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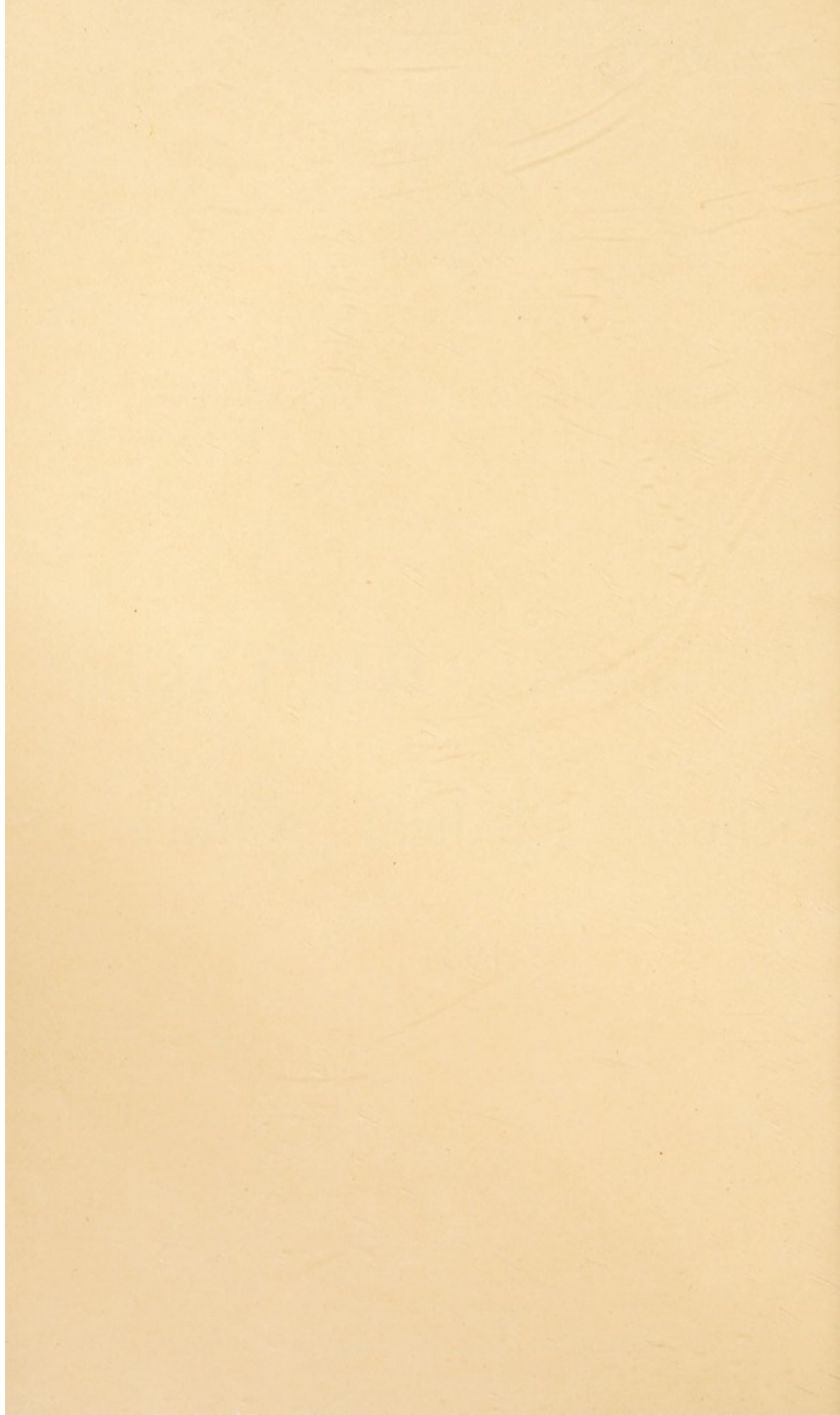
# ANNUAL REPORT

OF THE

## School Medical Officer

FOR

1931





NORFOLK EDUCATION COMMITTEE

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## PREFACE.

This Report is the twenty-fifth of the series and the fourth which I have had the honour to present. It deals with the work of medical inspection and treatment of pupils attending the public elementary and secondary schools in the administrative area of Norfolk during the year 1931.

Each elementary school in the County has had a routine medical inspection and wherever possible re-inspection visits have been made. 3,116 (22.56%) of the 13,851 children examined as routines were found to be suffering from diseases or defects, other than dental caries and uncleanliness, sufficiently severe to require treatment, and 42.55% of these children are known to have received attention by the end of the year. Of the 32,208 children inspected by the Dental Surgeons, 20,101 (62.40%) were found to be in need of treatment and 48.91% of the latter number were actually treated.

In connection with the secondary schools and pupil teacher centres, 1,869 pupils underwent routine examination, 19.20% being found to require treatment for defects other than dental caries. Treatment is known to have been obtained in 31.19% of these cases. 959 (58.69%) of the 1,634 pupils examined by the Dental Surgeons were found to require treatment, 61.52% being treated.

The outstanding matters of interest during the year were the extension of the Committee's Treatment Scheme by the appointment of a Consultant Aurist, the agreement with the Norwich City Authorities for treatment by X-ray of Ringworm of the Scalp and the approved arrangement for admission to the Norfolk and Norwich Hospital of children needing dental treatment under a prolonged general anaesthetic with retention overnight. Each of these additions has proved of very definite value.

In conclusion, I wish to express appreciation of the loyal work of the professional, nursing and clerical staffs and of the co-operation given by District Medical Officers of Health, General Practitioners and Teachers.

**T. RUDDOCK-WEST, M.D., B.S., D.P.H.,**  
*School Medical Officer.*

County Public Health Department,  
29, Thorpe Road,  
Norwich.  
March, 1932.



# ANNUAL REPORT

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### STAFF AND DUTIES.

No change has occurred in the whole-time professional staff during the year under review. The County Medical Officer of Health is also School Medical Officer and Administrative Tuberculosis Officer, thus affording the closest co-operation between the various Public Health Services in the County. The Senior Assistant Medical Officer is Deputy County Medical Officer and is a Certifying Officer in connection with mentally and physically defective children, his time being mainly devoted to school medical service. Four Assistant Medical Officers devote the whole of their services to the work of school medical inspection, with the exception of one who also acts as Medical Officer to three Infant Welfare Centres. There are six Dental Surgeons (one shared with an adjoining Authority), nine School Nurses (who also act as School Attendance Officers and Infant Life Protection Visitors), and in addition the services of the part-time Orthopaedic Surgeon, the Orthopaedic Nurse and the Consulting Aural Surgeon are utilised.

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

A full list of the staff is given in my Report as County Medical Officer of Health.

### ELEMENTARY SCHOOLS.

#### NUMBERS AND ATTENDANCES.

At the end of the year there were in the education area of the County, 486 public elementary schools, having 536 departments; 222 were provided and 264 non-provided schools. During the year, two Central Schools were opened, at Watton and Terrington.

The names of 43,745 children were on the School Registers on the 31st December, 1931, 2,071 of whom were under the "legal" age of five years. The average attendance for the year ended 31st March, 1931, was 39,586.



## SCHOOL HYGIENE.

The Assistant Medical Officers continue to report upon the hygienic conditions at the time of their visits to the Schools and the attention of the Education Committee is drawn to any matters calling for action. On the District Sanitary Authorities, also, devolves the duty of ensuring due hygienic conditions in the Schools in their areas. During the year under review, as a result of the reports of the Medical Staff, 84 defects affecting 45 departments were referred for the first time, while 43 defects affecting 23 departments, previously referred, were again brought to the notice of the Committee. The defects reported upon were as follows:—

Name of Defect.	Number Reported			
	Primary Provided Schools.	Non- Provided Schools.	Re-referred Provided Schools.	Non- Provided Schools.
Desks—unsuitable and bad type	10	4	1	1
Lighting—inadequate	1	2	2	1
Heating—ditto	6	6	1	4
—faulty Tortoise stoves	—	4	—	2
Ventilation—inadequate	1	—	4	1
Closets and Urinals—Unsatis- factory cleansing	1	1	1	1
Unsatisfactory drainage	1	—	2	4
Constructional defects	2	1	1	—
Lavatories—Inadequate accom- modation	1	1	—	—
Insufficient supply of Towels	4	—	—	—
Cloakrooms—Inadequate accom- modation	—	—	1	2
Defective Floors	2	4	2	—
Playgrounds—Unsatisfactory surfaces, etc.	3	8	3	2
Inadequate accommodation	2	—	—	—
Internal decoration needed	1	6	—	—
Removal of Galleries	2	—	—	—
School Buildings—Structural defects	2	1	—	2
Water Supply — Unsuitable arrangements	—	—	1	1
No drinking utensils	—	—	1	—
No cover to Ash-pit	—	—	—	2
Provision of Dust Bin	—	1	—	—
Miscellaneous	2	4	—	—
	41	43	20	23
	84		43	

In view of the rural nature of the County, few schools are connected to a main water supply, the exceptions being largely in the Urban Districts. Where no well is situate on the school property, arrangements are made for supplies to be obtained from neighbouring wells.

The Secretary for Education has supplied the following particulars



as to the alterations, improvements, etc., carried out by the Committee during the year ending 31st March, 1932 :—

	Provided Schools.	Non-Provided Schools.
Structural Alterations .....	2	—
Improvements—Partitions .....	1	—
Floors .....	7	2
Drainage .....	5	—
Ventilation & Lighting .....	10	—
Heating .....	14	—
Playgrounds—Tarmac .....	6	—
Tarspray .....	4	—
Gravelling .....	6	—
Renovations .....	54	90

### 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.

Table I, page 33, gives the number of children examined in the various age-groups. 13,851 underwent routine examination, the entrant and leaver groups showing increases, while the intermediate group shows a slight decrease. 2,503 children were brought forward as "Specials" while re-examination of 18,984 children who had been found defective at previous inspections was made.

