[Report 1930] / School Medical Officer of Health, Norfolk County Council.

Contributors

Norfolk (England). County Council.

Publication/Creation

1930

Persistent URL

https://wellcomecollection.org/works/m4ue2myu

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



AC.6446



NORFOLK EDUCATION COMMITTEE

ANNUAL REPORT

OF THE

School Medical Officer

FOR

1930





NORFOLK EDUCATION COMMITTEE

ANNUAL REPORT

OF THE

School Medical Officer

FOR

1930

MEDICAL INSPECTION AND ATTENDANCE COMMITTEE.

Members :

ARNETT, J. A.

BRETT, GEO.

CARR, MISS J.

COLMAN, MRS., O.B.E.

COPEMAN, A. G.

COZENS-HARDY, A.

DAY, H. A.

EDWARDS, SIR GEO., O.B.E.

GOOCH, Mrs. E. G.

GROOM, S. T.

JEARY, H. W.

PEEL, S.

PROUDFOOT, H. F.

SUFFIELD, THE DOWAGER LADY

TAYLOR, W. B., M.P.

TOWLER, W.

CONTENTS.

						PA	GE
Preface	en tobre.	· · · · · · · · · · · · · · · · · · ·	···		••• (1)		4
Blind Children						29,	30
Co-operation	ener Indice						30
Deaf Children		. To the state of				29,	30
Defective Children						29,	30
Dental Treatment	······································		i	wise salt i	14,	15,	33
Epileptic Children	250 20	all the table	and make	Ties mean		29,	30
Exclusion of Children		•••••••••••••••••••••••••••••••••••••••	**	·······································	10,	30,	31
Following up	o dinin	Digram.	Daylor			10,	33
Infectious Diseases	modil at a		Tanina aw		9,	10,	33
Medical Inspection						7,	32
do. do. Fin	ndings of	it-islanes,		skigning			8
do. do. and	d Attenda	ance Com	mittee				2
Medical Treatment	ed out the		··· audit	12, 1	13, 14,	32,	33
Miscellaneous Work	. Salaber						31
Numbers and Attenda	inces .					6,	31
Nurses—Work of						10,	II
Nursery Schools				l main			29
Open-air Education							29
Orthopædic Treatmen	t .					15—	-20
Physical Training	TEST .	/-H2000	Ma .T			20-	-29
Provision of Meals							29
School Baths							29
School Hygiene						6	, 7
Staff and Duties							5
Tables—Elementary						34-	
,, Secondary						42-	-46

PREFACE.

The following Report is the twenty-fourth of the series, and deals with the work of medical inspection and treatment of pupils attending the public elementary and secondary schools of the County during the year 1930.

Routine medical inspection has been carried out at every elementary school in the County, and the majority of schools have been re-visited. Of 13,026 children examined as routines, 23.85 per cent. were found to be suffering from diseases or defects other than dental caries and uncleanliness. 51.36 per cent. of these cases are known to have received treatment by the end of the year. It is gratifying to note the increase in the number of children that have received treatment for tonsil and adenoid and visual defects through the schemes of the Education Committee during the year under review. 31,341 children were examined by the School Dental Surgeons, of which number 60.01 per cent. were found to require treatment. Of these, 53.21 per cent. actually received treatment under the scheme. Although it has not been possible for each school in the County to receive a visit from one of the Dental Surgeons, there is an increase in the number of children inspected and the percentage actually treated.

Of the pupils attending secondary schools, 1,174 were examined in the course of routine medical inspection, and 14.39 per cent. found to be suffering from disease or defect, other than dental caries, sufficiently serious to require treatment. Of these, 47.72 per cent. are known to have received treatment by the end of the year. 1,044 pupils were examined by the School Dental Surgeons. 56.41 per cent. were found to need dental treatment, 65.53 per cent. of whom actually received treatment.

In conclusion, I wish again to place on record my appreciation of the whole-hearted co-operation given by the professional, nursing and clerical staff.

T. RUDDOCK-WEST, M.D., B.S., D.P.H.

School Medical Officer.

County Public Health Department, 29, Thorpe Road, Norwich, March, 1931.

ANNUAL REPORT

OF THE

School Medical Officer 1930.

STAFF AND DUTIES.

The School Medical Officer is also County Medical Officer of Health. The Senior Assistant Medical Officer, who also acts as Deputy County Medical Officer, in addition to routine administrative and supervisory work in connection with school medical services, is a Certifying Officer in respect of mentally and physically defective children. Four Assistant Medical Officers devote their services to school medical work, one also acting as Medical Officer to an Infant Welfare Centre.

Six Dental Surgeons are employed, the services of one being shared with an adjoining Authority.

The nine School Nurses also act as Attendance Officers and Infant Life Protection Visitors.

In addition, the services of the part-time Orthopædic Surgeon and the Orthopædic Nurse, are utilised for examination and treatment of Education cases on the Orthopædic Register.

In connection with the treatment of visual defects the part-time services of five Ophthalmic Surgeons and eleven general practitioners with special experience in refraction work are utilised.

There is also a panel comprising fifty-five medical practitioners who have been approved for performing tonsil and adenoid operations under the Committee's Treatment Scheme.

Every possible effort is made to secure fullest co-operation with the general practitioners in the County.

The clerical work of the service is performed by the staff of the Public Health Department.

Further particulars concerning the professional and clerical staff will be found in my Annual Report as County M.O.H.

ELEMENTARY SCHOOLS.

(a) Numbers and Attendances. At the end of the year there were in the education area of the County 488 public elementary schools, having 539 departments; 218 were provided and 270 non-provided schools.

On December 31st, 1930, there were 43,673 children on the registers, 2,215 being under the "legal" age of five years. The average attendance during the school year (i.e., year ending 31st March, 1930) was 39,827.

(b) School Hygiene (i.) The duty of the School Medical Officer was outlined in the Report for 1929. It is also the duty of the District Sanitary Authorities to ensure due hygienic conditions in the schools in their area.

The Assistant Medical Officers at the time of their visits to the schools report on the hygienic conditions and such matters that warrant attention are referred to the Education Committee. During the year 441 defects affecting 174 departments were referred:—

Nature of Defect.					Number reported.
Desks-unsuitable and bad	type				86
Lighting—inadequate					31
Heating-inadequate					47
faulty					4
Ventilation—inadequate					40
Closets and urinals :—					
Insufficient accommoda	ation				6
Constructional defects	, faulty	drain	age		31
Unsatisfactory cleansin	g				13
Lavatories :-					
Inadequate accommoda	tion				14
Insufficient supply of to	owels				6
Repairs and improveme	ents req	uired			6
Cloakroom accommodation					15
School buildings-structura					13
Water supply :-					
Unsuitable arrangemen	nts				II
No drinking utensils					2
Playground surface :-					
Repair					33
Drainage					0
Untidy					I
Internal decoration needed					14
Defective floors					27
Uncovered ashpits					I
General cleaning unsatisfac					4
General drainage system					10
Provision of partitions				***	2
Disposal of refuse				State of the last	T
Provision of cycle shed					
Removal of gallery steps	***	***			4 2
Provision of dust-bin				Inches in	1
Additional accommodation	require	d			
Miscellaneous	require	CI.		SINGS I	4
Andermicous	A	2.		muşso	3

I am indebted to the Secretary for Education for the following particulars as to structural alterations, improvements, renovations, etc., carried out during the financial year ending 31st March, 1931:—

	Provided Schools.	Non-Provided Schools.
Structural alterations	 6	5
Improvements—Drainage	 II	Lines Alberta
Ventilation and		
lighting	 9	_
Heating	 0	
Playgrounds—Tarmac	 13	
Renovations	 21	24

- (ii.) Lighting and Heating. Reference to the number of defects referred for attention during the year will show that much remains to be done in this connection.
- (iii.) Drinking Vessels. I have nothing further to add to the remarks made in last year's Report.
- (iv.) Drinking Water. Five samples from school wells were examined in the County Laboratory during the year, three proving satisfactory on analysis, and two unsatisfactory.
- (v.) Playgrounds. Attention was drawn in my Report for 1929 to the unsatisfactory condition of the surfaces of many of the playgrounds. During the year reference was made to 42 schools at which repair or drainage of playground surfaces was necessary and while in some instances the defect has been dealt with, this is a matter needing consideration.
 - (vi.) Desks. The gradual replacement of obsolete desks continues.

MEDICAL INSPECTION.

The following groups of children were inspected:-

- (i.) Entrants, children entering school for the first time.
- (ii.) Intermediates, children eight years of age.
- (iii.) Leavers, (a) Children 12 years of age, (b) Children due to leave school during the year and not inspected while twelve years of age.
- (iv.) Children missed in above categories.
- (v.) Specials, children of various ages concerning whose conditions teachers, or parents, required advice.

The number of children examined in the various age groups is set out in Table I., page 34. It will be seen that 13,026 children underwent routine medical inspection, a further 3,307 being seen as "Special" cases. In addition, 18,586 found defective at previous medical inspections were reexamined, making a total of 34,019 examined during the year. All routine groups show a decrease, which may to a large extent be accounted for by the prevalence of Measles during the whole of the year under review.

