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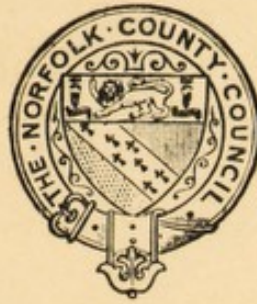
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NORFOLK EDUCATION COMMITTEE

# ANNUAL REPORT

of the

*School  
Medical Officer  
for 1937*



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## CONTENTS.

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	PAGE
Preface ... ..	4
Blind Children ... ..	32
Co-operation ... ..	32
Co-ordination ... ..	6
Deaf Children ... ..	32
Defective Children ... ..	32, 33
Dental Treatment ... ..	16—18, 36
Epileptic Children ... ..	33
Exclusion of Children ... ..	19, 33, 34
Following up ... ..	11, 35
Infectious Diseases ... ..	18—20, 36
Medical Inspection ... ..	... 8, 35
do. do. Findings of... ..	9—11, 35
Medical Treatment ... ..	... 13—16, 35, 36
Miscellaneous Work ... ..	34
Numbers and Attendances ... ..	7
Nurses—Work of ... ..	11—13
Nursery Schools ... ..	33
Open-air Education ... ..	21
Orthopædic Treatment ... ..	21—26
Physical Training ... ..	26—30
Provision of Meals ... ..	30—32
School Hygiene ... ..	... 7, 8
Staff ... ..	... 5, 6
Tables—Elementary ... ..	37—45
do. Secondary ... ..	46—50

## PREFACE.

This Report is the thirty-first of the series and the tenth which I have had the honour to present.

With one exception, all the Elementary Schools had a routine medical inspection, 13,462 children being examined. Of these, 2419 were suffering from defects in need of treatment (excluding those of nutrition, uncleanliness and dental diseases), a percentage of 17.97. 26,083 children were inspected by the Dental Surgeons at schools where treatment was completed during the year, 18,369 being recommended for treatment and 9815 actually treated. A further slight increase is recorded in the percentage of acceptances of dental treatment.

All the Secondary Schools and Pupil Teacher Centres were inspected, 2198 pupils being examined as "routines," 303 of whom had defects requiring treatment. 806 pupils at 5 Secondary Schools and 1 Pupil Teacher Centre were inspected by the Dental Surgeons, 470 were advised treatment and 322 were treated.

The Ian Sears Welfare Clinic at Aylsham, presented to the Council by Capt. J. E. Sears in memory of his son, has been used as a Minor Ailments Clinic since the beginning of the year.

I would again express my thanks to all who have co-operated in the welfare of the school child, and who have laboured so steadfastly with this aim in view.

T. RUDDOCK-WEST.

Public Health Department,  
29, Thorpe Road, Norwich.

*March, 1938.*

# STAFF OF THE SCHOOL MEDICAL SERVICE DURING 1937.

## 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.D., B.S., D.P.H.

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

## Temporary Medical Staff :

CAROLINE M. McLEOD, M.B., Ch.B.

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

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

BARBARA C. WELSH, 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.

## Senior Dental Officer :

P. MILLICAN, L.D.S.

## Dental Surgeons :

C. BAINES, L.D.S. (commenced 1.5.37)

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

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

J. NIXON, L.D.S.

SADIE S. HOW, L.D.S.

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

## Orthopædic Nurses :

Miss J. E. KEMP, C.S.M.M.G. (resigned 30.6.37).

Miss F. W. THOMAS, C.S.M.M.G., M.E., L.E.T. (commenced 1.9.37).

Miss M. H. WYER, C.S.M.M.G., M.E., L.E.T.

## 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 L. B. STEEL, S.R.N., S.C.M.

Mrs. A. M. KNOTT, Cert. Nurse

(Commenced 14.9.37)

(Commenced 13.9.37)

Miss D. VICKERS, S.R.N.

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

Miss L. WALKER, S.R.N.

(Resigned 12.9.37)

(Resigned 12.9.37)

Miss A. WELLSTED, Cert. Nurse.



# ANNUAL REPORT

of the

School Medical Officer for 1937

## STAFF.

### (a) CO-ORDINATION.

The School Medical Officer is also County Medical Officer, administering all the Public Health Services with the exception of the work of the Mental Deficiency Acts Committee.

The Deputy School Medical Officer acts as Deputy County Medical Officer.

The Assistant School Medical Officers attend the Infant Welfare Centres in their districts where arrangements are not made for general practitioners to do so. As the County Council's Scheme for full-time District Medical Officers of Health comes into operation, the persons so appointed will also act as Assistant School Medical Officers.

A seventh Dental Surgeon was appointed during the year, the services of one being shared with the King's Lynn Authority. They devote their time entirely to the treatment of school children.

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

The two Orthopædic Nurses visit cases under the supervision of all the various Committees.

Close co-operation is maintained between the members of the clerical staff in the various sections which are concerned with the welfare of the school child.

### (b) GENERAL.

The post of Assistant Medical Officer, rendered vacant in November 1936 by the death of Dr. H. W. Sexton, was filled by the temporary appointment of Dr. Barbara C. Welsh, who commenced duty on 10th March, 1937. Until then, medical inspection in the late Dr. Sexton's district was carried on by a "locum" who was able to do part-time duty only. Because of this, it was found necessary to appoint a temporary Medical Officer for the last four weeks of the year so that an endeavour might be made to complete the inspection of all schools.

I am pleased to record that Dr. Irene B. M. Green has secured her M.D. degree by a thesis on the problems of mental deficiency in a rural area.

In view of the recommendation of the Board of Education that the Dentists should inspect and treat annually all the schools in their districts, an additional Dental Surgeon (Mr. C. Baines), who commenced duty on 1st May, was appointed. Unfortunately the advantages of this appointment were minimised by absence, owing to illness, of other members of the dental staff.