The Board's Schedule as to routine inspection has again been followed.

Each school in the County received a routine visit of inspection and in addition 276 departments were re-visited for the purpose of re-examining defective children, 18 of the latter number receiving a third visit.

The value of visits for the purposes of re-examination cannot be too greatly stressed. The ideal Scheme would allow for at least two re-examination visits to every department. While this has not been possible, and would be very difficult in many instances owing to the number of small schools, there has been a great increase in this connection without any addition to the professional staff during the past two years.

The parents of 63 children objected to the opportunity offered for examination. In some cases two or more children belonged to one family and bearing in mind the number of examinations conducted, the actual objections, although to be deplored, are very small.

On the other hand a large number of parents not only appreciate the services offered but accept the invitation given to be present at the



time of inspection. The average percentage for all inspection groups during 1931 is 61.4 and for the purpose of comparison the figures for the past four years are given :—

Group.	Percentage and Year.			
	1928	1929	1930	1931
Entrants .....	75.9	76.4	73.84	78.24
8 to 9 .....	59.0	60.1	59.62	61.55
Leavers .....	39.7	36.4	37.29	39.61
Other Age Groups .....	52.7	48.2	37.71	55.40

The figures speak for themselves and it is to be hoped that the slight increase shown will be continued. The presence of parents brings a more personal note into the work, and the opportunity of demonstrating any defect carries much more weight than written advice.

## FINDINGS OF MEDICAL INSPECTION.

(see Table II. Page 34).

(a) MALNUTRITION. 502 children were noted for treatment during routine examination on account of their nutrition being below normal. These cases were classified by the Assistant Medical Officers as under :—

(i.) Nutrition subnormal .....	438
(ii.) Nutrition poor .....	54
(iii.) Definite malnutrition .....	10

Two of the latter cases were suffering from tuberculous glands of the neck, the defect therefore being a secondary one. In all cases where the parents have been unable to provide sufficient nourishment owing to financial circumstances, a recommendation has been made for a grant by the Local Area Guardians Committee.

(b) UNCLEANLINESS. 226 children out of 13,851 inspected as routines were found to require treatment for uncleanness of head and a further 96 for uncleanness of body. These figures are slightly higher than those for 1930 even after allowing for the increased number of examinations. There is however, still considerable improvement in this condition, as reference to the work of the Nurses, page 12, will show.

(c) SKIN DISEASES. As is usual, these figures are small and with one exception, are lower than those for the previous year.

(d) EYE AFFECTIONS. 214 routines were referred for treatment for *blepharitis* and 16 for *conjunctivitis*. 72 cases of *Squint* were also recorded and recommended treatment. These figures are practically stationary.

(e) DEFECTIVE VISION. 318 children examined as routines and 93 examined specially, were referred for treatment. 892 routines were noted for observation.

(f) EAR AFFECTIONS. In routine groups 30 children with *defective hearing*, 49 with *otitis media* and 27 suffering from *other ear diseases*, were noted for treatment.

(g) AFFECTIONS OF THE NOSE AND THROAT. Routine inspection revealed 371 cases of *enlarged tonsils* requiring treatment, 47 for *adenoids only* and 911 for *tonsils and adenoids*. These figures remain practically stationary at a high level.



(h) HEART AND LUNG AFFECTIONS (excluding Tuberculosis). 11 children with *organic* and 5 with *functional heart disease* were recorded for treatment, also 44 suffering from *bronchitis* and 78 from *other (non-tuberculous) lung disease*.

(i) TUBERCULOSIS. 1 routine was referred for treatment for *pulmonary tuberculosis*, 29 for *tuberculous glands* and 5 for *other forms*.

(j) AFFECTIONS OF THE NERVOUS SYSTEM. 11 cases requiring treatment and 57 observation were noted.

(k) DEFORMITIES. Of routines examined, 7 cases of *rickets*, 15 *spinal curvature* and 105 *other forms* were noted for treatment.

### INFECTIOUS DISEASES.

The joint memorandum of the Ministry of Health and Board of Education of 1925 has been followed with the exception of, in the case of a few diseases, the exclusion or period of exclusion of home contacts. The Committee's present regulations in this connection are at present under review and will shortly be re-issued.

All cases of definite or suspected infectious disease are reported simultaneously to the District Medical Officer of Health for the area in which the child or children reside, and to the School Medical Officer, immediately the Head Teacher is in a position to do so. An endeavour is made to ensure a visit by a Medical Officer or a Nurse in each case. Fullest co-operation is maintained with the District Medical Officers of Health, and the exclusion of scholars suffering from or in contact with infectious disease, is upon certificates issued by them and approved by the School Medical Officer.

The Committee's Medical Officers have during the year paid 15 visits in regard to infectious disease, whilst a further 221 visits have been paid by the School Nurses. In addition, the local Medical Officers of Health have been in close touch with the Schools concerned and have been of great assistance in controlling the outbreaks.

The lack of Isolation Hospital accommodation in the County affects the attendance of home contacts to a large extent and in the majority of cases, children who have not contracted the disease have to remain excluded for as long a period as the actual sufferers.

Apart from a general epidemic of coughs and colds during the early part of the year, and the prevalence of Measles, there has been little disease in the Schools.

#### School Closures during 1931.

Under Article 45 (B) on advice of School Medical Officer	63
Under Article 57, by Local Sanitary Authority	Nil
	<hr/> 63 <hr/>



The diseases responsible for closures, together with the number of School days lost through such action were :—

Diseases.	No. of Closures.	No. of School-days Closed.
Coughs, Colds, &c.	47	202½
Diphtheria	2	7
Influenza	1	3½
Measles	11	113
Scarlet Fever	2	11
	<hr/> 63	<hr/> 337

The endeavour to restrict the activities of the children during the period of closure and to ensure the co-operation of the local Sunday Schools where necessary has continued. In several instances, the action taken has been decided upon after consultation with or on the recommendation of the District Medical Officer of Health.

### Exclusions.

9,484 children were temporarily excluded or re-excluded under Article 53 (B) on account of the undermentioned infectious diseases :—

Chicken Pox	1,848	Measles—English	1,034
Coughs and Colds	3,457	Mumps	251
Diphtheria	79	Scarlet Fever	347
Influenza	1,104	Sore Throats	325
Measles—German	150	Whooping Cough	889

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

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

230 Certificates were issued by the School Medical Officer in cases where the attendance of a School fell below 60% and was reasonably attributable to the prevalence of epidemic disease in the district. The diseases responsible were :—

Chicken Pox	15	Measles	38
Cough, Colds, &c.	38	Mumps	7
Diphtheria	3	Scarlet Fever	13
Influenza	66	Whooping Cough	50

### FOLLOWING UP.

At the time of Medical Inspection, all defects needing treatment are entered in the Medical Log Book for the information of the School Local Care Committee, by whom the cases are followed up in the first instance. Periodical reports are obtained from the Local Care Committees and in cases where no action is taken by the parents, arrangements are made for a special visit to be paid by a member of the medical or nursing staff. During the past few years the services of the Nurses have been more freely utilised in such work and their efforts have on the whole proved successful.



## WORK OF THE NURSES.

### (a) Minor Ailments.

#### (i.) TREATED AT SCHOOL CLINICS.

The work under this heading has continued throughout the year at the Clinics situate at East Dereham, Fakenham, North Walsham, Walsoken, Wells and Wymondham. At the Dereham Centre, owing to the alterations, including building on the site of the original Clinic Hut, at the Crown Road School, the Head Teacher's Room has been utilised.

At Wells, in view of the new Boys' School erected, which does not adjoin the Girls' and Infants' School, the Clinic Hut is used in connection with the latter children but the boys are treated at their own School, a suitable room being available.

In each case the Clinics are of one session, with the Nurse in attendance weekly and the Assistant Medical Officer monthly.

Full details as to the defects treated and the number of attendances made are given under Medical Treatment on page 13.

#### (ii.) TREATED AT SCHOOLS OR AT HOME.

In districts not served by the Clinics, the School Nurse follows up and, where necessary, treats cases either at the school or at the home. Where the ailment is of a contagious nature, special attention has been given to ensure immediate and regular treatment, and to obviate the spread of infection. There is a decided decrease in the number of cases of impetigo and it may be mentioned that 90 out of 237 special visits to Schools and/or homes paid during the year by the Nurses were in respect of Impetigo. The following is a summary of cases dealt with:—

Impetigo .....	539	Ear Diseases .....	127
Scabies .....	25	Eye Diseases .....	585
Ringworm—Scalp .....	119	Minor Injuries .....	272
Ringworm—Body .....	33	Miscellaneous .....	208
Other Skin Diseases .....	85		

### (b) Surveys of Children for Uncleanliness.

Number of visits to Schools .....	4,162*
Average number of visits made to each School visited .....	7.72
Total number of children examined .....	186,837
Number of individual children found unclean ( <i>i.e.</i> vermin or nits) .....	3,986
Number of children excluded at the Nurses' visits .....	277
Number of Special Warning Letters <i>re</i> Nits sent to parents .....	4
Number of letters sent on first exclusion .....	112
Number of "Final Warning" Letters sent to parents .....	70
Number of Homes visited .....	747
Result of "following up"—	
Clean .....	1,585
Improved .....	2,221
Unsatisfactory .....	180

\*Includes 2,255 complete surveys of all children in school.

In 147 schools, on 354 occasions, all the children were found quite clean.



