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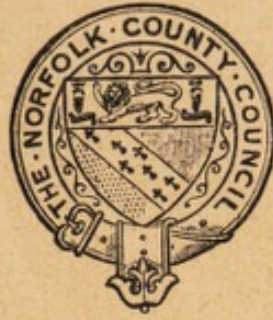
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NORFOLK EDUCATION COMMITTEE

ANNUAL REPORT

of the

*School
Medical Officer
for 1935*






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PREFACE.

This Report, dealing with medical inspection of and treatment in connection with the public Elementary and Secondary Schools during the year 1935, is the eighth I have presented, and the twenty-ninth of the series.

All the Elementary Schools have received a routine inspection, 12,957 children thus being examined. In spite of some 200 less examinations, due to the lower school population, as compared with those in 1934, I have to report an increase in the number of defects found to require treatment, the percentage being 18·62, as against the previous year's figure of 16·70. The percentage in the third age-group, *i.e.*, the leavers, is 15·85, as compared with 21·12% in the first age-group, the entrants. It is somewhat difficult to explain the variation in the number of defects noted from year to year; the percentage this year, while higher than that for the two previous years, is lower than that for both 1931 and 1932. 27,164 children were inspected by the Dental Surgeons, and it is a matter of regret that the staff available does not permit annual inspection of each child in attendance. However, the further increase in the percentage of acceptances is a welcome sign.

Each Secondary School and Pupil Teacher Centre received routine medical inspection and, as a result, 19·83% of the pupils was found to require treatment. The Dental Surgeons inspected 1588 pupils, the percentage receiving treatment remaining practically stationary.

The approval of the Board of Education to the acquisition by the County Council of Melton Lodge, Marine Parade, Great Yarmouth, as a Special School has been a step towards the completion of our Orthopædic Scheme, while approval was also given to the supply of milk free in necessitous cases. In the latter connection I look confidently forward to the day when each school will have its scheme.

The resignation of Dr. O. C. Dobson and leave of absence granted to Dr. Irene B. M. Green made it necessary to utilise the services of locums during the year, while Dr. Christina S. Lamont resigned her permanent appointment on marriage, and is continuing temporarily in a full-time capacity. Dr. D. Morrison Smith was appointed Assistant Medical Officer as from 1st October, 1935.

My thanks are due to all who in any way have assisted in the work of the service; the medical practitioners whose co-operation is essential, the teachers without whom much of our work would be ineffective, and the professional and clerical staffs upon whose whole-hearted co-operation the success of the service depends.

T. RUDDOCK-WEST,
School Medical Officer.

Public Health Department,
29, Thorpe Road, Norwich.
March, 1936.

STAFF OF THE SCHOOL MEDICAL SERVICE DURING 1935.

School Medical Officer :

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

Deputy School Medical Officer :

W. R. CLAYTON HESLOP, M.D., F.R.C.S.E., D.P.H.

Assistant Medical Officers :

O. C. DOBSON, M.D., B.S., B.Hy., D.P.H. (resigned, 30.6.35).

IRENE B. M. GREEN, M.B., B.S. (leave of absence, 1.10.35 onwards).

CHRISTINA S. LAMONT, M.B., Ch.B., D.P.H. (resigned, 18.10.35).

H. W. SEXTON, M.R.C.S., L.R.C.P.

D. MORRISON SMITH, M.B., Ch.B., (commenced, 1.10.35).

Temporary Medical Staff :

MARGUERITE R. MARSHALL, M.B., Ch.B., (part-time from 20.9.35).

MURIEL S. ROBERTS, M.B., Ch.B., (full-time from 30.9.35).

CHRISTINA S. WEBSTER (*née* LAMONT), M.B., Ch.B., D.P.H. (full time from 3.12.35).

Orthopædic Surgeon (Part-time) :

H. A. BRITTAIN, M.A., M.Ch., F.R.C.S.

Consulting Aural Surgeons (Part-time) :

N. S. CARRUTHERS, F.R.C.S.E., D.L.O.

J. LEWIN, M.B., F.R.C.S.

Consulting Ophthalmic Surgeons (Part-time) :

A. GREENE, M.D., F.R.C.S.I.

S. T. PARKER, M.B., F.R.C.S.

G. MAXTED, M.D., F.R.C.S.

W. E. RUTLEDGE, L.R.C.P., L.R.C.S., D.O.M.S.

W. WYLLYS, M.R.C.S., L.R.C.P.

Dental Surgeons :

A. J. CAIRNS, L.D.S.

SADIE S. HOW, L.D.S.

M. S. LEWIN, L.D.S.

P. MILLICAN, L.D.S.

J. NIXON, L.D.S.

A. A. SUMPTER, L.D.S.

Orthopædic Nurse :

Miss J. E. KEMP, C.S.M.M.G.

School Nurses :

Miss E. B. BYGRAVE, Cert. Nurse.

Miss D. PERCIVAL, S.R.N.

Miss A. E. HOLDEN, S.R.N.

Miss C. SHINGLETON, S.R.N.

Miss F. B. JUGGINS, S.R.N.

Miss D. VICKERS, S.R.N.

Miss B. A. MACE, S.R.N., S.C.M.

Miss L. WALKER, S.R.N.

(commenced, 9.9.35).

Miss A. WELLSTED, Cert. Nurse.

Miss F. M. MANN, S.R.N., S.C.M.

(resigned, 31.8.35).

ANNUAL REPORT

of the

School Medical Officer for 1935

CO-ORDINATION.

As has been mentioned in previous reports, the County Medical Officer administers the Public Health, Maternity and Child Welfare, Tuberculosis and Blind Persons services, in addition to the School Medical section. He is also Medical Officer to the Public Assistance Sub-Committee. The Deputy County Medical Officer is also Deputy School Medical Officer and, as such, acts as Certifying Officer for mentally and physically defective children. With the exception of attendance at Infant Welfare Centres, the Assistant Medical Officers devote the whole of their time to school medical inspection and treatment. Six Dental Surgeons deal entirely with inspection and treatment of school children, but one is shared with an adjoining Education Authority. The School Nurses, nine in number, are, in addition, School Attendance Officers and Infant Life Protection Visitors, while the Orthopaedic Nurse supervises all the cases coming under the various Committees of the Local Authority. All these Officers are on the Staff of the County Medical Officer. The clerical staff of the Public Health Department is divided into two main sections, each in charge of a Senior or Sectional Clerk. This enables close co-operation to be maintained in the central office with free interchange of information affecting the various branches of the work.

ELEMENTARY SCHOOLS.

NUMBERS AND ATTENDANCES.

There were at the end of the year 460 public Elementary Schools, having 507 departments, in the educational area of the County, 212 being Provided and 248 Non-Provided Schools.

The names of 40,527 children, 1870 being under the "legal" age of five years, were on the school registers on the 31st December, 1935. The average attendance for the year ended 31st March, 1935, was 38,572.

SCHOOL HYGIENE.

The Assistant Medical Officers continue to report on the hygienic condition of the schools following their routine visits, the attention of the Education Committee being drawn to any necessary matters.

Particulars are given below as to the defects referred during the year under review. A large proportion of the defects relates to desks, and in this connection the Committee has faced the problem and improvement continues. It is with satisfaction that the gradual displacement of the tortoise stove is noted.

Defect.	NUMBER REPORTED.			
	Primary. Provided Schools.	Non-Provided Schools.	Re-referred. Provided Schools.	Non-Provided Schools.
Desks—unsuitable or bad type ...	6	10	1	2
„ inadequate supply ...	3	10	2	1
Lighting—inadequate ...	—	1	1	—
Heating—inadequate ...	—	3	—	5
Ventilation—inadequate ...	—	2	1	2
Closets and Urinals—				
Constructional defects ...	1	5	1	2
Defective floors ...	2	8	—	—
Playgrounds—				
Unsatisfactory surface, etc. ...	3	9	1	3
School Buildings—				
Structural defects ...	3	2	1	—
Miscellaneous ...	1	2	1	—
	19	52	9	15
	71		24	

The Education Committee has supplied the following list of alterations, improvements, etc., carried out by the Committee during the year ending 31st March, 1936:—

	Provided Schools.	Non-Provided Schools.
Improvements—		
Floors ...	10	4
Ventilation and Lighting ...	9	—
Heating ...	10	—
Structural ...	9	—
Sanitation ...	27	1
Cycle Shelters ...	11	—
Artificial Lighting ...	8	—
Playgrounds—		
Tar-dressing ...	15	—
Tar-paving ...	2	—
Gravelling ...	11	—
Renovations ...	98	21

14 samples of water from 11 schools or school houses were examined in the County Laboratory during the year, 8 proving satisfactory and 6 unsatisfactory.

MEDICAL INSPECTION.

The schedule of the Board of Education with regard to medical inspection is followed. The groups of children presented remain as set out in the Report for 1934.

Each Elementary School in the County received a routine visit during the year, and, in addition, 266 departments were re-visited for the purpose of further examination of children found defective, while 4 departments received a second visit for that purpose. Table I, page 35, gives the number of children examined in the various groups. As may be anticipated, there is a further slight fall in the number of examinations in the three main Code Groups, and also in the total number of inspections, including routine, special and re-examinations. The latter figure is largely affected by changes in the Medical Staff.

With few exceptions, it is possible for the inspections to be held on the school premises, although the accommodation is often far from ideal, and such a step results in great inconvenience to all parties concerned. In all new schools provision is made for a room for the purpose of medical inspection. Arrangements are made in a few instances, where it is known that accommodation is very limited, to hold the inspection during the summer term, when there is a possibility of open-air classes being held.

The programmes of the Medical Officers are arranged from the office, a return of numbers being obtained from the Head Teachers in the first instance. Following inspection, the medical schedules are forwarded to the office and, after all necessary information has been extracted, they are returned to the Schools and remain in the charge of the Head Teacher. The assistance of a Nurse at the time of inspection, to weigh, measure and test the vision of children, would leave the Medical Officer free to devote more time to the actual inspection, and should also result in dealing with more children in a session, but, unfortunately, the present staff does not permit of this step. Assistance in this respect is dependent on the goodwill of the Head Teachers, who respond nobly, although it is appreciated that there are occasions when, owing to depletion of staff or other reasons, such action is impossible.

Notice of intended examination is sent to parents by the Head Teacher with an invitation for them to be present at a given time. The presence of the parent is a matter of importance: apart from enabling the Medical Officer to obtain a complete history, which is often necessary, the value of personal contact and the means of demonstrating any defect cannot be ignored.