A routine inspection was held in every school. There was a large increase in the number of subsequent visits to re-examine defective cases, viz., from 45 departments in 1929 to 269, while in addition 25 of the latter departments received a third visit.

The scope of inspection has been that outlined in the schedule of the Board.

FINDINGS OF MEDICAL INSPECTION.

(see Table II. page 35).

(a) MALNUTRITION. As a result of routine Inspection, 457 children were referred for treatment on account of their nutrition being below normal. The Assistant Medical Officers classified these cases as follows:—

(i.)	Nutrition subnormal	 	389
(ii.)	Nutrition poor	 	65
(iii.)	Definite malnutrition	 2.22	3

Of the group (iii.) cases, one child has been for some years under supervision by the Tuberculosis Officer, and the remaining two have been kept under observation.

This matter was dealt with in some detail in my Report for 1929.

(b) UNCLEANINESS. Out of 13,026 routine children inspected, 207 were noted for treatment for uncleanliness of head and 71 uncleanliness of body.

Reference to Page II will show that there is a considerable improvement in this respect.

- (c) Skin Diseases. These figures remain comparatively small and practically stationary.
- (d) EYE AFFECTIONS. 233 children were referred for treatment for blepharitis as a result of routine inspection, 22 for conjunctivitis and 1 for corneal opacities.
- (e) DEFECTIVE VISION. 398 children under routine inspection were referred for treatment and 731 noted for observation. 119 children were also recommended treatment as a result of special inspections.
- (f) EAR AFFECTIONS. The numbers referred for treatment amongst the routines were defective hearing 51, otitis media 38, and other ear diseases 40.

The services of a Consulting Aural Surgeon will be available in connection with any difficult cases during the coming year.

- (g) Affections of the Nose and Throat. 476 "routines" were referred for treatment for enlarged tonsils, 69 for adenoids and 775 for tonsils and adenoids. These figures show an increase. From the analysis of findings of medical inspection during the past five years given by the Chief Medical Officer of the Board in his Report for 1929 (page 9) it would appear that the figures for the country as a whole are showing an increase.
- (h) HEART AND LUNG AFFECTIONS. (Not including Tuberculosis). 34 cases are recorded as requiring treatment for bronchitis and 62 for other non-tuberculous diseases.
- (i) Tuberculosis. 5 "routines" were referred for treatment for pulmonary tuberculosis, 31 for tuberculous glands and 7 for other forms of tuberculosis.
- (j) AFFECTIONS OF THE NERVOUS SYSTEM. 13 children were noted for treatment and 51 for observation.
- (k) Deformities. 17 cases of rickets, 10 of spinal curvature and 54 other forms were marked for treatment during routine inspections. These figures all show a decrease although the numbers noted for observation (209) are larger than those for 1929 (127).

INFECTIOUS DISEASES.

The joint memorandum of the Ministry of Health and Board of Education of 1925 has again been followed.

22 visits have been paid to schools by Medical Officers in connection with outbreaks of infectious diseases. Full co-operation has been maintained with the District Medical Officers of Health, and valuable assistance has been given, especially in instances where a visit by a member of the medical staff proved impracticable. The services of the School Nurses have again been utilised; 156 visits having been paid in this connection. Wherever possible a visit by a medical or nursing member of the staff has been arranged.

Measles has been prevalent during the year throughout the County generally and has been responsible for more than one-half of the School Closures and nearly one-third of the individual exclusions issued.

Owing to a case of small-pox having been notified in one of the Districts, after consultation with the District Medical Officer it was deemed advisable to close the schools in the town for the five sessions prior to the commencement of the Christmas Holidays.

School Closures during 1930.

Under Article 45 (B Medical Officer		advice of School	65
Under Article 57 Authority	bу 	Local Sanitary	Nil
			65

The following Table gives the diseases responsible for closure, together with the number of school days lost through such action:—

Diseases.	No. of Closures.		No. of School- days Closed.
Coughs and Colds	II		58
Diphtheria	5		25
Influenza	6		45
Measles	37	salt and y	344
Scarlet Fever	3		23
Small Pox	3		$7\frac{1}{2}$
	65		5021

In all cases where closure was advised, the Head Teachers were requested to use their influence with the parents with a view to the children being kept apart as much as possible and where the closure was for an extended period to approach the local authorities as to closure of the Sunday Schools in the neighbourhood.

Exclusions.

13,002 children were temporarily excluded or re-excluded under Article 53 (B) on account of the following infectious diseases:—

Chicken Pox	 1690	Measles—English	 4356
Coughs and Colds	 2105	Mumps	 2156
Diphtheria	 165	Scarlet Fever	 413
Influenza	 290	Sore Throats	 428
Measles—German	 463	Whooping Cough	 936

94 complete classes were also excluded under this Article during the year.

Rule 23 of Schedule IV. of the Code—Paragraph 2 (a).

Under these regulations, 367 certificates were issued by the School Medical Officer where the attendance of a school fell below 60 per cent., and was reasonably attributed to the prevalence of epidemic disease in the district. The responsible diseases were:—

Chicken Pox		 9	Measles	 213
Coughs, Cold,	etc.	 22	Mumps	 34
Diphtheria		 18	Scarlet Fever	 3
Influenza		 3	Whooping Cough	 65

FOLLOWING UP.

No alteration has been made in the system of recording defective children in need of treatment in the Medical Log Book of the School. The cases in the first instance are followed up by the members of the Local Care Committees. In the event of no action being taken by the parents as a result of the efforts of the Care Committees, the cases receive the attention of the medical or nursing members of the staff.

During the year under review it has been possible to devote more attention to outstanding cases and this has some bearing on the increase of treatment obtained under the Committee's Schemes.

WORK OF THE NURSES.

(a) Minor Ailments.

- (i.) Treated at School Clinics. The six equipped Clinics have been attended weekly by the Nurses for the respective districts, an Assistant Medical Officer being in attendance monthly. A summary of the work performed is given on page 12, under Medical Treatment.
- (ii.) Treated at Schools or at Home. Children at schools not served by the Clinic Huts have again been followed up by the Nurses at the schools or in their own homes, and, where necessary, treatment has been carried out. The following cases were dealt with during the year:—

Impetigo	 741	Minor Injuries		 429
Scabies	 27	Ear Disease		 104
Ringworm—Scalp	 188	Eye Disease		 643
Ringworm—Body	 39	Miscellaneous	100	 202
Other Skin Diseases	 73			

In view of nine cases of Ringworm of the Scalp occurring at a school not covered by a Minor Ailments Clinic, arrangements were made for the Nurse for the District to visit weekly and give active treatment on the school premises. 20 visits were made, and at the end of the year only two of the cases remained uncured.

(b) Surveys of Children for Uncleanliness.

Number of visits to schools	4077*
Average number of visits made to each school visited	7.54
Total number of children examined	184,653
Number of individual children found unclean (i.e. vermin	
or nits)	4,408
Number of children excluded at the Nurses' visits	365
Number of Special Warning Letters re Nits sent to parents	23
Number of Letters sent on first exclusion	106
Number of "Final Warning" Letters sent to parents	55
Number of Homes visited	490
Result of "following up"—	
Clean	1,661
Improved	2,442
Unsatisfactory	305
*Includes 2,054 complete surveys of all children in school	

In 142 schools, on 325 occasions, all the children were found quite clean.

In the last Report, attention was drawn to the large increase in the number of "clean" schools (i.e., all children free from nits as well as from live vermin). There is a further increase of 25 schools during the year under review, bringing the total to 142, or more than one quarter of the schools in the County. In addition there is a fall in the number of individual children found unclean (from 5,313 in 1929 to 4,405), although the total number of children examined by the Nurses shows an increase of 13,354.

The position is one for satisfaction and reflects greatly on the work of the Nurses, the valuable assistance given by the Teachers, and also on the present-day attitude of the majority of the parents.

VERMINOUS PROSECUTIONS. 13 prosecutions for absence occasioned by uncleanliness were taken under the Attendance Bye-laws. Fines were inflicted in all cases amounting to £6. is. 6d., viz:—

$$\frac{20/-}{2}$$
 $\frac{14/-}{1}$ $\frac{10/-}{3}$ $\frac{7/6}{1}$ $\frac{5/-}{6}$

(c) Miscellaneous Work.

As has been mentioned, the services of the Nurses have been more fully utilised during the past year in connection with the outbreak of Infectious Diseases and the "following up" of Treatment.

MEDICAL TREATMENT.

(a) Under Education Committee's Scheme.

(1) Minor Ailments treated at School Clinics (see page 10).

		RE	SULT OF TREA	TMENT.			00-4-3
, DISEASES.			No. Individual children treated.	No. cured.	No. still to attend.	No. left or refused treatment.	attend- ances at clinic
Impetigo			501	495	52	14	2710
Scabies			3	3	-	Hori-	15
Ringworm—Scalp			10	I	8	I	181
Ringworm—Body			7	4	I	2	18
Other Skin Disease	S		181	152	27	2	1235
Minor Injuries			558	507	45	6	2026
Discharging Ears			41	17	19	5	653
Other Ear Diseases			28	26	_	2	102
Blepharitis			68	46	18	4	851
Conjunctivitis			21	18	2	I	154
Other Eye Diseases			13	12	I	-	54
Enlarged Glands			40	24	16	0001	543
Verminous			23	10	13	of organic	371
Miscellaneous		***	93	71	15	7	565
			1647	1386	217	44*	9478

^{*}Includes two refusals.