The following comparative table for the last four years is of interest :—

	1928	1929	1930	1931
Average number of visits per School .....	7.5	7.25	7.54	7.72
No. of occasions " All Clean " Schools .....	165	249	325	354
No. of children found unclean .....	5195	5313	4408	3986

The above figures shew a further substantial improvement in the cleanliness of the School population. As compared with those for the year 1930 (which in itself shewed marked improvement over previous years) 2,184 additional individual inspections were carried out whilst the number of children found unclean decreased by 422.

The number of visits paid by the Nurses to homes in this connection has increased by 257 and emphasises the value of personal education of the parents in cleanliness matters.

There is no doubt that the majority of the parents to-day are much enlightened in this respect and their attitude is vastly different from that shown years ago, when resentfulness was the only feeling evinced.

There is a small increase in the actual number of " Clean " Schools (now 147), and a larger number of occasions when all children were in a satisfactory condition (325 in 1930 and 354 in the year under review).

The results shown appear additionally gratifying when it is realised that they have been achieved in a scattered and typically rural county.

It may be said that, in collaboration with the work of the Nurses, the influence of the Teachers on parents and on the children themselves, by inculcating principles of health and cleanliness, has directly helped in the results tabulated. It is almost certain however, that were this ceaseless vigilance withdrawn, a retrograde movement would ensue.

#### VERMINOUS PROSECUTIONS.

Under the Attendance Bye-Laws, proceedings were taken in 15 instances for absences from School, caused by uncleanness. The prosecution in each case was successful and fines amounting to £7 10s. 0d. were inflicted as follows :—

20/-	15/-	14/-	10/-	7/6	6/6	5/-
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
2	1	1	4	1	3	3

#### (c) Miscellaneous Work.

The practice of utilising the Nurses with regard to following up definite or suspected infectious or contagious diseases and also with regard to provision of treatment recommended as a result of School Medical Inspection, has already been commented upon. On occasions, in view of special circumstances, they assist in connection with medical inspection or dental treatment, and use is also made of their services in fitting children with spectacle frames.



## MEDICAL TREATMENT.

### (a) Under Education Committee's Scheme.

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

##### RESULT OF TREATMENT.

DISEASES.	No. Individual children treated.	No. cured.	No. still to attend.	No. left or refused treatment.	Total attend- ances at clinic.
Impetigo .....	305	263	38	4	1517
Scabies .....	1	1	—	—	7
Ringworm—Scalp .....	8	5	3	—	74
Ringworm—Body .....	3	3	—	—	16
Other Skin Diseases .....	282	221	58	3	1953
Minor Injuries .....	538	481	54	3	1817
Discharging Ears .....	26	10	11	5	511
Other Ear Diseases .....	25	20	4	1	159
Blepharitis .....	46	24	18	4	764
Conjunctivitis .....	19	16	3	—	105
Other Eye Diseases .....	19	18	1	—	71
Enlarged Glands .....	49	23	21	5	756
Verminous .....	18	15	2	1	258
Miscellaneous .....	57	33	22	2	395
	<hr/> 1396	<hr/> 1133	<hr/> 235	<hr/> 28*	<hr/> 8403

\*Includes one refusal.

#### (2) Defective Vision—Refraction Work.

##### (a) Vouchers issued on :—

Ophthalmic Specialists .....	179
Approved General Practitioners .....	38
	<hr/> 217

##### (b) by whole-time Assistant Medical Officers .....

576

---

793

Of the 217 vouchers issued on Specialists and approved General Practitioners, 16 were not utilised by the end of the year. The remaining 201 cases examined, resulted as follows :—

Glasses prescribed and obtained .....	149
Glasses not necessary .....	50
Glasses prescribed but not obtained by end of year .....	2

195 Refraction Clinics were held by the Assistant Medical Officers at 113 Centres. Of the 576 children examined by retinoscopy, 448 were found to require glasses, 13 were referred to the Ophthalmic Specialists, leaving 113 cases in which provision of glasses was not indicated. Glasses were obtained by the end of the year in 405 instances, leaving 43 cases outstanding.

#### (3) Operations for Tonsils and Adenoids.

##### Vouchers issued on :—

General Practitioners .....	322
Hospitals .....	640
	<hr/> 962

of this number, 194 were outstanding at the end of the year.



967 children are known to have received operative treatment during 1931, of which number 839 were performed through the Authority's Treatment Scheme.

In the case of vouchers issued on approved General Practitioners, quite a number of the operations have been performed by private arrangement at the Cottage Hospitals, others at the Practitioner's surgeries, the remainder of the cases being dealt with in the homes of the children.

The Hospital cases have been retained overnight and, where necessary, for a longer period, the only exception being the West Norfolk and Lynn Hospital, where owing to the very large waiting list, it was found necessary to deal with some cases in the Out-patient Department in an endeavour to relieve the situation. Children admitted to Norwich Hospitals for tonsillectomy and found to be in need of dental extractions, received treatment for that defect at the same time and no extra fee was charged. Quite a large number of cases were thus dealt with.

In October, the Education Committee decided as from the 1st November, not to accept financial responsibility for operations at General or Cottage Hospitals in cases where the parents were members of the Contributory Scheme of the Hospital in question, and treatment was recommended as a result of school medical inspection. The West Norfolk and Lynn Hospital, as a result of this, intimated that under the circumstances they wished to withdraw altogether and would not undertake any such operations on behalf of the Committee apart from cases already placed on their waiting list. At the present time the whole question of Hospital treatment as it concerns the County Council, is under consideration, and a deputation consisting of a few members of each Committee affected, is soon to meet and discuss matters with the Hospital Authorities.

In view of the large increase in the number of defects during recent years, which is by no means confined to cases recommended treatment as a result of school medical inspection, the Honorary Surgeon to the Ear, Nose, and Throat Department of the Norwich Hospitals, has arranged to see all cases as Out-patients prior to admitting as In-patients. Special attention is to be given to cases by the Assistant Medical Officers during the present year and a tonsil card is to be completed in each case recommended treatment. Where there is any question of carious teeth or other associated defect, treatment with a view of obviating operative measures will be considered.

#### **(4) Tuberculosis.**

Treatment in connection with any tuberculous focus is given under the County Council's Tuberculosis Scheme. The Council's Tuberculosis Officers, subject to the approval of the Medical Practitioners, deal with all cases of definite or suspected tuberculous disease, the opinion of the Orthopaedic Surgeon being obtained in cases of tubercle of the bones and joints.

The number of children in receipt of institutional treatment at the end of the year are given in Table III. page 37. Fuller details as to results of treatment are given in my Report as County Medical Officer.

#### **(5) Ear, Nose and Throat Defects.**

The appointment of the Consulting Aural Surgeon was approved during the year and particulars are given below as to the cases referred for his opinion and recommendations as to treatment :—



Case. No.	DEFECT.	RECOMMENDATION.	RESULT.
1	Nasal Discharge (Diphtheria carrier)	Presence of K.L.B. accidental. Nasal douche daily followed by painting.	Clear.
2	" Deaf within "	(i.) Tonsil & Adenoid operation (ii.) Admission to Special School.	Satisfactorily performed. Admitted.
3	Double Otorrhoea	Removal of Tonsils and Adenoids which should clear up aural discharge.	Operation performed but discharge persists. Await- ing re-examination.
4	Double Otitis Media with Cholesteatoma	Hospital Treatment (7 days) followed by after-care.	Much improved but still slight discharge Right ear. Treatment continues.
5	Deviated Septum	Correction	Operation satisfactorily performed.
6	Defective Hearing	Removal of Tonsils and Adenoids which should result in normal hearing.	Successful operation. While no obvious improve- ment as yet in hearing, child is brighter mentally. Under observation.
7	Defective Hearing	Removal of large	Hearing appeared to have
8	(brothers)	adenoids and septic tonsils.	improved 10 days after operative treatment.
9	Defective Hearing	Ditto.	Successful operation but no definite improvement in hearing. Under observation.
10	Right Otorrhoea	Radical mastoid operation.	Operation performed, in- patient 6 weeks. Now attending Out-patient Department.
11	Right Otorrhoea with defective hearing	Prescription for drops given. Vigorous treatment necessary and if no improvement Radical Mastoid will be indicated.	Treatment by drops arranged and is being vigorously carried out.
12	Deviated Septum and left otorrhoea	Nil <i>re</i> Septum. Tonsil and Adenoid operation for otorrhoea.	Awaiting operation.
13	Complete nasal obstruction	Removal of displaced turbinate, polyp or growth.	Awaiting admission to Hospital.

# (6) Ringworm of the Scalp.

The arrangement with the Norwich City Authorities in accordance with which the Authority agreed to treat a limited number of County cases of Ringworm of the Scalp at their X-ray Clinic also came into force during the year and 7 cases were dealt with, treatment being successful.