The table below gives the percentages of parents present and of children who were found to have been vaccinated in the various groups:—

Group.	Percentages.	
	Parents present.	Vaccination.
Entrants	79·82	37·53
Intermediates	63·46	31·13
Leavers	38·23	31·61
Other age groups	70·62	38·36

FINDINGS OF MEDICAL INSPECTION.

(See Table II, pages 36-37.)

(a) Malnutrition.

The number of cases amongst routine inspections where treatment was advised because of this defect was 704. The figures collated under the new classification of the Board of Education show a total of 1856 cases in categories "C" and "D". It appears therefore that 1152 children whose nutrition was classed as sub-normal did not call for treatment. Probably a large number of these cases were those whose standard of nutrition had been temporarily lowered by illness or epidemic disease. The Board's present nutrition classification enables Assistant Medical Officers to work to a more exact standard than formerly. The figures given in the various age-groups compare favourably as a whole, but reveal the fact that there are still too many children of poor nutrition in the Leaver Group. There is obviously need for continued supply of milk to schools. 468 children were noted for observation. The percentage of cases of definite malnutrition is 0·52.

(b) Uncleanliness.

196 cases of uncleanliness of the head and 92 uncleanliness of the body were found in Routine Groups. 244 individual children being involved. This gives a cleanliness percentage of 98.12, as compared with 97.42 from the Nurses' figures.

(c) Minor Ailments, and Diseases of the Skin.

5 cases of scalp ringworm, and 6 cases of ringworm of the body were noted for treatment. This number is very low, and certainly appears to show that the Committee's Regulations *re* children with ringworm of the scalp are effective. In addition, 32 Impetigo, 4 Scabies, and 77 other non-tuberculous skin diseases requiring treatment were found.

(d) Visual Defects and External Eye Disease.

218 cases of defective vision requiring treatment and 715 for observation were found, together with 69 squint cases for treatment and 148 for observation. 183 Blepharitis cases and 6 Conjunctivitis were also noted for treatment.

(e) Nose and Throat Defects.

240 cases of chronic Tonsillitis, 46 Adenoids, 294 cases with both defects, and 107 for other nose and throat conditions, were noted for treatment. Taken collectively, the figures are fairly consistent with those for previous years.

(f) Ear Diseases or Defective Hearing.

11 cases of defective hearing, 32 of Otitis Media and 14 of other ear diseases were marked for treatment, whilst cases for observation were 44, 24 and 30 respectively. Cases are from time to time referred to the Consulting Aural Surgeons for recommendation as to treatment.

(g) Dental Defects.

These are in the main discovered by the Dental Surgeons, who examine all children at school. The comparatively few urgent cases found at medical inspection are noted, and wherever possible steps taken to ensure early treatment.

(h) Orthopædic and Postural Defects.

13 cases of Rickets, 21 of Spinal Curvature, and 74 other forms of deformity were referred for treatment.

(i) Heart Disease.

130 children showed definite or suspected abnormality of the heart, and these were grouped as follows:—

Rheumatic and Organic	...	...	...	40
Congenital	...	...	...	9
Functional	...	...	...	81

It is felt that a number of cases classified as organic might, if full history were available, be classed as Rheumatic, and of the total number of cases 33 were queried in one or other of these groups, and there was considerable doubt in the minds of the Assistant Medical Officers as to the existence of heart disease. If the services of a Heart Specialist were available, preferably

in the form of Clinics, much could be done in obtaining specialised opinion and advice, not only in rheumatic disease but in other abnormalities of the heart. It might be of interest in passing that the nutrition of these heart cases was "C" in 24 cases. Of these, 18 were in the functional group. At the present time difficulties are encountered with regard to getting the cases sent to a heart specialist for X-ray and diagnosis. The Authority has no cases attending a special school for children with heart disease. Considerable school time is lost by reason of absence in connection with this defect.

(j) **Tuberculosis.**

1 definite and 13 suspected Pulmonary Tuberculosis cases were found at routine inspection, and referred for treatment. These cases come under the supervision of the Council's Tuberculosis Officers, with the co-operation of the family doctor, to whom the child is referred from medical inspection. 24 cases of Tuberculous Glands, 2 of Bones and Joints, and 5 other forms were also referred for treatment. Cases for observation in the Non-Pulmonary group were 83, 1, and 17 respectively.

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

Cases for treatment and observation under this heading were 278 and 326 respectively, whilst 834 children specially examined were noted for treatment.

The following Table gives the number of the principal defects found to require treatment in each age-group, together with percentages. The figures in parentheses under each group-heading are in respect of the number of children inspected in the group:—

Defect.	Entrants (3873)		Intermediates (3989)		Leavers (4326)		Other ages (769)	
	No. defects.	%	No. defects.	%	No. defects.	%	No. defects.	%
Malnutrition ...	208	5.37	267	6.69	202	4.67	27	3.51
Skin Diseases ...	41	1.06	14	0.35	14	0.32	4	0.52
Defective Vision...	5	0.13	101	2.53	105	2.42	7	0.91
Squint ...	35	0.90	22	0.55	10	0.23	2	0.26
Defective Hearing	3	0.08	5	0.13	2	0.05	1	0.13
Otitis Media ...	10	0.26	9	0.23	12	0.28	1	0.13
Chronic Tonsillitis	96	2.48	72	1.81	45	1.04	27	3.51
Adenoids only ...	23	0.59	15	0.38	6	0.14	2	0.26
Chronic Tonsillitis and Adenoids...	136	3.51	84	2.11	61	1.41	13	1.69
Nose and Throat—								
Other conditions	63	1.63	27	0.67	15	0.35	2	0.26
Spinal Curvature	5	0.13	9	0.22	6	0.14	1	0.13
Lungs—								
Bronchitis ...	20	0.52	3	0.07	1	0.02	1	0.13
Other non- tuberculous ...	37	0.95	12	0.30	8	0.18	—	—

FOLLOWING UP.

The ascertainment of defects amongst school children may be a matter of importance, but unless adequate steps are taken to follow up the defects so found, school medical inspection is of little value apart possibly from a statistical point of view. At most of the schools a Care Committee has been constituted, and on these, in the first instance, devolve the work of following up. The Head Teacher is usually a member of this Committee, in a few

instances the only member, and it is impossible to estimate the full value of the voluntary service so rendered. Without exception, the live Committees are those on which the teaching staff is represented. Following inspection, the names of children with defects calling for treatment are entered in a Medical Log Book for the information of the Care Committee, while the Committee are invited to meet the Medical Officer at the end of the inspection to discuss any necessary cases. Reports are requested periodically, and in stubborn cases further action is taken from the office, the parents interviewed by a member of the professional staff, or the assistance of the N.S.P.C.C. Inspectors obtained.

WORK OF THE NURSES.

(a) Minor Ailments.

(i) The six equipped clinics at Dereham, North Walsham, Wells, Fakenham, Wymondham and Terrington, have been in use throughout the year. Single morning sessions are held each week on specific days, and once each month the Assistant Medical Officer attends. A Table of defects dealt with appears on page 12.

(ii) Nurses also treat minor ailments at the schools and, where necessary, visit the homes and advise the parents to call in a doctor. Such cases are shown in Table IV, found on page 41.

(b) Surveys of Children for Uncleanliness.

Number of visits to schools	...	...	...	...	3,413*
Average number of visits to each school	...	...	...	...	6.7
Total number of examinations	...	...	...	...	187,375
Number of individual children found unclean (<i>i.e.</i> , vermin or nits)	...	...	...	...	2,042
Number of children excluded at the Nurses' visits	...	...	...	...	156
Number of Special Warning Letters <i>re</i> Nits sent to parents	...	...	...	...	3
Number of letters sent on first exclusion	...	...	...	...	45
Number of "Final Warning" Letters sent to parents	...	...	...	...	18
Number of Homes visited	...	...	...	...	564

*Includes 2371 complete surveys of all children in school.

Result of "following up"—

Clean	...	...	...	...	1,120
Improved	...	...	...	...	744
Unsatisfactory	...	...	...	...	178

The foregoing figures show that the standard of cleanliness amongst the school population is still further improved. Every credit must be given to the Nursing Staff for their diligent work, and there are other factors which help to account for the present state of affairs. Teachers habitually encourage the children to take a personal pride in themselves, whilst the stigma of being one of the few children in the school whom the Nurse comes to see because of uncleanliness, is probably a great incentive to a child to strive to ensure removal from that category as soon as possible. When children are frequently in an unclean condition the Nurse visits the parents and urges the regular use of a metal comb, which can be loaned for a period to parents unable to purchase. The combs answer the purpose admirably, removing both pediculi and nits. Broadly speaking, the standard of living to-day being higher than that of post-war years brings in its train

influences which bear fruit in many ways. The cleanliness percentage for the school population of the County works out at 97·42, a highly satisfactory figure.

VERMINOUS PROSECUTIONS.

Proceedings were instituted under the Attendance Bye-laws against the parents of four children for absence from school on account of verminous conditions. The proceedings were successful, and fines of 5/- were imposed in each case.

(c) Miscellaneous Work.

School Nurses continue to follow up cases needing treatment for defects found at medical inspection, occasionally render assistance at medical inspection of Secondary Schools, and assist at time of treatment by the School Dental Surgeons on special occasions, including gas and ordinary clinics held on Saturday mornings.

Further following up is also carried out with regard to infectious disease, as has been outlined in previous reports.

Of 472 special surveys carried out during the year under review, 106 were for investigating definite or suspected Scarlet Fever, 52 Diphtheria, 71 Coughs, Colds, Whooping Cough or Influenza, 55 Ringworm, 41 Sore Throats, and 147 on account of reported Impetigo, Scabies, Chicken Pox, Measles, or miscellaneous infections.

Visits to urge treatment in 54 cases of Defective Vision, 34 Tonsils and Adenoids, 17 Dental Caries and 18 miscellaneous cases were also paid.

MEDICAL TREATMENT.

(a) Under Education Committee's Scheme.

(i.) Minor Ailments treated at School Clinics (see page 11).

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	...	182	169	13	—	836
Scabies	...	4	3	1	—	16
Ringworm—Scalp	...	1	1	—	—	23
do. Body	...	5	5	—	—	23
Other Skin Diseases	...	185	144	35	6	1847
Minor Injuries	...	637	598	29	10	1954
Discharging Ears	...	40	22	16	2	604
Other Ear Diseases	...	11	11	—	—	41
Blepharitis	...	61	35	25	1	766
Conjunctivitis	...	6	6	—	—	19
Other Eye Diseases	...	24	21	1	2	74
Enlarged Glands	...	41	19	20	2	679
Verminous	...	30	21	7	2	226
Miscellaneous	...	145	110	34	1	746
		1372	1165	181	26*	7854

*No case of refusal.

