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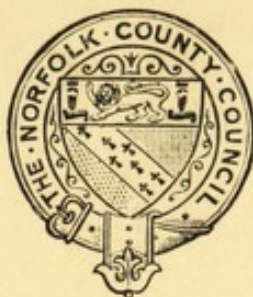
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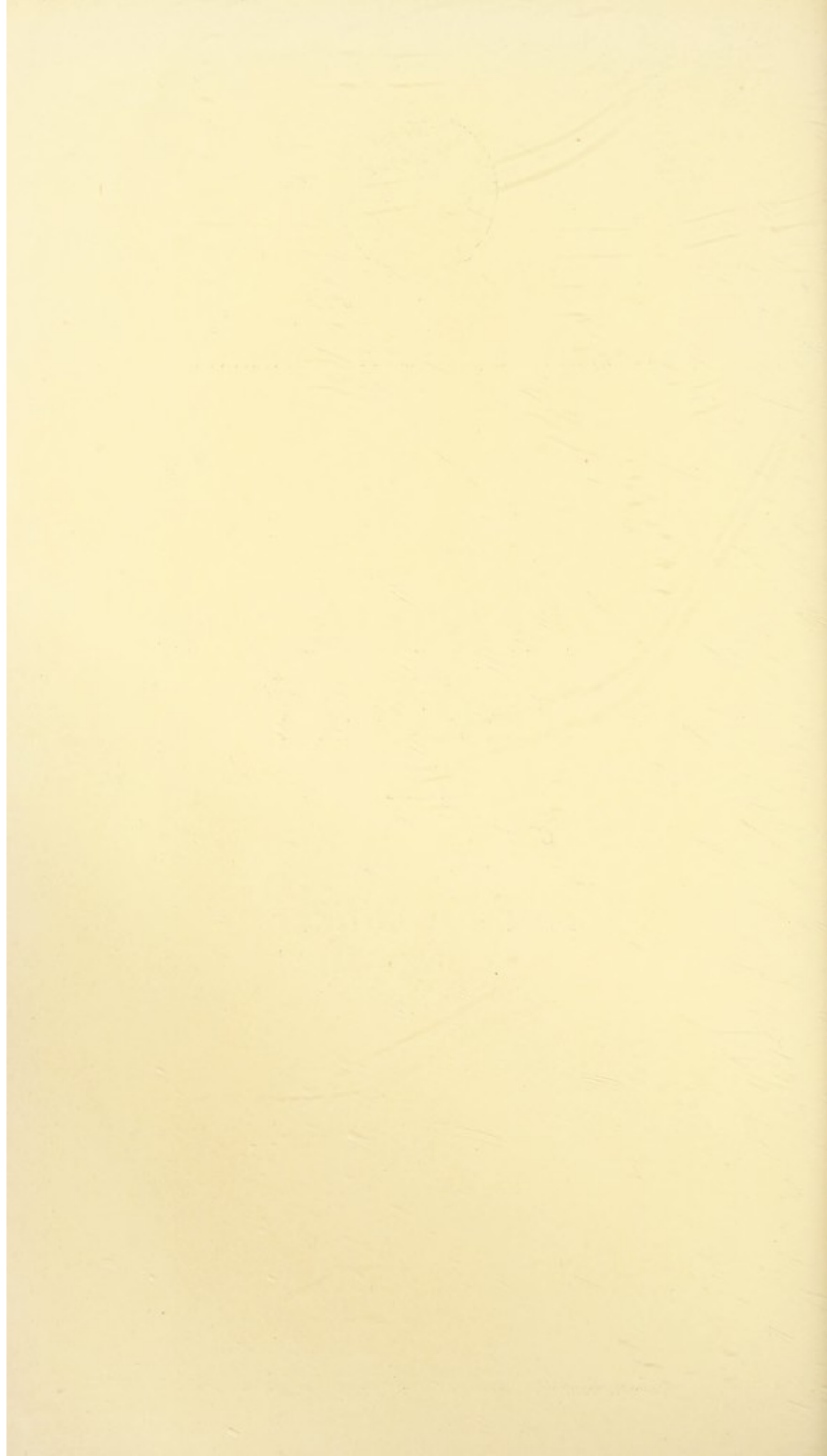


NORFOLK EDUCATION COMMITTEE

ANNUAL REPORT

of the

*School
Medical Officer
for 1936*






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PREFACE.

This Report deals with medical inspection and treatment in connection with the Public Elementary and Secondary Schools during the year 1936. It is the ninth I have presented and the thirtieth of the series.

With one exception, each Elementary School in the County has received a routine inspection, 12,534 children being thus examined. This year a slightly higher number of defects have again been ascertained, though 400 less children were examined. 27,557 children were inspected during the year by the Dental Surgeons. This figure shows a slight increase over that for the previous year. It is gratifying to note that the increase in the percentage of acceptances recorded last year has been maintained.

Each Secondary School and Pupil Teacher Centre received routine medical inspection and 22·5% of the pupils were found to require treatment. The Dental Surgeons inspected 1548 pupils, the percentage receiving treatment being 64·9.

Treatment provided under the Orthopædic Scheme has continued to increase and enable a still larger number of crippled children to attend school who would otherwise have been unable to do so. Much of its success can be ascribed to the Council's Orthopædic Home at Great Yarmouth.

It is with great regret that I have to record the death of Dr. H. W. Sexton, who passed away after a short illness on the 27th November. Appointed in 1921, Dr. Sexton had given long and valuable service to the work of school medical inspection in Norfolk. Children, parents, teachers, the professional and clerical staffs, and the General Practitioners in his area, all appreciated his sterling qualities, and his place will be difficult to fill.

My thanks are again due to all who have assisted in the work, the General Practitioners for the co-operation they have afforded, the teachers without whose help the service would lose much of its value, and the professional and clerical staffs for the way in which they have carried out their duties to make the service as smooth running as possible.

T. RUDDOCK-WEST,
School Medical Officer.

Public Health Department,
29, Thorpe Road, Norwich.
March, 1937.

STAFF OF THE SCHOOL MEDICAL SERVICE DURING 1936.

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 :

IRENE B. M. GREEN, M.B., B.S., D.P.H.

H. W. SEXTON, M.R.C.S., L.R.C.P. (deceased, 27.11.36).

D. MORRISON SMITH, M.B., Ch.B.

Temporary Medical Staff :

MURIEL S. ROBERTS, M.B., Ch.B.

CHRISTINA S. WEBSTER, M.B., Ch.B., D.P.H.

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.

P. MILLICAN, L.D.S.

SADIE S. HOW, L.D.S.

J. NIXON, L.D.S.

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

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

Orthopædic Nurses :

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

Miss M. H. WYER, 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.

Miss A. WELLSTED, Cert. Nurse.

ANNUAL REPORT

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CO-ORDINATION.

The arrangements for maintaining co-ordination, described in the previous reports, have continued throughout the year.

ELEMENTARY SCHOOLS.

NUMBERS AND ATTENDANCES.

There were at the end of the year 451 Public Elementary Schools, having 493 departments, in the educational area of the County, 212 being Provided and 239 Non-Provided Schools.

The names of 39,050 children, 1751 being under the "legal" age of five years, were on the school registers on the 31st December, 1936. The average attendance for the year ended 31st March, 1936, was 37,036.

SCHOOL HYGIENE.

Reports are submitted by the Assistant Medical Officers on the sanitary condition of school premises, the suitability of furniture and other associated matters, defects requiring attention being referred to the Education Committee.

The following alterations and improvements were carried out during the year ending 31st March, 1937 :—

Improvements—	Provided Schools.	Non-Provided Schools.
Floors	15	5
Ventilation and Lighting	3	—
Heating	7	—
Structural	8	—
Sanitation	16	—
Cycle Shelters	11	—
Artificial Lighting	17	—
Water Supply	13	—
Playgrounds—		
Tar Dressing	16	—
Tar Paving	6	—
Renovations	71	23

13 samples of water from 10 schools or school houses were examined in the County Laboratory during the year, 6 proving satisfactory and 7 unsatisfactory.

The unsatisfactory samples were in respect of 4 schools, and the following short reports give the position :—

Hillington.

The water supply to this school presents a great difficulty. The old well was a surface water one, and this was found to be polluted. A new tube well has been sunk, but the bacteriological results show that the water is still unfit for drinking purposes.

The Committee has under consideration the alternative of deepening the tube, or providing water from another source.

East Ruston.

This was a shallow well water, found to be polluted. A new tube well has been sunk and the supply is now satisfactory.

Grimston Pott Row.

Here again, the present well is of the shallow variety. This was found to be polluted, as indeed is the case with other shallow wells in the neighbourhood. The only means of obtaining a satisfactory drinking water is to sink a tube well or use properly filtered rain water. The matter is under consideration.

Drayton.

A sample taken from the well at this school in December showed the water to be unsafe for drinking in its natural state. This case is still under consideration.

MEDICAL INSPECTION.

