but fortunately there still remains a close connection between the clinic and the school medical service. Recommendations for treatment are sent exactly as before, and a reply as to acceptance sent from the clinic. Arrangements for after-care and supervision by the school medical service in the case of children who have completed treatment or of defaulters have been made and are being developed.

(g) Other Hospital and General Practitioner Treatment:

The school clinic (also routine school medical inspection) is an important sorting house for detecting complaints and symptoms at an early stage. In such cases the appropriate department, out-patient or in-patient, is contacted for an appointment with the specialist concerned and a personal letter is sent to the specialist giving details. Where necessary "follow up" by the school nurse is arranged. Similarly with the general practitioner - patients are recommended to ask for a consultation and where necessary the School Medical Officer gets into direct contact by telephone or letter.

(h) Supply of Information from the Hospitals:

In accordance with Circular 179 from the Ministry of Education dated August 1948, certain information as to patients has already been supplied and at present arrangements are being made for a systematic return of school children treated at the hospitals in-patient and out-patient departments, which will give necessary information for the Ministry's Annual Returns and also for the

development of care and after-care services, particularly in relation to cases of diabetes, rheumatism, orthopaedic cases, etc.

(i) Dental Treatment and Inspection:
Orthodontic Clinic:

This service (details in report) remains entirely the responsibility of the local Education Authority. It was decided to appoint an Assistant Dental Surgeon to devote one half of his time to the school dental service, the other half to provide dental treatment and inspection of expectant and nursing mothers and children under five years of age. Periodic advertisements have been issued in the appropriate channels at increased salaries, but until recently without success - the obvious reason being a general shortage of dentists and the financial attractions of the National Health Dental Service.

The Orthodontic Clinic (details in report), established at Park View Clinic in August 1948, remains the financial responsibility of the local Education Authority.

(j) Child Guidance and Speech Therapy Clinics:

The Child Guidance Clinic is a joint scheme with the East Sussex County Council Education Authority, the latter body being responsible for the administration, along with a joint consultative Committee including County Borough representatives. The Clinics are being run exactly as before the appointed day with the usual teams, i.e. Psychiatrist, Educational Psychologist, Psychiatric Social Worker and clerical assistance. Unfortunately at present, again due to lack of trained workers, we are without a Psychiatric Social Worker in spite of all efforts.

With regard to the general question of the future administration of this service, several consultations have been held with Dr. Tredgold, the Regional Psychiatric Officer, and as a result, it is probable that the Psychiatrists will be employed and paid by the Regional Medical Board, but absorbed into the present administration of the Child Guidance Clinics, which will remain under the control of the East Sussex County Council Education Committee and the joint consultative Committee.

The Speech Therapy Clinic remains the entire responsibility of the local Education Authority.

It emerges from this summary that all the hospital work and specialist branches are being continued, and indeed in some cases developed and extended; that in those cases, where the administrative and financial responsibility has passed over entirely to the Regional Hospital Board or the Hospital Management Committee, endeavours are being made to secure that liaison which is necessary for adequate care and after-care.

I wish to express my thanks to the members of the Education Committee, to the Chief Education Officer and his staff, to the Head Teachers and their staffs, and to all members of my staff for their valuable assistance and co-operation during the difficult period through which we have passed.

I am, ladies and gentlemen,

Yours faithfully,

G.R. BRUCE.

School Medical Officer.

1. STATISTICAL SUMMARY FOR 1948.

- (a) Routine medical examination of 1,581 children in the primary and 275 in the grammar schools. Total - 1,856.
- (b) Medical examination and treatment, where necessary, at the two school clinics of 1,692 children, who made 3,887 attendances.
- (c) 4,340 special inspections and re-inspections by the Medical Officers at the schools and clinics.
- (d) Examination by refraction of 625 cases of defective vision, spectacles being prescribed for 391 children and supplied to this number.
- (e) Operative treatment of 362 cases of enlarged tonsils or adenoids, or of both conditions, at the local hospitals.
- (f) 1,015 minor ailments treated at the two clinics.
- (g) Provision of simple treatments, e.g. lotions, ointments, dressings, and nutritive drugs, total issues 1,329.
- (h) Dental inspection of 3,540 children, 898 being actually treated (including casuals).
- (i) Cleanliness inspections at the schools by the school nurses of 22,585 children, 310 individual pupils being found defective in varying degrees.
- (j) Control of infectious diseases, the total exclusions for all purposes being 237. Total home visits 1,169.
- (k) A complete orthopaedic scheme for the treatment of postural defects and crippling (see special report).
- (l) Child Guidance, Speech Therapy, Orthodontic and Orthoptic Clinics (see special reports)

2. CHANGES IN THE STAFF, SCHOOL MEDICAL SERVICE.

Resignations:

Dr. K.J. Grant, Deputy School Medical Officer - May 1948.

Miss I.M. Plummer, School Clinic Clerk - February 1948.

Miss O. Rand, School Dental Clerk - August 1948.

Appointments:

Dr. T.H. Parkman, Deputy School Medical Officer - August 1948.

Miss E.M. Leahy, Senior Health Visitor and School Nurse -
September 1948.

Miss L. Blackman, School Clinic Clerk - February 1948.

Miss R. Skeggs, School Dental Clerk - September 1948.