Mr. P. Millican, who has been for several years a member of the staff, was appointed Senior Dental Officer as from 1st April. In addition to supervisory work, he still has a district in which he inspects and treats.

Miss B. A. Mace and Miss L. Walker resigned their appointments as School Nurses because of marriage, Miss L. B. Steel and Mrs. A. M. Knott being appointed in their stead.

## ELEMENTARY SCHOOLS. NUMBERS AND ATTENDANCES.

At the end of the year there were in the Administrative County, 454 Public Elementary Schools, 215 being Provided and 239 Non-Provided, having 495 departments.

The names of 38,237 children, 1635 being under the "legal" age at which attendance should be commenced, were on the school registers on the 31st December, 1937. The average attendance for the year ended 31st March, 1937, was 35,425.

### SCHOOL HYGIENE.

The need for improved premises and sanitary conditions is very evident, but it is realised that in rural areas this is a task which can only be accomplished by degrees. It is suggested, however, that the heating arrangements of all but the most recently built schools might well receive attention at an early date as complaints received from time to time would appear to be adequately justified. Other matters which may be regarded as of minor importance, such as a sufficient number of towels and the emptying of earth closets and pails at more frequent intervals, would all contribute to a higher standard of school hygiene if they received the attention which they deserve. Matters reported by the Assistant Medical Officers as needing attention are referred to the Education Secretary.

The following alterations and improvements were carried out during the year ending 31st March, 1938:—

Improvements—	Provided Schools.	Non-Provided Schools.
Floors ... ..	13	8
Ventilation and Lighting ... ..	—	1
Heating ... ..	8	—
Structural ... ..	6	—
Sanitation ... ..	6	—
Cycle Shelters ... ..	5	—
Artificial Lighting ... ..	13	—
Water Supply ... ..	9	—
Playgrounds—		
Tar Dressing ... ..	12	—
Tar Paving ... ..	12	—
Renovations ... ..	62	86

During 1937, new Central Schools at Hellesdon and Sprowston, serving areas adjacent to Norwich, have been completed and opened, together with the first portion of an Area School at Thorpe St. Andrew.

Special provision has been made at the two Central Schools for medical inspection, a waiting and an inspection room being provided on the first floor of the administrative block. The inspection room has a lavatory basin and sink with hot water laid on.

Nine samples of water from seven schools were examined in the County Laboratory during the year, seven proving satisfactory and two unsatisfactory.

The latter were in respect of Crimplesham School, and in connection with this supply a recent survey of the village has shown that the water generally is unsatisfactory. The District Council has been asked to make arrangements for a piped supply.

### *Hillington.*

It has not been possible to obtain a satisfactory supply from the well. The Committee has, however, entered into an arrangement with the Railway Company and a satisfactory supply is now available.

### *Grimston Pott Row.*

In an endeavour to obtain a satisfactory supply, a tube well was sunk, but the water is still unsafe for drinking purposes. Filtered rain water is being used at present, and the matter is still under observation.

## MEDICAL INSPECTION.

The age groups of the children inspected during the year remain unchanged. No group additional to those recommended by the Board of Education has been examined.

With one exception, all Elementary Schools had a routine inspection. In one case where it was not possible to hold an inspection in 1936, two routine visits were made. The school not inspected during 1937 was visited in January, 1938, and will have a further routine inspection later in the year.

123 departments were re-visited by the Assistant Medical Officers for the purpose of re-examining defective children, and in one instance a second call was paid for a similar purpose.

The total number of routine inspections (see page 37) is 928 more than the previous year. This was owing to the fact that a large number of the schools were visited much later than in the previous year. Hence many of the schools had four terms' entrants instead of the usual three, together with a proportionately larger number of "intermediates" and "leavers." If, during 1938, inspections take place at a date more closely approximating to that of 1936, a decrease on the numbers of inspections for the latter year and even more so for 1937, should be evident.

Compared with 1936, there is a decrease of 285 in the number of children examined as "specials," and of 4639 re-examined "defectives." The decrease under the latter heading is due mainly to the fact that the vacancy caused by the death of Dr. Sexton was not filled by the appointment of a whole-time Assistant Medical Officer until March and to extra sessions devoted by an Assistant Medical Officer to the examination of mentally defective children.

Apart from isolated instances, the inspections are held on school premises under difficulties which are only very gradually being eliminated by the building of new premises. In a rural County such as this, with large areas but sparsely populated and served by small schools, the time when the visit of a Medical Officer will not cause a wholesale upheaval seems to be far distant.

Parents are encouraged to be present at routine medical inspection, and the percentage of those availing themselves of the opportunity is shewn below:—

Entrants	...	...	83·18%
Intermediates	...	...	63·06%
Leavers	...	...	42·74%
Other age groups...	...	...	56·19%
Total	...	...	<hr/> 63·77% <hr/>

## FINDINGS OF MEDICAL INSPECTION.

(See Table II, pages 38-39.)

### (a) Nutrition.

The nutrition of the children examined in the routine age groups, classified as suggested by the Board of Education, shews little change under the "excellent," "normal" and "slightly subnormal" headings. This is disappointing when it is noted that half the schools have a "Milk in Schools" Scheme, and that one-third of the children in attendance have their daily allowance. When comparison is made with Secondary School pupils for whom milk and hot mid-day meals are usually available, it is noted that the percentage of children with sub-normal nutrition is 14·6 in Elementary Schools and only 5·7 in Secondary Schools. This is perhaps only to be expected, remembering that generally speaking the parents of Secondary School pupils are in a better financial position and more likely to realise the importance of a well balanced diet.

The decrease in the number of children with bad nutrition from 55 in 1936 to 28 this year is, however, a pleasing feature which it is hoped will be maintained.