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

All the Elementary Schools in the County received a routine visit during the year, with the exception of one having 2 departments. In this case it was impossible to make satisfactory arrangements owing to the lack of accommodation. A new school will shortly be completed and an inspection will then be held at the earliest possible date. In addition, 249 departments were re-visited for further examination of children found defective, while 58 of these received a second visit for that purpose and 2 others a third visit. Table I, page 33, gives the number of children examined in the various age groups. In comparison with 1935, there is an increase of 187 in the number of children examined for the first time, but the other two main age groups both show a further decrease and the total number of children who received routine inspection shows a decrease of 423. 142 more children were examined as specials during the year and 947 more defectives were seen. The total number of inspections shows an increase of 1089, as compared with 1935.

As stated in previous Reports, with a few exceptions the inspections are held on the school premises, although the accommodation is far from ideal in a large number of schools, and frequently cause considerable rearrangement of the classes. In the schools built in recent years a room is available for medical inspection, and in the larger schools a room is definitely allotted for this purpose. The transfer of older children to Central Schools should improve the conditions at the schools from which these children come.

The arrangements in connection with the inspections were fully explained in the Report of 1935, and no alteration has been found necessary or possible. While it may be considered ideal for nurses to assist at inspections, it has not been possible to arrange for this with the present available staff, and the smooth way in which the work is carried on is a tribute to the manner in which Head Teachers assist the Medical Officers.

Parents are given notice by the Head Teachers of the intended examination and are invited to be present at a particular time.

The value of the parent being present cannot be over-estimated from the point of view of both the Medical Officer and the child. The complete history is available and any defect found can be fully explained or demonstrated. Such personal contact has often been the means of persuading a difficult parent to obtain necessary treatment for her child. The following table gives the percentage of parents present and also of children who were found to have been vaccinated in the various groups. The figures in brackets are for the previous year :—

Group.	Percentages.	
	Parents present.	Vaccination.
Entrants	82.51 (79.82)	37.85
Intermediates	66.12 (63.46)	28.57
Leavers	39.46 (38.23)	29.96
Other Age Groups	67.35 (70.62)	36.27

FINDINGS OF MEDICAL INSPECTION.

(See Table II, pages 34-35.)

(a) Malnutrition.

14.5% of all the children examined as routines were found to have sub-normal nutrition and 0.4% were definitely considered to show signs of malnutrition. The provision of milk in the schools should have the effect of reducing these figures. Unfortunately, however, owing to difficulties which have not yet been overcome, only 50% of the schools have a daily milk supply. Further, it is quite the exception for more than one-third of a pint to be provided. Again, though the Committee's Scheme provides free milk to necessitous cases on medical grounds, yet such a supply is not always available.

Towards the end of the year it was decided, subject to the Board of Education's approval, to issue Cod Liver Oil and Parrish's Food, etc., on similar lines. This should also have a beneficial effect on cases in this category.

(b) Uncleanliness.

146 cases of uncleanliness of the head and 54 of the body were found in the routine groups. These figures again show a decrease and are in keeping with the nurses' figures.

(c) Minor Ailments and Diseases of the Skin.

2 cases of ringworm of the scalp and 2 of the body were found to require treatment. These figures are very low, especially for a rural County such as Norfolk. In addition, 33 cases of impetigo and 58 other non-tuberculous skin diseases requiring treatment were found.

(d) Visual Defects and External Eye Disease.

212 cases of defective vision and 81 of squint were found to require treatment and 691 and 129 cases respectively were noted for observation. 166 cases of blepharitis, 3 of conjunctivitis and 14 other conditions were also noted for treatment.

(e) Nose and Throat Defects.

268 cases of chronic tonsillitis, 37 adenoids, 367 combined defects and 77 other conditions were found to be in need of treatment. These figures have remained almost stationary for the past few years. 1080, 77, 675 and 177 cases respectively were noted for observation.

(f) Ear Diseases and Defective Hearing.

16 cases of defective hearing, 29 of otitis media and 8 of other ear defects were marked for treatment, whilst cases for observation were 42, 29 and 43 respectively. Some of these cases are referred to the Consulting Aural Surgeons for their recommendations as to treatment, and several cases of otitis media have been referred to the District Nursing Associations for treatment after consultation with the family doctor.

(g) Dental Defects.

These cases are mainly found at the routine inspections by the Dental Surgeons, although cases of persistent refusal and a few urgent cases are found at the medical inspections. Where possible, the parents of the former cases are interviewed by the Assistant Medical Officers and in several instances their consent to treatment has been gained. Special clinics for these and the urgent cases are arranged whenever possible.

(h) Orthopaedic and Postural Defects.

4 cases of rickets, 16 of spinal curvature, and 47 other forms of deformity were referred for treatment. All such cases are referred to the family doctor and, subject to his consent, are treated under the Council's Scheme.

(i) Heart Disease.

223 children had definite or suspected abnormality and have been grouped as follows:—

Rheumatic and Organic	...	...	...	76
Congenital	...	...	...	14
Functional	...	...	...	133
				<hr/> 223 <hr/>

In 1935, 130 cases were noted, and this year there is a proportionate increase in all groups. The nutrition classification was "C" in 50 instances and "D" in 2, and of these 34 were in the functional group. One boy was sent to Edgar Lee House, Stonebridge Park, Willesden, N.W.10.

(j) Tuberculosis.

1 definite and 4 suspected cases of pulmonary tuberculosis were found at routine inspection and referred for treatment, in addition to 12 of glands, 2 of bones and joints, and 2 other forms. These cases are noted for supervision by the Council's Tuberculosis Officers, with the co-operation of the family doctors, to whom all cases are referred following medical inspection. 41 pulmonary and 123 non-pulmonary cases were noted for observation.

(k) Other Defects and Diseases.

365 and 455 cases respectively were noted for treatment and observation in this group. A further 749 children specially examined were also found to require 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 parenthesis under each group heading are in respect of the number of children inspected in the group:—

Defect.	Entrants (4060)		Intermediates (3885)		Leavers (3955)		Other ages (634)	
	No. defects.	%	No. defects.	%	No. defects.	%	No. defects.	%
Malnutrition ...	193	4.75	250	6.78	202	5.11	19	3.00
Skin Diseases ...	38	0.94	23	0.59	29	0.73	5	0.79
Defective Vision...	3	0.08	78	1.97	117	3.42	14	2.21
Squint ...	37	0.91	25	0.64	16	0.40	3	0.47
Defective Hearing	4	0.10	8	0.21	4	0.10	—	—
Otitis Media ...	7	0.17	9	0.23	11	0.28	2	0.32
Chronic Tonsillitis	103	2.54	96	2.47	43	1.09	26	4.10
Adenoids only ...	18	0.44	14	0.36	5	0.13	—	—
Chronic Tonsillitis and Adenoids...	185	4.56	108	2.78	54	1.37	20	3.15
Nose and Throat—								
Other ...	30	0.74	27	0.70	19	0.48	1	0.16
Spinal Curvature	3	0.08	4	0.10	9	0.20	—	—
Lungs—								
Bronchitis ...	23	0.57	10	0.26	4	0.10	2	0.32
Other non- tuberculous ...	32	0.79	16	0.41	4	0.10	4	0.63

The figures under the first three headings represent observations upon approximately similar numbers of children and are thus comparable. Several interesting facts emerge, the most important of which appear to be:—

Nutrition suffers between admission and 8 years of age, but improves towards the end of school life, possibly a case of adaptation to environment.

Defective vision, while only 1.97% among intermediates, attains 3.42% among leavers. The necessity of careful observation of adequate lighting in the schools, together with testing of the sight of suspected children, becomes obvious.

Nose and throat cases show a definite improvement as school life advances, due, no doubt, to the detection of defects at school medical inspection and their eradication by surgical means.

FOLLOWING UP.

Most of the work of following up children recommended for treatment is left to the Local Care Committees. If their efforts fail, the cases are reported to the School Medical Officer who arranges for parents to be seen by members of the Medical or Nursing staffs and the need for treatment emphasised. The services of the local N.S.P.C.C. Inspectors are also utilised when occasion demands and co-operation with the general practitioners is maintained.

WORK OF THE NURSES.

(a) Minor Ailments.

(i.) Treatment has been carried out at the six equipped Clinics as outlined previously. The Nurse attends weekly for a single morning session, and the Assistant Medical Officer once each month. Defects dealt with are shown on page 12.

(ii.) Minor ailments are also treated by Nurses at school, and home visits paid where necessary, advice being given to the parents. In cases where medical attention is necessary, parents are advised to call in their own doctors. Cases dealt with during the year are shown on page 39.

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

Number of visits to schools	2,999*
Average number of visits to each school	6.08
Total number of examinations... ..	175,552
Number of individual children found unclean (i.e., vermin or nits)	1,522
Number of children excluded at the Nurses' visits ...	102
Number of Special Warning Letters <i>re</i> Nits sent to parents	6
Number of letters sent on first exclusion	42
Number of "Final Warning" Letters sent to parents ...	17
Number of Homes visited	518

*Includes 2373 complete surveys of all children in school.

Result of "following up"—

Clean	503
Improved	877
Unsatisfactory	142

The cleanliness of the school population is maintained at a very high level. At the end of the year, of 1500 children found unclean only 142 were still classed as definitely unsatisfactory.