## (b) Not under Education Committee's Scheme.

From information obtained from the Local Care Committees, the reports of Assistant Medical Officers and in some instances, the School Nurses, it is possible to give the following table of defects found as a result of Medical Inspection and known to have received treatment during the year :—

DEFECT.	NUMBER OF CHILDREN TREATED.		
	Referred previous to 1931.	Referred in 1931.	TOTAL.
Malnutrition (including Debility, Underweight, etc.)	113	95	208
Ringworm of Body	—	1	1
Impetigo	5	18	23
Scabies	—	2	2
Other Skin Diseases	16	11	27
Blepharitis	70	42	112
Conjunctivitis	5	9	14
Other Eye Diseases	5	3	8
Defective Hearing	8	5	13
Otitis Media	19	15	34
Other Ear Diseases	3	6	9
Nose and Throat—other	8	11	19
Defective Speech	6	6	12
Enlarged Glands (Non. Tb.)	28	28	56
Heart—Organic	5	2	7
Heart—Functional	6	3	9
Anæmia	59	26	85
Bronchitis	29	28	57
Lungs, other (Non. Tb.)	20	16	36
Epilepsy	4	5	9
Nervous, other	12	9	21
Rickets	13	5	18
Spinal Curvature	3	3	6
Other Deformities	10	2	12
Other Defects and Diseases	140	91	231
Total	587	442	1029



## DENTAL TREATMENT.

During the year the Building Inspector reported that one of the six horse-drawn Vans (the one purchased in May 1914 when the scheme was inaugurated), was beyond repair. In dealing with the question of replacement, the possibilities of the trailer type of Van were considered by the Education Committee and it was decided to arrange for that in use by the Nottinghamshire County Council to be inspected by the Building Inspector and the School Medical Officer, in company with the Dental Surgeon whose area the Van was destined to serve. Full and useful information was forthcoming from the Notts. County Medical Officer and as a result of the visit, the Committee was recommended to purchase a Trailer Van, to be drawn by the Dental Surgeon's car, on similar lines to the Notts. Trailer but with modifications and additions which appeared to be desirable.

The Trailer Van was delivered in September and was taken into immediate use. It was felt that a single compartment would be of more service than the double compartment type. The dimensions are 12' x 6' x 6' 8" in the centre and 6' at the sides. There is a twenty-gallon tank, filled from the outside and supplied with a locking cap at the rear of the Van, which supplies water to the sink, while under the tank is a cupboard for storing utensils. Water can also be drawn from the tank direct. A wardrobe and bottle cabinet are fitted, together with a locker seat extending over half one side of the Van. Lighting arrangements are admirable, there being large windows on both sides of the Van and at the operating end, the majority being of the roller type. In addition there is a fixed window at the rear over the water tank. All windows have protecting shutters. Lighting is further improved by two skylights at the operating end, which can be covered when desired, and the raised roof with ventilators running the whole length of the Van. The main entrance is at the rear near side with an emergency door at the front directly facing the dental chair. The conditions for giving treatment are a great improvement on those obtaining in the horse-drawn vehicle, and while difficulties are met with, these can be overcome and in many instances on future occasions, be entirely avoided. Photographs are published in the front of this Report.

All children in attendance are inspected on the occasion of the visit of the Dental Surgeon. It is not possible for the Dental Surgeons to visit all the Schools during the year. Wherever it can be arranged, special visits are made on Saturday mornings to deal with urgent cases.

On page 41 Table IV., Group IV., it will be seen that of the 32,208 Elementary School children inspected, 2,307 were 5 years of age or under. The percentage of refusals for the year is 51.19, which is higher than that for the past few years. The figure includes children who were not treated on the occasion of the visit for the purpose of treatment although present on the day of inspection. Epidemic illness, therefore, plays a large part in the total and may seriously affect the figures. There are also still a few "bad districts," and with the Dental Surgeons not getting round their areas in twelve months, the figure is liable to fluctuate.

The staff takes every opportunity of having talks with the children on the care of their teeth. The supply of tooth brushes to scholars at cost-price continues, supplies being sent to Teachers on application.



## ORTHOPÆDIC TREATMENT.

The administration of the Scheme for the provision of treatment for crippled children has continued on the same lines as indicated in my report of last year. The benefits which children have derived from the treatment available fully justify the expenditure on this part of the Committee's activities.

### (1) Ascertainment.

During the year, 125 new cases have been examined. These were reported by the following:—

Assistant Medical Officers	.....	75
School Nurses	.....	24
General Practitioners	.....	11
Orthopædic Nurse	.....	3
Head Teachers	.....	3
Norfolk & Norwich Hospital	.....	3
Health Visitors	.....	3
Tuberculosis Officer	.....	1
Parent	.....	1
Local Care Committee	.....	1
		<hr/>
		125
		<hr/>

The majority of these defects were of a minor character and mainly required remedial exercises. Generally speaking, the congenital cases are notified by General Practitioners, Health Visitors and District Nurses before school age is reached, in most cases during the first year of life.

99 of these new cases were retained on the register at the end of the year, the others being discontinued for the following reasons:—

No treatment needed or advised	.....	17
Having treatment privately	.....	2
Not orthopædic cases	.....	2
Cured	.....	1
Removed from County	.....	1
Resident in another area	.....	1
Treatment refused	.....	1
Further treatment not required	.....	1
		<hr/>
		26
		<hr/>

26 children have been transferred to the Education Register from the Maternity and Child Welfare Sub-Committee and 4 cases diagnosed as non-tuberculous have been taken over from the Tuberculosis Sub-Committee. A total number of 155 cases have thus been added during the past twelve months, of which 129 were retained on the register at the end of the year.

## (2) Clinics held by the Orthopædic Surgeon.

Inspection Clinics have been held as shown below :—

Centre.	No. of Clinic Sessions.	Cases examined.			TOTALS.
		New.	Re-examinations.	Approval of Apparatus.	
Norwich .....	20	38	81	48	167
King's Lynn .....	2	2	5	—	7
TOTALS .....	22	40	86	48	174

Last year, 114 cases were examined at 23 clinic sessions but this figure excluded those cases who attended for the approval of apparatus. Clinics at Norwich are held once a fortnight on Saturday mornings, except at holiday periods, and at King's Lynn as required. As has been previously pointed out, owing to the fact that there is no surgical instrument maker at Lynn, children must come to Norwich to be measured for and be supplied with such apparatus and consequently they are examined at Norwich clinics.

## (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 1.1.31.	Admitted during year.	Discharged during year.	Receiving treatment 31.12.31.	Awaiting admission 31.12.31.
Jenny Lind Hospital, Norwich .....	—	12	8	4	—
St. Nicholas' and St. Martin's Orthopædic Hospital, Pyrford, Surrey .....	6	6	7	5	—
Royal National Orthopædic Hospital, London	—	10*	7	3	1
Heatherwood Hospital, Ascot, Berkshire .....	1	—	—	1	—
TOTALS .....	7	28	22	13	1

\* One of these cases received two periods of Hospital treatment during the year.

Little difficulty has been experienced in securing the admission of cases to Hospitals and one case only was waiting admission at the end of the year.



The following is an analysis of the 22 cases discharged during 1931 :—

Institution.	Deformity.	No. of cases treated.	Treatment.	Result of treatment.
Jenny Lind Hospital, Norwich	Torticollis	5	Lengthening of sterno mastoid muscle 3 Tenotomy of sterno mastoid and cervical fascia—lengthening failed 1 Massage and exercises 1	All very much improved
	Contracted tendo achillis	2	Elongation of tendo achillis 2	Good results
	Osteomyelitis of tibia—discharging sinus	1	Dressings—surgical treatment not required	Sinus practically healed
Royal National Orthopædic Hospital, London	Paralysis—Arm and shoulder	1	Fixation of elbow joint	Good result
	Arm .....	1	Arthrodesis shoulder joint	Good result
	Legs .....	1	Division of hamstring tendons	Much improved
	Congenital club foot .....	1	Tenotomy of plantar fascia	Good result
	Torticollis .....	1	Open division of sterno mastoid muscle	Much improved
	Dislocation of hip .....	1	Nil—operative treatment not desirable	—
	Old fracture of ankle— inversion of foot .....	1	Wedge of bone removed from fibula and inserted in tibia	Good result

Institution.	Deformity.	No. of cases treated.	Treatment.	Result of treatment.
St. Nicholas' & St. Martin's Orthopædic Hospital, Pyrford, Surrey	Pes cavus .....	2	Closed tenotomy of plantar fascia and dorsal extensor tendons 1	Excellent result
			Open tenotomy of plantar fascia—muscle slide Rt. & Lt.—tenotomy of extensor tendons of toes 1	Much improved
	Osteomyelitis—			
	Femur .....	1	Sequestrectomy	Good result
	Pubis .....	1	Open-air and rest	Sinuses healed
	Kyphosis of spine .....	1	Exercises .....	Much improved
	Spina bifida, paralysis Lt. leg, talipes equino varus Rt. foot .....	1	Mid-tarsal sub-astragaloid arthrodesis Rt. foot. Supra-condylar osteotomy Lt. leg. Muscle slide off Lt. anterior iliac crest. Semimembranosus and semitendinosus tendons tenotomised and leg straightened—Rt. adductor tenotomy—tenotomy of tendon of Rt. flexor carpi ulnaris with manipulation	Excellent result
	Polio-myelo-encephalitis resulting in Rt. hemiplegia with atrophy and super-imposed hysterical spasm .....	1		Great improvement



From a perusal of these tables it will be seen that of the 22 cases treated, 21 resulted favourably. It is most gratifying to be able to record such excellent results. Several of these cases required prolonged institutional treatment at considerable expense to the Committee. One child had been an in-patient for almost two years, and two others for over a year.

There can be no doubt that the treatment given under the Orthopædic Scheme will save these children a considerable amount of suffering in later life and is helping to equip them physically so that they will be more capable of living a normal life.

The average length of stay of the patients discharged from the three institutions was :—

Jenny Lind	.....	.....	.....	5 weeks.
Pyrford	.....	.....	.....	46 weeks.
Royal National	.....	.....	.....	8 weeks.

The after-care of patients discharged from Institutions is supervised by the Orthopædic Surgeon and Nurse and cases which have received treatment at the Royal National Orthopædic Hospital attend at the Out-patient Department of that Hospital every two or three months for observation. The distance from London is rather a drawback but this arrangement enables the Hospital Authorities to discharge children in plaster rather than retain them as in-patients. As such cases are effectively kept under observation at home by the Nurse, the absence of Hospital supervision does not have a deleterious effect.