(ii.) **Minor Ailments treated at School or Home.**

Disease.		No. of Cases followed up.	RESULT.	
			Cured.	Still under Treatment.
Impetigo	...	221	182	39
Scabies	...	14	8	6
Ringworm—Scalp	...	27	8	19
do. Body	...	25	19	6
Other Skin Diseases	...	40	17	23
Ear Diseases	...	80	32	48
Eye Diseases	...	220	76	144
Minor Injuries	...	287	248	39
Miscellaneous	...	188	141	47
		<hr/> 1102	<hr/> 731	<hr/> 371

(iii.) **Defective Vision—Refraction Work.**

(a) Vouchers issued on :—			
	Ophthalmic Specialists	...	207
	Approved General Practitioners		17
			<hr/> 224
(b) By whole-time Assistant Medical Officers			
	...	...	360
			<hr/> 584

Of the 224 vouchers issued on Specialists and approved General Practitioners, 25 were not utilised by the end of the year. The remaining 199 cases examined resulted as follows :—

Glasses prescribed and obtained	...	126
Glasses prescribed but not supplied	...	3
Glasses not necessary	...	70

130 Refraction Clinics were held by the Assistant Medical Officers at 70 Centres. Of the 360 children examined by retinoscopy, 308 were found to require glasses, 8 were referred to the Ophthalmic Specialists, leaving 44 cases in which provision of glasses was not indicated. Glasses were obtained by the end of the year in 286 instances, leaving 20 cases outstanding. The parents of two children refused glasses, and the defect was such that pressure was considered impossible at that time.

(iv.) **Operations for Tonsils and Adenoids.**

Vouchers issued on :—			
	General Practitioners	...	173
	Hospitals	...	232
			<hr/> 405

Of this number 106 were outstanding at the end of the year.

443 cases are known to have received operative treatment during 1935 for the removal of tonsils and/or adenoids, 410 being performed through the Authority's Scheme.

Arrangements for operative treatment have been made with various medical practitioners throughout the County, all of whom have satisfied the Authority as to their experience and technique, also with General and Cottage Hospitals. A full list of the Hospitals concerned was given in the Report for 1934.

So far as the medical practitioners are concerned, in many cases the practitioner has a private arrangement with a Cottage Hospital or Nursing Home, or the operation is performed in the Doctor's surgery. Opportunity is taken from time to time to be present at the operation. 119 children actually received operative measures by the approved practitioners during the year, and were dealt with as follows:—

Cottage Hospitals	...	...	...	53
Nursing Homes	...	...	...	12
Doctors' Surgeries	...	...	...	36
Patients' Homes	...	...	...	18

At the four main Hospitals covering the County, those at Norwich, King's Lynn and Great Yarmouth, all children continue to be seen by the Honorary Surgeons as out-patients in the first instance. The rural nature of the County, with consequent difficulty of transport, often makes such a step a matter of difficulty, but an endeavour is made in such cases for the child to be seen in the Out-patient Department on a day when admission, if considered necessary, can be arranged.

(v.) **Tuberculosis.**

Treatment is arranged through the County Council's Tuberculosis Scheme. Table III, page 39, shows the number of children receiving institutional treatment at the end of the year. The services of the Orthopaedic Surgeon are fully utilised in connection with bone and joint disease.

(vi.) **Ear, Nose and Throat Defects.**

8 children were examined by the Consulting Aural Surgeons, 3 on account of otorrhœa, 3 for deflection of the septum, and 2 for deafness. In the cases of otorrhœa, treatment was advised and arrangements made accordingly: in all the cases of deflected septum no immediate steps were considered advisable, any question of surgical interference being deferred until the age of 15-16 years; one child referred on account of deafness proved to be deaf within the meaning of the Education Act, the other having a mild degree of deafness with probably some mental deterioration.

The scheme whereby regular and systematic treatment of otorrhœa is given in certain districts by the District Nurses, under supervision, continues, and 10 cases were under treatment during the year, 6 being new. Such action is not taken unless consent is given by the family doctor, and, apart from the fact that not all the local Nursing Associations are prepared to join the scheme, it has been found that often the parents prefer to arrange treatment privately. The exception to this rule is generally the long-standing case with poor home influence. The facilities are of value, however, in spite of the small number of cases participating.

(vii.) **Ringworm of the Scalp.**

No case has received X-ray treatment during the year. As has been previously mentioned, the incidence of this defect is remarkably small.

(viii.) **Alopecia.**

Approval of light treatment has been given, but no case was dealt with during the year under review.

(ix.) **Delicate Children.**

One child received a period of four months' residential treatment at Melton Lodge, Great Yarmouth, early in the year, with beneficial results. The accommodation at that Institution, however, will not now permit such cases being admitted.

(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 1935.		Referred in 1935.	Total.
Malnutrition (including Debility, Underweight, etc.)	67	...	40	107
Impetigo	35	...	3	38
Other Skin Diseases	4	...	4	8
Blepharitis	7	...	4	11
Conjunctivitis	2	...	—	2
Other Eye Diseases	1	...	1	2
Defective Hearing	1	...	—	1
Otitis Media	6	...	10	16
Other Ear Diseases	8	...	3	11
Nose and Throat—other	8	...	5	13
Defective Speech	7	...	1	8
Enlarged Glands (Non-Tb.)	52	...	7	59
Heart—Functional	5	...	2	7
Heart—Organic	2	...	3	5
Anæmia	14	...	9	23
Bronchitis	28	...	5	33
Lungs, other (Non-Tb.)	20	...	3	23
Epilepsy	2	...	—	2
Chorea	2	...	2	4
Nervous—other	5	...	—	5
Rickets	5	...	1	6
Spinal Curvature	3	...	—	3
Other Deformities	16	...	6	22
Other Defects and Diseases	98	...	40	138
Total	398	...	149	547

DENTAL TREATMENT.

Five horse-drawn vans and one trailer van remain in use, there being no clinic fully equipped for dental work in the Administrative County during the year under review. Cases are, however, treated at the Norwich office, and at the Minor Ailment Clinics on occasion.

The scheme covers inspection of all children in attendance and where necessary treatment is offered, a nominal contribution of 1/- being requested from parents for any treatment other than dressings and scalings. This contribution, on the recommendation of the School Care Committee, can be waived on financial grounds, and there is no evidence to suggest that the fee expected has any bearing on the number of cases refusing treatment.

Table IV, Group iv, page 43, gives details of the work carried out. 27,013 children received routine inspection, and a further 151 special inspection, thus somewhere in the neighbourhood of 70% of the average number in attendance was seen. These figures are slightly below those for 1934, and while the fact that there was an increase in the number of Secondary pupils dealt with affects the position, it is gratifying to report an increase of nearly 2% in the number of children receiving treatment following routine visits—52.37%, as against 50.42% in 1934. Thus, although fewer children were inspected and the number of sessions devoted to the Elementary Schools was less than in 1934, there is an increase in the operations actually carried out by the Dental Surgeons. Of the 27,013 children receiving routine inspection 18,592, or 68.8%, were found to require treatment, compared with 65.4% in 1934. Of the children actually treated, 2135 were cases in which refusal had been met with on the previous visit, 4250 were re-treated, the remaining 3302 children receiving initial treatment. 358 children under 5 years of age accepted treatment, and there is no indication that the percentage of refusals amongst the younger children is higher than in any other age-group.

During the year a gas apparatus was obtained for use at Melton Lodge Special School, and this has been available in connection with the Committee's Dental Scheme. The number of children calling for other than a local anæsthetic does not appear to be unduly high, but cases are met with, and in the past we have had no provision in the Scheme apart from those needing prolonged anæsthetic with retention overnight. It is anticipated that the use of the apparatus will be more general during the present year, arrangements being made to collect cases at suitable Centres. During the period under review use has been restricted to occasional Special Clinics held at Headquarters.

Our Scheme cannot yet be considered complete, as in no area does the Dental Surgeon fully complete his schools within a period of twelve months.

While every effort is made to ensure uniformity throughout the County as a whole, the human element cannot be entirely eradicated. The percentage of acceptances in the various districts varies between 42.1 and 67.7. The districts are comparable, apart from that for the Northern area, which is on the small side. Adjustments are in hand to even up the position, but it is clear that to ensure regular annual inspection and treatment, appointment of additional staff would be necessary. In the near future the position will be brought before the Committee for further consideration.

In addition to the dental work shown in Tables IV, pages 43 and 48, 34 children were inspected at the Melton Lodge Special School, 17 being found to require treatment. 10 of these children actually received treatment, 2 under a local anæsthetic and 8 under a general anæsthetic.

Talks are given to the children from time to time, while lectures are also given to groups of Teachers and Women's Institutes. Miss How reports that at one school in her area a member of the staff has obtained a projector and dental films are shown.

Mr. P. Millican, L.D.S., reports as follows :—

“Children, especially those living in or near the larger towns, are obviously taking a more practical interest in the preservation of their teeth than heretofore. This is due not only to the effective instruction in dental hygiene by many of the teachers, but also to the enlightenment of the general public in this direction.

In view of this, I should like to emphasise two points which are necessary adjuncts to the work of the school dentist, and which are all-important in making the dental scheme a success:—

- (1) The regular practice of dental hygiene in the home.
- (2) Reasonably frequent inspection by the dentist.

Regarding the second point, if the interval between the school dentist's visits exceeds one year, the mouth tends to become neglected at a period of life when destructive dental bacteria are most active—with obviously disastrous results.

The need for more frequent visits by the dentist to the schools seems to be realised by the parents, an increasing number of whom volunteer to bring their children to the clinics for supplementary inspection and treatment in the intervals between routine visits.

A very valuable asset to our scheme is the introduction of *gas-clinics*, at which nitrous oxide is employed as an anæsthetic in cases showing excessive nervousness or of particularly difficult extractions. A school doctor administers the anæsthetic, and a nurse is in attendance. These gas-clinics have been most successful, and are greatly appreciated by the parents.

The routine work at the schools has proceeded as usual, and no event requiring special report has occurred in the past year.

The trailer-surgery is in excellent condition, and serves its purpose admirably.”

INFECTIOUS DISEASE.