The Nurses continue their diligent work in face of ever-increasing demands on their services.

VERMINOUS PROSECUTIONS.

Notice may be taken of the fact that no proceedings have been taken by the Education Authority under School Attendance Byelaws during the past year.

(c) **Miscellaneous Work.**

Following up is continued in cases where treatment has been strongly advised at Medical Inspection and has not been obtained. The psychological effect produced by the parents' realisation that the matter is not going to be allowed to rest, usually results in consent for treatment. Assistance is also rendered by Nurses at Medical Inspection of Secondary Schools, Dental Clinics and Eye Clinics, where circumstances render it advisable.

Considerable investigation and following up is carried out with regard to infectious disease and every endeavour made to co-operate with District Medical Officers of Health and private practitioners. The following table shows the diseases dealt with and includes a large percentage of general surveys of all children in school as well as the following up of individual suspected cases. The importance of this work has been repeatedly demonstrated by experience and plays a great part in the control of infectious disease. Almost immediate visits follow information received, with quick reference in all suspected cases, to the family doctor, District Medical Officer of Health, or both.

A total of 630 special visits were paid by the Nurses to schools during the year, in connection with the following infectious diseases:—

Scarlet Fever, 146; Measles, 80; Whooping Cough, Coughs, Colds, etc., 83; Diphtheria, 38; Sore Throats, 28; Miscellaneous and mixed infections, 96.

Contagious diseases were reported on as follows:—

Ringworm (definite or suspected), 61; Impetigo, 87; Scabies, 11.

Cases followed up to obtain consent to treatment included:—

Defective Vision, 75; Tonsils and Adenoids Operations, 64; Dental Treatment, 24; Miscellaneous, 114.

MEDICAL TREATMENT.

(a) Under Education Committee's Scheme.

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

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	229	203	25	1	1046	
Scabies	2	2	—	—	6	
Ringworm—Scalp	1	1	—	—	13	
Do. Body	4	4	—	—	17	
Other Skin Diseases	212	147	64	1	2259	
Minor Injuries	563	523	39	1	1429	
Discharging Ears	21	6	14	1	345	
Other Ear Diseases	8	7	1	—	26	
Blepharitis	41	26	13	2	561	
Conjunctivitis	5	4	1	—	14	
Other Eye Diseases	20	18	2	—	55	
Enlarged Glands	42	20	22	—	395	
Verminous	7	7	—	—	50	
Miscellaneous	164	145	19	—	532	
	<hr/> 1319	<hr/> 1113	<hr/> 200	<hr/> 6*	<hr/> 6748	

*Includes 1 case of refusal.

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

Disease.	No. of cases followed up.	Cured.	RESULT. Still under treatment.
Impetigo	225	152	73
Scabies	7	3	4
Ringworm—Scalp	26	20	6
Do. Body	23	19	4
Other Skin Diseases	43	29	14
Ear Diseases	66	21	45
Eye Diseases	177	78	99
Minor Injuries	261	218	43
Miscellaneous	264	215	49
	<hr/> 1092	<hr/> 755	<hr/> 337

(iii.) Defective Vision—Refraction Work.

(a) Vouchers issued on:—

Ophthalmic Specialists ...	212	
Approved General Practitioners	11	
	<hr/>	223

(b) By whole-time Assistant Medical Officers

415

638

Of the 223 vouchers issued on Specialists and approved General Practitioners, 21 had not been used by the end of the year. The remaining 202 cases examined resulted as follows:—

Glasses prescribed and obtained	...	142
Glasses prescribed but not supplied	...	4
Glasses not necessary	...	56

124 refraction clinics were held by the Assistant Medical Officers at 62 centres. Of the 415 children examined by retinoscopy, 335 were found to require glasses, 17 were referred to the Ophthalmic Specialists, leaving 63 cases in which provision of glasses was not indicated. Glasses were obtained by the end of the year in 309 instances, leaving 26 cases outstanding.

(iv.) Operations for Tonsils and Adenoids.

Vouchers issued on:—

General Practitioners	...	263
Hospitals	...	258
		<hr/> 521

Of this number, 200 were outstanding at the end of the year.

422 cases are known to have received operative treatment during 1936 for the removal of tonsils and/or adenoids, 387 being performed through the Authority's Scheme.

The Authority's Scheme whereby these operations are performed at Hospitals or by approved General Practitioners has been described in previous reports.

A number of doctors on the panel perform operations by private arrangement at various Cottage Hospitals, while others carry out treatment in private Nursing Homes. The 164 children who were operated upon by the approved practitioners during the year were dealt with as follows:—

Cottage Hospitals	...	79
Doctors' Surgeries	...	58
Patients' Homes	...	24
Nursing Homes	...	3

As mentioned in previous reports, all children operated upon at the main Hospitals at Norwich, Great Yarmouth and King's Lynn, are seen first by the Honorary Surgeons as out-patients. While difficulties arise in connection with travelling it is often possible to arrange for admission to take place on the day of examination in cases living at considerable distance from the Hospitals.

(v.) Tuberculosis.

Treatment for this disease is arranged through the Council's Tuberculosis Scheme. Table III, page 37, shows the number of children in receipt of institutional treatment at the end of the year. The Orthopaedic Surgeon is consulted in most cases of diseases of bones and joints.

(vi.) Ear, Nose and Throat Defects.

12 children were examined by the Consulting Aural Surgeons during the year, 8 on account of defective hearing, 3 owing to otitis media, and 1 for adhesion of the soft palate. The treatment recommended was carried out in each case. The scheme for treatment of cases of otorrhœa by the District Nurses in certain areas has been continued. During the year, 5 cases received treatment, 3 being under treatment at the beginning of the year,

and 2 commencing during the year. Improvement was obtained in all cases, but treatment was uncompleted in 3 cases, 2 leaving school and 1 removing from the district. 2 cases were still receiving treatment at the end of the year. As mentioned in the Report for 1935, this treatment is not arranged unless the family doctor is in agreement, and is for long-standing cases where there are poor home circumstances. Most parents prefer to make arrangements privately, as they are usually contributors to the local Nursing Associations.

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

2 cases of ringworm received X-ray treatment during the year, and a satisfactory result was obtained in each case. The number of cases treated is small, and the incidence is remarkably low considering the nature of the County.

(viii.) **Alopecia.**

2 children received light treatment for this defect during the year. A considerable improvement was effected in 1 case, but there was very little benefit derived in the other.

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

The table below, compiled from reports received from the Local Care Committees, the Assistant Medical Officers and Head Teachers, shows, as far as is possible, the number of defects treated during the year, apart from the scheme. Treatment obtained privately in cases of defective vision and of enlarged tonsils and/or adenoids is shown in Table IV, Groups II and III, on page 40.

DEFECT.	NUMBER OF CHILDREN TREATED.		
	Referred previous to 1936.	Referred in 1936.	Total.
Malnutrition (including Debility, Underweight, etc.)	53	34	87
Impetigo	2	2	4
Other Skin Diseases	10	4	14
Blepharitis	19	5	24
Conjunctivitis	1	—	1
Other Eye Diseases	3	4	7
Defective Hearing	2	1	3
Otitis Media	12	5	17
Other Ear Diseases	2	2	4
Nose and Throat—Other	9	4	13
Defective Speech	9	—	9
Enlarged Glands (Non-Tb.)	54	7	61
Heart—Functional	10	9	19
Heart—Organic	3	6	9
Anæmia	14	4	18
Bronchitis	10	4	14
Lungs—Other (Non-Tb.)	7	—	7
Epilepsy	1	1	2
Chorea	4	2	6
Rickets	3	—	3
Spinal Curvature	2	2	4
Other Deformities	20	10	30
Other Defects and Diseases	52	28	80
	302	134	436

DENTAL TREATMENT.

The arrangements for dental treatment remain as outlined in previous reports, the Dentists using the one trailer and the five horse-drawn vans. The use of the former has proved very satisfactory, removal from one school to another has been facilitated and delays and difficulties which occur in moving the horse-drawn vans have been obviated. In a rural county such as Norfolk, fixed clinics to cover the whole county cannot be provided, but these are held when and where possible. Use is made of rooms in the larger schools for treatment purposes.

In some cases, particularly those needing a general anaesthetic, treatment is carried out at clinics, and at schools, usually on Saturday mornings.

All children in attendance are inspected and parents are asked to make a nominal contribution of 1/- for the treatment provided other than scalings or dressings, it being left to the Local Care Committee to advise payment being excused in necessitous cases.

Table V, page 41, gives details of the work carried out. 27,112 children were examined at the routine inspections, and a further 445 were seen as "specials". These figures were almost identical with those for 1935, apart from the "specials". 19,172, or 69.5% of the children examined were found to require treatment compared with 18,592 and 68.8% in 1935. Of these, 10,017, or 52.77%, were treated. It is gratifying to note that, although small, there is a gradual increase in the number of children treated. 50.42% were treated in 1934 and 52.37% in 1935. 2182 children who had previously refused treatment, accepted during the year under review, while 4518 were re-treated. 109 children under the age of 5 years received treatment. Of the refusals, 583 were under the age of 6 years.