The "intermediate" group provides the largest percentage of children with subnormal nutrition. This is difficult to explain, unless it is because such children are growing and developing at a fast rate and are very often the chief sufferers from infectious disease.

Since 1935 when the Board's classification was first adopted, the percentages of children under the various headings have been as follows:—

Year.		A (Excellent).	B (Normal).	C (Slightly sub-normal).	D (Bad).
1935	...	17·5	68·2	13·8	0·5
1936	...	12·4	73·1	14·1	0·4
1937	...	11·1	74·3	14·4	0·2

### (b) Uncleanliness.

180 children were found to be suffering from uncleanliness of the head and 48 of the body. These figures are slightly higher than the previous year. The assistance of the local N.S.P.C.C. Inspectors is often sought where the parents are old offenders and the advice and warnings of the School Nurses have little effect.

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

Only 1 case of ringworm of the scalp and 4 of the body required treatment. These figures are very low, but the decline in the complaint is general throughout the country. 26 cases of impetigo, 2 of scabies, and 58 other non-tuberculous conditions were also noted for treatment.

### (d) Visual Defects and External Eye Disease.

330 cases of defective vision and 163 of squint were noted for treatment, the numbers for observation being 507 and 169 respectively. 92 of the 163 cases of squint were entrants, the defect in most cases being probably due to congenital causes. 105 cases of blepharitis, 12 of conjunctivitis, and 27 other conditions were found to require treatment.

**(e) Nose and Throat Defects.**

The numbers requiring treatment for chronic tonsillitis, adenoids, and a combination of these two defects were 194, 70 and 261. There is still a high incidence of these defects amongst the entrants (68 chronic tonsillitis, 25 adenoids, 112 chronic tonsillitis and adenoids). In spite of the fact that treatment for these defects can be arranged through the Maternity and Child Welfare Committee's Scheme, only a small number have been treated.

**(f) Ear Diseases and Defective Hearing.**

38 cases of defective hearing, 37 of otitis media, and 20 other conditions were noted for treatment in the routine age groups. 127 cases were noted for observation.

**(g) Dental Defects.**

An endeavour is made to arrange for the attendance at clinics of children reported to be in urgent need of dental treatment. Otherwise no action is taken until the routine visit of the Dentist. It is often very difficult to collect such cases at a suitable centre and it is impossible for the Dentist to visit and treat them individually at their respective schools. Sometimes dental treatment is necessary before tonsillectomy is performed, and in these instances it is usually possible to make convenient arrangements.

**(h) Orthopædic and Postural Defects.**

21 cases of rickets, 5 of spinal curvature, and 230 other deformities were referred for treatment. The latter consist chiefly of flat feet, valgus ankles, and knock knees.

**(i) Heart Disease.**

176 children examined as "routines" had definite or suspected abnormality, and have been grouped as follows:—

Rheumatic	...	26
Organic	...	16
Congenital	...	8
Functional	...	126
		<hr/>
		176
		<hr/>

The nutrition classification in 41 instances was "C."

**(j) Tuberculosis.**

1 definite and 4 suspected cases of pulmonary tuberculosis were noted and referred for treatment. There were also 18 non-pulmonary cases, most of them being of glands.

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

377 cases with other defects and diseases, excluding nutritional defects, uncleanliness, and dental diseases, were found in need of treatment in the routine age groups. 571 were noted for observation.

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 (4811)		Intermediates (4245)		Leavers (4107)		Other ages (299)	
	No. defects.	%	No. defects.	%	No. defects.	%	No. defects.	%
Malnutrition ...	164	3.41	236	5.56	143	3.48	18	6.02
Skin Diseases ...	23	0.47	28	0.66	37	0.90	3	1.00
Defective Vision	17	0.35	153	3.61	148	3.60	12	4.01
Squint ...	92	1.91	37	0.87	29	0.71	5	1.67
Defective Hearing	13	0.27	14	0.33	11	0.25	—	—
Otitis Media ...	17	0.35	8	0.19	12	0.29	—	—
Chronic Tonsillitis	68	1.42	59	1.39	59	1.44	8	2.68
Adenoids only ...	25	0.52	14	0.57	18	0.44	3	1.00
Chronic Tonsillitis and Adenoids...	112	2.33	97	2.29	44	1.07	8	2.68
Nose and Throat— Other ...	72	1.50	26	0.61	32	0.78	3	1.00
Spinal Curvature	1	0.02	1	0.02	3	0.08	—	—
Lungs— Bronchitis ...	26	0.54	8	0.19	2	0.04	—	—
Other non- tuberculous ...	14	0.29	12	0.29	2	0.04	1	0.33

### FOLLOWING UP.

Much of the value of medical inspection is lost unless there is adequate following up of the cases recommended for treatment to ensure that the advice given is heeded. Whilst most parents appreciate the importance of paying due attention to anything which indicates a divergence from normality, yet there are those who will take no action until they are almost forced to do so. There are others who are always going to follow the advice of the Medical Officer but for some reason or other their intentions are very late in materialising. It is essential, therefore, that if Medical Inspection is to serve its true purpose, arrangements should be made to ensure that the advice given is carried out.

Members of Local Care Committees and Head Teachers continue to play a valuable part in this work and much effective treatment has been forthcoming as the result of their efforts.

### WORK OF THE NURSES.

#### (a) Minor Ailments.

(i.) Treatment at 7 clinics has been carried out throughout the year, a new fully equipped clinic at Aylsham, built and presented to the County Council by Capt. J. E. Sears, being brought into use as a minor ailments clinic from January, 1937. The school medical service is thus operating clinics at Aylsham, Dereham, Fakenham, Terrington, North Walsham, Wells and Wymondham. The Nurse attends weekly for a morning session and the Assistant Medical Officer visits monthly. A table of defects dealt with during the year is given on page 13.