(2) Defective Vision-Refraction Work.

(a)	Vouchers issued on :— Ophthalmic Specialists Approved General Practitioners	185 72	257
(b)	by whole-time Assistant Medical Officers		787
			1044

Of the 257 vouchers issued on Specialists and approved General Practitioners, 12 were not utilised by the end of the year. The remaining 245 cases examined, resulted as follows:—

Glasses prescribed and obtained	 166
Glasses not necessary	 59
Glasses prescribed but not obtained by end of year	 18
Referred by General Practitioners to Specialists	 2

219 Refraction Clinics were held by the Assistant Medical Officers at 123 centres. Of the 787 children examined by retinoscopy, 653 were found to require glasses, 13 were referred to the Ophthalmic Specialists, leaving 121 cases in which provision of glasses was not indicated. Glasses were obtained by the end of the year in 606 instances, leaving 47 cases outstanding.

(3) Operations for Tonsils and Adenoids.

Vouchers issued on:-

General Pr	actitio	ners	 	375
Hospitals	***		 	574
				949

of this number, 188 were outstanding at the end of the year.

981 children are known to have received operative treatment during 1930, of which number 800 were performed through the Authority's Treatment Scheme.

Arrangements are in force with the Jenny Lind Hospital, Norwich, the West Norfolk and Lynn Hospital, King's Lynn, the North Cambridgeshire Hospital, Wisbech, and the North Walsham Cottage Hospital.

In the case of vouchers issued on general practitioners the operations are in many instances performed by local arrangements at Cottage Hospitals or Nursing Homes, while other practitioners perform operations at their own Surgeries, and arrange for a Nurse to be in attendance. Of such vouchers utilised during the year, 57.30 per cent. of the operations were carried out in Cottage Hospitals; 23.70 per cent. at the Doctors' Surgeries; 13.25 per cent. at the homes of the children and 5.75 per cent. at Nursing Homes.

The ideal scheme for treatment of tonsil and adenoid defects provides for at least over-night retention and while in a rural district this is often difficult to arrange, it is to be hoped that in time the difficulties will be overcome.

(4) Tuberculosis. All cases of definite or suspected tuberculous disease are, after reference to the general practitioner concerned, referred to the Tuberculosis Officers, and any necessary treatment provided under the County Council's Tuberculosis Scheme. In cases of tubercle of the bones and joints, the services of the Orthopædic Surgeon are available.

Details of the number of children under institutional treatment at the end of the year are given in Table III., page 38.

(b) Not under Education Committee's Scheme.

The figures given in the following Table relate to defects found as a result of inspection which are known to have been treated during the year apart from any scheme of the Education Committee. This information has been obtained from reports of the Local Care Committees; from reports of the Assistant Medical Officers after re-examination visits and in a few instances where no active Care Committee is in existence from the reports of the School Nurses:—

Defect.			Referred previous to 1930.	NUMBER	OF CHILDR Referred in 1930	EN TREAT	Total.
Malnutrition (including		bility,			HR LL		6
Underweight, etc	.)		49		77		126
Ringworm of Body					6		6
Other Skin Diseases			II		17		28
Blepharitis	***		39		32		71
Conjunctivitis			5	• • • •	11		16
Other Eye Diseases			4		9		13
Squint (operation)			2				2
Defective Hearing			6		5		11
Otitis Media			23		20	***	43
Other Ear Diseases			9		II		20
Defective Speech			4		101/101		4
Enlarged Glands (N	Von.	Ть.)	50		49		99
Heart—Organic			I		5		6
Heart—Functional			2		4		6
Anæmia			32		40		72
Bronchitis			9		16		25
Lungs, other (Non.	Tb.)		II		10		21
Epilepsy					3		3
Nervous, other			3		5		8
Rickets			4		_	***	4
Spinal Curvature			3		4		7
Other Deformities			6		8		14
Other Defects and Di	seases	š	62		79		141
					_		
	T	otal	335		411		746

DENTAL TREATMENT.

Treatment has continued to be carried out in the six fully-equipped horse-drawn vans and whenever possible urgent cases have been seen as specials.

All children in attendance are inspected on the occasion of the visits of the Dental Surgeons.

As is shown in Table IV., Group IV., page 41, 31,341 children were inspected during the year, 2,194 of this number being 5 years of age or under. The percentage of refusals for the year is 46.79, which is a decrease on the figure for 1929, and is approximately the same as that during the two preceding years. At a few schools, 100 per cent. acceptance of treatment has been received. The assistance given by Care Committees and Teachers has a large bearing on such a result.

Lectures by the Dental Surgeons are given to the children on the care of their teeth whenever opportunity permits.

Since the decision of the Committee in September 1929, to supply tooth-brushes to children at cost price, 1,624 brushes have been issued to approximately 130 schools.

ORTHOPÆDIC TREATMENT.

The Scheme, approved by the Board of Education and the Ministry of Health in 1927 for the treatment of children resident in the Administrative County suffering from crippling defects, has not been revised, altered or added to during the current year to any considerable extent and no outstanding difficulty has been experienced in the administration of the Scheme. The following particulars of course refer only to the treatment of cases for which the Education Committee is responsible, information respecting the treatment of Maternity and Child Welfare and Tuberculous cases appearing in my report as County Medical Officer.

(1) Ascertainment.

As is to be expected, the majority of cases notified for examination and/or treatment are the outcome of examinations by the Assistant Medical Officers. 132 new cases have been examined either by the Orthopædic Surgeon or the Orthopædic Nurse and 100 of these remained on the Register at the end of the year. The other 32 cases have not been retained owing to the following reasons:—

Left School—no further treatment	 	I
Treatment refused	 	8
No treatment needed or advised	 	18
Cured	 	4
Having treatment privately	 • • •	I
		32

14 cases have been transferred from the Maternity and Child Welfare Register to the Education Register, and one from the Tuberculosis Register. Thus 115 cases have been added during the year.

(2) Clinics held by the Orthopædic Surgeon.

Inspection Clinics have been held as shown below:-

insatta et la pour la constitució	No of Ottolo	Cases	Decision of	
Centre,	No. of Clinic Sessions.	New	Re-examina- tions.	TOTAL.
Norwich	17	38	45	83
King's Lynn	6	9	22	31
TOTAL	23	47	67	114

The number of cases examined shows an increase on the previous year when 101 children were examined at 19 clinic sessions.

(3) Institutional Treatment.

The in-patient treatment provided at General Hospitals and Certified Hospital Schools is shown in the following table, the number of cases awaiting admission at the end of the year being also indicated:—

Institution.	Receiving treatment 1.1.30.	Admitted during year.	Discharged during year.	Receiving treatment 31.12.30.	Awaiting admission 31.12.30.
Jenny Lind Hospital, Norwich	Daw saidi I	11	12	Maria Justina	2
St, Nicholas' and St. Martins' Orthopædic Hospital, Pyrford, Surrey	2	5	toemuly	6	
Royal National Orthopæ- dic Hospital, London	Solimize Solimize Solimize	4	4	MONORAL MONORAL MONORAL	2
Heatherwood Hospital, Ascot, Berkshire	Aut-medic	I		1	postful ad
TOTALS	3	21	17	7	4

One of the cases shown as having been admitted to Pyrford during the year was originally diagnosed as tubercle of the knee joint. After admission and investigation the case was found to be one of osteomyelitis of the femur and financial responsibility was assumed by the Education Committee.

No difficulty has been experienced in securing the early admission of patients to the Jenny Lind Hospital. Vacancies at Pyrford have usually been available within a month of application being made, whilst admissions to the Royal National Orthopædic Hospital, although not so readily secured, have not been unduly deferred.

The treatment of the 17 cases discharged during the year has been analysed as follows:—

Institution.	Deformity.	No. of cases treated.	Treatment.	Result of treatment.
Jenny Lind Hospital, Nor- wich	Torticollis	8	Lengthening of sterno- mastoid muscle 7 Division of scalenus anticus 1	Very much improved 5 Improved 2 Very little improvement
	Spastic para- plegia-con- traction of tendo achil- lis	I	Elongation of tendo achillis	Good result of treatment.
	Dorsal kyphosis	I	Massage, rest and exer- cises	Much improved.
	Flexional deformity of big toe	1	Amputation of distal phalanx	Good result.
	Contracted scar at back of knee pre- venting full extension of leg	I	Excision of sinus and scar tissue.	Full extension of leg.
St. Nicholas' & St. Martins' Orthopædic Hospital, Pyrford, Surrey.	Scoliosis	I how water	Head traction, massage and exer- cises	Much improved.
Royal National Orthopædic Hospital, London	Flexional deformity of left hip	I	Osteotomy of femur	Much improved.
cambi albertalia cambi albertalia cambi albertalia cambi cambi di cambi cambi di cambi cambi di cambi cambi di	Double Pes Cavus	I	Steindlers operation on both feet.	Right foot:— deformity corrected. Left foot:— improved.
	Paralysis of left arm Old anterior poliomyelitis affecting right leg	1	Arthrodesis of shoulder Steindlers muscle slide operation	Good result. Good result.