During the year a larger use was made of general anaesthesia. Clinics were held at Norwich at least once a month, whilst similar clinics were held in other centres, thus enabling children to be treated who could not be dealt with in the travelling dental vans. In some cases parents who had refused treatment of their children in the vans agreed to allow them to have it under a general anaesthetic. The Ian Sears Memorial Clinic at Aylsham also has a gas apparatus, and clinics were held there during the year.

In addition to the figures given in Table V, page 41, two visits were paid to Melton Lodge for inspection and two more for treatment. 73 children were inspected, and of the 19 found to require treatment 18 were treated, 12 under a general anaesthetic and 6 with local anaesthetic. 35 temporary and 11 permanent teeth were extracted and 2 silver nitrate dressings applied.

The Dental Surgeons continue to give talks to the children when they pay their routine visits to the schools, and to Women's Institutes when requested.

Miss S. S. How, L.D.S., says:—

"I am continually urging the advisability of extracting **all** hopelessly decayed milk teeth before, or as soon as possible after, the eruption of the first permanent molars. On the whole, even when mouths are not scrupulously brushed, this results in much less decay being found in the permanent molars in later years. This is largely due to improved mastication of the more fibrous elements in the food,

which cannot be properly carried out if there are tender and broken teeth present, and the permanent teeth become coated with a film of soft food. It is, therefore, gratifying to be able to clean up many bad mouths of children of five or six years of age, owing to the institution of gas clinics."

Miss How points out that, in many cases, parents who are reluctant to permit extensive extractions for their children under local anæsthetics welcome the opportunity of having these operations performed under nitrous oxide.

Mr. M. S. Lewin, L.D.S., in his report, estimates that the number of children in his area who are urgently in need of dental treatment is still over 90%, except in certain schools where the average percentage of acceptances remains high.

He finds that the amount of caries in a reasonably kept mouth is comparatively small, and that, in such cases, only one or two fillings per mouth and fewer permanent extractions are needed.

He complains (and this is an almost universal complaint) that the decision for or against treatment lies with the children, and that parents make the excuse that the children are too young for any conservative treatment.

On the other hand, he reports that he is indebted to the teachers who have worked hard on his behalf and without whose efforts the number treated would be small indeed; also that the school nurses, in their visits to parents, have been successful in converting many refusals into acceptances.

He finds the milk or allied schemes, when carried out in schools, very beneficial to the pupils from a dental point of view, and suggests that a greater knowledge of food values and the learning of new methods of food preparation would tend to improve the dental condition of the community.

INFECTIOUS DISEASE.

The action taken in the control and prevention of infectious disease amongst the school population continues on the lines indicated previously.

School Closures during 1936 :—

Under Article 45 (B) on advice of School Medical Officer	132
Under Article 57 by Local Sanitary Authority	4
	<hr/> 136

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	2	12
Influenza, Coughs and Colds	80	434
Measles	45	428
Scarlet Fever	6	37
Whooping Cough	2	40
Whooping Cough and Influenza	1	10
	<hr/> 136	<hr/> 961

The number of closures for the annual epidemic of influenza, coughs, and colds, was much less than last year when 148 closures took place. These complaints are highly infectious when children are confined together in school, and the best way of dealing with an epidemic is to close the school for a short period, one week being usually sufficient. Closures for measles were five times those of 1935 and outbreaks continued throughout the whole year.

Exclusions.

12,842 children were temporarily excluded or re-excluded under Article 53 (B) on account of the undermentioned infectious diseases:—

Chicken Pox ...	1352	Mumps ...	1053
Coughs and Colds ...	4232	Scarlet Fever ...	493
Diphtheria ...	91	Sore Throats ...	132
Influenza ...	275	Tuberculosis ...	11
Measles—German ...	577	Whooping Cough ...	1072
Do. English ...	3554		

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

Rule 23 of Schedule IV of the Code—Paragraph 2.

386 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 ...	16	Scarlet Fever ...	16
Coughs, Colds, etc. ...	80	Whooping Cough ...	71
Diphtheria ...	8	Mumps ...	5
Influenza ...	3	Mixed Infections ...	19
Measles ...	165	Conjunctivitis ...	3

OPEN-AIR EDUCATION.

There are no open-air schools under the control of the Authority, but during favourable weather many teachers take advantage of the opportunity of holding classes out-of-doors. In July, children from Sprowston School camped at Trimmingham for a week in charge of members of the teaching staff (see paragraph in report of Organiser of Physical Education).

ORTHOPÆDIC TREATMENT.

No outstanding alterations have occurred in the administration of this Scheme. It is recognised that improvements could be made and these are receiving attention as opportunity permits. The problem of the crippled child is well in hand and treatment is available for all orthopædic defects likely to benefit by such treatment.

The large number of cases awaiting admission to the Norfolk and Norwich Hospital, to which attention has been drawn in previous Reports, was reduced during the year from 28 to 10, and there is every indication that this latter figure will be brought still lower. Cases dating back to 1934 have been dealt with, arrangements having been made for the Orthopædic Surgeon to take in more of our patients, especially boys. Whilst beds for girls have generally been available within a reasonable period of their names being placed on the waiting list, vacancies for boys were rather infrequent, but this difficulty has now been remedied.

I should like to place on record appreciation of the co-operation which the Norfolk and Norwich and Jenny Lind Hospitals are always ready to afford. There is a common recognition of the administrative difficulties on both sides, and it has been proved that the Hospitals are always willing to help whenever they can.

Miss M. H. Wyer, who was previously Orthopædic Staff Nurse at Melton Lodge, commenced duties as the second outdoor Orthopædic Nurse on 1st June, 1936. This additional appointment will allow of patients being seen at more frequent intervals and, with the County divided into two areas, will obviate the necessity for very long daily journeys of 100 to 120 miles, which were common when there was only one Nurse to cover the whole County.

Miss J. E. Kemp, who was the original Orthopædic Nurse appointed in April, 1928, shortly after the Scheme commenced, was granted leave of absence as from 1st November, 1936, in order to take additional qualifications. It is anticipated that she will resume after about 9 months. Her duties are being carried out by a "locum."

(i.) Ascertainment.

237 new cases have been added to the Register during the year, and 41 names have been transferred from the Maternity and Child Welfare Section of the Scheme. The former figure is more than double that of any recent year and is accounted for by the Assistant Medical Officers notifying a large number of very minor defects, such as slight knock knees and valgus ankles. Many of these require little or no treatment, but are being kept under observation for a time. Congenital defects are notified and active treatment is often completed before school age is reached.

(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	25	46	157	203
Norfolk & Norwich Hospi- tal, Norwich	12	19	88	107
Infant Welfare Centre, King's Lynn	10	10	74	84
Melton Lodge, Great Yar- mouth	7	5	10	15
TOTALS	54	80	329	409

The total number of examinations, including children under school age, tuberculosis patients and Public Assistance cases, was 726 as compared with 737 in 1935.

(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 1.1.36.	Admitted during year.	Discharged during year.	Died.	Receiving treatment 31.12.36.	Awaiting admission 31.12.36.
Jenny Lind Hospital, Norwich ...	4	24	26	—	2	8
Norfolk and Norwich Hospital, Norwich	3	31	31	—	3	10
General Hospital, Great Yarmouth ...	1	—	1	—	—	—
Melton Lodge, Great Yarmouth ...	21	17	24	1	13	—
TOTALS ...	29	72	82	1	18	18

The defects treated were :—

Defect.	Jenny Lind.	Norfolk and Norwich.	Yar- mouth.	Melton Lodge.	Total treated.	
					Defects.	Children
Infantile paralysis ...	2	11	—	8	21	18
Spastic paralysis ...	1	2	—	2	5	5
Deformities of feet ...	5	6	1	4	16	14
Rheumatoid arthritis ...	—	1	—	2	3	2
Scoliosis ...	1	—	—	2	3	3
Torticollis ...	5	2	—	1	8	7
Hip deformities ...	5	2	—	12	19	13
Osteomyelitis ...	1	4	—	4	9	6
Toe deformities ...	3	2	—	—	5	5
Miscellaneous ...	5	4	—	3	12	9
TOTALS ...	28	34	1	38	101	82

*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.

It is very difficult to give a detailed statement as to the results of institutional treatment which will convey a correct impression of the benefit derived. If a particular defect or disease, say, talipes equino varus or anterior poliomyelitis, is considered, there are several factors to bear in mind. There is the severity of the deformity and a "good result" in a bad case may be no better than "no improvement" in one that is less severe. Again, a deformity may have been corrected, but a relapse may occur in a few

months' time, and whilst the operation may at first have appeared to be successful, yet the possibility of relapse has to be considered. In other instances, the benefit derived from institutional treatment may not be fully evident until a considerable period after discharge.

It is, however, very gratifying to be able to state quite definitely that it is only in isolated instances that no improvement is forthcoming, whilst there are, on the other hand, many children who to-day can live normal lives and look forward to earning their own living, which otherwise they would not have been able to do, because of what has been accomplished by the treatment arranged through the Council's Scheme.