(ii.) The Nurses also treat minor ailments at schools and homes. In cases where medical attention is required, the parents are advised to call in their own doctor. A summary of cases treated is shown on page 43.

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

Number of visits to schools ... ..	2,574*
Average number of visits to each school ... ..	5.22
Total number of examinations ... ..	171,852
Number of individual children found unclean (i.e., vermin or nits) ... ..	1,514
Number of children excluded at the Nurses' visits ... ..	120
Number of Special Warning Letters <i>re</i> Nits sent to parents ... ..	2
Number of letters sent on first exclusion ... ..	67
Number of "Final Warning" Letters sent to parents ... ..	17
Number of homes visited ... ..	531

\*Includes 2365 complete surveys of all children in school.

#### Result of "following up"—

Clean ... ..	417
Improved ... ..	1,081
Unsatisfactory ... ..	16

The results of the Nurses' efforts in this connection are shewn in the foregoing table. Of 171,852 examinations, 1514 children were found to be unclean. Of these only a very small number were still classed as definitely unsatisfactory at the end of the year, over a thousand having improved, and 417 were quite clean at the last one or two visits of the Nurse. It will be noticed that of 2574 visits to schools, 209 were for the purpose of following up unsatisfactory children, 2365 visits being general surveys of all children in school.

### VERMINOUS PROSECUTIONS.

The Education Authority has not had to institute proceedings under School Attendance Byelaws because of verminous conditions during the year under review.

### (c) Miscellaneous Work.

Following up with regard to infectious diseases has been carried out on the lines indicated in my previous reports. Several outbreaks of diphtheria in widely separated parts of the County were responsible for repeated general surveys, and numerous swabbings in the areas concerned. Thoroughness is essential in dealing with such epidemics, and close touch has been maintained with District Medical Officers of Health and general practitioners. A brief summary of visits paid appears below, and includes a large number of general surveys of all children at School:—

Diphtheria ... ..	73
Scarlet Fever ... ..	177
Measles ... ..	24
Whooping Cough ... ..	35
Sore Throats ... ..	39
Miscellaneous and Mixed Infections ... ..	65

The following up of contagious diseases, apart from cases met with at routine visits to schools, has been carried out as shown in the following table:—

Ringworm (definite or suspected) ... ..	82
Impetigo ... ..	150
Scabies ... ..	49
Other ... ..	55

The Nurses also fit children with spectacle frames, and 178 such visits were paid in the year under review.

The Nurses also follow up cases needing treatment for defects found at medical inspection, and in many instances eventually succeed in obtaining consent. Cases dealt with are those where the Assistant Medical Officer has urged attention for the defect or defects, and where the parent has either previously refused or failed to obtain treatment. Cases dealt with included:—

Defective Vision	...	...	...	41
Tonsils and Adenoids Operations	...	...	...	78
Dental Treatment	...	...	...	47
Miscellaneous	...	...	...	75

Further duties of the Nurses include occasional assistance at the time of medical inspection and at Eye Clinics and Dental Clinics.

### MEDICAL TREATMENT.

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

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

DISEASES.	Individual children treated.	Cured.	Still to attend.	Left or refused treatment.	Total attendances at clinic
Impetigo	220	184	35	1	955
Scabies	—	—	—	—	—
Ringworm—Scalp	—	—	—	—	—
Do. Body	3	3	—	—	14
Other Skin Diseases	221	122	90	9	2321
Minor Injuries	683	621	60	2	1874
Discharging Ears	23	8	10	5	370
Other Ear Diseases	6	5	1	—	31
Blepharitis	31	19	9	3	309
Conjunctivitis	6	5	—	1	12
Other Eye Diseases	31	21	8	2	89
Enlarged Glands	36	18	14	4	446
Verminous	2	2	—	—	10
Miscellaneous	191	155	32	4	731
Totals	1453	1163	259	31	7162

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

Diseases.	No. of cases followed up.	Cured.	Still under treatment.
Impetigo	351	339	12
Scabies	32	31	1
Ringworm—Scalp	30	8	22
Do. Body	15	6	9
Other Skin Diseases	21	11	10
Ear Diseases	52	10	42
Eye Diseases	136	50	86
Minor Injuries	307	305	2
Miscellaneous	156	138	18
Totals	1100	898	202



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

Eye examinations are carried out by:—

- (a) Assistant Medical Officers in their own districts in those cases which can be dealt with at Eye Clinics.
- (b) Approved General Practitioners.
- (c) Ophthalmic Surgeons.

107 refraction clinics were held by the former at 54 centres, at which 361 cases were examined by retinoscopy. Glasses were prescribed for 301 children, 5 cases were referred to Ophthalmic Specialists, and in the remaining 55 instances, the provision of glasses was not thought necessary. By the end of the year, glasses had been supplied for 286 children, leaving 15 cases outstanding.

312 vouchers were issued on Ophthalmic Specialists and 12 on approved practitioners, and of these 36 were not used during the year. Of the remainder—

Glasses were prescribed and obtained in 232 cases.

Glasses were prescribed but not obtained in 4 cases.

Glasses were not considered necessary in 52 cases.

All spectacles supplied through the Committee's Scheme are obtained from a London firm, and before distribution the lenses are checked so as to ensure that they are in accordance with the prescriptions. Repairs and replacements are similarly dealt with.