On discharge from Hospital, all cases are visited by the Orthopædic Nurse, and care is taken to ensure that after-care recommendations are carried out.

(4) Supply of Surgical Apparatus.

Vouchers have been issued authorising the supply, alteration and repair of appliances as follows:—

Surgical boots				 29
Surgical boots and	instr	uments		 26
Spinal supports				 7
Calipers				 4
Cork elevators				 3
Abdominal belts				 I
T. straps				 I
Arm and hand sp	lints			 I
Crutches				 I
Caliper tubes				 I
Club foot shoes				 2
Alterations to boo	ots		101.0	 7
Instruments and a	lterat	ion to l	poots	 2
Repairs to boots a	and in	strume	nts	 I
Repairs to instrum	nents			 7
100				
				93

Of the cases on the Register at the end of the year, surgical apparatus was being worn by the following:—

Surgical boots					37
Ordinary boots wed	lged or	rotherw	ise alt	tered	44
Surgical boots and	instr	uments			60
Spinal supports					10
Artificial legs					2
Artificial hand					I
Abdominal belt					I
Hand splint					I
					156

(5) Supply of special chairs and tables.

Three special chairs and tables have been supplied for children who have been unable to make use of the ordinary school furniture.

(6) Services of Orthopædic Nurse.

The success or otherwise of the treatment provided under the scheme depends to a large extent on the work of the Orthopædic Nurse. In the first year of the scheme, before an Orthopædic Nurse was appointed, children discharged from Hospital returned, in many cases, to homes where after-treatment could not be effectively given or supervised, and these cases were lost sight of by the Surgeon. Now, however, such cases are visited by the Nurse immediately after discharge and parents are advised as to the after-care necessary. If any difficulty arises, the children are reexamined by the Surgeon for his further advice. Surgical apparatus is frequently in need of adjustment, repair and replacement and the Orthopædic Nurse, by reporting these matters at an early date, ensures that they are expeditiously dealt with at the least inconvenience to the children concerned. In this way treatment is not hindered by the non-

wearing or bad repair of any apparatus supplied to correct or prevent the increase of deformities. The demonstration and supervision of remedial exercises is also an important factor, particularly so in the treatment of the less severe crippling defects which may not need operative treatment or the provision of surgical appliances.

Altogether, 1115 home and school visits have been made by the Nurse during the period under review.

(7) Cases discontinued.

53 children on the Register at the commencement of the year have been crossed off for the undermentioned reasons:—

Left school-no further	treatme	nt		21
Treatment refused				2
Age limit reached Further treatment not	needed		not	3
advised				4
Cured				21
Removed from County	Ho			2
				53

(8) Cases on Register.

At the end of the year there were 386 current Education cases on the Register as compared with 324 at the end of 1929 and 273 at the end of 1928. The former figure is made up as follows:—

Flat feet and valgous ankles	****	73
Claw feet		15
Hammer toe		4
Hallux valgus		3
Metatarsal varus		2
Deformed toes		3
Knock knees		25
Bow legs		5
Congenital deformities:—		
Hip		18
Spine		5
Feet		19
Hand		3
Spastic paralysis		37
Infantile paralysis		52
Muscular dystrophy		3
Spina bifida		I
Erb's paralysis		4
Ischæmic palsy		2
Wry neck		22
Spinal deformities (not congenital)	***	35
Hip diseases (not congenital)		12
Rickets		4
Chest deformities		3
Deformity of thumb or fingers		6
Osteomyelitis		6
Amputations	***	3
Miscellaneous	***	21
		286

208 of the 386 cases have been examined at least once by the Orthopædic Surgeon and 56 have received institutional treatment under the Scheme.

(9) Vocational Training.

In the present days of widespread unemployment with so many ablebodied men and women on the labour market, the opportunities that crippled children have of obtaining work on leaving school appear to be extremely limited, as employers are less likely to engage physically defectives whilst those in possession of full health and strength are available. The agricultural industry of Norfolk absorbs 50 per cent, of the boys leaving our Elementary Schools and whilst a great number of children who have been treated under the Orthopædic Scheme do go to work on the land on leaving School, yet there are a few whose physical frames are not equal to the demands made by arduous agricultural work. Some of these may find employment elsewhere but even then a residue is left and these children will become a burden upon their parents and eventually upon the County Ratepayers unless special training is forthcoming which will enable them later on to follow an occupation in which their disablement will not prove so disadvantageous. These remarks apply also to the girls, though probably to a smaller extent, as girls can find indoor employment more easily. There are however cases where special training would be a great advantage.

There appears to be a definite need for the framing of a scheme whereby children suffering from crippling defects which will be a serious handicap to them in obtaining and keeping suitable employment, shall have the opportunity of being sent to a Training College for special training in an occupation suitable for their condition.

PHYSICAL TRAINING.

Mr. J. T. Wilkinson, the Organiser of Physical Training, reports as follows for the year ended 31st December, 1930:—

(1) General.

The progress in Physical Education in all types of schools is considered good. This satisfactory advance is most noticeable in the Elementary Schools. The Teachers in Norfolk have succeeded in stimulating in the boys and girls a marked interest in Physical Exercises, Games, Dancing, etc., which is worthy of commendation.

It should be mentioned that a change in attitude towards the subject is evident—an understanding of modern method; this is due largely to the attendance at classes held by the Committee at different Centres in the County. Three classes are held yearly. The number of Teachers attending these central classes has increased.

The improvement is all the more remarkable in some schools, when consideration is given to the adverse conditions under which physical training and other activities have to be taken. There is much to be done in all branches of the work, as there must always be, in the County as a whole. Swimming instruction awaits development, and the Playing Field question is far from complete.

Physical Exercises. The lessons are more balanced and on the whole much more interesting and enjoyable. A demand on alertness, activity, speed and skill has been made, especially in the "B" standard schools referred to in reports to the Secretary.

The Syllabus 1919, Rural School Book 1924 (Supplement for older girls) are followed closely, and lessons are better and more carefully carried out.

In some schools greater attention has been given to the correction of individual faults of position and movement, as upon this largely depends not only the general smartness and "finish" of the class work, but also the ultimate value of the exercises to the children themselves.

CLOTHING. The help of the parents is greatly appreciated. The number of girls schools adopting the recognised gymnastic costume is steadily increasing, whilst the wearing of proper shoes by the children is noticeable in many schools. Boys in many cases are still heavily overblothed.

The statement that children get cold is a confession of the inadequacy of activity in the lesson itself.

It has been urged that attendance figures are affected by children developing colds through removing clothing during physical training lessons but this contention is not upheld by the facts, as many schools which lead in the attendance lists are those in which the physical training has reached a high standard of efficiency, and where outdoor lessons are most regular.

The teacher, by reason of linking up the items of his programme in such a way as to produce a continuous flow of movement, should produce increased circulation and warmth, rather than the reverse, thus making the wearing of several layers of clothing not only unnecessary, but decidedly uncomfortable even in cold weather.

PLAYTIME. Here, in some cases, children, through lack of know-ledge, in play often are noticed standing about, and it has been found that the physical training lesson that morning was taken indoors. This certainly does not suit the conditions. See circular—Winter months, April, 1930.

GAMES. All the children should be kept moving. Games should be avoided in which some children are stationary for any length of time. Players should not be allowed to stand out and do nothing if they miss or are touched.

The question of weather conditions is a subject for the play leader carefully to consider, and one in which he should be sympathetic but not unduly sensitive; for it has been found by experience that if the children enjoy themselves, no complaints arise from them or their parents about catching a cold.

POSTURE. The following exercises are suitable for raising the standard of posture and should be included in the Physical Training lesson:—

- (a) Massive trunk exercises.
- (b) Hamstring stretchings.(c) A good free march and run.

After these exercises in experimental schools, where they have been tried from Standard II. up, a better knowledge of "standing position" was noticed. The lesson had not lost any effect. There was a wonderful improvement in suppleness, and movements in marching were distinctly good. It was also possible to isolate movement to a desired degree. (See Circulars on Posture, 1930, issued at Teachers' Classes, with lists of exercises.)

There is a tendency still in some cases to restrict unduly the scope of the training when weather conditions are unfavourable for outdoor lessons. With children during winter months, there is an urgent need, in spite of the inclemency of the weather, and poor conditions, for physical training lessons to continue in steady progression. Schools where regular training has taken place are very outstanding, and the standard of work is much in advance of those where the training is not regular. The Circular "Winter Months" prepared April, 1930, has been found useful in the taking of lessons indoors.

Except in wet weather an attempt is made to take the lessons in the playground, the exercises are of greater value when taken in the open air it is understood.

General activity has improved—this is due to the extra allowance for games apparatus. Schools have been supplied up to date.

There are excellent examples of "Team Work" in many of the Senior Schools, particularly girls departments. In general, the lessons are usually taken with a vigour and swing which demand the right type of effort from the children.

Central School. The standard of work has reached a good level, the accommodation is receiving attention and the Playing Field is used to full advantage.