3. ARRANGEMENTS FOR MEDICAL, DENTAL, AND CLEANLINESS INSPECTIONS AND TREATMENT DURING 1948.

During 1948, medical, dental and cleanliness inspections were carried out on the lines laid down by the regulations of the Ministry of Education.

I have dealt fully in the introduction with the inauguration of the National Health Service on the 5th July 1948 and its general effect on the working of the school medical service. I would emphasize again that, while there have been changes in certain directions as set out, in the methods of administration and operation of the school medical service, particularly those relating to hospitals and consulting staffs, all the existing arrangements have been continued, both as regards hospitals in the town and all the special institutions for the admission of severely handicapped children, deaf, blind, physically defective, etc. The number of places available in these is as few as ever and great difficulty has been experienced throughout the year in obtaining vacancies, particularly for the deaf, blind and maladjusted groups.

4. PRINCIPAL HEALTH PROBLEMS.

There was no evidence during the year of any deterioration in the general health, nutrition or physical energy of the school children.

With regard to the out-break of anterior poliomyelitis (infantile paralysis) in 1947, there was no evidence of any return of this epidemic during 1948.

5. CO-ORDINATION WITH WORK OF OTHER HEALTH SERVICES.

- (a) Infant and Child Welfare.
- (b) Debililitated Children under School Age.

The Health Visitors are also School Nurses, so that all the medical and nursing services for the infant, the toddler, and the school child are closely co-ordinated and continuous. The toddler may attend the School Clinics, as well as the Infant Welfare Centres, and receive treatment for minor ailments, also dental treatment.

Under the National Health Service Act, 1948 arrangements for home nursing, home helps, care and after-care became the duty of the local authority. All these services as they develop will be of much assistance to school children as well as to the community as a whole.

6. SCHOOL HYGIENE.

All the pre-war schools except those damaged or destroyed by air raids are now in use. Three schools are now entirely out of action - St. Andrews, Holy Trinity and St. Mary Magdalen.

The development plan for the provision of new schools is now practically complete, together with the plans for the special schools and the school medical service generally.

During the year a number of prefabricated class rooms have been provided in several schools and have proved of great value. This, however, by no means solves the problem of the older schools which should be replaced by modern buildings and also of the

additional school population due to the increased birth rate, the accommodation for the infant group being required within the next two years. I have in previous reports commented upon the low standard of the older schools as regards essential matters of hygiene in comparison with modern buildings specially built for the purpose. All these points have been fully considered in the development plan for the future and need not be dealt with here in detail.

7. MEDICAL INSPECTION - PRIMARY AND GRAMMAR SCHOOLS.

1,856 children were examined at routine or special school medical inspections. The method of selection of children for examination is in accordance with the instructions of the Ministry of Education.

8. FINDINGS OF MEDICAL INSPECTION:-

Medical Treatment:

(a) Uncleanliness:

1. Average number of visits per school made during the year by the school nurses 14.
2. Total number of examinations of children in the schools by school nurses 22,585.
3. Number of individual children found unclean 310 = 1.3 per cent.
4. (a) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) Nil
- (b) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) Nil.

In previous reports I have discussed the provision of a disinfecting and cleansing centre in place of that at Rock-a-Nore now definitely and finally derelict as a result of the war. It has been necessary to continue to use the facilities available at St. Helen's Hospital disinfecting station and for cleansing in the wards, also, if necessary, similar facilities at the adjoining Isolation Hospital. These have certainly done excellent service and, with the good will of the staff, proved adequate for the purpose.

The position as regards the provision of a new ad hoc central disinfecting and cleansing station for all purposes at or near the Isolation Hospital was fully discussed with the Ministry of Health, the decision being that, in view of existing difficulties of labour and material and the general housing needs of the people, any proposals for this work must be postponed for the time being. With the co-operation of the Hospital Management Committee, arrangements have been made to continue public disinfection and cleansing of school children and toddlers at St. Helen's Hospital. The possibility, however, of the provision of a public disinfecting and cleansing station should be kept in mind as a necessary future development.

(b) Minor Ailments:

1. Ringworm - Scalp - 2 cases treated at school clinic.
Body - 14 cases do. do.

2. Scabies:

19 cases were diagnosed at school medical inspection, or at the school clinics. In addition a certain number should be added, diagnosed independently by general medical practitioners.

The situation as regards scabies has continued to improve year by year from the high incidence during the early years of the war. A few severe cases are still being dealt with as outpatients at the St. Helen's Hospital. Home treatment, however, has been accepted wherever bathing facilities are available and suitable, and parents have co-operated well, benzyl benzoate emulsion treatment being still used with good results.

School Children

St. Helen's Hospital.

- | | |
|---------------------------------|-----|
| (a) No. of new individual cases | 62 |
| (b) No. of baths or treatments | 146 |

3. Impetigo:

36 cases diagnosed and treated at school clinics.

4. Other Skin Diseases, Miscellaneous Defects:

Minor injuries, burns, scalds, septic sores, abscesses, etc., - 572 were treated.

5. Ear Defects:

148 cases were dealt with.

6. Tonsils and Adenoids:

97 children received recommendations from the school clinics for operative treatment at one or other of the hospitals. The conservative attitude with regard to operative treatment and long observation of cases before a definite decision is made has been continued.

7. External Eye Diseases:

284 cases received treatment at the clinics, mainly cases of blepharitis, conjunctivitis, corneal ulcer, etc.