### (iv.) Chronic Tonsillitis and Adenoids.

Operative treatment for these conditions now seems to be regarded as solely a matter for arrangement through the Authority's Scheme. Of the 514 cases treated, 500 were so dealt with. Agreements are in force with the undermentioned Hospitals:—

Hospital.	Fee paid.					
	"Contributory" cases.			"Non-contributory" cases.		
	£	s.	d.	£	s.	d.
Norfolk and Norwich ...	1	6	6	1	11	6
Jenny Lind, Norwich ...	1	6	6	1	11	6
West Norfolk & King's Lynn	1	1	0	1	11	6
Great Yarmouth ...	1	1	0	1	11	6
North Cambs., Wisbech ...	1	1	0	1	11	6
Addenbrookes, Cambridge ...			Nil.	1	11	6
Cromer ...	1	1	0	1	11	6
North Walsham Cottage ...	1	1	0	1	11	6

In addition, operations are performed by 48 approved general practitioners who make their own arrangements as to where treatment is carried out, the fee being £1. 11s. 6d. with a general anæsthetic.

319 vouchers authorising treatment were issued on General and Cottage Hospitals and 258 on general practitioners. 223 of these were outstanding at the end of the year. Of the 500 children on whom operations were performed during the year, 253 were treated by approved practitioners as under:—

At Doctor's Surgery ... ..	108
„ Cottage Hospital ... ..	88
„ Patient's Home ... ..	33
„ Nursing Home ... ..	24

The number of vouchers issued, viz., 577, is the highest since 1931. This, however, does not indicate a larger number of children found to be in need of treatment, but rather a wider appreciation of the Education Committee's Scheme. In cases referred by "the School Doctor," application is made for a voucher and a corresponding decline is noticed in the number treated privately. An effort has been made to follow up the refusals more closely, and this has resulted in additional cases being treated.

**(v.) Tuberculosis.**

The number of children in receipt of institutional treatment at the end of the year is shown on page 41.

Treatment is arranged through the Council's Tuberculosis and Orthopædic Schemes. The institutional treatment of most bones and joints cases is carried out at the Melton Lodge Special School and at the Norwich Hospitals under the direct supervision of the Orthopædic Surgeon.

Domiciliary treatment is supervised by the Tuberculosis Officers and Tuberculosis Health Visitor, whilst the orthopædic cases are periodically examined by the Orthopædic Surgeon and visited by the Orthopædic Nurses.

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

24 children were examined by the Consulting Aural Surgeons, 11 because of defective hearing, 3 for otitis media, and the remaining 10 for nose and throat conditions. The treatment advised for each case has been duly carried out or is in hand. 2 cases of otorrhœa have been treated by District Nurses through the Committee's Scheme, 1 child being much improved. No improvement was forthcoming in the other case and operative treatment has been advised when the child reaches 14 years of age.

**(vii.) Heart Disease.**

One boy admitted to a Heart Home in 1936 was discharged during the year. His condition was much improved and he is now attending an Elementary School half-time.

**(viii.) Ringworm of Scalp.**

No X-ray treatment for this complaint was provided during the year. The number of cases reported continues to be small.

**(ix.) Alopecia.**

Light treatment for the two children mentioned in last year's report has not been continued, as it was felt that the results did not justify any further expenditure. One case, however, did show some improvement. Both children have now left the County.

(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 44.

Defect.	No. of Children Treated.
Malnutrition (including Debility, Underweight, etc.)	92
Impetigo	10
Other Skin Diseases	8
Blepharitis	12
Conjunctivitis	4
Other Eye Diseases	7
Defective Hearing	18
Otitis Media	9
Other Ear Diseases	11
Nose and Throat—Other	9
Defective Speech	2
Enlarged Glands (Non-Tb.)	75
Heart—Functional	11
Heart—Organic	4
Anæmia	16
Bronchitis	20
Lungs—Other (Non-Tb.)	5
Epilepsy	2
Rickets	4
Spinal Curvature	3
Other Deformities	13
Other Defects and Diseases	74
	<hr/>
	409
	<hr/>

## DENTAL TREATMENT.

### Dental Staff.

The staff, which was augmented in May by the appointment of an additional officer, now consists of seven dental surgeons, one of whom serves the King's Lynn Education Authority for a period of four sessions per week. The areas allotted to these officers are made to coincide, as far as possible, with the rural and urban districts. The average school population of each dental area is approximately 6000, and the average interval between the dentist's routine visits to a given school is approximately 18 months.

2572 half-days were devoted to the inspection and treatment of elementary and secondary schools, and 67 half-days were occupied in supervisory and other duties by the Senior Dental Officer.

### Travelling Surgeries.

Treatment was originally carried out in horse-drawn caravans by all the school dentists. These caravans are gradually being replaced by trailer-surgeries, which are far more commodious and serviceable than their predecessors. Two of these trailers are now in use.

## **Clinics.**

The surgery at the Norwich headquarters has been equipped with a modern pump chair, running-water spittoon, electric sterilizing apparatus, and other appliances which greatly facilitate the work of the dental staff. A similar surgery forms parts of the Ian Sears Memorial Clinic at Aylsham.

Other large centres throughout the county have been visited with a view to discovering what accommodation exists in them for the treatment of urgent and incidental cases. It was found that several of these centres would serve admirably for the purpose of periodical or even fixed clinics.

## **Inspection and Treatment.**

All scholars of whatever age attending elementary and secondary schools are offered necessary treatment whether they have previously refused or not.

It was decided that from 1937 onwards the statistics of work carried out in schools at which treatment had not been completed at the end of the year should be carried forward to the following year, and this fact must be taken into account when comparing this year's results with those of former years.

Table V, page 45, gives details of the work carried out. 26,083 children were examined at the routine inspections, and a further 462 were seen as "specials," 18,369 or 69·2% of the children examined were found to require treatment, compared with 19,172 and 69·5% in 1936. Of these, 9815 or 53·43% received treatment, showing an increase of 66% in the number of children treated. 2431 children who had previously refused treatment accepted in 1937, while 3332 were retreated. 605 children under the age of 6 years received treatment. Of the refusals, 1230 were under the age of 6 years.

To the above must be added the work completed at secondary schools, details of which will be found on page 50.