There is no alteration in the procedure outlined in previous Reports. Children absent on account of definite or suspected infectious disease, whether suffering from or in contact with, are reported by the Head Teacher simultaneously to the School Medical Officer and the District Medical Officer of Health. Exclusion is mainly in accordance with the joint recommendations of the Ministry of Health and Board of Education. No child, however, suffering from or in contact with a notifiable infectious disease is re-admitted to school until a clearance Certificate is issued by the District Medical Officer of Health. Every endeavour is made to maintain closest co-operation with the District Medical Officers, and in many cases where school closure has been necessary such action has been taken on the direct recommendation of the Officer concerned.

Influenzal coughs and colds were very troublesome again during the early part of the year. Diphtheria, while not prevalent to any great extent throughout the County, was experienced in epidemic form in one Urban district to such an extent that one in five families were affected—mainly children of school age. The position called for drastic action, and, fortunately, the steps taken resulted in the epidemic being checked. In this connection,

the whole-time services of the Deputy County Medical Officer and the School Nurse for that area were placed at the disposal of the District Medical Officer of Health for a period long enough to ensure that all patients and contacts were given antitoxin.

19 special visits were paid to schools by members of the Committee's Medical Staff, and 317 by the Nurses in connection with infectious diseases.

School Closures during 1935 :—

Under Article 45 (B) on advice of School Medical Officer	...	...	...	...	164
Under Article 57 by Local Sanitary Authority	...				4
Total	...	...			168

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

Disease.	No. of Closures.	No. of School days lost.
Diphtheria	4	47
Influenza, Coughs and Colds	148	844½
Measles	9	86½
Scarlet Fever	5	17
Whooping Cough	1	5
Whooping Cough and Influenza	1	7
	168	1007

It is my considered opinion that one authority alone should be responsible for school closure, and that the Education Committee on the advice of the School Medical Officer. The time appears to be long overdue for the repeal of Article 57, whereby a District Council or any two members thereof may, on the advice of their Medical Officer of Health, order the closure of any School in their district. This dual power is apt to lead to much confusion and uncertainty, together with a complete lack of uniformity over an Education Committee's area. Fortunately, only one of the 27 districts of this County acts in such a manner.

Whenever closure is for a protracted period, every endeavour is made to obtain the co-operation of the local Sunday School Authorities in order to ensure, as far as possible, that the action taken is not negated. When forwarding the Closure Orders, instructions are always issued for thorough cleansing of desks, pencils, etc., and the School premises.

Exclusions.

11,519 children were temporarily excluded or re-excluded under Article 53 (B) on account of the undermentioned infectious diseases :—

Chicken Pox	...	1303	Mumps	...	504
Coughs and Colds	...	5196	Scarlet Fever	...	571
Diphtheria	...	82	Sore Throats	...	240
Influenza	...	1850	Typhoid Fever	...	2
Measles—German	...	233	Whooping Cough	...	1149
Measles—English	...	389			

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

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

234 Certificates in respect of 95 departments were issued by the School Medical Officer in cases where the attendance of a school fell below 60 per cent., and was reasonably attributable to the prevalence of epidemic disease in the district. The diseases responsible were:—

Chicken Pox ...	...	11	Scarlet Fever ...	...	6
Coughs, Colds, etc. ...	...	35	Whooping Cough ...	...	80
Diphtheria ...	...	9	Mumps ...	...	3
Influenza ...	...	59	Mixed Infections ...	...	8
Measles ...	...	23			

OPEN-AIR EDUCATION.

There are no open-air schools under the control of the Authority, nor are there any officially organised school camps. During favourable weather many teachers take advantage of holding classes in the open air.

ORTHOPÆDIC TREATMENT.

During the year under review, the treatment provided through the Scheme has continued to increase, as will be seen from the tabulated figures. Practically all cases of orthopædic defects occurring in children are now referred for treatment under the Scheme, and very few are dealt with other than by Mr. Brittain, the Orthopædic Surgeon. It is felt that the facilities available are being more and more appreciated by all who are concerned in the problem of the cripple child.

On 1st January, 1935, the County Council took possession of Melton Lodge, Great Yarmouth, which is being used chiefly for the treatment of post-operative cases transferred from the Jenny Lind and Norfolk and Norwich Hospitals. Patients remain there until they are out of Plaster of Paris and fit to return home. In addition to being under medical supervision, their education is continued as the Institution is recognised by the Board of Education as a Special School. Two teachers are employed, a Certificated Head and an Uncertificated Assistant. Approximately half the children admitted are sent by the Education Committee, the remainder by the Maternity and Child Welfare and Tuberculosis Committees, and if beds are available they are loaned to the Norwich and Great Yarmouth Authorities. The Institution has proved of great value, and many of the good results which have been the outcome of operative and other treatment could not have been obtained without it, except by sending the patients to Orthopædic Institutions outside the County.

One unsatisfactory feature is the large number of cases awaiting admission to the Norfolk and Norwich Hospital, some names having been on the list since 1934. Every endeavour is being made to remedy this position, and the Hospital Authorities will soon be able to offer beds and reduce the number to more reasonable proportions.

The appointment of a second Nurse, which has now been approved, will make it possible for more treatment to be given in the way of massage and remedial exercises. It is suggested that after-care clinics should be gradually established in various parts of the County at which patients would attend, rather than the Nurses visiting individual homes or schools. Such clinics would also be used by the Surgeon for examination purposes.

(i.) **Ascertainment.**

117 new cases have been added to the Register during the year, and 26 names have also been transferred from the Maternity and Child Welfare Section of the Scheme.

(ii.) **Clinics held by the Orthopædic Surgeon.**

Inspection clinics have been held as shown below :—

Centre.	No. of Clinic Sessions.	Cases examined.		TOTAL.
		New	Re-examinations.	
Jenny Lind Hospital, Norwich	29	64	162	226
Norfolk & Norwich Hospital, Norwich	12	25	60	85
Infant Welfare Centre, King's Lynn	9	16	72	88
Melton Lodge, Great Yarmouth	6	3	16	19
TOTALS	56	108	310	418

The total number of examinations, including children under school age, tuberculous patients and Public Assistance cases, was 737, as compared with 533 in 1934.

(iii.) **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 being also indicated :—

Institution.	Receiving treatment 1.1.35.	Admitted during year.	Discharged during year.	Receiving treatment 31.12.35.	Awaiting admission 31.12.35.
Jenny Lind Hospital, Norwich	—	39	35	4	12
Norfolk & Norwich Hospital, Norwich	2	22	21	3	28
General Hospital, Great Yarmouth	—	1	—	1	—
Melton Lodge, Great Yarmouth	2	40	21	21	1
TOTALS	4	102	77	29	41

The defects treated were :—

		Jenny Lind.	Norfolk and Norwich.	Yar- mouth.	Melton Lodge.	Total treated.	
						Defects.	Children
Infantile paralysis	...	7	4	—	11	22	15
Spastic paralysis	...	4	3	—	5	12	7
Deformities of feet	...	15	4	1	7	27	20
Rheumatoid arthritis	...	—	1	—	1	2	1
Septic arthritis	...	—	—	—	1	1	1
Scoliosis	...	1	1	—	1	3	3
Torticollis	...	1	1	—	—	2	2
Hip deformities	...	6	7	—	13	26	15
Osteomyelitis	...	1	2	—	1	4	2
Toe deformities	...	1	1	—	—	2	2
Short leg	...	1	—	—	1	2	1
Muscular dystrophy	...	1	—	—	1	2	1
Chronic onychia	...	1	—	—	—	1	1
TOTALS	...	39	24	1	42	106	71

*The figures in this column represent the number of *individual* cases. Many of the patients received treatment both at the Jenny Lind or Norfolk and Norwich Hospitals and at Melton Lodge.

The following is a brief analysis of the results of institutional treatment in those cases in which treatment was completed during the year :—

Infantile paralysis	8	In one case the Surgeon decided that operative treatment was not advisable, and the patient is continuing with a special boot and leg instrument. The other cases were considerably improved by operations, and two children were able to discard leg instruments previously worn.
Spastic paralysis	4	Treatment on the whole is not attended with favourable results in such cases. Two children, however, are much improved.
Deformities of feet	17	Excellent results have been obtained in these cases, and two patients have discarded instruments. Thirteen children are wearing ordinary boots with or without slight alteration, such as wedges, and no patient is wearing any surgical instrument.
Scoliosis	4	Three were admitted to Hospital to have plaster casts taken for new spinal supports. The other had a course of exercises at Melton Lodge, which much improved the condition.
Miscellaneous	3	Results in these cases have all been favourable.

(iv.) **Supply of Surgical Apparatus.**

92 vouchers for the supply, alteration and repair of special boots, leg instruments, spinal supports and other splints have been issued.

At the end of the year apparatus was being worn by the undermentioned number of children :—

Surgical boots and leg instruments	...	...	...	17
Ordinary boots wedged or otherwise altered	...	...	...	75
Surgical boots	...	...	...	49
Spinal supports	...	...	...	12
Artificial limbs	...	...	...	6
Abdominal belts	...	...	...	1
Leg shields	...	...	...	3
Knee splint	...	...	...	1
Crutches	...	...	...	1
				<hr/> 165

The number of patients wearing surgical boots remains fairly constant from year to year. It will be appreciated that many defects treated under the Scheme are such as can only be improved up to a certain point, and a complete cure can never be obtained. Shortening and wasting of limbs subsequent to anterior poliomyelitis often make the wearing of special boots a necessity.

Although the number of cases on the Register increases year by year, the number of children wearing leg irons continues to decrease, the figure having fallen from 28 at the end of 1934 to 17. At the end of 1932 there were 77 such cases, and the success which has attended operative treatment in the last three years is reflected in this comparison.

(v.) **Supply of Special Furniture.**

10 children attending Public Elementary Schools have been provided with special chairs and tables.

(vi.) **Services of Orthopædic Nurse.**

The Nurse paid 1292 visits to children of school age, either at the patients' homes or at the schools. A total of 2221 visits was made to all patients coming under the Scheme.