8. Tuberculosis:

Co-operation and co-ordination with the Tuberculosis Clinic, which after the appointed day became the responsibility of the Hospital Management Committee, were fully maintained, particularly in connection with children attending the open air schools. Children who are under weight, debilitated, or have any suspicious symptoms are fully investigated by X-ray, clinical examination and tuberculin skin test and kept under regular supervision. They are retained at the open air schools until they are considered fit to return to an ordinary school.

9. Defective Vision:

625 children were refracted. 391 children were provided with spectacles under the local authority's scheme.

9. Defective Vision (continued)

The responsibility for the treatment of defective vision passed over to the new National Health Service on the appointed day, but there has been no immediate alteration in the method or administration of the service and in fact the number of children treated has been considerably increased.

The following is a short note dealing with the Ophthalmic Clinic (refractions and provision of spectacles) from Mr. Hollingsworth, the Ophthalmic Specialist for the Hastings hospitals, together with a reference to the development of the Orthoptic Clinic:-

"During 1948 the number of school children requiring refraction became more than I could deal with single-handed and Mr. Mason kindly offered to hold clinics as well. Later Dr. Goodwin, a practitioner with special ophthalmic experience, also came to our assistance. As a result regular weekly clinics are now held at the Buchanan Hospital and additional clinics as required, and the long waiting list has been considerably reduced. In all 608 cases of errors of refraction (including squint cases) were seen in 1948. I remain in general charge of the school clinics and see all cases of squint. Cases requiring orthoptic exercises are referred through me to the Orthoptic Department of the Royal East Sussex Hospital.

"The Orthoptic Department for muscle training of squint cases and other muscle imbalance was started at the Royal East Sussex Hospital in 1947. It suffered a severe set-back in February 1948 when one of the orthoptists resigned to get married, leaving only one visiting orthoptist holding three sessions a week. It was not until September 1948 that the services of a full-time orthoptist were obtained and the clinic was established on a firmer basis. In spite of the inadequacy of clinics during much of the year, 68 cases carried over from 1947 continued to attend and 54 new cases were seen. In all there were 882 attendances. A number of cases were discharged cured with true binocular vision, but there is still a depressing number of cases who have started treatment too late and are unlikely to be cured. Cases latterly are being referred at a younger age and the percentage of real cures should steadily rise.

"During the year 26 cases of squint were operated upon and there are a number on the waiting list."

10 Dental Treatment:

Mr. Penfold, the School Dental Officer, presents the following report:-

"It is becoming increasingly difficult to carry out satisfactory treatment for all school children. It was possible to visit rather less than half of the schools for inspection purposes. So much time is taken up dealing with casual cases that routine work is considerably held up. It is of course a vicious circle, the longer the interval between inspections, the greater the number of applications for treatment by casual cases. 1,045 casual cases were seen during the year as against 898 routine.

"Whilst some 20 children under school age attended at the clinics on 45 occasions and secured treatment, it was not deemed possible to undertake the treatment of expectant and nursing mothers without curtailing still further the treatment of school children. All necessary adjustments of equipment have been made so that this work can be started as soon as the necessary increase in staff can be brought about."

During the year, in view of the increasing number of cases requiring specialist orthodontic treatment for irregularities of teeth, it was decided to commence a regular clinic for this purpose at Park View Clinic once a fortnight under Dr. Ian Chisholm. Previous to this single cases as they occurred had been contracted for by individual dental surgeons. The clinic has developed steadily since its commencement, the number of sessions having been increased to one a week as the new cases mounted up, together with the recurring visits of the older patients.

I am obliged to Dr. Chisholm for the following report:-

"The Orthodontic Clinic at Upper Park Road was opened on the 14th May 1948. At first fortnightly sessions were held, but it soon became apparent that the number of children requiring treatment could not be met. Now, weekly sessions are held, and appointments at twenty minute intervals.

"42 children have been inspected and 40 have undergone or are undergoing treatment up to the 24th March 1949.

"49 appliances have been made, and in the majority of cases the necessary co-operation of the child and its parents in the wearing and adjustment of the appliance has been good.

"The treatment is often prolonged, two or three years being necessary in some cases, and very few obtain results in less than a year. This means that fewer and fewer new cases can be taken on in the coming year, and if the demand remains high, in future years, unless more sessions are held."

"The smallness of the dental surgery and lack of room for keeping and classifying the accumulating models of the mouths are drawbacks, which I hope can be remedied in the future."

9. INFECTIOUS DISEASES:

No school closure was required. The following table shows the incidence of notifiable infectious diseases reported by medical practitioners amongst the school children:-

Scarlet fever	...	...	...	44
Erysipelas	...	...	...	2
Poliomyelitis	...	...	...	1
Measles	...	...	...	196
Whooping cough	....	...	...	72
Diphtheria	...	...	...	-

Attention has recently been focussed on plantar warts, a painful, infectious and troublesome foot condition. Many authorities consider swimming baths and public slipper baths as the most likely source of infection, whilst the communal use of plimsolls for games and gymnasium is also suspect as a means of spread. Investigation of this problem in Hastings is proceeding at the present time concurrently with therapeutic treatment.

(a) Anterior Poliomyelitis.

A special report was included in last year's annual report with regard to the out-break of anterior poliomyelitis, particularly among cases of children of school age. It was anticipated that there might well be a slight recrudescence of this disease in the summer and autumn of 1948. Fortunately this has not occurred.