Melton Lodge continues to play a prominent part in the arrangements for institutional treatment. Whilst it cannot be termed a hospital in the strict sense of the word, there being no operating theatre, yet it is far more than a convalescent home, as less than a quarter of the patients are ambulant and many remain for a period of 12 months or more. The efficient post-operative treatment provided here is reflected in the results which have been obtained, results which would have been less likely had the children returned from hospital to their own homes, and been subject to such periodical supervision as it were possible for the Orthopædic Nurses to give.

(iv.) Supply of Surgical Apparatus.

74 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	...	...	12
Ordinary boots wedged or otherwise altered	...	...	96
Surgical boots	...	...	54
Spinal supports	...	...	13
Artificial limbs	...	...	7
Leg shields	...	...	2
Skull plate	...	...	1
			<hr/> 185 <hr/>

The small number of patients wearing leg irons has previously been noted, and a further decline from 17 to 12 has occurred during 1936.

It is being found difficult in some cases to ensure that renewals of boots and appliances do not result in children having to be absent from school for a period because the old apparatus is so worn out that it will not last until the new apparatus is supplied. Enquiries have to be made as to the financial circumstances of the parents, their contributions assessed and an assurance obtained that such will be forthcoming; two fittings are generally necessary before the boots, etc., are supplied, and a representative of the London firm from whom they are obtained usually only attends fortnightly for that purpose.

(v.) Supply of Special Furniture.

6 children attending Public Elementary Schools are using special chairs and tables.

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

The Nurses paid 1735 visits to children of school age, either at the patients' homes or at the schools. A total of 3072 visits was made to all patients coming under the Scheme.

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

At the end of the year there were 769 Education cases on the current register :—

Flat feet and valgus ankles	...	...	...	177
Claw feet	...	...	...	17
Hammer toes	...	...	...	4
Hallux valgus	...	...	...	5
Knock knees	...	...	...	143
Bow legs	...	...	...	23
Congenital deformities :—				
Hip	...	...	...	20
Feet	...	...	...	53
Hand	...	...	...	1
Toes	...	...	...	12
Others	...	...	...	3
Spastic paralysis	...	...	...	32
Infantile paralysis	...	...	...	59
Muscular dystrophy and atrophy	...	...	...	9
Erb's paralysis	...	...	...	5
Spinal deformities	...	...	...	70
Round shoulders	...	...	...	20
Hip diseases (not congenital)	...	...	...	11
Wry neck	...	...	...	34
Chest deformities	...	...	...	9
Spina bifida	...	...	...	3
Osteomyelitis	...	...	...	10
Amputations	...	...	...	6
Old injuries	...	...	...	10
Miscellaneous	...	...	...	33
				<hr/>
				769
				<hr/>

449 of the 769 cases have been examined at least once by the Orthopædic Surgeon, and 189 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 Nurses in accordance with his general instructions.

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

1935	...	...	...	594
1934	...	...	...	514
1933	...	...	...	495
1932	...	...	...	449
1931	...	...	...	417
1930	...	...	...	386
1929	...	...	...	324
1928	...	...	...	273

(viii.) **Cases discontinued.**

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

Cured	...	...	...	...	...	29
Much improved—no further treatment necessary	...					29
Left school—no further treatment advised	...					38
Treatment would not benefit	...	...	...	...		5
Treatment not necessary	...	...	...	...		37
Removed from County	...	...	...	...		10
Treatment refused	...	...	...	...		12
Private treatment	...	...	...	...		5
Died	...	...	...	...		1
Lost sight of	...	...	...	...		2
						<hr/> 168 <hr/>

PHYSICAL TRAINING.

The Organiser of Physical Education reports as follows:—

General.

Public interest has been increased in Norfolk, and the importance of Physical Education, not only as part of the school curriculum, but as a leisure occupation, has been realised in several districts. This interest will grow through the continued good work being done in the 20 districts covering the whole of the County.

Co-operation with District Organisations is the chief means of further development of the Scheme of Physical Education and Recreation.

At 11 Central Classes in Recreational Physical Education for Youth visited this year, the work is making important strides forward, and more of our boys and girls who have left school have been catered for in these local classes organised with the Committee's interest and support.

The Committee set up further Courses of Instruction for Teachers in Physical Education, and at the 2 Centres, Harleston and Fakenham, 10 weeks' instruction was given.

The classes of children, present each time with their teachers, to give demonstrations in branches of the daily lesson training, have been a valuable asset, and there has been no difficulty at these Centres in getting the children to attend, in fact, parents have stated their approval, saying that they were glad to have them away from the dangers of the streets.

Clothing and Shoes for Physical Training.

The importance of suitable clothing and shoes is widely recognised, and a step forward has been made during the last three years in this important development.

Tight and clinging garments and heavy boots certainly hamper the proper execution of many of the most valuable exercises contained in the Board's Syllabus. This handicap tends to develop a bad method, which will be slovenly or even injurious. For older children, whose training is of a more strenuous character, suitable dress and shoes are more than ever

necessary, and this rule is being observed in the schools where facilities exist both for the carrying out of the special tables and for changing of clothes. For younger children, the requirements have been met with shoes and the removal of extra garments.

Physical Training Apparatus.

The Committee do not, at the present time, except in reorganised Central Schools, supply apparatus for physical training or games other than that which is in the requisition list, copies of which are supplied by the Office.

Gardening profits may be used for this purpose if previous approval is secured.

It has been the aim of each class teacher to provide kit for the daily lesson needs, so that each child is brought into contact with apparatus of a simple type.

Most schools have made provision for each child to have a ball and a rope at first, and this has been added to as time goes on.

The storage of apparatus in team bags in the classroom is the best arrangement.

Courses of Instruction for Teachers.

Teachers' Central Classes were organised by the Committee at Harleston and Fakenham. Applications to attend the classes numbered 136, but the number attending had to be restricted to 76.

The Norfolk Teachers' Gymnastic Association—Norwich Area (formed 1930)—Branch No. 1.

Two meetings of the Association were arranged, and these were held in the Gymnasium at the Norwich Training College (by the courtesy of the Principal). At the first meeting 40 teachers were present, and at the second 70.

This voluntary association work covers a large area around Norwich, and has kept its members alive to modern development and changes in the work.

School Visits.

Year.		Schools Visited.		Demonstration Lessons.
1934	...	457	...	1971
1935	...	475	...	2110
1936	...	474	...	2025

The syllabus of work, on these visits, is discussed with class teachers. A wider range of training has been introduced, suiting the local facilities which improve as time goes on.

Demonstration lessons with classes of children have been given in all branches of the training, including :—

The daily lesson, organised games for playground and field, school dancing to include all the children of the class (where the facilities permit), swimming at an increased number of Centres this year, and classroom teaching.

Notes and leaflets are distributed to teachers on branches of the training when these visits are made.

Central Classes for Pupil Teachers.

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

Organised Games.

The Committee have added considerably this year to the already good list of playing fields available, and at most schools Head Teachers, in co-operation with Managers, have been able to find some suitable space within reasonable distance of their school premises where organised games can be included in the school time table. As a result of an enquiry, the Committee were gratified to learn that at 92 schools in the County, a playing field is lent free of cost by a local Manager or other interested person.

The length of lesson is usually 45 minutes per week for every child in the school. Large playing pitches have been replanned for juniors, and a variety of games have been included in the programme.

District Association Work.

26 District Associations are doing excellent work, and the County is well covered in this total of district organisations. The Committee are keenly interested in this work, and members have been present at the various meetings held in the district where demonstrations of physical training have been given to groups of teachers and parents. All the children in the school have been included in these demonstrations. The Committee are convinced that the value of this work, done voluntarily in teachers' spare time, goes far beyond the mere point of competitions held each year in athletics.

In several districts this year, provision has been made for the boys and girls no longer in school. This organisation is in the form of Evening Health Centres and will come into line with the suggestion made by the Board in their Circular 1445 (1936).

Centres.

Rudham, Martham, Fakenham, Wells, Dereham, Mundesley, North Walsham, Salhouse, Thetford, Cromer, Harleston, West Raynham, South Creak, and Blofield.

Programme of work will include the following branches of training :—

- (a) Physical training. Exercises in the special syllabus for older pupils.
- (b) First aid. Group work. Agility.
- (c) Athletics. Track preparation.
- (d) Games (field and indoor).

Provision has been made in several Centres for the unemployed youths.

The importance of courses in Physical Training for leaders of these voluntary associations has not been overlooked. Indeed, in several of the Centres the teachers are at present members of Teachers' Physical Training Classes and others are members of the Teachers' Gymnastic Association Classes mentioned in this Report.

Local Committees (District Work).

The purpose of these Committees will be to examine the needs of their area and to consider how any needs can best be met. Active public interest has been created, and the demonstrations to develop play leadership in the villages will follow.

Several teachers who have been attending recent Teachers' Physical Training Courses have made a substantial contribution to the welfare of youth in their own parishes, and it has been possible to report in very encouraging terms on the work done.

Leaders' Classes.

The result of these classes, first organised in 1927 on evening school lines, has proved valuable.