(vii.) **Cases on Register.**

At the end of the year there were 594 Education cases on the current register :—

Flat feet and valgus ankles	...	...	...	111
Claw feet	...	...	...	16
Hammer toes	...	...	...	8
Hallux valgus	...	...	...	3
Knock knees	...	...	...	70
Bow legs	...	...	...	10
				<hr/>
Carried forward	...	...	...	218

	Brought forward	...	218
Congenital deformities :—			
Hip	...	...	25
Feet	...	...	55
Hand	...	...	2
Legs	...	...	3
Toes	...	...	7
Others	...	...	4
Spastic paralysis	...	...	37
Infantile paralysis	...	...	60
Muscular dystrophy and atrophy	...	...	8
Erb's paralysis	...	...	3
Spinal deformities	...	...	55
Round shoulders	...	...	6
Hip diseases (not congenital)	...	...	14
Wry neck	...	...	29
Chest deformities	...	...	6
Spina bifida	...	...	2
Osteomyelitis	...	...	9
Amputations	...	...	6
Old injuries	...	...	13
Miscellaneous	...	...	32
			<hr/> 594 <hr/>

411 of the 594 cases have been examined at least once by the Orthopaedic Surgeon, and 171 have received institutional treatment under the Scheme. The cases not seen by the Surgeon are those with minor defects who are being treated by the Nurse in accordance with his general instructions.

The numbers on the register at the end of the previous years are as follows :—

1934	...	...	...	...	514
1933	...	...	...	...	495
1932	...	...	...	...	449
1931	...	...	...	...	417
1930	...	...	...	...	386
1929	...	...	...	...	324
1928	...	...	...	...	273

(viii.) **Cases discontinued.**

111 children on the register have been crossed off during the year for the undermentioned reasons :—

Cured	...	...	...	...	20
Much improved—no further treatment necessary	...	...	...	...	19
Left school—no further treatment advised	...	...	...	...	13
Treatment would not benefit	...	...	...	...	15
Treatment not necessary	...	...	...	...	19
Removed from County	...	...	...	...	16
Treatment refused	...	...	...	...	6
Private treatment	...	...	...	...	3
					<hr/> 111 <hr/>

PHYSICAL TRAINING.

The Organiser of Physical Education reports as follows:—

General.

Development of the Physical Education Scheme has been uniform throughout the County Elementary Schools. The Class Teachers are working from the 1933 Syllabus, and a higher standard of performance has been attained. The 1935 Physical Education Gazette, containing photographic illustration of the Daily Lesson programme carried out in the Elementary Schools, provides ample evidence of the steady progress.

The reports from thirty Area Demonstration Centres shew remarkable growth of interest among both teachers and parents in the physical well-being of their children. The parents' presence at these demonstrations, Parent Days, and District Sports, and the effort they have made quite voluntarily to dress their children suitably, are sufficient evidence that this interest is something real and practical.

The Teachers' Classes held at Downham, Thetford, and North Walsham, have been received with excellent response; 150 Class members presented themselves, and the attendance figures are encouraging. In addition to these Classes, 2360 teachers attended Area Demonstrations, where classes of children with their teachers gave demonstrations. Leaflets on branches of the work were distributed and talks were conducted on the same. Since 1933, 4384 teachers have presented themselves for instruction on a voluntary basis. It is pleasing to report that the 30th Area Demonstration, and the last for 1935, was held at the Training College, Norwich, in co-operation with the Principal. The four District Associations around Norwich took part in this Demonstration, and 130 teachers saw the work. The Secretary and Assistant Secretary were present to meet the teachers and children.

Physical Movements.

The daily lesson of the modern type, full of action and purposeful movement with teacher and pupils suitably attired, i.e., superfluous clothing removed—not special dress—high-spirited and eager, present a pleasing spectacle of the worth-while movements. The new type of activity is fresh and vigorous, full of joy and daring; much more work is done in less time. The introduction of the modern lesson with this vigorous and happy start, commands brisk and inspiring work. The visible result of improved posture in the early stage of training reveals the beneficial effect of this good start.

Clothing.

Public opinion in favour of "coats off" has been the aim, and the teachers' example has played a great part in the improved clothing conditions. A class that pessimistically wraps itself up well, as a matter of routine, suggests a slow, maybe dull, teacher.

Chief Points:—

- (a) Garments do not impede movement.
- (b) Comfortable feeling encourages stronger movements of the limbs.
- (c) Risk of chill lessened by redressing after the lesson.
- (d) Posture. The position of the body seen better in less clothing, when defects are easily detected and corrected.

Physical Training Apparatus.

It is very desirable to realise that every child in the school is brought into contact with apparatus of a simple type. The apparatus supplied by the Committee has been added to by the class teachers themselves, suiting the needs of their own school and the daily lesson programme. Simple apparatus is necessary and is indeed part of the Syllabus of Training. The first step is made in providing each child in the class with a rope and a small ball. In most schools it is realised that expensive footballs are the last thing to procure in the necessary kit for physical training lessons.

Central Schools.

Improved conditions for the carrying out of the scheme of work include new playing fields at Terrington and Fakenham, and playground improvements at Dereham, Fakenham and Watton. The teachers suited for the work have kept abreast of recent development and have received further instruction with their classes during the year. These Central Schools have co-operated in the Area work, where demonstrations and talks have been conducted to large numbers of teachers, and an increased interest has resulted in the surrounding schools.

Programme of Work.

- (a) Daily lessons.
- (b) Organised games (including school dancing and swimming).
- (c) District Sports Associations.

Most of the work is carried out in the playground, very little floor space is available for indoor work.

Teachers' Classes.

Teachers' Central Classes were organised at Downham Market, Thetford, and North Walsham.

1. *Downham Market*—50 Teachers.
At the Secondary School. Average attendance 85.5%.
2. *Thetford*—50 Teachers.
At the Girls' Grammar School. Average attendance 82.2%.
3. *North Walsham*—50 Teachers.
At the Girls' High School. Average attendance 91.2%.

The Committee provide facilities at these Courses of Instruction for teachers to refresh their knowledge and to keep in touch with the most modern methods. The programme of work included demonstrations with classes of children and their teachers, and even on Saturday mornings this was possible.

School Visits.

Year.		Schools Visited.		Demonstration Lessons.
1933	...	437	...	1851
1934	...	457	...	1971
1935	...	475	...	2110

The close and friendly contact with teachers in these visits to individual schools, where talks and discussions with staffs, practical hints and demonstrations are possible, have proved of the utmost value in the particular conditions provided for the work. The Syllabus of Work varies from school to school, and the most suitable methods are discussed and lessons of demonstration with classes of children are given on the spot. During the year, 2110 of these demonstration lessons were given.

Central Classes for Pupil Teachers.

Monthly instruction was carried out at three Centres, viz., Dereham, Melton Constable and Norwich.

Programme of Work.

- (a) Practical Work.
- (b) Demonstration and teaching practices.
- (c) Notes and discussions.
- (d) Games organisation and school dancing.
- (e) Social work.

Co-operation with Elementary and Central Schools.

In co-operating with these schools at Dereham and Melton Constable, it has been possible to organise teaching practices with classes of children. The class teachers have been included in this work.

Organised Games.

The Secretary's letter No. 57, issued to Head Teachers in May, 1935, has given a real stimulus to the introduction and development of organised games as part of the school curriculum.

Playing Fields.

The Committee have procured extra playing fields, to be added to the already good list of fields in use all over the County. There are very few schools without some type of playing field space, and many of those without are very small schools which may possibly be closed within the next few years.

The Organised Games Lesson of forty-five minutes a week has included every child in the school. All-round training in a variety of games and athletics for all the children has been organised and the teachers have prepared plans for their lesson periods.

Norfolk Teachers' Physical Training Association.

The Training College, Norwich, is used for meetings of this Association, by permission of the Principal. A short course of training was carried out this year on the 1933 Syllabus. 122 teachers attended.

Programme of the Course.

- (a) Physical training (children under seven).
- (b) Special conditions.
- (c) Games organisation.
- (d) Group practices, athletics, and school dancing.

Teachers attending this voluntary association have carried out valuable work in their schools, and are ever keen to meet and to receive further instruction. Co-operation with the Training College has proved of great value in covering a wider field of instruction.

District Association Work.

The work of these Associations has continued through the year. They are financially self-supporting, from voluntary subscriptions from teachers, parents and other friends. Thirty Area Demonstrations, showing the 1933 Syllabus of Training with classes of children, were organised, and 2360 teachers attended. The opportunity was taken to circulate further information about the Syllabus in general. The demonstrations were supported by

members of the Committee and Officers, who had the chance of meeting the teachers and the parents. The work has grown and is a real contribution to the welfare of the children throughout the County. In this work it has been possible to provide instruction to a large number of teachers through the formation of groups all over the County, and as each group was organised, naturally, further Centres desired to co-operate.

Norfolk County Schools' Athletic Association.

This Association, founded in 1933, has now 25 District Associations affiliated to the central body. In each of these, and they include some of the smallest and most remote schools in the County, the first step is holding of sports at each school. Items in addition to the ordinary track and jumping events are included, and massed demonstration of group activities from the Syllabus have been given by the District as a whole and not by picked children.

The Committee have, from the first, been keenly interested and, indeed, enthusiastic. They have approved the work, and this year recommended a grant of £20, which has been approved by the Board of Education.

The President of the Association is the Lord Lieutenant of the County and the Vice-Presidents not only include members of the Education Committee, but a large number of influential people in the County.

School Dancing.

This branch of physical education has played an important part in the training and education of body and mind. The modern type of lesson includes all the scholars in the class.

At a larger number of schools, gramophones are used in the summer-time for playground lessons, where all the children are able to take part in the lesson at once. The chief aims have been to encourage control and balance, ease of movement, and lightness. The whole body is used and not one particular part only. The sense of rhythm is aroused and a simple technique on which they can develop gradually to a higher ability.

Plan of Lesson.

- (a) Steps. Groundwork.
- (b) Figures. Practices. Spacing.
- (c) Dances. Expression.
- (d) Joy.

Physical Education in Evening Institutes.

Recreational Physical Educational Classes have been organised at the following Evening Centres:—Cromer, Dereham, Melton Constable, Terrington, and Thetford.

The Board of Education regard this work as a matter of national importance, and state that more consideration should be given to the development of facilities for physical training and games among these young people who have left school.

Playgrounds.

The Committee have arranged for a larger number of school playgrounds to be resurfaced, and eventually the majority of Provided Schools will have hard-surfaced playgrounds.

The daily period of organised physical activity is carried out on the playground; where the playgrounds are too small, field space near the school is often used, in suitable weather, for the carrying out of this lesson.

Increased attention has been given during the year to the provision of suitable spaces for the work. In many of the reorganised areas, spare classrooms are used in addition to the playground space, and at many of these schools winter lessons have been valuable in maintaining progress. Head Teachers have arranged their time-tables to be more suitable to conditions, and in this way only one class perform at a time. The provision of rubber-soled shoes makes for safety on hard playgrounds.