#### (4) Supply of Surgical Apparatus.

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

Surgical Boots	.....	.....	.....	28
Surgical Boots and Instruments	.....	.....	.....	23
Leg Instruments	.....	.....	.....	7
Spinal Supports	.....	.....	.....	3
T. Straps	.....	.....	.....	2
Cervical collar	.....	.....	.....	1
Thumb splint	.....	.....	.....	1
Toe raising springs	.....	.....	.....	1
Crutches	.....	.....	.....	2
Caliper ends	.....	.....	.....	1
Caliper tubes	.....	.....	.....	4
Club foot shoes	.....	.....	.....	1
Foot and leg rest	.....	.....	.....	1
Straps for plaster bed	.....	.....	.....	1
Toe posts	.....	.....	.....	1
Arm splint	.....	.....	.....	1
Repairs and alterations to surgical boots boots and appliances	.....	.....	.....	24

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

Surgical boots .....	31
Ordinary boots wedged or otherwise altered .....	44
Surgical boots and instruments .....	76
Spinal supports .....	12
Artificial limbs .....	4
Abdominal belt .....	1
Hand splint .....	1
Elbow splint .....	1
Shoulder splint .....	1
Toe posts .....	1
Cervical collar .....	1
	<hr/>
	173

#### (5) Supply of Special Chairs and Tables.

Eight special chairs and tables have been supplied for the use of crippled children to enable them to sit and work more comfortably. Children wearing calipers find ordinary school desks very awkward and uncomfortable.

#### (6) Services of Orthopædic Nurse.

The effective work of the Orthopædic Nurse has been continued during the year and her advice and assistance have been much appreciated by parents. The large area to be covered, the scattered population of Norfolk, bad roads and inaccessibility of children's homes, particularly in the Western part of the County, make supervision difficult and necessitate much time being spent in travelling.

1,202 home and school visits have been made by the Nurse in the period under review.

#### (7) Cases Discontinued.

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

Cured .....	32
No further treatment needed or advised .....	10
Left school—no further treatment advised .....	22
Age limit reached .....	18
Removed from County .....	9
Died .....	1
Treatment refused .....	7
	<hr/>
	99

#### (8) Cases on Register.

At the end of the year there were 417 current Education cases on the register as compared with 386 in 1930, 324 in 1929 and 273 in 1928. The former figure is made up as follows :—

Flat feet and valgus ankles .....	87
Claw feet .....	15
Hammer toes .....	4
Hallux valgus .....	1

Deformed toes	.....	.....	.....	1
Knock knees	.....	.....	.....	24
Bow legs	.....	.....	.....	7
Congenital deformities :—				
Hip	.....	.....	.....	18
Spine	.....	.....	.....	9
Feet	.....	.....	.....	32
Neck	.....	.....	.....	23
Hand	.....	.....	.....	3
Other	.....	.....	.....	3
Spastic paralysis	.....	.....	.....	26
Infantile paralysis	.....	.....	.....	66
Muscular dystrophy	.....	.....	.....	4
Erb's paralysis	.....	.....	.....	3
Ischæmic palsy	.....	.....	.....	1
Spinal deformities (not congenital)	.....	.....	.....	26
Hip diseases ( ditto )	.....	.....	.....	8
Wry neck ( ditto )	.....	.....	.....	4
Rickets	.....	.....	.....	5
Chest deformities	.....	.....	.....	6
Deformity of thumbs or fingers	.....	.....	.....	2
Osteomyelitis	.....	.....	.....	6
Amputations	.....	.....	.....	4
Miscellaneous	.....	.....	.....	29
				<hr/> 417 <hr/>

223 of the 417 cases have been examined at least once by the Orthopædic Surgeon and 71 have received institutional treatment under the Scheme.

#### (9) Vocational Training.

The Committee has assumed financial responsibility for the training of one boy at the Heritage Craft School, Chailey, Sussex, where he was sent by the local Guardians Committee. In view, however, of the need for economy, it has been decided that no further cases will be sent for training at present. The need, however, for such a scheme still exists and the problem of what to do with the child who is crippled to such an extent that many of the usual avenues of employment are closed to him, is still a very difficult one, accentuated as it is by present economic conditions.

### PHYSICAL TRAINING.

The following is an extract from the Report of the Physical Training Instructor, Mr. J. T. Wilkinson, for the year ended 31st December, 1931 :—

A steady advance has been made during the year.

The teachers in Norfolk show an increasing desire to adopt modern methods, as is testified by the attendance at the "Refresher Courses."

During the year "Mixed Classes" were introduced and they have been well received.



### Refresher Courses for Teachers.

Three distinct classes were held during the year and 137 teachers attended.

North Walsham	(Women)	.....	57	Teachers.
Heacham	(Mixed)	.....	30	„
Wymondham	(Mixed)	.....	50	„
TOTAL		.....	137	„

including :—

Head Teachers	.....	12 men—25 women.
Assistants	.....	6 men—94 women.

### Physical Exercises.

Physical exercises, as suggested by the Board of Education, should be regular and not intermittent or spasmodic and should be graduated in difficulty as the pupil develops.

The definite effects of physical exercises cannot be too strongly commented upon. It is in those schools where the aim is fully understood, that the best posture results have been attained.

Activities, games, competitions, which quicken sense and reaction, which establish a rapid co-ordination of body and mind, and also strengthen the circulation and breathing capacities, while allowing frequent intervals of restful exercise, are essential.

Time this year has been given to the new features in the training, the balance between corrective exercises and recreational activities in every lesson is essential.

### Pupil Teacher Centres.

The three centres at Melton Constable, Norwich and Dereham have been visited each month during the year. (12 lessons of 2 hours each).

#### 1. MELTON CONSTABLE CENTRE.

This Centre has had the use of the Playing Field at the Central School and suitable matches have been arranged. A "District Sports Day" was another good piece of work.

In games organisation both boys and girls have been catered for. The Central School has been responsible for the extras that the Centre has enjoyed in the course of Organised Games and Group Training.

#### 2. NORWICH CENTRE.

In co-operation with the Norfolk Teachers' Gymnastic Association, matches have been arranged on Saturdays and a Sports Day was held this year as usual.

#### 3. DEREHAM CENTRE.

The facilities at this Centre do not allow of extra activities—the London Road School being very limited apart from the teaching of school matter in confined spaces.



## Organised Games.

Further provision has been made and progress in this branch of physical education is very marked indeed.

In the 398 schools visited this year, it was observed that 126 had the use of a playing field and 53 a hard surface playground. The playing field accommodation has increased steadily and with it an improvement in the teaching of organised games.

When visiting a school, some time has been given to this particular branch of training and field planning discussed with the Head Teacher.

Games, varied in range, are played in many Schools as part of the lessons in physical training. In the senior classes, the group practice training has received attention with further provision of simple apparatus. A progression of interest and increasing skill has been made.

In most schools the following games apparatus has been supplied :—

Footballs, Hoops, Colours, Bean Bags, Ropes, Scout Poles, Tennis Balls, Rounders Bats, Stool Ball Bats, Flags.

## Central Schools.

Melton Constable, Terrington and Watton. The latter two schools were opened this year and special attention will be given to them in the coming year.

At Melton Constable, the physical training room has been completed and the teaching of physical education on wet days has received special attention.

There has been marked progress at this Centre, the supply of games apparatus has increased and both boys and girls are specially catered for on the playing field.

Open air lessons have been taken regularly and the playing field attached to the school used for this purpose.

The team work training has reached a good level and this year a " District Sports Day " was held.

## Schools Visited (with details of Demonstration Lessons).

<i>Year.</i>	<i>Schools Visited.</i>	<i>Demonstration Lessons.</i>
1929 .....	399	1,465
1930 .....	372	1,478
1931 .....	398	1,393

Demonstration lessons and talks to the teachers are given when the visits are made, and in addition, weekly circulars on the training have been prepared and issued to Head Teachers.

## Folk Dancing.

An increased number of schools has included this branch of training in the work.

Whenever possible the training is taken out of doors, to include all the children, and a gramophone and records used. Demonstrations have been included at School and District Sports Days.

One lesson per week is usually set aside for the teaching of dancing where facilities are suitable.



### Evening Institutes.

Physical Education forms part of the above programme of teaching. There has been an increased demand for classes in this subject and 119 pupils were enrolled at four centres.

Gymnasia are used for these classes and the programme consists of instruction in gymnastics, suited for Evening Institute Classes; the full apparatus training is taken by specialist teachers. The programme included :—

- (a) A table of gymnastic exercises. Full apparatus used.
- (b) Games and other recreational activities.

### Swimming.

There are no school baths in the County but other facilities have been used and this branch of physical education is receiving keen attention.

The instruction is given by Teachers out of school hours and classes have been held at the following centres :—

Burnham Thorpe	Boys	Sea
Sprowston	Boys and Girls	Baths
North Walsham	Boys	River
Caister	Boys	Sea and Pool
Gt. Ryburgh	Boys	River
Aylsham	Boys	River and Baths
Cromer	Boys and Girls	Sea
Sheringham	Boys and Girls	Sea
Melton Constable	Boys and Girls	River
Wymondham	Boys and Girls	Baths
Hunstanton	Boys and Girls	Pool
Heacham	Boys and Girls	Sea

### 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 under Sections 82-86 of the Education Act, 1926, for the provision of meals.

Many schools have arrangements for the provision of "hot drinks," whilst some have arranged for bottled milk to be supplied. This work is quite voluntary and has been carried out on the initiative of the teachers.

### SCHOOL BATHS.

No provision has been made by the Authority.

### NURSERY SCHOOLS.

There are no nursery schools in the County.

### BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

Ascertainment continues on the lines mentioned in previous reports, quite a large proportion of the cases coming to light prior to the children in question reaching school age. All cases reported are seen by the School Medical Officer, or the Senior Assistant, as Certifying Officers.