The special teacher of the girls has attended teachers' classes and the supplement for older girls has been included as a syllabus of training. The boys are taught apart by a special man assistant.

Special visits have been made this year since attendance at the Organisers' Conference at Eastbourne.

The Central School is in close co-operation with the Pupil Teachers' Centre for Physical Training, and when visits are made to this Centre, further help is possible for the School. This advantage is used to the full.

A Syllabus of Training has been prepared to suit special needs, and includes:—

- (i.) Set of exercises.
- (ii.) Effect of exercises.
- (iii.) Progression.
- (iv.) Breaks.
- (v.) Team work.
- (vi.) Games.
- (vii.) Dancing.

Time devoted to training :-

- 2 periods of 40 minutes—Physical Exercises.
- I period of 40 minutes—Athletics or Dancing.
- I period of 60 minutes—Games.

Gymnastic Apparatus has not been supplied as yet. The physical training room is in course of erection.

PLAYING FIELD. A special planning of the field has been made as suggested by the Board of Education Playing Fields Pamphlet, 1930, which proved of great value on its full details of modern training.

The school possesses a good set of Games Equipment.

It is most desirable that no Senior School, however moderate in size, should have less than 2—3 acres. With less space it is extremely difficult to provide adequately for a whole form to play simultaneously.

Every child over 11 spends 1 hour per week on the Playing Field.

(2) Schools Visited.

1928	10.77.	351 Sch	ools.	 1369	demonstrations.
1929		399	,	 1465	,,
1930		372	,	 1478	"

Demonstration lessons and talks to the teachers are given when these visits are made and circulars have been issued this year.

(3) Circulars issued during 1930.

- (i.) Games. Senior type—Size of pitches.
- (ii.) Breaks. (a) Dispersal type.
 - (b) Little or no change of position.
 - (c) Essential.
- (iii.) Physical training hints.
- (iv.) Examples of Classroom lessons.
 - (a) Senior.
 - (b) Middle.
 - (c) Junior.
 - (d) Infant.
- (v.) Games.-Minor and Major.
- (vi.) Infant lessons.
- (vii.) General Activity.
- (viii.) Playing Field Planning.
 - (ix.) Posture.
 - (x.) Play theory.
- (xi.) Special conditions.
- (xii.) Winter months.

(4) Teachers' Classes.

Teachers' Classes have been held at three Centres during the year. These Classes are held on Saturday mornings.

(i.) Norwich. 65 Teachers ... 1927. 50 Teachers. (ii.) Holt. 54 Teachers ... (First Class at Holt). (iii.) Loddon. 30 Teachers ... 1925. 20 Teachers.

149

In addition to these, short Courses have been taken after school hours at the following places:—

(i.) Sheringham. 5 to 6 p.m. 5 lessons. 20 members.
(ii.) King's Lynn. 7 to 9 p.m. 5 ,, 25 ,,
(iii.) Norwich. (Sprowston School) 6 ,,
(Hellesdon School) 5 ,,

Lecture demonstrations were given and circulars were passed on to all members. For the year, every possible moment has been given up to these classes, and considerably more time than last year has been spent in the teaching of this subject.

Pupil Teachers' Classes. Four Centres at Norwich, Melton Constable, Dereham and Downham Market have been visited monthly during this year. (12 lessons of 2 hours each.) The standard of work has reached a high level.

At Melton Constable it should be mentioned that through co-operation with the Central School, frequent use of the Playing Field has been possible. The Head Master has been extremely keen on this work, and games kit has been readily loaned for use in organised games. This arrangement is valuable—the major games teaching has been put on a satisfactory level and suitable matches have been arranged between the Central School and the Centre. The standard of play has improved in consequence.

(5) Organised Games.

The Playing Field accommodation has received much attention this year, and a greater number of Schools are able to carry out organised games under proper conditions.

CLASSES OF FIELDS. (i.) Supplied by the Committee.

(ii.) Local Grounds.

(iii.) Loaned by parents.

(iv.) Use of Recreation Grounds. Rental paid by Committee.

When visits are made to Schools, the size of the field is noted and a special circular has been supplied to each school giving a plan to suit conditions.

The games attempted this year are more varied in range, and suitable attention has been paid to minor quality training. The high standard of play attained in many of the girls' schools deserves special mention. The boys' schools in many cases spend too much time in match football.

CIRCULAR ON ORGANISED GAMES. (See Suggestions, 1927, Board of Education). Where organised games periods have been demonstrated, full use of the circular has been made; with time, an improvement will be made in the teaching of games.

PLAYGROUND GAMES. Team Play has been introduced to include the preliminary practice type of training, having a definite bearing on the games to be attempted in the weekly organised games period.

More effective coaching is required before a satisfactory level is reached in the fundamental play. Competition lessons are valuable, which include: throwing, catching, passing, running, dodging, marking, etc.

The periodic visits to playing fields have been valuable. The children are taught and coached by their own teachers under the supervision of the Organiser, and time in Teachers' Classes has been given up to this special side of training.

Teachers attending playing fields are expected to have a plan prepared by means of which they are able to keep all children occupied in a progressive manner. (See Secretary's remarks—Organised Games essentials).

The Committee's aid in the provision of games apparatus is appreciated—a definite advance will be possible in games teaching in consequence. Great care of the apparatus is desired. A games box has been made at several schools and a good arrangement for care has been observed. The older children are used for this task. 256 schools have allowed for apparatus on the Requisition Form R1., and have been supplied.

- GAMES. (i.) Games need to be varied in range, and should include preliminary practices which have a definite bearing on those played during the weekly games period.
- (ii.) It is commonly assumed that the games to be played in the Playing Field will be limited to the traditional forms of Football, Hockey and Cricket. Other games should be attempted which provide opportunities for all, taking up less space and graded to suit ages and ability of the players.

MINOR TEAM GAMES.

Designed to train as practice games.

Major Team Games.

Taken in the organised games period as inter-team matches.

COACHING OF GAMES.

Hint 1. Fit the game to the type.

Hint 2. Pitches.

		Yards.	
Boys.	Football	100 X 70	Main pitch.
		80 x 60	Medium pitch.
		65 x 40	Small pitch.
	Shinty) 60 x 40	
	Rugby touch	}	
	Hand ball) 50 x 35	
Girls.	Hockey	90 X 55	Main pitch.
unis.	110ckey		Small pitch.
		Feet.	Cinair piceir.
	Net Ball	100 X 50	
	Skittle and	100 11 30	
	· Post Ball.	100 X 75	
			11 21 1
	Cricket	Length of	pitch 18 to 20 yards

GAMES.

Winter. Boys. Football, Rugby touch and pass, Handball, Skittle Ball, Post Ball, Hoop Ball, Line Ball.

> Girls. Hockey, Shinty, Net Ball, Rugby touch or touch and pass, Handball, Hoop Ball, Hoop Rounders, Skittle Ball, Post Ball.

Summer. Boys and Girls. Cricket, Rounders, Stool Ball, Volley Ball.

PLAN OF PLAYING FIELD. A plan has been prepared showing how a pitch 90 x 60 yards can be used for:—

Games. Football, Hockey, Net Ball, Rugby touch, Post Ball, Skittle Ball, Hoop Ball, Hoop Rounders, Cricket, Circle Games.

Team Work. Net Ball—shooting practice, Long Jumping, Goal Shooting (Football and Hockey), Running (sprint, start and dash).

Copies may be obtained on application.

(6) Singing-Games and Folk Dancing.

Norfolk Festival, 1930.

Adjudicator's Remarks:—"The dancing was much more fresh and natural than it was in other parts of the country, but the knowledge of the dances was not nearly so great. If they kept their present freshness, teams would be coming to Norfolk from all over England to find out how Folk Dancing really should be done."

Results.

(i.)	SING	GING-GAMES. (Infants.)		
	ıst.	Shelton and Hardwick	86 11	narks
	and.		84	
	4th.		76	,,
	4	Cromer Gard	,-	,,
(ii.)	Juni	ors. Dancing. (8—11 years.)		
	ıst.	Hardingham	85	,,
		Thetford Girls	83	,,
		Stalham	83	,,
	3rd.	Runton	81	,,
	0	AND THE REAL PROPERTY OF THE PARTY OF THE PA	100	"
(iii.)	SENI	ors. Dancing. (11—14 years	.)	
	ıst.	Holt (Church)	85	,,
	and.	Shelton and Hardwick		,,
	3rd.	Sandringham	83	,,
	4th.		82	4 000
	4			"
(iv.)	Mor	RIS DANCING.		
	ıst.	Thetford (Girls)	89	,,
		Runton	87	,,
	3rd.	Swaffham (Girls)	80	
	4th.			,,
	4	Toom	70	
		1 eam)	72	"

(v.) SWORD DANCING.

 1st. Thetford (Girls)
 ...
 93
 ,,

 Hingham (Boys)
 ...
 93
 ,,

 2nd. Runton
 ...
 ...
 90
 ,,

 3rd. Postwick
 ...
 ...
 84
 ,,

新公本。

(vi.) PUPIL TEACHER CENTRES.

1st. Norwich (Team A.) ... 80 ,,

Highest Aggregate: -Runton 250 marks.

(7) Norfolk Teachers Gymnastic Association. (Commenced April, 1930).