(b) Apart from increased numbers of measles and whooping cough, particularly in the autumn months, which necessitated the admission of a certain number of cases to the Isolation Hospital, the incidence of infectious cases was relatively light.

(c) Anti-Diphtheria Immunisation:

The immunisation campaign continued during 1948 with the co-operation of the teachers, parents and others concerned.

A special effort is always made at the commencement of each term to protect children on entering school who have not been immunised previously and in addition to emphasize the value of boosting injections in children immunised in the first year of school life. Actually the total number of children completely immunised was 919, 48 of school age and 871 under school age. 190 children received boosting injections. The percentage of children under the age of 5 years now completely immunised is approaching a very satisfactory percentage, but the principle of boosting injections still requires to be more fully accepted.

63 Schick tests were carried out to show whether the immunisation was complete, it being the custom to only make a certain proportion of tests of all children immunised. The results were as follows:-

4 were definitely positive.
1 was pseudo positive.
13 were pseudo negative.
6 did not attend for reading.
39 remaining cases were negative.

The value of the campaign is proved by the reduction of the incidence and death rate of diphtheria, both nationally and locally, not a single death for 10 years with an annual incidence averaging 4 to 5 cases, mostly mild.

The immunising agent was as before - A.P.T. dosage .2 and .5 c.c. Re-inforcing injection A.P.T. .2 c.c., lately changed to T.A.F. 1.0 c.c.

(d) Notification of Infectious Diseases:

Reported by head teachers, school nurses, school enquiry officers:-

Whooping cough	...	...	...	221 cases
Measles	...	...	...	162 do.
Chicken pox	...	...	...	25 do.
Mumps	...	...	...	37 do.

(e) Exclusions from School:

237 children were excluded from school by the School Medical Officer for the following diseases:-

Infectious diseases (including rheumatism and influenza)	...	...	...	31
Diseases of the skin (including ringworm and scabies)	...	...	...	46
Inflammatory conditions of the throat (tonsillitis, adenitis, etc.)	...	...	...	33
Nervous conditions (including chorea, epilepsy, etc.)	...	...	...	1
Diseases of the digestive system	...	...	...	3
Bronchial catarrh and colds, etc.	...	...	...	9
Heart disease	...	...	...	1
Injuries	...	...	...	2
Diseases of the ear	...	...	...	16
Diseases of the eye	...	...	...	26
Nits and vermin and uncleanness	...	...	...	57
Other diseases	...	...	...	12
Total				<u>237</u>

10. FOLLOW UP - WORK OF SCHOOL NURSES.

Visits of nurses to schools	...	...	...	418
Visits to homes:				
By direct instruction of School Medical Officer	...	...	...	350
At request of School Enquiry Officer	...	...	...	64
Following up cases of uncleanness	...	...	...	284
General cases, following up	...	...	...	471
School visits - miscellaneous	...	...	...	170
Total				<u>1,757</u>

Examinations for uncleanness:

Primary	...	...	...	...	20,536
Secondary	...	...	...	...	2,049
Total					<u>22,585</u>

11. PROVISION OF MEALS AND NUTRITION OF CHILDREN.

Considerable improvements were made both with regard to the provision of additional kitchens and dining rooms during the year. Developments, which will be to the great advantage of the service, are continuing. The school medical service co-operates with the School Meals Organiser, particularly in connection with all matters relating to general hygiene and the prevention of infection in food. Milk samples for bacteriological analyses have been taken regularly throughout the year and latterly the results have been on the whole very satisfactory.

Mrs. Ravaut, the School Meals Organiser, reports as follows:-

"Total meals served 1st January to 31st December 1948 - 849,094.

Number of centres where meals served:-

1st January 1948	21 plus Central Kitchen
31st December 1948	22 plus 2 Central Kitchens.

"Number of staff employed:-

1st January 1948	144
31st December 1948	139

In addition to the above, 8,355 meals were served to an independent school (Ladies College).

Over the year there was an increase of 59,000 meals."

It is estimated after making allowance for "staggered" school holidays that approximately 60 per cent of the school children received midday meals throughout the year.

No. of Children partaking of Milk at School.

<u>Date</u>	<u>School</u>	<u>No. of Children taking Milk</u>	<u>No. of Children in School</u>
5. 2.48	Primary	3,408	3,869
	Secondary	1,545	2,231
2. 6.48	Primary	3,600	4,087
	Secondary	1,575	2,169
	Day Specials	125	125
6.10.48	Primary	3,370	3,725
	Secondary	1,799	2,472
	Day Specials	127	128

12. SCHOOL BATHS, CLEANSING.

Reference has already been made to the use of the St. Helen's Hospital and if necessary the Isolation Hospital for this purpose. There appears to be no likelihood of an ad hoc cleansing station being established in the near future. The Ministries of Health and Education, however, have approved the present arrangement, which is operating satisfactorily. It is gratifying to state again that the number of cases of verminous children and of scabies requiring hospital cleansing is now relatively small.

13. CO-OPERATION OF TEACHERS, PARENTS, SCHOOL ENQUIRY OFFICERS AND VOLUNTARY BODIES.

This has been fully maintained.

The attendance of parents at routine school medical inspections was high.

14. BLIND, DEAF, EPILEPTIC AND OTHER HANDICAPPED CHILDREN.

The index system has been kept up to date and cases are followed up. Reference has already been made in the introduction of the report to the facilities for educationally sub-normal and delicate children in our two special schools, the Hollington Special and Open Air School and the Robert Mitchell Open Air School.