Accommodation for Blind and Deaf children is available at the East Anglian School, Gorleston, at which institution 45 places are reserved



for Norfolk children. 4 children were certified as Blind and 2 as Deaf within the meaning of the Education Act, 1921, during the year. At the end of the December term there were 41 children on the books of the School.

39 mental defectives were notified to the Local Control Authority by the Education Committee during 1931, the number being made up as follows:—

	Male.	Female.	Total.
Idiots .....	1	1	2
Imbeciles .....	17	14	31
Feeble-minded (low grade) .....	2	3	5
Do. on discharge from Special Schools .....	1	—	1
	<hr/> 21	<hr/> 18	<hr/> 39

The two cases of Epilepsy mentioned in my last Report as being on the waiting list of the Lingfield Colony, were admitted during the year.

2 children suffering from Heart Disease were admitted to the West Wickham Heart Home towards the end of the year.

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

The hearty interest shown by the teachers in the work of school medical and dental treatment is of the greatest value. The assistance given at the time of medical and dental inspections is supplemented in connection with following up and securing treatment. The work of the Local Care Committees, on which body the teachers are generally represented, is much appreciated and where an active Committee is in existence, its service is most helpful.

As has been mentioned, the School Nurses are also School Attendance Officers.

Valuable assistance has again been given by the National Society for the prevention of Cruelty to Children. 28 cases were referred to the Society's Inspectors during the year, 18 being on account of general neglect and 10 for failure to provide medical or surgical treatment. Improvement was obtained in all the neglect cases, in two instances the children being removed to Public Assistance Institutions, while in another case, the children were transferred to the care of friends. 8 cases of neglect are still under the supervision of the Inspectors. With the exception of 1 case, consent to treatment followed the efforts of the Inspectors. In addition, proceedings were instituted under The Children Act in two cases of general neglect, referred in 1930, the parents in each case being sent to prison and the children removed to a place of safety.

#### EXCLUSION OF CHILDREN.

(Other than for Infectious Diseases).

1,990 children were excluded, or re-excluded, during 1931, as follows:—

##### Contagious Affections—

Impetigo .....	444	Ringworm—Cattle .....	9
Pediculosis .....	414	„ Body .....	10
Scabies .....	23	„ of Scalp (until	
Conjunctivitis .....	105	rules are complied with .....	17



*Other Diseases* (generally from Certificates issued by Family Doctor)—

Adenitis .....	10	Nervous Diseases .....	10
Anæmia .....	11	Otorrhœa .....	18
Debility (General) .....	72	Tonsillitis .....	85
Eczema .....	5	Tuberculosis —	
Epilepsy .....	8	Non-Pulmonary .....	11
Heart Disease .....	15	Other Affections .....	529
Jaundice .....	66		
Lung Affection (not tubercle) .....	128		

188 Certificates were also issued to cover irregular attendance.

### PERMANENT EXCLUSIONS.

During the year 27 children were permanently excluded from attendance at a Public Elementary School for the following reasons:—

Mental Deficiency .....	13	Albuminuria .....	1
Severe Epilepsy .....	1	Blind " within " .....	3
Severe Heart Disease .....	4	Deaf " within " .....	2
Pulmonary Tuberculosis .....	2	Advanced Muscular Dystrophy	1

### MISCELLANEOUS WORK.

26 swabbings were taken from nose or throat in connection with the control of infectious disease and examined in the County Laboratory, 2 showing the presence of K.L.B. 113 specimens of hair were examined for ringworm, 83 proving positive. (These of course, included re-examinations).

79 candidates for the teaching profession were examined and reported upon, also 16 supplementary teachers.

8 Lectures to parents on health matters were given by the members of the medical staff and one on dental hygiene by one of the dental surgeons. These lectures were given to parents and were arranged through the Women's Institute Movement.

### SECONDARY SCHOOLS.

(Including Pupil Teacher Centres).

#### NUMBERS.

At the end of the year 11 Secondary Schools were in existence in the County and 3 Pupil Teacher Centres. The Pupil Teacher Centre at Downham Market was discontinued during the year and a new Secondary School opened. 5 of the Secondary Schools are " Provided " and 6 " Non-provided " as shown below:—

Dereham Girls High .....	Provided.
Diss Secondary Mixed .....	"
Downham 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 .....	"

Pupil Teacher Centres continue at Dereham, Melton Constable and Norwich.



## MEDICAL INSPECTION.

The routine inspections during the year were carried out as follows :—

<i>Term.—</i>	<i>Routine Inspections.</i>
Autumn .....	Forms I. & II. and any Pupils not previously inspected.
Spring .....	Forms III. & IV. and ditto.
Summer .....	Forms V. & VI. and ditto.

The majority of the entrants are thus examined during the Autumn term, whilst although it is often difficult to definitely classify the examinations as such, the examination of the Upper Forms in the Summer Term should ensure the maximum number of pupils receiving a full routine examination during their last term. These revised arrangements were made after full collaboration with the Head Masters and Head Mistresses and equalise the number of inspections each term, while interference with the school curriculum is reduced to a minimum.

A routine inspection was held each term at all the Secondary Schools and once during the year at each Pupil Teacher Centre. As a result, 1,869 pupils were examined as "routines" and 25 as "specials."

In addition to such inspection, pupils found defective at previous examinations were re-examined each term, a further 923 re-inspections being made.

## FINDINGS OF MEDICAL INSPECTION.

### (a) **Malnutrition.**

Nine cases under this heading were found to be in need of treatment and these were classified by the Assistant Medical Officers as follows :—

(i.) Nutrition subnormal .....	4
(ii.) Nutrition poor .....	5

### (b) **Uncleanliness.**

Amongst routine examinations, 10 pupils were referred for treatment for this defect.

### (c) **Diseases of the Skin.**

As might be expected, these figures are practically negligible, only 1 case being referred for treatment and 3 for observation.

### (d) **Eye Affections.**

30 Routine cases were advised treatment for *Blepharitis*, 60 for *Defective Vision*, whilst 90 of the latter defect were noted for observation. 7 other eye conditions were also marked for treatment.

### (e) **Affections of the Nose and Throat.**

Routine examinations resulted in 44 cases of *enlarged Tonsils only*, 4 *Adenoids only*, 19 *Tonsils and Adenoids* and 12 *other conditions* being referred for treatment.

### (f) **Heart and Lung Affections.**

Amongst routines, 1 case of *organic heart disease* and 3 cases of *functional heart disease* were referred for treatment whilst 1 under the former heading and 12 under the latter were noted for observation. 9 routines were referred for treatment for *anaemia* and 6 for observation. 2 cases of *bronchitis* and 1 *other non-tuberculous lung affection* were also referred for treatment.



(g) **Tuberculosis.**

1 suspected case of *Non-pulmonary Tuberculosis* was discovered (e.g., glands), and this was marked for observation.

(h) **Nervous Affections.**

1 case of *Chorea* and 1 *other nervous condition* were found at routine inspection and marked for treatment and observation respectively.

(i) **Deformities.**

24 cases of *spinal curvature* and 84 *other forms* were noted for treatment from routines examined. These figures showed a large increase but are probably of a minor nature.

(j) **Other Defects and Diseases.**

Under this heading 55 routines and 4 specials were referred for treatment, whilst 30 routines and 2 specials were marked for observation

### MEDICAL TREATMENT.

(1) **Under Education Committee's Scheme.**

	Refraction Work.	Operations. Tonsils & Adenoids.
(a) Vouchers Issued—		
Ophthalmic Specialists .....	13	—
General Practitioners .....	—	1
(b) By whole-time Medical Officers .....	61	—

In the 13 cases examined by approved Specialists, glasses were prescribed and supplied in 6 cases, found to be unnecessary in 6 cases, and in 1 case glasses were awaiting provision at the end of the year.

Of the 61 pupils examined by retinoscopy by the whole-time Medical Officers, glasses were prescribed in 51 cases and supplied in 47 cases, leaving 4 cases awaiting provision of glasses. Nine of the pupils submitted to retinoscopy were found not to require spectacles, and the remaining case was referred to a Specialist.

The above treatment is available to all scholars in attendance and, unless in very exceptional cases, parents are expected to refund the full cost of treatment. All financial arrangements are carried out by the Secretary for Education direct with the parents.

(2) **Not under Scheme.**

The following table shows the number of cases where treatment for defects found as a result of medical inspection, is known to have been obtained during the year :—

Defect.	Referred previous to 1931.	Referred in 1931.
Underweight .....	—	4
Blepharitis .....	—	2
Corneal Ulcer .....	1	—
Defective Hearing .....	—	2
Otitis Media .....	—	3
Enlarged Glands .....	1	—
Heart .....	1	5
Anæmia .....	1	8
Bronchitis .....	1	—
Spinal Curvature .....	2	12
Other Deformities .....	2	9
Other Diseases and Defects .....	2	13
	11	58



These figures, together with those included in Table IV., Groups II. and III., have been compiled from information supplied by the Head Masters and Head Mistresses of the Schools.

### **DENTAL TREATMENT.**

All pupils in attendance are inspected and where necessary, treatment offered. The question of amount of contribution towards the cost of treatment, is left to the parents, to whom a circular is addressed at the time of inspection if treatment is found necessary. The minimum contribution is 1/- and the money is collected by the Dental Surgeon at the time of treatment.

It is not always possible to arrange for every Secondary School to be visited each year. In the year under review, however, with only one exception, all the Schools and Centres were visited.

Dental inspections were conducted in the case of 1,634 pupils, of whom 959 were found to require treatment, and of these, 589 actually received treatment.