Norwich-Branch No. 1.

The above Association has completed its second session of 12 weekly meetings.

There are now 40 members, and the weekly attendance has been excellent. This is all the more remarkable as many of the members have considerable distances to cover to get to the meeting place, "Sprowston School."

The Association has considerably developed the range of activities, and there is no doubt that the general improvement of Physical Education in the Schools of this area has largely resulted from the efforts of the members.

During the term the programme has included:-

- (i.) Physical Exercises drawn up by the Organiser for use in Elementary, Evening and Central Schools.
- (ii.) Competition training and Games.
- (iii.) Folk Dancing.

Weekly leaflets on these and other activities have been issued to the members.

During this Term a Net Ball section has been formed, and the games secretary appointed is busy arranging suitable matches.

(8) Evening Schools.

Good arrangements have been made for physical education in Evening Schools this year.

The following Centres have been formed:-

- (i.) Diss ... 40 members (women) 3rd year.
- (ii.) Fakenham ... 30 members (women) 2nd year.
- (iii.) Thetford ... 24 members (men) 1st year.
- (iv.) Wells ... 30 members (women) 1st year.
- (v.) N. Walsham ... 15 members (men) 2nd year. 15 members (women) 2nd year.

The Secondary School Gymnasia are used at Fakenham, Thetford and North Walsham.

Dr. Ewing recently visited the Diss Centre and commented upon the excellent numbers and standard of the work attained.

A local Syllabus of Training has been used for these Classes and the Organiser is taking the Classes at Diss, Fakenham and Thetford this year.

PROGRAMME OF TRAINING INCLUDES:-

- (i.) Practical lessons (with and without apparatus).
- (ii.) Talks.
- (iii.) Games and Dancing.

Diss. Church Hall. Apparatus—Benches, Kit Bag containing:—
4 Footballs, Braid, Tennis Balls, Hoops, Ropes (Skipping type), Morris Bells and Sticks.

With a membership of 40, this is the most successful in the County this year.

FAKENHAM. Secondary School Gymnasia. (Full apparatus).

A very good standard of work has been attained at this Centre. Membership has reached 31.

Thetford. Secondary School Gymnasia. (Full apparatus.)

The Men's Class has been a great success, starting with only 10 members, the total has now reached 24.

(9) Swimming.

There are no school baths in the County, but swimming instruction has been given at several Centres in the County.

HUNSTANTON. The Swimming Pool has been used this year. Both boys and girls received instruction, and a visit was paid to the Centre, when suitable arrangements for visiting the Pool were discussed.

NORTH WALSHAM. It is reported that a suitable spot is available for swimming, and a visit has been arranged for inspection for the coming season.

OTHER CENTRES TO VISIT. Caister (Great Yarmouth), Great Ryburgh, Aylsham, Cromer, Sheringham, Melton Constable.

This subject is under special observation and where possible suitable arrangements will be discussed with the Secretary this year.

Swimming may be regarded as a regular part of the Physical Training.

Central Baths. These would be an economical venture and would accommodate 1,600 children per week in Classes of 40 each. Instruction would be possible under the School Teachers; this is considered a better method than instruction by a Bath Attendant, and would save the extra expense of special training.

Teachers' Classes would be held, where teaching would be put on a correct syllabus basis.

SCHEME OF CLASS TEACHING IN SWIMMING. Lessons of 30 minutes are usual. This includes the following:—

Free practice period ... 2 minutes.

Confidence practice ... 5 ,,

Stroke practice ... 12 ,,

More difficult methods ... 5 ,,

Free practice ... 3 ,,

Drying Down ... 3 ,, (special supervision).

Swimming is one of the finest forms of exercise. It is in this training that the limbs and muscles receive systematic exercise, and in a way that they have a most beneficial effect on the vital organs. The contact with the water has its tonic effect upon the skin, and the movements are not impeded by clothing. It is essential that every child should have the opportunity to learn how to swim, for their own sake, and for the sake of their fellows.

OPEN-AIR EDUCATION.

There are no open-air schools, but teachers are encouraged to hold classes in the open air when the weather permits.

PROVISION OF MEALS.

No arrangements exist for the provision of meals under Sections 82-86 of the Education Act, 1921.

The teachers in many schools have continued the provision of "hot drinks" to which attention was drawn in the 1929 Report, and the good work being done quite voluntarily is worthy of commendation.

SCHOOL BATHS.

There are no school baths in the County.

NURSERY SCHOOLS.

No nursery schools have been established by the Authority.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

There has been no alteration in the methods of ascertainment, which were fully outlined in the last Report. All cases reported are seen by either the School Medical Officer or the Senior Assistant Medical Officer.

45 places are reserved for Norfolk children at the East Anglian School for Blind and Deaf Children, Gorleston. During 1930 one child was certified as blind within the meaning of the Education Act, 1921, and five as "deaf within." The former child was in addition an ineducable mental defective.

The following ineducable mental defectives were notified to the Local Control Authority during the year:—

		Male.	Female.	Total.
Idiots		4	4	8
Imbeciles		9	12	21
Imbeciles also Blind	or Deaf	2	I	3
		Saltan Ma	STATE BOY	4-
		15	17	32

Two cases of Epilepsy were during the year placed on the waiting list for admission to the Lingfield Epileptic Colony, but the demand for accommodation of such a nature is great and it is impossible to obtain vacancies except after long delay.

CO-OPERATION OF PARENTS.

The following percentages of parents accepted the invitation given to attend the routine medical inspections at the time of examination of their children:—

Entrants		 73.84	per cent.
8 to 9		 59.62	,,
Leavers		 37.29	,,
Other age gro	oups	 37.71	,,

CO-OPERATION OF TEACHERS, LOCAL CARE COMMITTEES, ATTENDANCE OFFICERS AND VOLUNTARY BODIES.

Teachers continue to take great and appreciative interest in the work of Medical Inspection, and their co-operation with Local Care Committees is very valuable in securing treatment of defects.

The School Nurses are also School Attendance Officers.

24 cases were referred to the N.S.P.C.C., for attention during the year, 13 on account of general neglect and 11 for failure to obtain treatment. 2 of the cases of neglect resulted in successful prosecution, the parents being imprisoned and the children removed; the remaining 9 cases were kept under supervision and an improvement obtained.

As result of the efforts of the Society's Inspectors treatment was obtained in all cases referred.

EXCLUSION OF CHILDREN.

(Other than for Infectious Diseases).

2,735 children were excluded, or re-excluded, during 1930, as follows:—

Contagious Affections-

Impetigo			577	Ringworm—Cattle	7
Pediculosis			412	,, Body	IO
Scabies			74	,, of Scalp (un-	
Conjunctivitis	***	***	440	til rules are complied	
				with)	19

Other Diseases (s	generally from	Certificates issued	by F	amily Doctor) -	_
-------------------	----------------	---------------------	------	-----------------	---

Adenitis		17	Nervous Diseases		19
Anæmia		15	Otorrhœa		9
Debility (General)		73	Tonsillitis		97
Eczema		2	Tuberculosis — Pulmo	n-	
Epilepsy		3	ary*		2
Heart Disease		18	Tuberculosis - Non-Pu		
Jaundice		62	monary		5
Lung Affection	(not		Other Affections		756
tubercle)	150	118			

*These were both Suspected Cases.

233 Certificates were also issued to cover irregular attendance.

PERMANENT EXCLUSIONS.

23 children were permanently excluded from attendance at an Elementary School for the following reasons:—

Mental Deficiency Mental Deficiency and	6	Incontinence of urine Menorrhagia and Metrorr-	1
Epilepsy	2	hagia	I
Epilepsy	4	Deaf "within"	I
Pulmonary and General		Asthma	3
Tuberculosis	I	Presence detrimental	1
Severe Heart Disease	2	Empyema and Dyspnoea	I

MISCELLANEOUS WORK.

485 swabbings of throats or noses in connection with control of infectious disease were taken and examined. 174 specimens of hair were examined for ringworm, of which 91 were positive. (These, of course, include re-examinations).

98 candidates for the teaching profession were examined and reported upon, as well as 10 supplementary teachers.

9 Health Lectures have been given by members of the Medical Staff.

SECONDARY SCHOOLS.

(Including Pupil Teacher Centres).

NUMBERS.

At the end of the year there were 10 Secondary Schools in the County, 4 being provided and 6 non-provided, as follows:—

Dereham Girls High	 Provided.
Diss Secondary Mixed	 ,,
Fakenham Secondary Mixed	 ,,
King's Lynn Girls High	 Non-Provided.
King's Lynn Grammar Boys	 ,,
North Walsham Girls High	 Provided.
North Walsham (Paston) Grammar Boys	 Non-Provided.
Swaffham Grammar Boys	 ,,
Thetford Grammar Boys	 ,,
Thetford Grammar Girls	 ,,

There were also 4 Pupil Teacher Centres, viz.:—at Dereham, Downham Market, Melton Constable and Norwich.

MEDICAL INSPECTION.

The following groups were inspected:-

- (i.) Pupils admitted to the school since the last Medical Inspection.
- (ii.) Pupils who were examined in the corresponding term of previous year.
- (iii.) Pupils leaving school permanently at the end of the term, and who were not inspected during the two preceding terms.