14. (a) Open Air Schools:

The following notes are contributed by Dr. Parkman, the Deputy School Medical Officer:-

"The borough is particularly fortunate in having two excellent special schools in which delicate children can receive a satisfactory education under conditions especially favourable from the point of view of their health. The Hollington school provides accommodation for 20 pupils of ages 5 - 9 (inclusive), the Robert Mitchell Open Air School for 60 pupils of ages 5 - 15. Both schools are of the open-air type, with large, sunny and airy classrooms giving the best possible health conditions; the regime of organised rest periods and special supervision for each child in accordance with his capacity, together with good dinners and meals, greatly assists the handicapped child on his way to normal health.

Transport facilities are provided by the school bus, which collects and returns the pupils from convenient points throughout the borough.

An analysis of the numbers attending during 1948 is as follows:-

	<u>Hollington</u>	<u>Robert Mitchell.</u>
No. remaining on register,		
1st January 1948 ...	16	45
No. of admissions during year ...	12	43 x
No. of discharges during year ...	12	32
No. remaining on register,		
31st December 1948 ...	16	56

x Includes 3 cases transferred from Hollington Open Air School.

The conditions from which the children attending these schools during the year were suffering are as follows:-

	<u>Hollington</u>	<u>Robert Mitchell.</u>
Debility and subnormal physique	17	34
Spastic paralysis and other		
crippling conditions ...	3	2
Debility and mental retardation	1	1
Congenital heart disease ...	2	5 x
Asthma ...	2	11
Chronic bronchitis ...	1	6
Rheumatism and chorea ...	1	2
Severe anaemia ...	1	-
Multiple defects (cleft palate and		
mental retardation) ...	-	3
Tuberculosis of glands and bones	-	9
Debilitated tuberculosis contacts		
and primary lung infections -	-	14
Partially blind ...	-	1 ø

x Includes one child also partially deaf.

ø Temporary blindness awaiting squint operation.

It should be remarked that the cases shown as tubercular are all, without exception, non-infectious "closed" cases, so that there is no danger in any way of the infection affecting other pupils.

Children discharged during 1948.

Hollington. Robert Mitchell.

Transferred to ordinary school system	7	....	29
Transferred to other special institutions or schools	1	....	-
Transferred to Robert Mitchell Open Air School	3	....	-
Left district	1	....	2
Left on attaining school leaving age ...	-	....	1

Much of the success of these schools is due to the unremitting vigilance and sympathetic handling of the children by the staff, to whom all credit is due."

14. (b) Educationally Sub-Normal Children:

1. Hollington Special School.

No. in attendance January 1948 ...	78
No. of admissions during year ...	11
No. of school leavers (15 and 16) ...	7
No. of transfers to ordinary schools ...	-
No. of transfers to institutions ...	-
No. of exclusions as ineducable ...	1
No. of exclusions as detrimental to other children ...	1
No. in attendance December 1948 ...	80

2. Ascertainment.

No. of children referred to School Medical Officer for examination on form 2 H.P. during 1948 ...	32
No. of children recommended for Educationally Sub-Normal School ...	13
No. ascertained as ineducable ...	2
No. recommended to remain in ordinary schools ...	5
No. recommended for Open Air Schools ...	2
No. recommended for Child Guidance ...	7
No. recommended for Nursery School ...	1
No. temporarily excluded ...	2
	<hr/>
	32
	<hr/>

14. (c) Residential Treatment with Education:

Under the National Health Service, the local education authority remains responsible for the education of children in hospital residential institutions, such as:-

Heritage Craft Schools and Hospital, Chailey.
Royal National Orthopaedic Hospital, Stanmore.
Lord Mayor Treloar's Hospital, Alton.

In the more purely educational institutions, e.g. for the deaf and blind, the local education authority remains entirely responsible. It is still a difficult matter to get places in any residential institution, particularly for the deaf, blind and maladjusted, and also for educationally sub-normal children. Persistent and repeated application is the only method and in the end by good fortune most of the children have been placed. The total number of children in various institutions at the end of 1948 was:-

Blind	...	...	...	...	2
Deaf	...	...	...	...	2
Asthma	...	...	...	...	1
Spastics	...	...	...	...	2
Anterior Poliomyelitis	...	...	...	...	1
Cripple	...	...	...	...	1
Surgical Tuberculosis	...	...	...	...	5
Miliary Tuberculosis	...	...	...	...	1
Total					<u>15</u>

(d) Special arrangements for the attendance of children suffering from diabetes continued to be made under the National Health Service at the Special Clinic at the Royal East Sussex Hospital. It is hoped to develop more after-care attention for these children by the Health Visitors and also to create other groups, in special clinics if possible, e.g. chorea, heart, rheumatism and asthma.

Children suffering from orthopaedic conditions and tuberculosis are already dealt with in their appropriate clinics, both for treatment and after-care.

15. TEACHING OF MOTHERCRAFT TO SENIOR GIRLS.

Opportunities for carrying out this work have been curtailed because of shortage of staff, but the school nurses keep in touch with the Head Teachers with regard to the whole matter and help generally.

16. ORTHOPAEDIC CLINIC, ROYAL EAST SUSSEX HOSPITAL.

The orthopaedic clinic continued after the appointed day very much on the previous lines with Mr. D.N. Wilson, the Orthopaedic Surgeon, in charge as before. The school medical service continues to refer cases, the acceptance of which is reported by Mr. Wilson.