### **INFECTIOUS DISEASES.**

In the case of Secondary Schools, the School Medical Officer has no jurisdiction with regard to the control of infectious diseases. Where necessity arises, however, his opinion and/or advice with regard to these matters is of course forthcoming if desired by the Head Masters or Head Mistresses, or Board of Governors, and such requests have been made on occasion.

In my opinion considerable advantage can be shown in the method which obtains in the Elementary Schools whereby the School Medical Officer has power with regard to school closure and exclusion of individual scholars. Such procedure might well be extended to Secondary Schools.

### **FOLLOWING UP.**

Whilst assistance is given by the Education Committee with regard to tonsil and adenoid operations in necessitous cases, Secondary School pupils are usually treated privately, or if treatment is obtained under the Authority's Scheme, the parents pay all the cost.

There are no Care Committees in respect of Secondary Schools and cases needing treatment are not followed up by the School Nurses. On the other hand however, defective pupils are re-examined at frequent intervals by the Assistant Medical Officers.

The results previously tabulated show that the majority of cases recommended treatment are followed up until treatment is obtained and this reflects credit on the Head Masters and Head Mistresses, whose assistance generally in the work of medical inspection is very valuable.



## ELEMENTARY SCHOOLS.

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**TABLE I.—RETURN OF MEDICAL INSPECTIONS,  
YEAR ENDED 31st DECEMBER, 1931.**

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### A.—Routine Medical Inspections.

Number of Code Group Inspections—

Entrants .....	.....	.....	.....	.....	4858
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Intermediates .....	.....	.....	.....	.....	4794
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Leavers .....	.....	.....	.....	.....	3625
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TOTAL .....	.....	.....	.....	.....	13277
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Number of other Routine Inspections .....	.....	.....	.....	.....	574
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### B.—Other Inspections.

Number of Special Inspections .....	.....	.....	.....	.....	2503
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Number of Re-Inspections .....	.....	.....	.....	.....	18984
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TOTAL .....	.....	.....	.....	.....	21487
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					35338
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TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1931.

Defect or Disease.	Routine Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.
(1)	(2)	(3)	(4)	(5)
Malnutrition .....	502	202	16	5
Uncleanliness .....	322	7	7	—
(see Table IV. Group V)				
Skin—				
Ringworm—				
Scalp .....	13	9	13	5
Body .....	7	—	5	1
Scabies .....	9	—	6	—
Impetigo .....	48	3	314	—
Other Diseases (Non-Tuberculous) .....	66	33	287	4
Eye—				
Blepharitis .....	214	19	102	1
Conjunctivitis .....	16	3	25	—
Keratitis .....	—	1	—	—
Corneal Opacities .....	—	5	2	—
Defective Vision (excluding Squint) .....	318	892	93	48
Squint .....	72	150	19	7
Other Conditions .....	24	36	37	14
Ear—				
Defective Hearing .....	30	75	10	3
Otitis Media .....	49	44	40	5
Other Ear Diseases .....	27	39	40	8
Nose and Throat—				
Enlarged Tonsils only .....	371	1316	52	67
Adenoids only .....	47	184	17	22
Enlarged Tonsils and Adenoids .....	911	1521	102	82
Other Conditions .....	44	109	16	34
Enlarged Cervical Glands (Non-Tuberculous) .....	65	1416	57	39
Defective Speech .....	4	65	4	5
Heart and Circulation—				
Heart Disease :				
Organic .....	11	42	—	1
Functional .....	5	77	5	5
Anaemia .....	85	161	31	7



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

Defect or Disease.  (1)	Routine Inspections. No. of Defects.		Special Inspections. No. of Defects.	
	(2)	(3)	(4)	(5)
<b>Lungs—</b>				
Bronchitis .....	44	66	9	8
Other Non-Tuberculous Diseases .....	78	93	5	4
<b>Tuberculosis—</b>				
Pulmonary :				
Definite .....	1	7	—	—
Suspected .....	5	23	2	1
Non-Pulmonary :				
Glands .....	29	184	6	9
Spine .....	—	3	—	1
Hip .....	1	—	—	—
Other Bones and Joints .....	—	4	—	—
Skin .....	1	1	—	—
Other Forms .....	3	8	3	4
<b>Nervous System—</b>				
Epilepsy .....	2	17	—	—
Chorea .....	3	4	2	3
Other Conditions .....	6	36	3	6
<b>Deformities—</b>				
Rickets .....	7	176	1	2
Spinal Curvature .....	15	28	1	2
Other Forms .....	105	94	12	5
<b>Other Defects and Diseases .....</b>	<b>261</b>	<b>494</b>	<b>683</b>	<b>105</b>

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

Group.  (1)	Number of Children.		Percentage of Children found to require Treatment.  (4)
	Inspected.  (2)	Found to require Treatment.  (3)	
<b>CODE GROUPS :</b>			
Entrants .....	4858	1167	24.00
Intermediates .....	4794	1186	24.73
Leavers .....	3625	644	17.76
<b>TOTAL (Code Groups) .....</b>	<b>13277</b>	<b>2997</b>	<b>22.57</b>
<b>Other Routine Inspections .....</b>	<b>574</b>	<b>119</b>	<b>27.31</b>

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

			Boys.	Girls.	Total.
Children suffering from the following types of Multiple Defect, <i>i.e.</i> , any combination of Total Blindness, Total Deafness, Mental Defect, Epilepsy, Active Tuberculosis, Crippling, or Heart Disease			4	3	7
Blind (including partially blind).	(i.) Suitable for training in a School for the totally blind.	At Certified Schools for the Blind .....	10	4	14
		At Public Elementary Schools .....	—	—	—
		At other Institutions .....	—	—	—
		At no School or Institution .....	1	1	2*
	(ii.) Suitable for training in a School for the partially blind.	At Certified Schools for the Blind or Partially Blind .....	—	—	—
		At Public Elementary Schools .....	17	19	36
		At other Institutions .....	—	—	—
		At no School or Institution .....	—	—	—
Deaf (including deaf and dumb and partially deaf).	(i.) Suitable for training in a School for the totally deaf or deaf and dumb.	At Certified Schools for the Deaf .....	6	13	19
		At Public Elementary Schools .....	—	—	—
		At other Institutions .....	—	—	—
		At no School or Institution .....	—	1	1*
	(ii.) Suitable for training in a School for the partially deaf.	At Certified Schools for the Deaf or Partially Deaf .....	3	5	8
		At Public Elementary Schools .....	3	2	5
		At other Institutions .....	—	—	—
		At no School or Institution .....	—	—	—
Mentally Defective.	Feeble-minded	At Certified Schools for Mentally Defective Children .....	1	1	2
		At Public Elementary Schools .....	86	50	136
		At other Institutions .....	4	3	7
		At no School or Institution .....	24	28	52
Epileptics.	Suffering from severe Epilepsy.	At Certified Schools for Epileptics .....	3	—	3
		At Certified Residential Open Air Schools .....	—	—	—
		At Certified Day Open Air Schools .....	—	—	—
		At Public Elementary Schools .....	1	2	3
		At other Institutions .....	—	—	—
		At no School or Institution .....	3	7	10
	Suffering from Epilepsy which is not severe.	At Public Elementary Schools .....	15	12	27
		At no School or Institution .....	3	2	5

\* These children were admitted to a Special School immediately following the Christmas Holiday.



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

			Boys.	Girls.	Total.
Physically Defective	Active Pulmonary Tuberculosis (including Pleura and intrathoracic Glands).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board .....	24	12	36
		At Certified Residential Open Air Schools .....	—	—	—
		At Certified day Open Air Schools .....	—	—	—
		At Public Elementary Schools .....	—	—	—
		At other Institutions .....	—	—	—
		At no School or Institution .....	10	12	22
	Quiescent or arrested Pulmonary Tuberculosis (including pleura and intrathoracic glands).	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 .....	88	71	159
		At other Institutions .....	—	—	—
		At no School or Institution .....	2	2	4
	Tuberculosis of the Peripheral Glands.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board .....	3	3	6
		At Certified Residential Open Air Schools .....	—	—	—
		At Certified Day Open Air Schools .....	—	—	—
		At Public Elementary Schools .....	123	83	206
		At other Institutions .....	2	2	4
		At no School or Institution .....	9	14	23
	Abdominal 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 .....	22	21	43
		At other Institutions .....	—	—	—
		At no School or Institution .....	1	2	3
	Tuberculosis of bones and joints (not including deformities due to old Tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board .....	10	9	19
		At Public Elementary Schools .....	2	—	2
		At other Institutions .....	—	3	3
		At no School or Institution .....	5	1	6

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

			Boys.	Girls.	Total.
Physically Defective (continued).	Tuberculosis of other organs (skin, etc.).	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board .....	—	—	—
		At Public Elementary Schools .....	4	3	7
		At other Institutions .....	1	—	1
		At no School or Institution .....	—	—	—
	Delicate Children, <i>i.e.</i> , all Children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School.	At Certified Residential Cripple Schools .....	—	—	—
		At Certified Day Cripple Schools .....	—	—	—
		At Certified Residential Open Air Schools .....	—	—	—
		At Certified Day Open Air Schools .....	—	—	—
		At Public Elementary Schools .....	129	93	222
		At other Institutions .....	1	1	2
		At no School or Institution .....	8	9	17
	Crippled children (other than those with active Tuberculous Disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life.	At Certified Hospital Schools .....	4	5	9
		At Certified Residential Cripple Schools .....	1	—	1
		At Certified Day Cripple Schools .....	—	—	—
		At Certified Residential Open Air Schools .....	—	—	—
		At Certified Day Open Air Schools .....	—	—	—
		At Public Elementary Schools .....	70 (3)	41	111 (3)
		At other Institutions .....	2	2	4
		At no School or Institution .....	16 (1)	13 (2)	29 (3)
	Children with Heart Disease, <i>i.e.</i> , children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public Elementary School.	At Certified Hospital Schools .....	—	2	2
		At Certified Residential Cripple Schools .....	—	—	—
		At Certified Day Cripple Schools .....	—	—	—
		At Certified Residential Open Air Schools .....	—	—	—
		At Certified Day Open Air Schools .....	—	—	—
		At Public Elementary Schools .....	—	2	2
		At other Institutions .....	—	—	—
		At no School or Institution .....	3	4	7