From Table I., page 42, it will be seen that 1,174 pupils underwent routine medical inspection, a further 27 being seen as "specials." In addition, 851 pupils found defective at previous medical inspections were re-examined, making a total of 2,052 examined during the year.

A routine medical inspection was held each term at the Secondary Schools and once during the year at each Pupil Teacher Centre.

It has now been arranged in order to equalise the inspections each term to take Forms I. and II. during the Autumn Term, Forms III. and IV. during the Spring Term and Forms V. and VI., during the Summer Term. In addition defective pupils will be re-examined at each visit of the Assistant Medical Officer.

MEDICAL TREATMENT.

(1). Under Education Committee's Scheme.

		Refraction work.	Operations Ts. & As.
(a)	Vouchers Issued—		
	Specialists (Ophthalmic)	 16	-
	General Practitioners	 NA E	2
(b)	By whole-time Medical Officers	 47	_

Of the 16 refraction cases examined by approved specialists, glasses were prescribed and obtained in 15 cases, while in 1 case, glasses were not found to be necessary.

Of the 47 pupils examined by retinoscopy by the whole-time Medical Officers, glasses were advised in 35 cases, and not found necessary in the remaining 12. Glasses were obtained by the end of the year in the former cases with one exception.

(2) Not under Scheme.

The following defects or diseases noted on routine medical inspection are known to have been treated during the year apart from the Committee's Scheme:—

Defect.				Referred previous to 1930.	Referred in 1930.
Anæmia				2	2
Heart				1	2
Spinal Curvature					3
Other Deformities	S	***		4	3
Underweight				I	5
Blepharitis				1	2
Corneal Ulcer	***		***	or (655)	I
Other Diseases an	d De	fects		-	2
				9	20

DENTAL TREATMENT.

7 Schools and 3 Pupil Teacher Centres were visited during the year, one of the latter receiving two visits, at the commencement and end of the year respectively.

' Of the 1,044 pupils inspected, 589 were found to require treatment, and 386 actually received treatment.

INFECTIOUS DISEASES.

In contrast to the position in the Elementary Schools, the School Medical Officer does not advise re closure or exclusion of individual pupils in the event of any outbreak of infectious or contagious disease.

FOLLOWING UP.

As a general rule, treatment in the case of Secondary School pupils is obtained privately. In necessitous cases, however, assistance is given by the Education Committee in connection with tonsil and adenoid operations and defective vision.

Pupils found to require treatment are entered in the Medical Log Book of the School, but there are no Care Committees in existence, and the cases are not followed up by the School Nurses. The information given under Medical Treatment, Section (2), has been supplied by the respective Head Masters and Head Mistresses, who are most helpful in assisting in the work of Medical Inspection.

ELEMENTARY SCHOOLS

TABLE I.—NUMBER OF CHILDREN INSPECTED 1st JANUARY, 1930, to 31st DECEMBER, 1930.

A .- Routine Medical Inspections.

Number of Code Group Inspections-

Entrants	 	€	 4710	year near
Intermediates	 		 4847	
Leavers	 		 8057	
TOTAL	 		 _	12614
Number of other Rout		 412		

B.—Other Inspections.

Number of Special Inspections	 	 3307	eq equals to
Number of Re-inspections	 	 18586	
			22305
TOTAL	 		34919

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1930.

	Inspe	otine ections. Defects.	Inspect No. of	
Defect or Disease.	Requiring Treatment.	Requiring to be kept under observation but not requiring Treat- ment.	Requiring Treatment.	Requiring to be kept under observation but not requiring Treat- ment.
(1)	(2)	(3)	(4	(5)
Malnutrition	070	68 9	16 6	7
Skin— Ringworm— Scalp	. 16	10	16	6
Body		3	8	
Scabies		1	10	
Impetigo		6	575	
Other diseases (Non-Tuberculous)	. 63	41	190	4
Eye—				
Blepharitis		20	151	3
Conjunctivitis	. 22	11	36	4
Keratitis		2		1 2
Corneal Opacities	. 1	13	4	2
Defective Vision (excluding Squint)	. 398	731	119	72
Squint	. 95	145	35	17
Other Conditions	. 25	47	30	6
Ear—				
Defective Hearing		67	13	13
Otitis Media		42	59	7
Other Ear Diseases	. 40	22	30	8
None and Threat				
Nose and Throat— Enlarged Tonsils only	476	1376	175	122
Adamaida only	60	233	31	53
Enlarged Tonsils and Adenoids	775	1184	171	121
Other Conditions	45	78	12	36
		1		N X
Enlarged Cervical Glands (Non-Tubercu	. 40	1189	48	
lous)	42	1109	40	59
Defective Speech	. 14	81	7	9
Heart and Circulation-			and the	Tarro
Heart Disease:	15	58	2	0
Organic	1	66		6 9
Functional	100	151	44	37
Anæmia	120	101	11	37

TABLE II.—Return of Defects—(continued).

Defect or D	Routine Inspections. No. of Defects.		Special Inspections. No. of Defect				
(1)	(2)	(3)	(4)	(5)			
Lungs-							
Bronchitis				34	59	6	9
Other Non-Tuberculo	us Disease	es		62	75	7	11
Puberculosis—							
Pulmonary:							
Definite				5	6		2
Suspected				8	12	1	1
Non-Pulmonary:					170		
Glands				31	158	15	14
Spine				1	1		***
Hip Other Bones and			***	1	3 3	***	
Skin		***	***	2.	1		
Other Forms				3	10	2	1
Concr 2 Oring			200		10	-	
Nervous System-							
Epilepsy				3	18	1	1
Chorea				2	3	3	1
Other Conditions				8	30	3	8
Deformities—					*00		
Rickets				17	120		3
Spinal Curvature				10	21	1	4
Other Forms				54	68	18	15
Other Defects and Diseas				310	598	759	98
other Defects and Diseas	ses			310	298	759	20

B.—Number of Individual Children found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).

				Number of	Percentage of	
	Group.		35	Inspected.	Found to require Treatment.	Children found to require Treatment.
600)	(1)	8588	- 89	(2)	(3)	(4)
CODE GR	OUPS:				estr bes still	Control line
Entran	its			4710	1090	: 3.14
Interne	ediates	9411		4847	1297	26.76
Leaver	s	17		3057	649	21.23
TOTAL (Code Groups)			12614	3036	24.07
Other Rout	tine Inspection	ıs		412	81	19,66

TABLE III.—RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA IN 1930.

	5.0	At Sanatoria or Sanatoria	Boys.	Girls.	Total.
	(i) Suitable for training in a School or	Attending Certified Schools or Classes for the Blind Attending Public Elementary	10	3	13
	Class for the	Schools			
Blind (including partially	totally blind.	At other Institutions At no School or Institution	1		ï
blind)	(ii) Suitab'e	Attending Certified Schools or Classes for the Blind			
	for training in a School or	Attending Public Elementary			
	Class for the	Schools	16	17	33
	partially blind.	At other Institutions At no School or Institution			
	(i) Suitable for training in a School or	Attending Certified Schools or C'asses for the Deaf Attending Public Elementary	7	17	24
	Class for the	At other Institutions			
Deaf (including deaf and	totally deaf or deaf & dumb.	At no School or Institution	ï	1	2
dumb and partially deaf)	(ii) Suitab'e for training in a School or Class for the partially deaf.	Attending Certified Schools or C'asses for the Deaf Attending Public Elementary Schools At other Institutions At no School or Institution	4 3 	3	6
Mentally Defective.	Feeble-minded (cases not notifiable to the Local Control Authority)	Attending Certified Schools for Mentally Defective Children Attending Public Elementary Schools At other Institutions At no School or Institution	86 2 45	 47 4 25	133 6 70
Epileptics.	Suffering from severe Epilepsy.	Attending Certified Special Schools for Epileptics In Institutions other than Certified Special Schools Attending Public Elementary Schools At no School or Institution		3 4	4
	Suffering from Epilepsy which is not severe.	Attending Public Elementary Schools At no School or Institution	20	17 1	37 2

TABLE III.—Numerical Return of all Exceptional Children—(continued).

			Boys.	Girls.	Total.
	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			ï
	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 At other Institutions At no School or Institution	26 32 22	21 22 23	47 54 45
Physically Defective.	Delicate children (e.g. pre or latent tuberculosis, malnutrition, debility, anaemia, etc.)	At Certified Residential Open-air Schools (Sanatorium School) At Certified Day Open-air Schools At Public Elementary Schools At other Institutions At no School or Institution	 155 2 15	149 2 17	304 4 32
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board At Public Elementary Schools At other Institutions At no School or Institution	7 2 6 3	5 2 5	12 4 11 3
	Crippled children (other than those with active tuberculous disease), e.g., children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools At Certified Residential Cripple Schools At Certified Day Cripple Schools At other Institutions At Public Elementary Schools At no School or Institution	1 3 157 87	7 1 118 74	8 4 275 161*

^{*}Includes children between 14 and 16 years of age

TABLE IV.—RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st DECEMBER, 1930.