Swimming.

The Committee have recently considered various questions concerned with the inclusion of swimming as a subject in the school time-table. They have decided to approve of its inclusion, and one lesson a week may be given where suitable facilities exist and where Centres have been approved. This improvement has been largely due to the enthusiasm of the teachers and children in the areas where the swimming instruction has been carried out at some 30 Centres in the County out of school hours. It is expected that a larger number of Centres will be organised in next year's programme, and that swimming will form part of the regular physical training.

Conclusion.

Improvement in the standard of physical training in the Elementary School has been observed, particularly in certain areas, where Demonstration Centres have been established and Teachers' Physical Training Classes have been organised. Further development will be made by the provision of better facilities in the new schools, where the Committee are providing sufficient space both indoors and outdoors in their plan of development. The provision of Halls in the new schools will provide for the physical training in the school, and these Halls will provide for physical activities for adolescents and adults in the areas as well as for children of school age.

JAMES WILKINSON.

PROVISION OF MEALS.

The approval of the Board to the provision of milk free to necessitous children was obtained early in the year, and such supply was commenced as from 1st March, 1935. Cases needing milk are noted at the time of routine inspection, and where the income of the parents is within the Committee's scale, a grant, based on the Medical Officer's recommendation, is made. Teachers are in a position to apply for free milk in obvious cases, and grants are made pending the report of the Assistant Medical Officer. All children receiving free milk are re-examined from time to time. The statistics given below show the growth of the scheme from the month of inception to the end of the year:—

Month.	MILK PAID FOR BY PARENTS.			MILK PAID FOR BY COMMITTEE.		
	No. of Depts.	No. of Children.	No. of $\frac{1}{2}$ rd pint bottles.	No. of children.	No. of $\frac{1}{2}$ rd pint bottles.	
March	...	162	9012	153484	...	20 119 (5 Depts.)
April	...	189	10332	124306	...	50 321 (10 „)
May	...	210	11196	200550	...	91 1420 (20 „)
June	...	213	10792	150459	...	98 1513 (25 „)
July	...	201	9804	181996	...	97 2012 (24 „)
August	...	194	8638	24292	...	99 352 (25 „)
September	...	203	9641	131487	...	103 1676 (30 „)
October	...	218	11027	214995	...	146 2993 (39 „)
November	...	223	11285	193448	...	164 3080 (42 „)
December	...	228	11388	152100	...	153 2399 (40 „)

The number of children receiving milk by no means represents the full population of the schools administering the scheme.

The arrangements as outlined in my report for 1934, in connection with the Milk Marketing Board's Scheme, continue. Up to the end of 1934, 133 schools were participating. During 1935, 147 additional schools were admitted, and after allowing for cases where the supply was discontinued, the total number of schools operating the scheme on 31st December, 1935, was 228. Altogether, 105 producers have been approved for these supplies. It will be appreciated that in some instances one producer is able to supply a number of schools in the neighbourhood.

In this connection, 353 inspections of premises were made during the year, and 234 samples taken for cleanliness examination. 142 of these complied with the standard (which is equivalent to Grade "A") and 92 failed. In addition, 104 bulk samples were taken for examination for tubercle bacilli, a positive result being obtained in 3 cases, which were subsequently referred for action under the Tuberculosis Order, 1925.

It was hoped to arrange for quarterly inspections and cleanliness sampling of all herds under the scheme, and also for half-yearly sampling for tubercle bacilli. It will be seen from the figures quoted that this has not been possible, due entirely to shortage of staff. It will be appreciated that this is entirely new work, and no additional staff has been provided for this purpose. In all cases where samples failed to comply with the approved standard, however, the producer's attention has been drawn to any unsatisfactory conditions existing in his methods or premises, and, where necessary, re-inspections have been made and further samples taken. When the producer has been unwilling to co-operate in securing an improvement in his supply, the certificate of approval has been withdrawn. I am pleased to say that this action was only necessary in a few isolated cases.

Although almost half of the schools in the County are now participating in the scheme, it is hoped that the number will be increased considerably. To the teachers of the schools operating the scheme thanks are due, as without their interest and help, all voluntarily given, some thousands of school children would be unable to take advantage of milk, which is a valuable supplement to the diet.

The experiments carried out in various parts of the Country show, beyond all question, the value of a daily ration of milk during school age in the general improvement of nutrition and growth. There is, therefore, an obvious need of a pure milk supply being available at each school in the County, and this should be procurable by all children, even apart from actual medical needs.

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

Every endeavour is made to obtain the whole-hearted co-operation of parents, who are invited to be present at the time of medical inspection and also dental treatment.

Stress has already been laid upon the assistance readily given by the teachers generally and the value of such aid.

School Attendance work is combined with that of the School Nurses, with many advantages. Close touch is maintained with the School Attendance Department.

Much voluntary work is undertaken by the various School Care Committees.

The National Society for the Prevention of Cruelty to Children continue to place their Inspectors at the call of the service, and the co-operation so given is valuable. Some 14 cases of general neglect or failure to provide treatment were referred during the year, and the result of the visits of the Inspectors usually is successful. In 2 cases prosecution was undertaken by the Society, medical evidence being supplied by the School Medical Staff, and convictions were obtained.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

Ascertainment continues on the lines given in previous Reports, a large number of the cases being brought to notice prior to reaching the legal school age. Particulars as to the number of cases in each category are given in Table III, pages 38 and 39.

Provision for Blind and Deaf Children is available at the East Anglian School for Blind and Deaf Children, Gorleston, where the Authority has 45 beds.

So far as the Mentally Defective child is concerned, the position, apart from those definitely ineducable (Idiots, Imbeciles, etc.), is unsatisfactory. The Committee has no arrangement for the feeble-minded child, i.e., the child who, although incapable of receiving proper benefit from the instruction in an ordinary school, would be educable in a Special School or Class for mentally defective children. Moreover, although the Education Committee is responsible for such children until the age of 16 years, no official step in notifying the cases to the Mental Deficiency Acts Committee can be taken unless admission to a Special School is arranged, when the duty is laid upon them to notify the case on discharge from the Special School. The feeble-minded child is the one likely to come into conflict with social order and, at present, although allowed to remain in attendance at the Elementary School, unless presence becomes detrimental, there is the period between 14—16 years when the child is under no official supervision. It must be borne in mind that in the event of any untoward happening during this period, the fact that no action has been taken lays the Committee open to considerable criticism. While at the end of the year there were complete records of only 119 feeble-minded children, this figure is far below the actual number of such children in the County needing education in a Special School or Class. It is only possible to include in the Returns to the Board cases in which full Intelligence Tests have been completed, and during the year under review, circumstances have made it difficult to deal with the position to any great extent. 59 children have been subjected to tests and classified, but there are more than double this number at present noted for testing as soon as arrangements can be made. As mentioned in last year's Report, the duties of the Education Committee under the Children and Young Persons Act are such that it is essential for information to be available; thus attention has largely, of necessity, been restricted to obtaining complete records of those children about to leave the Elementary Schools, to the exclusion of the younger children. The nature of the tests is such that, while on occasion 3 children have been dealt with simultaneously, progress is slow and there is no doubt but that a complete survey would entail a Specialist Officer being detailed for the work. In my last Report I suggested that such an Officer might well be utilised, with advantage, by the Mental Deficiency Acts Committee, and I feel that consideration of this possibility is worth exploring. There is no doubt that the problem is one which must be faced.

The following Table gives the results obtained in the cases of the 59 children submitted to Intelligence Tests, the Stanford Revision of the Binet Simon Tests being used :—

Actual Age.	No. of Children Tested.	30-40%		41-50%		51-60%		61-70%		71% +	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
5	2	—	—	1	—	1	—	—	—	—	—
6	—	—	—	—	—	—	—	—	—	—	—
7	6	—	—	1	—	—	—	1	2	1	1
8	5	—	—	1	—	—	—	1	—	1	3
9	8	—	—	1	—	—	1	1	—	3	1
10	3	—	1	—	—	—	—	—	1	1	—
11	5	—	—	—	—	—	1	1	—	2	1
12	3	—	—	—	—	1	—	—	1	1	—
13	17	—	1	2	—	2	3	6	2	1	—
14	8	—	1	2	1	2	1	1	—	—	—
15	2	—	1	—	—	—	1	—	—	—	—

28 cases between the ages of 7 and 16 years were notified by the Committee to the Local Control Authority under the Mental Deficiency (Notification of Children) Regulations, 1928, as below :—

	Male.	Female.
Idiots	2	—
Imbeciles	6	5
Others	8	5
Special Circumstance Cases, under Certificate of Board of Education	1	1

With the exception of the latter cases, these were all of low-grade type, incapable of receiving benefit in a Special Class or School.

The taking over of Melton Lodge Special School, Great Yarmouth, by the County Council, as from the 1st January, 1935, was a further step towards the completion of the Committee's Scheme for physically defective children; 41 beds are available.

Accommodation for epileptic children is obtained, as far as possible, as cases arise. The Institutions dealing with this type of child are comparatively few, and accommodation is very limited. In the past it has been possible to get occasional beds at the Lingfield Special School, Surrey, but, unfortunately, parents are most reluctant to allow children to go so far from home and, in many instances, in spite of every persuasion, consent is withheld until the case has become so severe that it is rejected as unsuitable for admission.

Higher Education for Blind Persons is afforded by the Committee at the Norwich Institution for the Blind, following which after-care is provided by the Blind Persons Act Sub-Committee of the County Council. The position with regard to training during the year was as follows :—

No. in Training Institution, 1.1.35.	Admitted.	Discharged.	Absent.	Remaining in Institution, 31.12.35.
10	3	1	1	11

The discharge case was transferred to the Inmate Department of the Institution, owing to ill-health, while the case absent was given leave on account of domiciliary circumstances, and while training has been kept open, the trainee has not yet returned to the Institution. Two Home Teachers are employed by the County Council for supervision and home-training of blind persons.

NURSERY SCHOOLS.

There are no Nursery Schools in the County.

EXCLUSION OF CHILDREN.

(Other than for Infectious Diseases.)