Special efforts have been made to reduce the number of refusals, and satisfactory results have been obtained from a second letter, issued from the office, urging parents to reconsider their adverse decision. It has been definitely proved, however, that home visits by the school nurses have been most effective in this direction, and if these could be carried out systematically, the number of refusals would undoubtedly be substantially reduced; but with the present staff this is not practicable, as the nurses are occupied with numerous other duties and the dentists have more work than they can cope with in a year. It should, however, be borne in mind that a considerable number of refusals are bona-fide patients of private practitioners, and, in dealing with these cases the rules of professional etiquette must be observed. Furthermore, it is encouraging to note that the percentage of Norfolk children who come under the Committee's dental scheme and who have been refusals throughout the whole of their school career is comparatively small.

Extractions are invariably performed under a local anæsthetic, except in a minority of cases where the administration of nitrous oxide is specially indicated. Three complete sets of gas apparatus are now in use, and "gas clinics" have become a recognised adjunct to routine treatment in four of the dental areas. The anæsthetic is administered by an Assistant Medical

Officer. These gas clinics, which have proved a great success, are usually held on Saturday mornings and are specially provided for the treatment of children of a nervous temperament and for cases presenting difficult or numerous extractions.

In addition to the figures given in Table V, page 45, two visits were paid to Melton Lodge for inspection, and one for treatment. 72 children were inspected, and all 12 children who were found to require treatment at the first inspection, received it. 11 children were treated under a general anæsthetic, while the remaining case required conservative treatment. 22 temporary and 3 permanent teeth were extracted, and one silver nitrate dressing was applied. Treatment following the second inspection was not carried out during the year under review.

Instruction in dental hygiene forms part of the school curriculum, and acknowledgment must be made of the co-operation and assistance rendered by the majority of head teachers and their staffs. Their help in connection with the routine and occasional visits of the dentists is of the greatest value and is much appreciated.

### INFECTIOUS DISEASE.

The prevention and control of infectious disease is primarily the duty of the District Councils as Local Sanitary Authorities, but the Education Committee is substantially affected by the measures which are taken. The School population is so open to infection and to the spread of whatever infectious disease may be introduced that it is a matter of the greatest importance that every possible precaution should be taken. Head Teachers are instructed to exclude at once any child with suspicious symptoms without waiting for a doctor's confirmation; but so often early symptoms are not noticed or, if they are, are not interpreted as being of importance. The majority of parents like to have their children at school, and undoubtedly they are sometimes sent when it would be more advisable to keep them at home if they are showing signs of developing an infectious complaint.

218 departments were closed on the advice of the School Medical Officer and one department by the Local Sanitary Authority. The diseases necessitating this action and the number of school days lost were:—

Disease.	No. of Closures.	No. of School days lost.
Diphtheria ... ..	5	16
Influenza, Coughs and Colds ...	185	976½
Measles ... ..	22	223
Scarlet Fever ... ..	6	32
Whooping Cough ... ..	1	5
Totals ... ..	219	1252½

The number of closures for influenza, coughs, and colds, was more than double that of 1936. Whilst such an epidemic occurs annually in January and February, there appears to be a particularly heavy incidence every other year. In 1935 there were 148 closures for this reason, and in 1934 only 35. Outbreaks of measles were not so numerous as in the previous year, the number of closures being but 22, compared with 45. This complaint is still very troublesome and ranks second to influenza, coughs and colds in incidence.

## Exclusions.

15,951 children were temporarily excluded or re-excluded under Article 53 (b) on account of the following:—

Chicken Pox	...	1655	Measles (Morbilli)	...	2077
Diphtheria	...	229	Mumps	...	668
Influenza, Coughs and Colds	...	9193	Scarlet Fever	...	593
Measles (Rubella)	...	142	Sore Throats	...	295
			Whooping Cough	...	1099

30 complete classes were also excluded, most of them on account of Measles (Morbilli).

There were three outbreaks of diphtheria at Watton, Reedham and Long Stratton.

At *Watton* there is a Central and a Junior School and children from many surrounding villages attend the former, thus making the position more difficult. When the schools closed for the summer holiday at the end of July, measles was prevalent and there is no doubt that certain children with diphtheria were thought to be sickening for measles. The district first affected was *Ovington*, a swab from an adult being suspicious on 3rd August and definitely positive on 7th August. On the same day a positive swab was obtained from a child in the same village, and on the 10th from another child. During the next two or three weeks further cases were reported from *Ovington* and *Watton*, and three children died. When the schools re-opened on the 6th September an Assistant Medical Officer surveyed the children in attendance, took swabs in suspicious cases, and of these a brother and a sister in the Junior School were positive. A week later the School Nurse examined the children and a further case was discovered in the Junior School. Ten days later another case was found in the Central School. During this time odd cases were also being reported by the local doctors. On the 12th October it was decided to swab all the children still in attendance, and 5 more showed the presence of K.L.B., although none of the children had any clinical symptoms. 4 of these were in attendance at the Central School and 3 were from parishes where previous cases had not been reported. The following week-end the schools were disinfected and thoroughly cleansed. The Local Sanitary Authority then offered free immunization to the children attending these schools, and 220 out of 290 on the books availed themselves of the opportunity. No cases occurred amongst the school children after the 12th October with the exception of one or two home contacts.

The conclusion arrived at is that the adult at *Ovington*, who had a paper round, and was the first known case, was the source of infection.

At the time of writing two consecutive negative swabs cannot be obtained in three or four cases, but co-operation is being maintained with the District Medical Officer of Health in an endeavour to clear up the infection.