Group I.—Minor Ailments (excluding uncleanliness, for which see Group Y.)

and the state of t	Number of Defects treated, or under treat ment during the year.				
Defect or Disease.	Under the Authority's Scheme*.	Otherwise.	Total.		
(1)	(2)	(3)	(4)		
Skin—					
Ringworm—Scalp	198		198		
Ringworm—Body	46		46		
Scabies	30	***	30		
Impetigo	1302		1302		
Other Skin Disease	254	and open point	254		
Minor Eye Defects (External and other, but excluding cases falling in Group II.)	745		745		
Minor Ear Defects	173	seise selli	173		
Miscellaneous	1322	err—Fix quo	1322		
sores, chilblains, etc.)	ber of Daterta	2000			
TOTAL	4070	prinaringO barts	4070		

^{*}Includes children treated in School and at home by the School Nurses, the treatment being continued by the children's parents between the visits of the Nurse.

TABLE IV .- Return of Defects-(continued).

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

	Nu	mber of Def	ects dealt w	ith.
Defect or Disease.	Under the Authority's Scheme.	Submitted to refraction by Private Practitioner or at Hospital, apart from the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (including Squint). (Operations for squint should be recorded separately in the body of the Report) Other Defect or Disease of the	1048	62	anilA mints	1110
Eyes (excluding those re- corded in Group I.)		2	(4)	
TOTAL	1048	62	.014-3	1110
Total number of children for (a) Under the Author (b) Otherwise Total number of children who (a) Under the Author (b) Otherwise	obtained or	r received s	: pectacles:-	840 62 - 774
(b) Otherwise	- III			60

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

	Number of	Defects.		
Under Local	By Private Practitioner	Received other Forms of	Number	
Education Authority's Scheme-Clinic or Hospital. (1) Tractioner or Hospital, apart from the Authority's Scheme. (2)	Total.	Treatment.	Treated.	
(1)	(2)	(0)	(4)	(5)
800	181	981	110	1091
Cotal 800	181	981	110	1091

TABLE IV .- Return of Defects-(continued).

Group IV .- Dental Defects.

Period—January 1st to December 31st, 1930.

1. Number of Children who were	
(a) Inspected by Dentists—	
Routine Age Groups.	
3 4 5 6 7 8 9 10 11 12 13 14 Specials	Total
50 411 1733 3079 3518 3606 3884 4465 3076 2704 2458 2327 30	31341
(b) Referred for Treatment	18808
(c) Actually Treated	13007
(d) Re-treated*	4394
*Included in (c).	
2. Particulars of Time given and of Operations undertaken:—	
(a) Number of half-days devoted to Inspection 481	
(b) Number of half-days devoted to Treatment 1717	0.00
Total —	2198
(c) Total number of attendances made by Children	14290
(d) Fillings—Permanent Teeth 4443	
,, Temporary 331	4554
	4774
(e) Extractions—Permanent Teeth 1240	
,, Temporary Teeth 17512	18752
(f) Number of administrations of General	10/02
Amouth stine for outrostions	1
(g) Number of other Operations—Permanent Teeth 8105	1
Temporary Teeth good	
Total	17501
Total	1,001
The same of the sa	
and regard to said	
Group V Uncleanliness and Verminous Conditions.	
(i) Average number of Visits per School made during the year	
by the School Nurses	7.54
(ii) Total number of Examinations of Children in the Schools	104050
(iii) Number of individual shildren found unclean	184653
(iii) Number of individual children found unclean	4408

Number of children cleansed under arrangements made by

Number of cases in which legal proceedings were taken:

Nil.

Nil.

13

the Local Education Authority ...

(b) Under School Attendance Bye-laws

(a) Under the Education Act, 1921

(iv)

(v)

(Including Pupil Teacher Centres).

TABLE I.—RETURN OF MEDICAL INSPECTIONS 1st JANUARY, 1930, to 31st DECEMBER, 1930.

A.—Routine Medical Inspections.										
Number of Code Group Inspecti	ions—									
Entrants				391						
Yearly Examinations				767						
Leavers		130		7						
TOTAL		histogram		-	1165					
Number of other Routine Inspec	tions			9						
ngin and an artist of the										
B.—Other Inspections.										
Number of Special Inspections			•••	27						
Number of Re-inspections				851	887					
moma r					_					
TOTAL			my book		2052					

(Including Pupil Teacher Centres).

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1930.

	Routine Inspections. No. of Defects.			Special Inspections. No. of Defects.		
Defect or Disease.		Requiring Treatment.	Requiring to be kept under observation but not requiring Treat- ment	Requiring Treatment.	Requiring to be kept under observation but not requiring Treat- ment.	
(1)		(2)	(3)	(4)	(5)	
Malnutrition		12 2	6		 p. 150	
Impetigo Other diseases (Non-Tuberculous		1 4		ï		
Eye—	in burne		an blushed			
Blepharitis		6	1		S	
Defective Vision (excluding Squ	int)	37	62	3	1	
Squint		1	1	1		
Other Conditions		2	4			
Ear—						
Defective Hearing		4	2			
Otitis Media Other Ear Diseases	• •••		1			
Other Ear Diseases		1		***	***	
Nose and Throat—						
Enlarged Tonsils only Adenoids only	•••	19	35	1		
Enlarged Tonsils and Adenoids	***	3 8	1 10	1	***	
Other Conditions		8	4	1		
Enlarged Cervical Glands (Non- lous)	Tubercu-	1	10		-	
Defective Speech					***	
Heart and Circulation— Heart Disease:						
Organic			2	Mary Jan		
Functional		2	5		2	
Anæmia		4	5	***	1	

TABLE II.—Return of Defects—(continued).

Defect or Disease.					Inspe	tine ctions. Defects.	Special Inspections. No. of Defects.		
					(2)	(3)	(4)	(5)	
ungs—				othore	uri famine	Defects	to nonset	A	
Bronchitis Other Non-	Tuberculou	s Diseas	ses		ï	***			
Cuberculosis-									
Pulmonary									
Definit		***							
Suspec		***							
Non-Pulmo Glands				1		***	***	•••	
Spine			***				***	***	
Hip					***				
Other		Joints		***	***	***			
Skin	Dones and	···			***		factoriii.		
Other									
ervous System	n-	-		- ;			- 173		
Epilepsy				***					
Chorea									
Other Cond	litions				2	1			
eformities-							i total		
Rickets									
Spinal Cur				***	3			1	
Other Form	ns				11	7	1		
ther Defects	and Disease	100			53	26		- 1	

B.—Number of Individual Pupils found at Routine Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases).

			Number of	Percentage of Children found to require Treatment.	
Group		ohe	Inspected.		
(1)			(2)	(3)	(4)
				No. of large	Marida.
CODE GROUPS:		- 8		MA TEST SILVER	
Entrants			391	64	16.37
Yearly Examinations		,	767	99	12,91
Leavers			7	3	42.86
TOTAL (Code Groups)			1165	166	14.25
Other Routine Inspections			9	3	33.33

(Including Pupil Teacher Centres).

TABLE IV.—RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st DECEMBER, 1930.

Group II .- Defective Vision and Squint.

	Nei	nber of Defe	cts dealt with.		
Defect or Disease.	Under the Authority's Scheme.	Submitted to refraction by Private Practitioner or at Hospital apart from the Authority's Scheme.	Otherwise.	Total.	
(1)	(2)	(3)	. (4)	(5)	
Errors of Refraction (including Squint but not Operations)	63	33	eat tas	96	
Other Defect or Disease of the Eyes			holmol' vilamed	7 (a)	
TOTAL	63	33		96	
Total number of pupils who (a) Under the Autho (b) Otherwise Group III.—Treatm	rity's Schen	ne		47 36	
700	Number	of Defects.	Tempo	****	
Received Operative Treatment.					
Under Loc Education Authority' Scheme- Clinic or	or Hospital apart from the	Total.	Received other Forms of Treatment.	Total Number Treated.	
Hospital.	Scheme.	distribution and	party American		
Hospital.		(3)	(4)	(5)	
	Scheme.	disarize so	(4)	(5)	

(Including Pupil Teacher Centres).

TABLE IV .- Return of Defects-(continued).

Group IV .- Dental Defects.

Period_January 1st to December 31st, 1930.

1. Number of Pupils who were										
(a) Inspected by Dentists—										
Routine Age Groups.										
Under 12 12 13 14 15 1 67 107 158 202 216 1	66 ove	r 16	Specials 1	Total. 1044						
(b) Referred for Treatment				589						
(c) Actually Treated				386						
(d) Re-treated*				138						
*Included	in (c).									
2. Particulars of Time given and of undertaken:—	f Operat	ions								
(a) Number of half-days devoted to	Inspectio	n	16							
(b) Number of half-days devoted to	Treatmen	it	124							
	Total	91		140						
(c) Total number of attendances ma	de by Pu	pils		823						
(d) Fillings—Permanent Teeth			837							
,, Temporary										
	Total			837						
(e) Extractions—Permanent Teeth			105							
Temporary Teeth			58							
	Total			158						
(f) Number of administrations Anæsthetics for extractions	of Gen	eral		Nil.						
(g) Number of other Operations.										
Permanent Teeth			1150							
Temporary Teeth			12							
	Total			1162						