## ELEMENTARY SCHOOLS.

**TABLE IV.—RETURN OF DEFECTS TREATED DURING THE  
YEAR ENDED 31st DECEMBER, 1931**

### TREATMENT TABLE.

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

Defect or Disease.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)
Skin—			
Ringworm—Scalp .....	127	—	127
Ringworm—Body .....	36	—	36
Scabies .....	26	—	26
Impetigo .....	844	—	844
Other Skin Disease .....	367	—	367
Minor Eye Defects— (External and other, but excluding cases falling in Group II.) .....	649	—	649
Minor Ear Defects—	178	—	178
Miscellaneous— (e.g., minor injuries, bruises, sores, chilblains, etc.) .....	1124	—	1124
<b>TOTAL</b> .....	<b>3351</b>	<b>—</b>	<b>3351</b>

**TABLE IV.—Return of Defects—(continued).**

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

Defect or Disease.	Number of Defects dealt with.			
	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). .....	793	33	—	826
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) .....	—	—	—	—
<b>TOTAL</b> .....	793	33	—	826

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme .....	599
(b) Otherwise .....	33

Total number of children who obtained or received spectacles :—

(a) Under the Authority's Scheme .....	563
(b) Otherwise .....	24

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

Number of Defects.				
Received Operative Treatment.			Received other Forms of Treatment.	Total Number Treated.
Under the Authority's Scheme in Clinic or Hospital.	By Private Practitioner or Hospital apart from the Authority's Scheme.	Total.		
(1)	(2)	(3)	(4)	(5)
839	128	967	66	1033



**TABLE IV.—Return of Defects—(continued).**

**Group IV.—Dental Defects.**

(1). Number of Children who were

(a) Inspected by the Dentist :

Routine Age Groups

	3	4	5	6	7	8	9	10	11	12	13	14	Specials	Total
	64	447	1796	3011	3335	3615	3796	3972	4520	3055	2651	1908	38	32208

(b) Found to require treatment ..... 20101

(c) Actually treated ..... 9842

(2) Half-days devoted to :—

Inspection ..... 485

Treatment ..... 1713

TOTAL ..... 2198

(3) Attendances made by children for treatment ..... 13769

(4) Fillings :—

Permanent Teeth ..... 4385

Temporary Teeth ..... 283

TOTAL ..... 4668

(5) Extractions :—

Permanent Teeth ..... 1284

Temporary Teeth ..... 17697

TOTAL ..... 18981

(6) Administrations of General Anaesthetics for Extractions Nil

(7) Other Operations :—

Permanent Teeth ..... 11264

Temporary Teeth ..... 9375

TOTAL ..... 20639

**Group V.—Uncleanliness and Verminous Conditions.**

(i.) Average number of visits per school made during the year by the School Nurses ..... 7.72

(ii.) Total number of examinations of children in the schools by School Nurses ..... 186837

(iii.) Number of individual children found unclean ..... 3986

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

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

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

(b) Under School Attendance Byelaws ..... 15

## SECONDARY SCHOOLS.

(Including Pupil Teacher Centres.)

**TABLE I.—RETURN OF MEDICAL INSPECTIONS,  
YEAR ENDED 31st DECEMBER, 1931.**

### A.—Routine Medical Inspections.

Number of Code Group Inspections—

Entrants	.....	.....	.....	.....	.....	485
Yearly Examinations	.....	.....	.....	.....	.....	1384
Leavers	.....	.....	.....	.....	.....	—
						—
TOTAL	.....	.....	.....	.....	.....	1869

Number of other Routine Inspections

..... —

### B.—Other Inspections.

Number of Special Inspections	.....	.....	.....	.....	25
Number of Re-Inspections	.....	.....	.....	.....	923
					—
TOTAL	.....	.....	.....	.....	948
					—
					2817
					—



# SECONDARY SCHOOLS.

(Including Pupil Teacher Centres)

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1931.

Defect or Disease.	Routine Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.
(1)	(2)	(3)	(4)	(5)
Malnutrition	9	—	—	—
Uncleanliness	7	1	—	—
Skin—				
Ringworm—				
Scalp	—	—	—	—
Body	—	—	—	—
Scabies	—	—	—	—
Impetigo	—	—	—	—
Other Diseases (Non-Tuberculous)	1	3	—	—
Eye—				
Blepharitis	30	1	—	—
Conjunctivitis	—	—	—	—
Keratitis	—	—	—	—
Corneal Opacities	—	1	—	—
Defective Vision (excluding Squint)	60	90	4	1
Squint	1	1	—	—
Other Conditions	7	2	—	—
Ear—				
Defective Hearing	2	1	—	—
Otitis Media	4	—	—	—
Other Ear Diseases	10	—	—	—
Nose and Throat—				
Enlarged Tonsils only	44	97	—	—
Adenoids only	4	9	—	—
Enlarged Tonsils and Adenoids	19	14	—	—
Other Conditions	12	3	—	—
Enlarged Cervical Glands (Non-Tuberculous)	1	18	—	1
Defective Speech	2	1	—	—
Heart and Circulation—				
Heart Disease—				
Organic	1	1	—	—
Functional	3	12	—	—
Anaemia	9	6	1	2

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

Defect or Disease.  (1)	Routine Inspections. No. of Defects.		Special Inspections. No. of Defects.	
	(2)	(3)	(4)	(5)
Lungs—				
Bronchitis .....	2	—	—	—
Other Non-Tuberculous Diseases .....	1	4	—	—
Tuberculosis—				
Pulmonary—				
Definite .....	—	—	—	—
Suspected .....	—	—	—	—
Non-Pulmonary—				
Glands .....	—	1	—	—
Spine .....	—	—	—	—
Hip .....	—	—	—	—
Other Bones and Joints .....	—	—	—	—
Skin .....	—	—	—	—
Other Forms .....	—	—	—	—
Nervous System—				
Epilepsy .....	—	—	—	—
Chorea .....	1	—	—	—
Other Conditions .....	—	1	—	—
Deformities—				
Rickets .....	1	—	—	—
Spinal Curvature .....	24	3	—	—
Other Forms .....	84	5	1	—
Other Defects and Diseases .....	55	30	4	2

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

Group.  (1)	Number of Pupils.		Percentage of Pupils found to require Treatment. (4)
	Inspected. (2)	Found to require Treatment. (3)	
CODE GROUPS :			
Entrants .....	485	119	24.53
Yearly Examinations .....	1384	240	17.34
Leavers .....	—	—	—
TOTAL (Code Groups) .....	1869	359	19.20
Other Routine Inspections .....	—	—	—



## SECONDARY SCHOOLS.

(Including Pupil Teacher Centres).

**TABLE IV.—RETURN OF DEPECTS TREATED DURING THE YEAR ENDED 31st DECEMBER, 1931.**

### Group II.—Defective Vision and Squint.

Defect or Disease.	Number of Defects dealt with.			
	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) .....	74	7	—	81
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) .....	—	—	—	—
<b>TOTAL</b> .....	74	7	—	81

Total number of pupils for whom spectacles were prescribed :—

(a) Under the Authority's Scheme .....	58
(b) Otherwise .....	6

Total number of pupils who obtained or received spectacles :—

(a) Under the Authority's Scheme .....	53
(b) Otherwise .....	6

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

Number of Defects.				
Received Operative Treatment.			Received other Forms of Treatment.	Total Number Treated.
Under the Authority's Scheme, in Clinic or Hospital. (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)	Total. (3)		
1	9	10	5	15

TABLE IV.—Return of Defects—(continued)

Group IV.—Dental Defects.

1. Number of Pupils who were :—

(a) Inspected by the Dentist :

Routine Age Groups.

	Under	12	12	13	14	15	16	over 16	Specials	Grand Total
	181	215	290	258	312	211	167	—	—	1634
(b) Found to require treatment	.....	.....	.....	.....	.....	.....	.....	.....	.....	959
(c) Actually treated	.....	.....	.....	.....	.....	.....	.....	.....	.....	589
(2) Half-days devoted to :—										
Inspection	.....	.....	.....	.....	.....	.....	.....	.....	21	
Treatment	.....	.....	.....	.....	.....	.....	.....	.....	195	
TOTAL	.....	.....	.....	.....	.....	.....	.....	.....		216
(3) Attendances made by pupils for treatment									.....	1275
(4) Fillings :—										
Permanent Teeth	.....	.....	.....	.....	.....	.....	.....	.....	1174	
Temporary Teeth	.....	.....	.....	.....	.....	.....	.....	.....	—	
TOTAL	.....	.....	.....	.....	.....	.....	.....	.....	—	1174
(5) Extractions :—										
Permanent Teeth	.....	.....	.....	.....	.....	.....	.....	.....	217	
Temporary Teeth	.....	.....	.....	.....	.....	.....	.....	.....	151	
TOTAL	.....	.....	.....	.....	.....	.....	.....	.....		368
(6) Administrations of General Anaesthetics for extractions									.....	Nil
(7) Other Operations :—										
Permanent Teeth	.....	.....	.....	.....	.....	.....	.....	.....	1877	
Temporary Teeth	.....	.....	.....	.....	.....	.....	.....	.....	54	
TOTAL	.....	.....	.....	.....	.....	.....	.....	.....		1931