The outbreak at *Reedham* started in the middle of July with two children from separate families living in the same district, and here again measles was also prevalent. A general survey of the children at school by the Nurse on the 26th July resulted in a positive swab being obtained from a boy who lived near the other cases. After this, further cases began to occur, and by the end of August 8 cases of school age in six families had been reported. On 6th September, when the school re-opened after the

summer holidays, an Assistant Medical Officer swabbed all suspicious cases and 2 children in one family were found positive. No other families were affected until November although home contacts already excluded contracted the disease. In that month, however, a new case was reported in another family, and when the Nurse called at the school to conduct a survey she took a positive nasal swab from a child who had a positive swab early in August but who had been allowed to resume attendance on the 21st September as free from infection. A few days later a positive swab was taken from another girl in attendance, a member of a family previously affected, and another was reported by a local doctor. The circumstances here emphasise the importance of the closest co-operation between the local doctors, the District Medical Officer of Health and School Medical and Nursing Staffs, and of ensuring that at least two consecutive negative swabs are forthcoming before persons who have had diphtheria are certified as free from infection.

Free immunisation was offered by the Local Sanitary Authority, but only about a quarter of the children on the books were treated.

During the outbreak, scholars ceased attendance at a neighbouring school for practical subjects instruction and there was no spread of the infection outside the village.

The outbreak at *Long Stratton* commenced in November. Following notification of the first case, the Nurse visited the school on the 15th and took a swab, which was positive, from a boy at the Public Assistance Children's Home. On the same day a swab sent in by a local doctor from a boy not then in attendance also showed the presence of K.L.B. On the 19th the Deputy School Medical Officer swabbed all the children at the school and 5 cases, none of whom had clinical symptoms, were positive.

On the 22nd, the Nurse visited again and another case was discovered. During the next week-end, the school was closed for fumigation and cleansing and no more cases were reported.

Evening classes and a local branch of the County Library held on the school premises, and a Cookery Centre in the village, were discontinued for the time being, the Cookery Centre and Evening Classes for people living outside the parish not being re-opened until after Christmas.

In the Fen area of the County, especially the Marshland Rural District, diphtheria and also scarlet fever were present during the whole year. Cases of the former complaint from the district named are very much above the average for the remainder of the County.

The Local Sanitary Authorities have been reminded of the benefits accruing from immunisation against diphtheria, and many of them are now considering the formulation of a scheme. It is to be hoped that such schemes, when available to the general public, will be taken advantage of at once and not left until an epidemic is a reminder of their existence.

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

310 certificates in respect of 149 departments were issued by the School Medical Officer in cases where the attendance fell below 60%, and was reasonably attributable to the prevalence of epidemic disease. The diseases responsible for such action were:—

Chicken Pox	...	17	Scabies	...	2
Coughs, Colds and			Scarlet Fever	...	13
Influenza	...	113	Sore Throats	...	1
Diphtheria	...	12	Whooping Cough	...	47
Measles	...	67	Mixed Infections	...	33
Mumps	...	5			

## OPEN-AIR EDUCATION.

There are no Open-Air Schools under the Committee's control.

## ORTHOPÆDIC TREATMENT.

No outstanding alterations have been made in respect of this Scheme during the year under review. Treatment is available for all school children with crippling defects. Electrical treatment is now available for cases in need of it in their own homes, a portable combined galvanic and faradic battery-operated apparatus having been obtained during the year.

Once again I should like to place on record appreciation of the co-operation which the Norfolk & Norwich and Jenny Lind Hospitals are always ready to afford. This is particularly gratifying in view of the fact that it is sometimes necessary for children to be transferred urgently from Melton Lodge to one of these Hospitals.

Miss J. E. Kemp, who was appointed as Orthopædic Nurse in April, 1928, resigned on 30th June, 1937, and she was replaced by Miss F. W. Thomas, who commenced duty on 1st September. Miss Kemp had been granted leave of absence to study for further qualifications, and during part of the time Miss E. M. Edmonds acted as "locum."

The employment of two nurses has enabled all cases to be seen at more frequent intervals and has greatly facilitated the supervision of cases in plaster and the provision of active treatment where the Orthopædic Surgeon has so recommended.

### (i.) **Ascertainment.**

Ascertainment has followed the lines set out in previous reports. 248 new cases were added to the Register during the year, and 61 cases have been transferred from the Maternity and Child Welfare Section of the Scheme, having attained the age of 5 years. The number of new cases notified shows a slight increase over that for the previous year. The cases reported have been mainly of comparatively minor defects requiring remedial exercises and occasional supervision only by the Orthopædic Nurses. The more severe cases are almost invariably notified when the children are quite small and active treatment is frequently completed before the children reach school age. Almost all the new cases were discovered following school medical inspection, although a few are referred by the family doctors and in other instances are pointed out to the Nurses by the Head Teachers when the schools are visited. The method is by no means an elaborate one, but it is reasonable to assume that there are very few children of school age in the County with orthopædic defects whose names do not appear on the Orthopædic Register.

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

No change has been made in respect of inspection clinics held by the Orthopædic Surgeon. Excellent facilities are available for both the Norwich Clinics, the Norfolk & Norwich Hospital Clinic being utilised mainly for the older education cases and adults, while the Jenny Lind Clinic is almost entirely for school and pre-school children. Facilities are available at both clinics for X-ray films to be taken where necessary.

The boot and instrument makers attend at all these clinics.