This year 11 centres have included Recreational Classes :—

4 Men Classes; 5 Women Classes; 2 Mixed.

At Thetford, Swaffham and North Walsham, the Secondary School Gymnasiums are used for this purpose.

The development of this branch of training for young people of post-school age is in need of further extension.

At the end of each session it has been the practice to give a Public Demonstration, which has increased the interest in each district and has awakened an interest in physical fitness.

The syllabus of work is approved by the Committee, and it has been possible to give advice and assistance to the Centres where visits have been made.

Norfolk County Schools Athletic Association.

There are 25 District Associations affiliated to this Central body.

District Sports are held previous to the County Sports.

School Dancing.

This branch of training has not been included in the scheme of work at the expense of the ordinary gymnastic training, because it does not provide in the same degree for corrective and invigorating training in posture and general physical development.

1 lesson a week is suggested for this subject, while 3 lessons can be devoted to gymnastics, the other period for organised games.

The lesson is one of enjoyable rhythmic activity, where every child in the class is included in the lesson.

Physical Education in Evening Institutes.

Centres.

Salhouse, Fakenham, Cromer, Thetford, North Walsham, Wells, Swaffham, Dereham, and Terrington. This is an increase of 3 on 1935.

The Committee have extended their programme for these classes in view of the importance attached to this branch of training in promoting social and physical welfare of the youth of the County.

In addition, there are a large number of organisations carrying on splendid voluntary work. These include the following groups :—

County Schools Athletic Association, Folk Dance and Health and Recreation Centres, Clubs, Guides and Scouts.

The Committee are anxious to aid physical training and recreation, and their regulations provide for the inclusion of physical training as a subject in the curriculum of Evening Classes. They assist voluntary organisations by the loan of premises and the advice of the Committee's Organiser of Physical Training.

Swimming.

The Committee approved a large programme of swimming instruction, and at 8 centres gave financial assistance towards the cost of admission to the baths by children attending under supervision in school hours.

Centres.

Wymondham Boys', Wymondham Girls', Thetford, Heacham, Hunstanton, Pulham Market, Redenhall, and Hockwold.

It is open to any Head Teacher who desires to take advantage of facilities for swimming instruction to apply to the Committee for assistance and advice. All applications should, of course, state the facilities available and the distance from school. 1 lesson a week may form part of the programme of physical education.

School Camp.

The Committee approved the application for a party of Sprowston school children, in charge of their teachers and under the general control of the Head Master, to camp at Trimingham from the 18th to 24th July.

During their stay, the parents and officials visited the camp, where a most enjoyable and useful programme had been arranged and carried out by the Head Master and his staff.

Further Development.

The Committee are considering a scheme of development, where Central Classes for physical and social recreation will be extended.

In the new schools and at other suitable centres where playing fields and playgrounds of good size are available, these centres will offer recreational training with modern equipment.

There already exists an urgent need for more leaders for these centres, and the Government White Paper on the subject envisages classes for the training of these leaders.

Conclusion.

The Elementary Schools have provided for a wide range of activity, and this year the programme has been developed on sound lines in co-operation with Head Teachers. The standard of work steadily improves as time goes on.

The Committee are in close touch with the work, and several members have visited Teachers' Classes and Area Demonstrations held during the year.

The District Associations have co-operated in organising these demonstrations in physical training and dancing at their Area Sports Meetings, where, in addition to teachers, parents and friends have been present to see what is actually being done.

In the new schools the Committee are providing more liberal facilities for the work, and at these centres further advances will be possible.

Further development includes the assisting in the improvement of the health, physical and mental, of the community, and this will be attained by

developing physical activities of all types, and by ensuring that the fullest possible use is made of existing facilities, and by making other provision in the districts where there is a need. Immediate action has been taken wherever enthusiasm is aroused. All organisations concerned or interested in any form of physical recreation have been encouraged, and visits have been made to advise and encourage further progress.

Clubs visited by Invitation.

Blofield and District Lads' Club.
St. Edmund's Club, Hunstanton.
Martham Physical Culture Club.
Mundesley.
West Raynham Boys' and Girls' Club.

Sincere thanks are due to the voluntary workers, who have done such valuable work in the promotion of healthy well-being to the youth of the County, both in school and out of school time. Despite the many difficult conditions under which they work, they have never given in, and the results are most encouraging.

With the provision of better facilities and a keener interest, the outlook for the future shows very great promise and is more than hopeful.

Sound foundations have been established and with support from all quarters, Government, Educational and Medical Authorities, the work of the past twelve years seems to be showing its results.

Lasting development will depend on further voluntary work, extended to all forms of physical recreation, gymnastics, games, dancing, sports, swimming, hiking, camping, organised play and "Health Centre" classes throughout the County villages and towns. Children, on leaving school, should be encouraged to continue attendance voluntarily at these Health Centres, thus adding to the benefit from physical and mental recreation, the foundation of which has been so ably laid in their school years, and thus continuing to enjoy the opportunities which have already given them a sound mind in a sound body.

JAMES WILKINSON.

PROVISION OF MEALS.

The extent to which milk is provided for children in attendance at Public Elementary Schools will be seen from the following table:—

Month.	MILK PAID FOR BY PARENTS.			MILK PAID FOR BY COMMITTEE.		
	No. of Depts.	No. of Children.	No. of $\frac{1}{4}$ rd pint bottles.	No. of Depts.	No. of Children.	No. of $\frac{1}{4}$ rd pint bottles.
January	241	12132	203686	43	170	3012
February	245	12310	217030	47	198	3858
March	251	12719	245002	55	256	5224
April	252	12634	170669	59	272	4344
May	260	13003	241565	63	285	6559
June	259	12392	195762	66	287	5585
July	257	11932	228418	64	282	6829
August	78	3021	13705	20	103	649
September	243	11277	178913	54	244	5094
October	251	12621	244555	64	266	6517
November	247	12954	246172	68	281	7139
December	249	12795	194215	69	289	5889
Total number of bottles	...	...	2379692	...	...	60699

The arrangements under the Milk Marketing Board continue mainly as outlined in my report for 1934. An important addition has been made, however, in that where tuberculosis has been isolated in the supply of milk being delivered to schools, the supply is suspended pending the discovery of the infected animal.

At the end of 1935, 228 schools were being supplied, and it is regretted that this figure had only increased to 249 by December, 1936. In view of the undoubted value of daily rations of pure and safe milk to children of school age, I had hoped that a supply would be available to the majority of the schools in the County. The scheme can, therefore, only be called moderately successful, and the main reasons for this are, I think, as follows :—

The remuneration from the producer's point of view is insufficient to provide any real attraction and, moreover, does not encourage him to supply schools unless situated in convenient rounds, and in such a rural county as Norfolk, with scattered villages, this is rarely the case. Further, many of the schools are small and the number of bottles required makes the supply an uneconomic proposition.

I realise that the adoption of the scheme means much voluntary work on the part of the teachers, but I am sure they are rewarded by the improvement in the physical condition and mental alertness of the children. I commend these remarks to those teachers who have not yet adopted the Scheme.

With regard to the supervision of supplies during the year, 309 inspections of premises were made, 257 samples were taken for cleanliness examination, 44 of which failed, a percentage of 17. 174 bulk samples were taken against the presence of tubercle bacilli, 12 of which were reported as positive, a percentage of 7. The positive milk supplies have, of necessity, been dealt with, but it is regretted that some of the failing cleanliness samples have not been followed up owing to the great amount of extra work devolving upon the department towards the end of the year. As explained in previous reports, an endeavour has been made for 4 samples per annum for cleanliness purposes to be taken from each producer and, in addition, 2 samples per annum for tuberculosis. This ideal, which in my opinion would safeguard the milk supply, has been impossible owing to the shortage of staff.

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

Parents are realising more and more that the School Medical Service exists for the benefit of the children and not merely for recording defects or for the sake of interference. Many of them so greatly appreciate what is done that they expect that *any* treatment required will be provided.

The assistance rendered by Head Teachers and members of the Local Care Committees continues to be invaluable.

The School Nurses being also School Attendance Officers there is no duplication of work in this respect, and close co-operation exists with the School Attendance Department.

The local Inspectors of the National Society for the Prevention of Cruelty to Children give valuable help in those cases where advice from other sources has had no effect. 29 cases of failure to provide treatment or of general neglect were investigated and any necessary steps taken.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

Many such cases are brought to notice before the age of 5 years is reached, chiefly by Health Visitors and District Nurses. Those in attendance at school are, of course, reported by Head Teachers, Assistant Medical Officers, and School Nurses. Information as to the numbers will be found in Table III, pages 36 and 37.

45 beds are available at the East Anglian School for Blind and Deaf Children, Gorleston, for cases from the administrative County.

19 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	2
Imbeciles	7	4
Others	1	1
Special Circumstance Cases, under Certificate of Board of Education	2	—

Melton Lodge Special Residential School for physically defective children has accommodation for 40 beds. 38 children of school age received treatment there during the year.

There are no Special Schools for epileptic children in the County. One child was admitted to the Lingfield Special School, Surrey, during the year.