The various elements in the scheme, consultation, arrangements for clinic treatment (massage, electrical treatment, exercises, etc.), short and prolonged inpatient treatment at the Royal East Sussex Hospital, reference to orthopaedic hospitals for long term stay, all continue. An important feature now receiving consideration and

definitely requiring development, is a scheme for full co-operation between hospital, clinic, and school medical service in order to follow up cases treated and defaulters; also if possible to ensure that simple exercises can be continued in the home and at school in the hope of preventing relapses.

	<u>Orthopaedic</u> <u>Cases</u>	<u>Sun-Ray</u> <u>Cases.</u>
No. of new cases referred by the School Clinics during 1948	104	3

I am indebted to Mr. D.N. Wilson, Orthopaedic Surgeon, for the following report:-

"With reference to the Children's Orthopaedic Clinic, this is being continued on practically the same lines as hitherto. The only difference is that I now see all children of school age at this clinic, whether sent by the school authorities or by their own private doctors.

The results during the past year have been quite good and attendances on the whole have been rather better than hitherto. I agree that much could be done for these children by a reliable follow-up system, although in practice one finds that, where there is no maternal interest in a child's attendance, it is equally true that there is no interest taken in the treatment and the performance of exercises in the home. Compulsory attendance at a clinic is, therefore, of relatively little value. I am referring principally to children with curvatures of the spine and children with flat feet. On the whole, one finds that lack of maternal interest in this community is the exception and I feel under these circumstances all I can do is notify you that further treatment is of no avail.

With regard to the outbreak of infantile paralysis in 1947, a few of those cases are still attending and again results, on the whole, have been most gratifying. I have had only one unsatisfactory case, due to non-co-operation, which has been reported to you."

17. EMPLOYMENT OF SCHOOL CHILDREN, 1948.

The number of children medically examined for purposes of employment during the year was 51.

Details of the licences issued are as follows:-

Delivery of newspapers	...	...	9
Errands	...	...	27
Assisting in shops	...	...	12
Gardening	...	...	1
Assisting in delivery of bread	...	...	2
			<u>51</u>

18. CHILD GUIDANCE CLINIC.

The Child Guidance Clinic was transferred to the Homeopathic Dispensary at 33 Cambridge Road occupying the ground and first floor in March 1948. These premises are convenient, being central, suitable and comfortable, both for the staff and the children.

18. CHILD GUIDANCE CLINIC (continued)

The building is now the property of the Corporation and certain small improvements can be carried out to make the premises more satisfactory.

A report from the Psychiatrist, Dr. Pribram, and the Educational Psychologist, Miss Blythen, follows, from which it will be noted that there has been a welcome fall in the waiting list as a result of increased sessions and an alteration in the working, which, however, unfortunately reduces the amount of treatment which can be given.

"Last year we reported that the cases referred far exceeded the work which the clinic was able to carry out. The situation has not improved, and towards the end of the year it was found necessary to change the policy of the clinic and to make the service primarily diagnostic.

The diagnostic interview has established whether prolonged treatment is necessary, advice to parents, discussion with school or the question of suitable placement. Only the most acute cases can be taken on for treatment, and even so the waiting list for treatment will be a long one.

Miss Fish, the Psychiatric Social Worker, left the service at the beginning of December, and has not been replaced. Her work has been taken over partly by the Psychiatrist and partly by the Psychologist. Since Miss Fish left, the psychiatric sessions have been increased from three to four a week to give the time needed for taking social histories.

It cannot be emphasized too strongly that the service is still inadequate for the demands made upon it.

The following figures show the work done for the borough during the year:-

<u>Sessions</u>	...	...	...	...	140
<u>Psychiatrist:</u>	diagnostic interviews	...	...	...	34
	treatment interviews	...	...	...	208
<u>Educational Psychologist:</u>					
	Intelligence tests in clinic	...	...	...	23
	Coachings	...	...	...	31
	Tests in schools	...	...	...	20
	School Visits	...	...	...	20
<u>Psychiatric Social Worker:</u>					
	Interviews with parents in clinic	...	...	...	131
	Home and other visits	...	...	...	15
	School visits	...	...	...	2

During this year treatment begun in the previous year has been carried on with - 15 Hastings cases and 14 County cases.

18. CHILD GUIDANCE CLINIC (continued)

"In addition 34 new Borough cases and 14 new County cases have been seen. Details of these cases are given below:-

Old Cases:

Under treatment	...	...	3
Case closed - left area or transferred	...	...	2
do. - no co-operation	...	...	2
do. - at completion of treatment	...	...	8

Treatment Results:

			<u>Closed</u>	<u>Current.</u>
Satisfactorily adjusted	...	...	2	-
Much improved	...	...	4	1
Slightly improved	...	...	3	2
I.S.Q.	...	...	2	-
Deteriorated	...	...	1	-

New Cases 1948:

Diagnosis and advice	...	...	...	16
Diagnosed and awaiting treatment	...	...	...	4
Closed - left area or transferred	...	...	...	1
do. - no co-operation	...	...	...	1
do. - at completion of treatment	...	...	...	4
Under treatment	...	...	...	8

Treatment Results:

			<u>Closed</u>	<u>Current</u>
Satisfactorily adjusted	...	...	3	-
Much improved	...	...	1	4
Slightly improved	...	...	-	-
I.S.Q.	...	...	2	1
(Treatment just commenced)	...	...	-	3

Condition for which referred:

Organic disorder	...	...	...	2
Nervous disorder	...	...	...	3
Habit disorder	...	...	...	9
Behaviour difficulties	...	...	...	19
Educational retardation	...	...	...	1

Sources of Referral:

School Medical Officer	...	...	...	14
Chief Education Officer and Schools	...	...	...	7
Juvenile Court	...	...	...	5
Parents	...	...	...	3
Private practitioners	...	...	...	2
Transferred from other areas	...	...	...	-
Social Agencies	...	...	...	3

34 "

The Child Guidance Clinic is undoubtedly doing excellent work in directions not previously covered, bringing to light many psychological difficulties, particularly in the home environment and mental characteristics of the parents. Unfortunately, the most important recommendation in many cases, i.e. removal from existing environment to a fresh environment, either foster home, residential school, or institution, is quite impossible to achieve at the present moment. Another difficult which has arisen is the transfer of Miss Fish, the Psychiatric Social Worker, by her appointment as Children's Officer for Hastings and Eastbourne. Miss Fish has done excellent work and unfortunately, up to date, it has been impossible to find a successor, Psychiatric Social Workers being in heavy demand and in short supply.

19. SPEECH THERAPY CLINIC:

During the year, Miss Davidson, who had done excellent work for a period of two years, resigned in September 1948 on marriage and was succeeded by Miss Boase. She reports as follows:-

"The Speech Clinic moved to 33 Cambridge Road on 3rd May 1948 and these premises have proved entirely satisfactory. The three rooms available provide an office, a relaxing room and a play room. Adequate furniture and necessary equipment for treatment is available. In September shelves were fitted in the cupboards to accommodate the books, toys and other equipment. In October, gas fires were put into the three rooms, and electric light was installed in the office, the one room in which it had not already been fitted.

Since Miss Davidson resigned from the post of Speech Therapist for Hastings at the end of July and I took over the work from her, the Clinic has been open for 8 sessions each week instead of 6. The number of applications for treatment has not, however, increased. Each patient is, therefore, able to have a full half hour of treatment each week, and in most cases can have individual attention which is of great value.

Although one can seldom claim to have raised a speech defective child's speech to the standard of an average speaker, 25 patients have made varying degrees of progress and were thought fit to be discharged during the year. Out of these 25, 17 were boys and only 8 were girls. Details of their speech defects are as follows:-

<u>Defect.</u>	<u>Girls</u>	<u>Boys</u>	<u>Progress Report.</u>
Dyslalia	5	11	Satisfactory progress in each case, some having reached a higher standard than others, according to their individual abilities.
Stammering	1	4	The girl and 3 of the boys made considerable progress, but the 4th boy who was of low intelligence, made little progress and was discharged when he left school.
Deafness	1	-	Unsatisfactory progress due to lack of home co-operation and temperament of child who was only 4 years old.
Nasal Speech	1	2	Good improvement in the case of one boy, the other boy and the girl made very little progress due to their low intelligence.

19. SPEECH THERAPY CLINIC (continued)

Number of new patients admitted during 1948	31
Number of patients discharged	25
Number of patients attending at end of year	48
Total number of patients who have received treatment during the year	73

Proportion of appointments kept: 1343/1675 = 80%

Types of Cases:

Stammering	- 25
Dyslalia	- 35 (which includes 5 cases of stigmatism)
Nasal Speech	- 3
Deafness (partial)	- 4
Cleft palate	- 6

Average attendance at each session:

Mornings	- 6
Afternoons	- 9

Visitors to the Speech Clinic during the year include 4 West African Students and a number of Student Health Visitors.

On the whole treatment during 1948 has progressed satisfactorily, due I think to the help and co-operation, that I and Miss Davidson have received from all those who are connected with the clinic."

It will be noted that the progress of the Speech Therapy Clinic is fully maintained. I have heard many favourable observations on the value of the work.

20. REPORT OF THE ORGANISER OF PHYSICAL EDUCATION:

For several years I have had the advantage of a report from the Organiser of physical education, Miss Duke, now Mrs. Rock. The appointment, however, has not yet been filled since Mrs. Rock's resignation in the autumn of 1948, the teachers who are specially interested in physical training and organised games being responsible in the various schools. I have, however, every reason to believe that the work had been well organised and developed to such a degree that it can be carried out successfully by those interested.

One important point, however, is the question of co-operation as regards treatment for bad posture, which still remains a very common feature in the case of children in their late school years. The number of such children is so great, that only the worst can obtain active treatment for any length of time at the Orthopaedic Clinic. It is absolutely essential in minor cases for exercises adapted for this purpose to be given at the school and in the home. Mrs. Rock took a great interest in this particular phase of physical training and was most helpful. The school medical service still continues to keep this end in view through the teachers.

Dr. Parkman, the Deputy School Medical Officer reports:-

"The most prevalent defects in the school leaving age group are faulty posture and abnormalities of the feet. The majority of these appear for the first time in the last four years of school life.

Almost all of the cases of kyphosis ("round shoulders") are postural and can be corrected completely when the child is made to stand erect. The slackness of posture appears to be due partly to lack of muscular tone generally, connected with rapid growth and early adolescence, and partly to faulty habits in neglecting to stand, walk or sit correctly, this latter requiring an unremitting voluntary effort on the part of the child.