893 children were excluded, or re-excluded, during 1935, as follows:—

Contagious Affections:—

Impetigo	...	...	147	Ringworm—Body	...	6
Pediculosis	...	...	263	Ringworm—of Scalp (un-		
Scabies	...	...	31	til rules are complied		
Conjunctivitis	...	...	97	with)	...	2

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

Debility (General)	...	26	Nervous Diseases	...	10
Eczema	...	1	Otorrhœa	...	10
Epilepsy	...	1	Rheumatism	...	14
Heart Disease	...	10	Tonsillitis	...	40
Jaundice	...	30	Other Affections	...	162
Lung Affection (not tubercle)	...	43			

105 Certificates were also issued to cover irregular attendance.

PERMANENT EXCLUSIONS.

During the year 7 children were permanently excluded from attendance at a Public Elementary School for the following reasons:—

Mental Deficiency	...	3	Deaf "within"	...	1
Pulmonary Tuberculosis	...	2	*Presence detrimental	...	1

*This child was later brought before a Juvenile Court, and committed to an Approved School.

MISCELLANEOUS WORK.

604 swabbings were taken from nose and/or throat in connection with the control of infectious disease; 553 for diphtheria, of which 30 proved positive, and 51 for scarlet fever, 3 showing the presence of definite hæmolytic streptococci. 48 specimens of hair were examined for ringworm, 23 proving positive.

43 candidates for the teaching profession and 2 supplementary teachers were examined and reported upon, as were also 19 children or young persons prior to admission to Approved Schools following proceedings under the Children and Young Persons Act.

Scholarship candidates are not submitted to the school medical service for medical examination before admission to Secondary Schools. Medical records are, however, available at the Office should any question of the scholar's physical fitness be raised.

3 Lectures on health matters were given by members of the Medical staff; also 2 by members of the Dental staff. These were mainly to Women's Institutes in the County.

The collection of contributions from parents towards the cost of treatment is carried out by the Secretary for Education, the services of the School Care Committees being utilised in this connection.

SECONDARY SCHOOLS.

(Including Pupil Teacher Centres.)

There are 11 Secondary Schools in the administrative County, 6 being Provided and the remainder aided by the Authority. Pupil Teacher Centres continue at East Dereham, Melton Constable, and Norwich. No Continuation or Junior Technical Schools have been established.

MEDICAL INSPECTION.

Each Secondary School receives a visit from the Assistant Medical Officer in the Spring, Summer, and Autumn Terms, the routine inspections being grouped in the manner described in the Report for 1934. An endeavour is always made for the Girls' Schools to be inspected by a female member of the Medical staff.

The Pupil Teacher Centres are inspected only during the Autumn Term.

Unfortunately, it is not possible, with the Nursing staff available, to arrange, to any great extent, for a Nurse to assist at the time of inspection, desirable as is such a course, and thanks are due to the Head Masters and Mistresses for the great assistance they render in this connection.

FINDINGS OF MEDICAL INSPECTION.

Full particulars of defects found are given in Table II, page 45.

As in the case of the elementary child, there is an increase in the total number of defects ascertained during the year under review, and calling for treatment, although the entrant group shows a decrease of over 4%, as compared with the percentage for that group in 1934. The small number of examinations known to refer to actual Leavers, owing to uncertainty, often on the part of the pupils, makes any comparison of figures rather invidious.

The nutrition of the Secondary School pupil, as one would anticipate, is higher than that of the Elementary School child. Of the 2249 pupils receiving routine examination only one was placed in Group D (i.e., definite malnutrition). Following routine inspection 43 or 1.9% (1.7% in 1934) were recommended treatment for poor nutrition. Defective vision is the defect most marked, 99 pupils, as a result of routine inspection, being found to require treatment and 44 found as a result of special inspection. Nose and throat defects remain practically stationary, slightly below the figure for 1934.

FOLLOWING UP.

There is no alteration in this connection. Advice notes are issued to parents following inspection. No Care Committees are in existence. All defects are entered in a Log Book for the information of the Master or Mistress who, without exception, give valuable assistance.

MEDICAL TREATMENT.

The Committee's Treatment Schemes offer facilities to the parents of the Secondary School pupil to obtain necessary treatment on payment of the cost. In any exceptional case, however, the Committee considers the question of financial assistance.

The undermentioned defects have been dealt with during the period under review :—

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

	Refraction Work.	Operations. Tonsils and Adenoids.
(a) Vouchers issued—		
Ophthalmic Specialist ...	28	—
General Practitioners ...	—	—
Hospitals ...	—	—
(b) By whole-time Medical Officers	56	—

Glasses were prescribed and supplied in 18 of the cases examined by Approved Specialists, were found unnecessary in 7 instances, and 3 vouchers were outstanding at the end of the year.

Of the 56 pupils examined by retinoscopy by the whole-time Medical Officers, glasses were prescribed in 49 cases and supplied in 45 cases, leaving 4 children awaiting provision of glasses. Six of the pupils submitted to retinoscopy were found not to require spectacles and one pupil was referred for examination by an Eye Specialist.

One boy was referred to the Consulting Aural Surgeon on account of deafness, and treatment recommended and obtained.

(ii.) **Not under Scheme.**

Table IV, Groups II and III, show the number of pupils who received treatment for defective vision and nose and throat defects apart from the Education Committee's Scheme.

Full information as to other defects is not available, but re-examination visits reveal that the majority of defects receive attention.

DENTAL TREATMENT.

Ten Secondary Schools and 3 Pupil Teacher Centres received visits from Dental Surgeons, 1588 pupils being inspected. 974 or 61·3% were found to require treatment and 648 or 66·5% of the latter received attention by the Dentists. Bearing in mind the fact that quite a large number of pupils consult a Dentist privately (at the conclusion of his visit to one Secondary School the Dental Surgeon reported that out of 56 pupils needing treatment 26 had, to his knowledge, definitely made private arrangements), the percentage of acceptances must be considered satisfactory.

As in the past, a contribution of not less than one shilling is requested in respect of each pupil treated, this being collected at the time of treatment.

INFECTIOUS DISEASES.

Information has been received from the Secondary Schools as to cases of infectious diseases, and has proved of assistance in so far that particulars are available at an early date, enabling a watch to be kept on the Elementary Schools in the neighbourhood of the residence of the pupil suffering from the disease. The facilities of the service are available, and Head Masters and Mistresses are encouraged to, and do, keep in touch with the Department in such matters.

MISCELLANEOUS WORK.

The Secretary for Education deals direct with any financial arrangements in respect of treatment other than dental.

Apart from assistance on occasions in connection with Medical Inspection, Dental treatment and fitting for spectacle frames, the Nurses do not come into contact with Secondary Schools.

Medical Inspection Returns.

ELEMENTARY SCHOOLS.

TABLE I.—RETURN OF MEDICAL INSPECTIONS.

Year ended 31st December, 1935.

A.—Routine Medical Inspections.

Number of Inspections in the prescribed Groups—

Entrants	3873	
Second Age Group	3989	
Third Age Group	4326	
TOTAL	—	12188
Number of other Routine Inspections		769
GRAND TOTAL		12957

B.—Other Inspections.

Number of Special Inspections	2148	
Number of Re-Inspections	15359	
TOTAL	—	17507

C.—Children found to require Treatment.

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

Prescribed Groups:—

Entrants	818	
Second Age Group	793	
Third Age Group	686	
Total (Prescribed Groups)		2297
Other Routine Inspections		116
GRAND TOTAL		2413

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended
31st December, 1935.

Defect or Disease.	Routine Inspections. No. of Defects.		Special Inspections. No. of Defects.	
	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)
Skin—				
Ringworm—				
Scalp	5	...	2	...
Body	6	1	6	...
Scabies	4	2	4	...
Impetigo	32	...	175	...
Other diseases (Non-Tuberculous) ...	77	45	155	3
	124	48	372	3
Eye—				
Blepharitis	183	11	82	1
Conjunctivitis	6	6	8	...
Keratitis ... ..	...	...	...	...
Corneal Opacities	1	11	...	...
Other Conditions (excluding Defective Vision and Squint)	34	24	26	11
	224	52	116	12
Defective Vision (excluding Squint) ..	218	715	83	36
Squint	69	148	19	5
Ear—				
Defective Hearing	11	44	15	7
Otitis Media	32	24	53	6
Other Ear Diseases	14	30	17	6
Nose and Throat—				
Chronic Tonsillitis only	240	1085	44	40
Adenoids only	46	84	17	11
Chronic Tonsillitis and Adenoids ...	294	609	61	17
Other Conditions	107	239	12	26
Enlarged Cervical Glands (Non-Tubercu- lous)	39	688	49	41
Defective Speech	6	88	5	4
Heart and Circulation—				
Heart Disease:				
Organic	7	46	1	5
Functional	5	59	...	7
Anæmia	53	38	3	5

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	25	55	2	5
Other Non-Tuberculous Diseases ...	57	59	1	6
Tuberculosis—				
Pulmonary:				
Definite	1	5	...	1
Suspected	13	13	..	2
Non-Pulmonary:				
Glands	24	83	1	2
Bones and Joints	2	1	...	...
Skin ... ..	...	...	...	...
Other Forms	5	17	2	...
TOTAL (Non-Pulmonary) ...	31	101	3	2
Nervous System—				
Epilepsy	4	28	..	2
Chorea	2	8	3	3
Other Conditions	5	15	2	7
Deformities—				
Rickets	13	100	...	2
Spinal Curvature	21	21	..	2
Other Forms	74	90	9	6
Other Defects and Diseases (excluding Un- cleanliness and Dental Diseases) ...	278	326	834	110
TOTALS	2013	4818	1721	379

B.—Classification of the Nutrition of Children Inspected during the Year in the Routine Age Groups.

Age-groups.	Number of Children Inspected.	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	3873	589	15.2	2725	70.4	549	14.2	10	0.2
Second Age-group	3989	533	13.4	2774	69.5	653	16.4	29	0.7
Third Age-group ...	4326	920	21.2	2874	66.6	515	11.9	17	0.3
Other Routine In- spections	769	224	29.1	462	60.1	69	8.9	14	1.9
TOTALS	12957	2266	17.5	8835	68.2	1786	13.8	70	0.5

**TABLE III.—RETURN OF ALL EXCEPTIONAL CHILDREN
IN THE AREA, Year ended 31st December, 1935.**

(No Child is entered under more than one heading.)

BLIND CHILDREN.

At Certified Schools for the Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
10	10

PARTIALLY BLIND CHILDREN.