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, 1.1.36.	Admitted.	Discharged.	Remaining in Institution, 31.12.36.
10	3	2	11

Of the 2 cases discharged, 1 was transferred to the workshops and the other left because of a breakdown in health.

NURSERY SCHOOLS.

There are no Nursery Schools in the County.

EXCLUSION OF CHILDREN.

(Other than for Infectious Diseases.)

957 children were excluded or re-excluded during 1936, as follows :—

Contagious Affections :—

Impetigo	174	Ringworm—Body	16
Pediculosis	135	Ringworm—Scalp (until	
Scabies	20	rules are complied with)	5
Conjunctivitis	115		

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

Anæmia	...	10	Nervous Diseases	...	10
Adenitis	...	11	Lung Affections (not		
Debility (general)	...	34	tubercle)	...	83
Eczema	...	1	Otorrhœa	...	8
Epilepsy	...	3	Rheumatism	...	12
Heart Disease	...	12	Tonsillitis	...	52
Jaundice	...	14	Other Affections	...	242

106 certificates were also issued to cover irregular attendance.

PERMANENT EXCLUSIONS.

During the year 9 children were permanently excluded from attendance at a Public Elementary School for the following reasons :—

Mental Deficiency	...	2	Muscular Dystrophy	...	1
Epilepsy and Mental			Severe Asthma...	...	1
Deficiency	...	1	Blind "within"	...	1
Epilepsy	...	1	Generalised Tuberculosis	...	1
Severe Heart Lesion	...	1			

MISCELLANEOUS WORK.

181 swabbings were taken from nose and/or throat in connection with the control of infectious disease; 180 for diphtheria, of which 10 proved positive, and one for scarlet fever, which was negative. 37 specimens of hair were examined for ringworm, 10 proving positive.

20 candidates for the teaching profession were examined and reported upon, as were also 25 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 this Office should any question of a scholar's physical fitness be raised.

2 lectures on health matters were given by members of the Medical staff and one by a member of the Dental staff.

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 6 provided Secondary Schools in the County, and 5 which are aided by the Authority, while Pupil Teacher Centres continue at East Dereham, Melton Constable and Norwich.

MEDICAL INSPECTION.

The Secondary Schools are visited by the Assistant Medical Officers each term. With the exception of one school, Forms I and II are examined in the Autumn Term; Forms III and IV in the Spring Term and Forms V and VI in the Summer Term. Pupils with defects are re-examined each term. In the other school, all pupils are given a routine medical inspection in the

Autumn Term and only pupils with defects are seen in the other terms, unless it is known that a pupil is leaving school, in which case he is also examined. It has so far been possible to arrange for the Girls' Schools to be inspected by female members of the Medical staff.

The examinations of the Pupil Teacher Centres are held in the Autumn Term, no other visits being made during the year.

It is not always possible to arrange for Nurses to assist the Medical Officers at the inspections. I am indebted for the help that Head Masters and Mistresses afford in this connection.

FINDINGS OF MEDICAL INSPECTION.

Full particulars of defects noted are shown in Table II, pages 43 and 44. As in the case of the Elementary Schools, more defects were noted for treatment during the year. While the number of children examined remained almost stationary, there were 57 more pupils found to require treatment for the various defects.

Of the 2231 pupils examined, 3, or 0.13%, were found to be suffering from definite malnutrition, while in 143 cases, or 6.4%, nutrition was below normal. These figures are much lower than those for Elementary Schools, which are 0.4% and 14.1% respectively. Non-tuberculous skin diseases and deformities other than rickets and spinal curvature were the chief defects noted for treatment, the figures being 117 and 160 respectively. The other principal defects noted for treatment were 77 of defective vision, 22 of chronic tonsillitis and 25 other nose and throat conditions.

FOLLOWING UP.

There are no Care Committees for Secondary Schools. Advice notes are issued to the parents of pupils having defects requiring treatment at the time of the inspection and their names are recorded in a Log Book for the information of the Master or Mistress, who renders valuable assistance.

MEDICAL TREATMENT.

The Committee's Treatment Schemes enable parents, if they so desire, to obtain treatment on payment of the cost. In exceptional cases, financial assistance is given towards the cost of treatment.

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 Specialists ...	14	—
	General Practitioners ...	—	2
	Hospitals ...	—	1
(b)	By whole-time Medical Officers	58	—

Glasses were prescribed in 8 cases, and supplied in 7 of the cases examined by Approved Specialists, 1 case was awaiting the supply of glasses at the end of the year, glasses were found unnecessary in 5 instances, and 1 voucher was outstanding.

Of the 58 pupils examined by retinoscopy by the whole-time Medical Officers, glasses were prescribed in 51 cases and supplied in 49, leaving

2 children awaiting provision of glasses. 6 of the pupils submitted for retinoscopy were found not to require spectacles and 1 pupil was referred for examination by an Eye Specialist.

2 pupils were referred to the Consulting Aural Surgeons, 1 on account of deafness, the other having a discharging mastoid scar; treatment was recommended and obtained in each case.

(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 Schemes.

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

Dr. Irene B. M. Green reports :—

"One point I have often wished to stress and that is the unsatisfactory arrangements for meals at many of the Secondary Schools. As the majority of pupils have to stay to dinner and many have to start very early with a hurried breakfast, and return late too tired to eat, I consider a well-balanced cooked dinner should be provided for all who spend the whole day at school, grants being made towards those who cannot afford to pay. I am horrified at the days some rapidly growing girls of 12 and 13 have to put in. From 7 a.m. till 5.30 p.m. is quite common, with frequently nothing but bread and butter at mid-day.

Where lunch is provided, it is often a very poorly cooked and served affair, so that I sympathise with those who prefer their home-made sandwiches.

Surely a diet sheet could be supervised by the Cookery Department of the Education Committee, and so have wholesome meals at the most economical rates."

DENTAL TREATMENT.

9 Secondary Schools and 1 Pupil Teacher Centre were visited by the Dental Surgeons during the year, 1544 pupils being inspected. 886, or 57.37%, were found to require treatment, and of these 574, or 64.78%, were actually treated. This figure shows a slight decrease on that for 1935, but considering that a large number of pupils receive treatment privately, can still be considered very satisfactory. A charge of not less than 1/- is requested in respect of each pupil treated and is usually collected at the time of treatment.

INFECTIOUS DISEASES.

The position here is the same as mentioned in previous Reports. Information is sent by Head Masters and Mistresses in cases of infectious disease and is of value in enabling a close watch to be kept on the Elementary Schools in the neighbourhood. The facilities of the service are available should advice be required by the Head Teachers, and this is sought when occasion demands.

MISCELLANEOUS WORK.

All financial arrangements, apart from the collection of dental fees, are made direct by the Secretary for Education.

The School Nurses do not visit Secondary Schools, except to assist, on occasions, at medical and dental inspections and to fit for spectacle frames.

Medical Inspection Returns.

ELEMENTARY SCHOOLS.

TABLE I.—RETURN OF MEDICAL INSPECTIONS.

Year ended 31st December, 1936.

A.—Routine Medical Inspections.

Number of Inspections in the prescribed Groups—

Entrants	4060	
Second Age Group	3885	
Third Age Group	3955	
TOTAL	—	11900
Number of other Routine Inspections		634
GRAND TOTAL		12534

B.—Other Inspections.

Number of Special Inspections	2290	
Number of Re-Inspections	16306	
TOTAL	—	18596

C.—Children found to require Treatment.

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

Group.	For defective vision (excluding squint).	For all other conditions recorded in Table II A.	Total.
(1)	(2)	(3)	(4)
Entrants	3	712	715
Second Age Group	78	516	585
Third Age Group	117	355	457
Total (Prescribed Groups)	198	1583	1757
Other Routine Inspections	14	79	89
Grand Total	212	1662	1846

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended
31st December, 1936.

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	2	2	1	...
Body	2	...	5	...
Scabies ... ..	...	1	2	...
Impetigo	33	4	227	...
Other diseases (Non-Tuberculous) ...	58	52	218	5
Eye—				
Blepharitis	166	18	57	...
Conjunctivitis	3	7	8	1
Keratitis ... ..	...	2	...	...
Corneal Opacities	1	11	...	...
Other Conditions (excluding Defective Vision and Squint)	13	23	28	5
Defective Vision (excluding Squint) ...	212	691	127	56
Squint	81	129	21	8
Ear—				
Defective Hearing	16	42	11	7
Otitis Media	29	29	33	5
Other Ear Diseases	8	43	19	4
Nose and Throat—				
Chronic Tonsillitis only	268	1080	85	94
Adenoids only	37	77	21	14
Chronic Tonsillitis and Adenoids ...	367	675	49	15
Other Conditions	77	177	17	29
Enlarged Cervical Glands (Non-Tubercu- lous)	20	988	60	85
Defective Speech	7	80	6	11
Heart and Circulation—				
Heart Disease:				
Organic	11	63	1	3
Functional	6	127	2	10
Anæmia	88	43	25	9

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	39	89	4	8
Other Non-Tuberculous Diseases ...	56	72	6	21
Tuberculosis—				
Pulmonary:				
Definite	1	8	...	...
Suspected	4	33	1	4
Non-Pulmonary:				
Glands	12	102	3	5
Bones and Joints	2	9	...	2
Skin ... ..	...	...	...	...
Other Forms	2	12	1	1
Nervous System—				
Epilepsy	3	13	...	2
Chorea	1	8	2	2
Other Conditions	7	25	4	8
Deformities—				
Rickets	4	76	...	...
Spinal Curvature	16	20	...	1
Other Forms	47	43	12	2
Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases)	365	455	749	124
TOTALS	2064	5329	1805	541

**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	4060	400	9.9	3119	76.8	526	12.9	15	0.4
Second Age-group	3885	383	9.8	2785	71.7	694	17.9	23	0.6
Third Age-group ...	3955	595	15.0	2849	72.0	495	12.5	16	0.5
Other Routine In- spections	634	179	28.2	400	63.1	54	8.5	1	0.2
TOTALS	12534	1557	12.4	9153	73.1	1769	14.1	55	0.4

**TABLE III.—RETURN OF ALL EXCEPTIONAL CHILDREN
IN THE AREA, Year ended 31st December, 1936.**

(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.
8	8

PARTIALLY SIGHTED CHILDREN.