Remedial exercises at the orthopaedic clinic or in special gym classes at school are of great help in toning up the slack muscles, but even daily exercise periods cannot cure the condition if the child is allowed to "slouch" for most of the day at school and at home. It is of the utmost importance, therefore, that parents and teachers alike insist that these children always sit and stand correctly, both at work and at leisure. Parents too should realise their responsibility in seeing that the remedial exercises taught by the clinic are carried out daily, regularly and correctly.

Varying degrees of hallux valgus (pushing across of the big toe with thickening of the joint leading later to bunion formation) are frequently found in adolescent girls, only infrequently in boys. There seems little doubt that this deformity is accelerated, if not actually produced, by the more pointed shaping of girls' shoes; although much better in aesthetic appearance than square-toed shoes with a straight inner border, they are to be deprecated on functional grounds. Constant wearing of socks which are too tight in the foot, especially woollen socks which stiffen with use, also probably aggravates the condition.

Finally, I have noted on many occasions in the past that schools in which plimsolls are worn for long periods of the day ("to prevent spoiling the floors and for quietness sake") produce a high incidence of flat feet amongst adolescents, particularly boys."

MINISTRY OF EDUCATION TABLES.

TABLE I. - Medical inspections of children attending maintained primary, secondary and grammar schools:-

(a) Periodic Medical Inspections:

Number of inspections in the prescribed groups:-

Entrants	...	...	...	627
Second Age Group	...	...	...	593
Third Age Group	...	...	...	636

1,856

Number of other periodic inspections ...

-

Total ... 1,856

(b) Other Inspections:

Number of special inspections 1,833

Number of re-inspections 2,507

Total ... 4,340

TABLE II - Classification of the nutrition of children inspected during the year in the routine age groups.

Age Groups	No. of Children Inspected	A		B		C	
		Good		Fair		Poor	
		No.	%.	No.	%.	No.	%.
Entrants	627	224	36	358	57	45	7
Second Age Group	593	280	47	291	49	22	4
Third Age Group	636	280	44	341	54	15	2
Other periodic inspections	-	-	-	-	-	-	-
Total	1,856	784	42	990	54	82	4

TABLE III - Group I - Treatment of Minor Ailments
(excluding uncleanness)

(a) Total number of defects treated or under treatment during the year under the authority's scheme ... 1,930

(b) Total number of attendances at authority's minor ailments clinics ... 3,884

Group II

Treatment of Defective Vision
and Squint

Under the Authority's Scheme.

Errors of Refraction (including squint)

608

Other defect or disease of the eyes (excluding those recorded in Group I)

17

No. of children for whom spectacles were:-

(a) prescribed

391

(b) obtained

391

TABLE III - Group III. - Treatment of Defects of Nose and Throat.

	<u>Under the Authority's Scheme.</u>
Received operative treatment	362
Received other forms of treatment	140
Total number treated	502

TABLE IV - Dental Inspection and Treatment:

1. Number of children inspected by the Dentist:			
(a) periodic age groups	2,495		
(b) specials	<u>1,045</u>		
Total	...	...	3,540
2. Number of children found to require treatment	...		1,142
3. Number actually treated	...		898
4. Attendances made by children for treatment			3,477
5. Half days devoted to:			
(a) inspection	161		
(b) treatment	<u>439</u>		
Total	...	...	456
6. Fillings:			
Permanent Teeth	1,492		
Temporary Teeth	<u>689</u>		
Total	...	...	2,181
7. Extractions:			
Permanent Teeth	257		
Temporary Teeth	<u>1,381</u>		
Total	...	...	1,638
8. Administration of general anaesthetics for extraction	...		1,046
9. Other operations:			
Permanent Teeth	584		
Temporary Teeth	<u>195</u>		
Total	...	...	779

TABLE V. - Verminous conditions (page 8, paragraph 8)

TABLE VI - Blind and Deaf children

Number of totally or almost totally blind and deaf children who are not at the present time receiving education suitable for their special needs:

Blind - Nil
Deaf - 1 boy
 4 girls.

TABLE III - Growth III - Treatment of Defects of Bone and Teeth

United States	Foreign	Total
Received operative treatment	303	303
Received other forms of treatment	140	140
Total number treated	443	443

TABLE IV - Dental Inspection and Treatment

1. Number of children inspected by the Dental Service	2,497	
(a) periodic age groups	2,497	
(b) special	1,046	
Total	3,543	
2. Number of children found to require treatment	1,143	
3. Number actually treated	808	
4. Attendance made by children for treatment	3,977	
5. Half day devoted to:		
(a) inspection	164	
(b) treatment	4,303	
Total	4,467	
6. Fillings:		
Permanent Teeth	1,403	
Temporary Teeth	488	
Total	1,891	
7. Extractions:		
Permanent Teeth	277	
Temporary Teeth	1,181	
Total	1,458	
8. Administration of general anesthesia for extraction	1,046	
9. Other operations:		
Permanent Teeth	204	
Temporary Teeth	197	
Total	401	

TABLE V - Yaws conditions (page 6, paragraph 6)

TABLE VI - Blind and Deaf children

Number of totally or almost totally blind and deaf children who are not at the present time receiving education suitable for their special mental

Blind - All	Deaf - All
Blind - 111	Deaf - 111
Blind - 111	Deaf - 111