At Certified Schools for the Blind.	At Certified Schools for the Partially Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
...	...	10	...	...	10

DEAF CHILDREN.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
21	...	1	1	23

PARTIALLY DEAF CHILDREN.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
6		6

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

MENTALLY DEFECTIVE CHILDREN.**Feeble-minded Children.**

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
...	71	2	46	119

EPILEPTIC CHILDREN.**Children suffering from severe Epilepsy.**

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
...	7	...	8	15

PHYSICALLY DEFECTIVE CHILDREN.**A. TUBERCULOUS CHILDREN.****I.—Children suffering from Pulmonary Tuberculosis.**

(Including pleura and intra-thoracic glands.)

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
10	19	4	9	42

II.—Children suffering from Non-Pulmonary Tuberculosis.

(This category includes tuberculosis of all sites other than those shown in (I.) over.)

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
29	263	12	19	323

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

B. DELICATE CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
2	180	1	7	190

C. CRIPPLED CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
21	140	8	33	202

D. CHILDREN WITH HEART DISEASE.*

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
...	8	...	8	16

*This section is confined to children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school.

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Combination of Defect.	At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
Severe Epilepsy and Mental Defect	2	2
Cripple and Mental Defect	1	...	1	2

**TABLE IV.—RETURN OF DEFECTS TREATED DURING THE
YEAR ENDED 31st DECEMBER, 1935.**

TREATMENT TABLES.

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

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—			
(i) X-Ray Treatment. If none, indicate by dash	...	...	...
(ii) Other Treatment	28	...	28
Ringworm—Body	30	2	32
Scabies	18	1	19
Impetigo	403	3	406
Other Skin Disease	225	7	232
Minor Eye Defects ...	311	50	361
(External and other, but excluding cases falling in Group II.)			
Minor Ear Defects ...	131	34	165
Miscellaneous ...	1298	14	1312
(e.g., minor injuries, bruises, sores, chilblains, etc.).			
TOTALS ...	2444	111	2555

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.	Otherwise.	Total.
ERRORS OF REFRACTION (including squint). (Operations for squint should be recorded separately in the body of the School Medical Officer's Report.) ...	559	6	565
Other defect or disease of the eyes (excluding those recorded in Group I) ...	...	7	7
TOTALS ...	559	13	572
No. of Children for whom spectacles were			
(a) Prescribed ...	437	26	463
(b) Obtained ...	450	7	457

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

Number of Defects.												Received other Forms of Treatment.	Total Number Treated.
Received Operative Treatment.													
Under the Authority's Scheme, in Clinic or Hospital. (1)				By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)				Total. (3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(4)	(5)
18	2	390	...	12	4	17	...	30	6	407	...	186	629

(i) Tonsils only; (ii) Adenoids only; (iii) Tonsils and Adenoids; (iv) Other defects.

Group IV.—Orthopædic and Postural Defects.

	Under the Authority Scheme.			Otherwise.			Total number treated.
	(1)	(2)	(3)	(1)	(2)	(3)	
	Residential treatment with education.	Residential treatment without education.	Non-residential treatment at an orthopædic clinic.	Residential treatment with education.	Residential treatment without education.	Non-residential treatment at an orthopædic clinic.	
	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
Number of children treated	41	60	19	...	7	1	90

TABLE V.—DENTAL INSPECTION AND TREATMENT.

1. Number of Children inspected by the Dentist.

(a) Routine age-groups—

Age	5	6	7	8	9	10	11	12	13	14	Total
Number	2067	2488	2787	2761	2840	2846	2962	2987	3055	2220	27013

(b) Specials ... 151

(c) TOTAL (Routine and Specials) ... 27164

2. Number found to require Treatment ... 18741

3. Number actually treated ... 9863

4. Attendances made by children for Treatment ... 12731

5. Half-days devoted to:—

Inspection	...	...	...	...	381	
Treatment	...	...	...	...	1850	
Total	...	...	...	...	—	2231

6. Fillings:—

Permanent Teeth	...	...	...	...	6005	
Temporary Teeth	...	...	...	...	551	
Total	...	...	...	...	—	6556

7. Extractions:—

Permanent Teeth	...	...	...	...	2454	
Temporary Teeth	...	...	...	...	16055	
Total	...	...	...	...	—	18509

8. Administrations of general anæsthetics for extractions *31

9. Other Operations:—

Permanent Teeth	...	...	...	...	17353	
Temporary Teeth	...	...	...	...	7346	
Total	...	...	...	...	—	24699

*In addition 18 children received a prolonged general anæsthetic in Hospital.

TABLE VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

- (i) Average number of visits per school made during the year by the School Nurses ... 6.6
- (ii) Total number of examinations of children in the Schools by School Nurses ... 187375
- (iii) Number of *individual* children found unclean ... 2042
- (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 ... 4

SECONDARY SCHOOLS.

(Including Pupil Teacher Centres.)

TABLE I.—RETURN OF MEDICAL INSPECTIONS.

Year ended 31st December, 1935.

A.—Routine Medical Inspections.

Number of Inspections in the prescribed Groups—

Entrants	570
Yearly Examinations	1477
Leavers	50
TOTAL	2097
Number of other Routine Inspections	152
GRAND TOTAL	2249

B.—Other Inspections.

Number of Special Inspections	104
Number of Re-Inspections	937
TOTAL	1041

C.—Children found to require Treatment.

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

Prescribed Groups:—

Entrants	128
Yearly Examinations	280
Leavers	6
Total (Prescribed Groups)	414
Other Routine Inspections	32
GRAND TOTAL	446

SECONDARY SCHOOLS.

(Including Pupil Teacher Centres.)

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended
31st December, 1935.

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)
Skin—				
Ringworm—				
Scalp ... ..	...	...	...	...
Body ... ..	...	...	...	...
Scabies ... ..	...	...	...	...
Impetigo	1	...	...	...
Other diseases (Non-Tuberculous) ...	54	2	...	...
	55	2	...	...
Eye—				
Blepharitis	26	1	3	...
Conjunctivitis ... ..	...	...	...	...
Keratitis ... ..	...	...	...	...
Corneal Opacities ... ..	...	...	...	...
Other Conditions (excluding Defective Vision and Squint)	2	3	...	...
	28	4	3	...
Defective Vision (excluding Squint) ...	99	70	44	11
Squint	1	8	...	...
Ear—				
Defective Hearing	6	4	2	...
Otitis Media	1	...	...	...
Other Ear Diseases	2	1	...	...
Nose and Throat—				
Chronic Tonsillitis only	22	93	...	3
Adenoids only ... ..	...	5	1	...
Chronic Tonsillitis and Adenoids ...	3	4	2	...
Other Conditions	27	18	4	9
Enlarged Cervical Glands (Non-Tuberculous)	1	9	...	...
Defective Speech	3	2	...	...
Heart and Circulation—				
Heart Disease:				
Organic ... ..	...	1	...	...
Functional	1	12	...	4
Anæmia	6	...	3	1

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

Defect or Disease. (1)	Routine Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
	(2)	(3)	(4)	(5)
Lungs—				
Bronchitis	3	...	...	...
Other Non-Tuberculous Diseases ...	1	3	...	1
Tuberculosis—				
Pulmonary:				
Definite ... ..	...	...	...	...
Suspected ... ..	...	2	...	...
Non-Pulmonary:				
Glands ... ..	...	2	...	...
Bones and Joints ... ..	...	...	...	...
Skin ... ..	...	...	...	...
Other Forms ... ..	...	1	...	...
TOTAL (Non-Pulmonary) ...	...	3	...	..
Nervous System—				
Epilepsy ... ..	...	...	...	...
Chorea ... ..	...	..	...	...
Other Conditions ... ..	...	6	...	...
Deformities—				
Rickets ... ..	...	...	...	...
Spinal Curvature	10	5	1	...
Other Forms	108	16	7	...
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases) ...	68	20	9	...
TOTALS	488	294	76	29

B.—Classification of the Nutrition of Pupils Inspected during the Year in the Routine Age Groups.

Age-groups.	Number of Children Inspected.	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	570	162	28.42	373	65.44	34	5.98	1	.17
Yearly Examinations ...	1477	344	23.29	1060	71.83	73	4.95	...	...
Leavers	50	15	30.0	35	70.0	...	...	...	...
Other Routine In- spections	152	26	17.1	121	79.6	5	3.2	...	...
TOTALS ...	2249	547	24.32	1589	70.65	112	4.98	1	.04

SECONDARY SCHOOLS.

(Including Pupil Teacher Centres.)

**TABLE IV.—RETURN OF DEFECTS TREATED DURING THE
YEAR ENDED 31st DECEMBER, 1935.**

TREATMENT TABLES.

Group II.—Defective Vision and Squint (excluding Minor Eye Defects).

Defect or Disease.	Number of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
ERRORS OF REFRACTION (including squint). (Operations for squint should be recorded separately in the body of the School Medical Officer's Report.) ...	81	12	93
Other defect or disease of the eyes ...	...	...	...
TOTALS ...	81	12	93
No. of Pupils for whom spectacles were			
(a) Prescribed ...	67	12	79
(b) Obtained ...	64	12	76

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

Number of Defects.												Total Number Treated.	
Received Operative Treatment.													Received other Forms of Treatment.
Under the Authority's Scheme, Clinic or Hospital.				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total.					
(1)				(2)				(3)				(4)	(5)
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
...	3	...	...	1	3	...	...	1	...	4

(i) Tonsils only; (ii) Adenoids only; (iii) Tonsils and Adenoids; (iv) Other defects.

SECONDARY SCHOOLS.

(Including Pupil Teacher Centres.)

TABLE V.—DENTAL INSPECTION AND TREATMENT.

1. Number of pupils inspected by the Dentist.

Age-groups—

Age	...	Under 12	12	13	14	15	16	over 16	Specials	Total.
Number	...	65	199	232	237	348	231	176	3	1588

2. Number found to require Treatment ... 974

3. Number actually Treated ... 648

4. Attendances made by children for Treatment ... 999

5. Half-days devoted to:—

Inspection	...	...	...	...	20	
Treatment	...	...	...	...	175	
Total	...	...	...	...	—	195

6. Fillings:—

Permanent teeth	...	...	...	...	1254	
Temporary teeth	...	...	...	...	8	
Total	...	...	...	...	—	1226

7. Extractions:—

Permanent teeth	...	...	...	...	284	
Temporary teeth	...	...	...	...	97	
Total	...	...	...	...	—	381

8. Administrations of general anæsthetics for extractions Nil

9. Other Operations:—

Permanent teeth	...	...	...	...	2232	
Temporary teeth	...	...	...	...	15	
Total	...	...	...	...	—	2247