At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
...	...	10	...	1	11

DEAF CHILDREN.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
21	...	1	2	24

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.
2	...	1	...	...	3

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.
...	113	2	37	152

EPILEPTIC CHILDREN.

Children suffering from severe Epilepsy.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	7	...	7	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.
14	46	4	13	77

II.—Children suffering from Non-Pulmonary Tuberculosis.

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

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
25	199	11	32	267

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	103	1	15	121

C. CRIPPLED CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
13	131	4	42	190

D. CHILDREN WITH HEART DISEASE.*

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	9	...	9	19

*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 Heart	1	...	...	1
Cripple and Mental Defects	1	...	1	2
Severe Epilepsy and Mental Defects	1	1

**TABLE IV.—RETURN OF DEFECTS TREATED DURING THE
YEAR ENDED 31st DECEMBER, 1936.**

TREATMENT TABLES.

Group I.—Minor Ailments (excluding uncleanness, 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 ...	2	...	2
(ii) Other Treatment ...	27	...	27
Ringworm—Body ...	27	4	31
Scabies ...	9	...	9
Impetigo ...	454	5	459
Other Skin Disease ...	255	16	271
Minor Eye Defects ... (External and other, but excluding cases falling in Group II.)	243	31	274
Minor Ear Defects ...	95	27	122
Miscellaneous ... (e.g., minor injuries, bruises, sores, chilblains, etc.)	1294	7	1301
TOTALS ...	2406	90	2496

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

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

	Number of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
ERRORS OF REFRACTION (including squint)	627	6	633
Other defect or disease of the eyes (excluding those recorded in Group I) ... ..	...	3	3
TOTALS	627	9	636
No. of Children for whom spectacles were			
(a) Prescribed	489	31	520
(b) Obtained	508	4	512

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)
16	3	368	...	17	2	16	3	33	5	384	3	209	634

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

Group IV.—Orthopædic and Postural Defects.

	Under the Authority Scheme. (1)			Otherwise. (2)			
	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	Total number treated.
Number of children treated	38	65	22	2	1	...	98

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	1979	2523	2702	2946	2895	3054	2957	2931	3025	2100	27112
(b) Specials											445
(c) TOTAL (Routine and Specials)											27557
2. Number found to require treatment											19172
3. Number actually treated											10017
4. Attendances made by children for treatment											12756
5. Half-days devoted to:—											
Inspection			...	...	...	...	...	476			
Treatment			...	...	...	...	...	1741			
					Total	...	...	—	2217		
6. Fillings:—											
Permanent Teeth			...	...	...	...	...	5317			
Temporary Teeth			...	...	...	...	...	598			
					Total	...	...	—	5915		
7. Extractions:—											
Permanent Teeth			...	...	...	...	...	2190			
Temporary Teeth			...	...	...	...	...	17152			
					Total	...	...	—	19342		
8. Administrations of general anæsthetics for extractions											*241
9. Other Operations:—											
Permanent Teeth			...	...	...	...	...	18385			
Temporary Teeth			...	...	...	...	...	7739			
					Total	...	...	—	26124		

*In addition 10 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						6'08
(ii) Total number of examinations of children in the Schools by School Nurses						175552
(iii) Number of <i>individual</i> children found unclean						1522
(iv) Number of <i>individual</i> children cleansed under Section 87 (2) and (3) of the Education Act, 1921						Nil
(v) Number of cases in which legal proceedings were taken:—						
(a) Under the Education Act, 1921						Nil
(b) Under School Attendance Byelaws						Nil

SECONDARY SCHOOLS.

(Including Pupil Teacher Centres.)

TABLE I.—RETURN OF MEDICAL INSPECTIONS.

Year ended 31st December, 1936.

A.—Routine Medical Inspections.

Number of Inspections in the prescribed Groups—

Entrants	483	
Yearly Examinations	946	
Leavers	99	
TOTAL	1528	
Number of other Routine Inspections	703	
GRAND TOTAL	2231	

B.—Other Inspections.

Number of Special Inspections	84	
Number of Re-Inspections	859	
TOTAL	943	

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	155	
Yearly Examinations	174	
Leavers	16	
Total (Prescribed Groups)	345	
Other Routine Inspections	158	
GRAND TOTAL	503	

SECONDARY SCHOOLS.

(Including Pupil Teacher Centres.)

TABLE II.

**A.—Return of Defects found by Medical Inspection in the Year ended
31st December, 1936.**

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 ... ..	...	...	...	...
Other diseases (Non-Tuberculous) ...	117	3	...	...
Eye—				
Blepharitis	32	...	1	...
Conjunctivitis ... ..	...	...	...	...
Keratitis ... ..	...	...	...	...
Corneal Opacities ... ..	...	...	...	...
Other Conditions (excluding Defective Vision and Squint) ...	4	4	...	...
Defective Vision (excluding Squint) ...	77	121	29	9
Squint	1	10	...	...
Ear—				
Defective Hearing	2	3	...	...
Otitis Media	7	3	...	...
Other Ear Diseases	14	4	1	...
Nose and Throat—				
Chronic Tonsillitis only	22	105	5	17
Adenoids only ... ..	...	4	...	2
Chronic Tonsillitis and Adenoids ...	6	4	2	...
Other Conditions	25	31	...	2
Enlarged Cervical Glands (Non-Tuberculous)	3	14	2	...
Defective Speech	2	1	...	1
Heart and Circulation—				
Heart Disease:				
Organic ... ..	...	3	...	...
Functional ... ..	...	28	...	1
Anæmia	17	1	1	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	1	1	...	...
Other Non-Tuberculous Diseases ...	1	5	...	...
Tuberculosis—				
Pulmonary :				
Definite ... ..	...	...	...	...
Suspected ... ..	...	...	...	...
Non-Pulmonary :				
Glands ... ..	...	3	1	...
Bones and Joints ... ..	...	...	...	...
Skin ... ..	...	...	...	...
Other Forms ... ..	...	...	1	1
Nervous System—				
Epilepsy ... ..	...	...	...	...
Chorea ... ..	...	1	...	...
Other Conditions	1	6	1	...
Deformities—				
Rickets ... ..	...	...	...	...
Spinal Curvature	11	4	...	...
Other Forms	160	19	1	...
Other Defects and Diseases (excluding Un- cleanliness and Dental Diseases) ...	32	37	3	4
TOTALS	535	415	48	38

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	483	78	16.15	343	71.01	60	12.42	2	.42
Yearly Examinations ...	946	222	23.47	671	70.93	53	5.60	...	...
Leavers	99	37	37.37	61	61.62	1	1.01	...	...
Other Routine In- spections	703	147	20.91	526	74.82	29	4.13	1	.14
TOTALS	2231	484	21.69	1601	71.76	143	6.41	3	.14

SECONDARY SCHOOLS.

(Including Pupil Teacher Centres.)

**TABLE IV.—RETURN OF DEFECTS TREATED DURING THE
YEAR ENDED 31st DECEMBER, 1936.**

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)	72	25	97
Other defect or disease of the eyes ... ..	...	...	...
No. of Pupils for whom spectacles were			
(a) Prescribed	60	24	84
(b) Obtained	59	24	83

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	...	6	...	2	...	6	...	5	...	2	13

(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	...	88	245	280	240	312	269	110	4	1548

2. Number found to require treatment ... 890

3. Number actually treated ... 578

4. Attendances made by children for treatment ... 1152

5. Half-days devoted to:—

Inspection	...	...	...	...	14	
Treatment	...	...	...	...	190	
				Total	...	204

6. Fillings:—

Permanent teeth	...	...	...	...	1262	
Temporary teeth	...	...	...	...	Nil	
				Total	...	1262

7. Extractions:—

Permanent teeth	...	...	...	...	199	
Temporary teeth	...	...	...	...	101	
				Total	...	300

8. Administrations of general anæsthetics for extractions 12

9. Other Operations:—

Permanent teeth	...	...	...	...	3086	
Temporary teeth	...	...	...	...	4	
				Total	...	3090