The following inspection clinics have been held during the year:—

Centre.	No. of clinic sessions.	Cases examined.		TOTAL.
		New	Re-examinations.	
Jenny Lind Hospital, Norwich ... ..	20	74	163	237
Norfolk & Norwich Hospital, Norwich ... ..	9	21	67	88
Infant Welfare Centre, King's Lynn ... ..	7	18	48	66
Melton Lodge, Great Yarmouth ... ..	7	—	7	7
TOTALS ... ..	43	113	285	398

(iii.) **Institutional Treatment.**

The following table shows the in-patient treatment provided at General Hospitals and Certified Hospital Schools during the year, together with the number of cases awaiting admission:—

Institution.	Receiving treatment 1.1.37.	Admitted during year.	Discharged during year.	Receiving treatment 31.12.37.	Awaiting admission 31.12.37.
Jenny Lind Hospital, Norwich ... ..	2	24	26	—	6
Norfolk and Norwich Hospital, Norwich ... ..	2	19	19	2	15
Royal National Orthopædic Hospital, Great Portland Street, London ... ..	—	1	1	—	1
St. James' Hospital, Ouseley Road, Balham...	—	1	1	—	1
Fletcher Convalescent Home, Cromer ... ..	—	1	1	—	—
Melton Lodge, Great Yarmouth ... ..	13	*8	16	5	—
TOTALS ... ..	17	54	64	7	23

\*Includes 1 case diagnosed as tuberculous after admission.

The defects treated were:—

Defect.	Royal Nation d.	St. James.	Jenny Lind.	Norfolk and Norwich.	Cromer.	Melton Lodge.	Total treated.	
							Defects.	Children
Infantile paralysis	—	—	5	7	—	3	15	<sup>e</sup> 14
Spastic paralysis...	—	—	2	—	—	5	7	7
Deformities of feet	1	—	5	3	—	1	10	9
Rheumatoid arthritis ...	—	—	—	1	—	1	2	1
Scoliosis ...	—	—	2	2	—	1	5	4
Torticollis ...	—	—	2	1	—	—	3	3
Hip deformities ...	—	—	4	1	1	5	11	6
Osteomyelitis ...	—	—	1	1	—	3	5	3
Toe deformities ...	—	—	—	3	—	—	3	3
Miscellaneous ...	—	1	6	2	—	3	12	12
<b>TOTALS</b> ...	<b>1</b>	<b>1</b>	<b>27</b>	<b>21</b>	<b>1</b>	<b>22</b>	<b>73</b>	<b>62</b>

<sup>e</sup>The figures in this column represent the number of individual cases. Many of the patients received treatment at the Jenny Lind or Norfolk & Norwich Hospital and Melton Lodge.

No table, however comprehensive, could in any adequate way show the results of treatment under the Orthopædic Scheme. The amelioration of severe defects is often as much as can be expected, whilst in children less severely crippled a complete cure can be effected by operative means. There can be no doubt that the following up at frequent intervals of cases which have received treatment is essential to ensure that the fullest possible benefit is derived from the Orthopædic Surgeon's work. Any relapse is immediately noticed, enabling steps to be taken to prevent any further serious disability. In this respect the appointment of a second Orthopædic Nurse is more than justified.

Much benefit is also derived in many cases by remedial exercises, and in others by slight and almost unnoticeable alterations to children's shoes. Exercises are of very great benefit in many cases where the children are suffering from postural defects and the supervision at fortnightly intervals of the exercises in these cases is very valuable. In this respect the co-operation of the teachers with the Orthopædic Nurses is essential, as in many cases the children would neglect the exercises if not reminded of them daily by the teachers. It is very gratifying to find that this co-operation is readily forthcoming. Help from the parents also plays an important part in this side of orthopædic work. I am pleased to record that in all but a very few cases it is promptly given. When possible, and in every necessary case, the parent is visited by the Nurse after her first examination of the child. The Nurses also visit the parents when they refuse either examination by the Orthopædic Surgeon, or treatment recommended by him and in the majority of cases consent is obtained when the need of examination or treatment is fully explained to them.

Many appreciative letters are received from grateful parents whose children have received treatment under the Scheme.

It is pleasing to record that in almost every case on the register, improvement in the child's condition is obtained to greater or less degree,

and there must be many young men and women in the County to-day capable of leading normal lives owing to the benefit derived from orthopædic treatment in their school days.

Melton Lodge plays a very important part in the scheme for institutional treatment, particularly in cases requiring a prolonged stay. There is no operating theatre at the institution, all such work being carried out at one of the Norwich or Yarmouth Hospitals, but post-operative cases are able to receive far more efficient treatment than could be provided by the Orthopædic Nurses in the children's own homes, and much orthopædic apparatus is available for the correction and treatment of defects not requiring operative measures. The electric table has been particularly valuable in connection with the treatment of infantile paralysis cases, in which much improvement has been obtained in many severe cases. In addition, the general nursing care and good wholesome food in a well balanced dietary improve the general health of the patients and increase their chances of deriving the utmost benefit from the orthopædic treatment.

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

77 vouchers for the supply, alteration and repair of special boots, leg instruments, spinal supports and other splints have been issued. Difficulty is sometimes experienced by parents in getting the shoes of the children wedged, but in view of the small cost of such alterations and the proportionately heavy cost of postage, the Committee has decided that parents should make their own arrangements for the work to be done.

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

Surgical boots and leg instruments	...	...	3
Ordinary boots wedged or otherwise altered	...	...	131
Surgical boots	...	...	37
Spinal supports	...	...	10
Artificial limbs	...	...	6
Leg shields	...	...	2
Skull plate	...	...	1
			190

The number of patients wearing leg irons shows a remarkable decline. The figures for the past six years have been as follows:—

1937	...	3
1936	...	12
1935	...	17
1934	...	28
1933	...	39
1932	...	77

Difficulty is sometimes experienced in connection with the attendance at school of children wearing surgical boots or instruments owing to the fact that they become outworn before being replaced. Usually, however, the delay in supplying new apparatus is due to parents being unwilling to pay a contribution towards the cost, although in many cases requiring new boots the amount asked for is less than, or equivalent to, the cost of ordinary shop boots made of inferior material.

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

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

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

The Nurses paid 3066 visits to children of school age, either at the patients' homes or at the schools. A total of 5201 visits was made to all patients coming under the Scheme.

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

At the end of the year there were 989 cases on the current register:—

Flat feet and valgus ankles	...	...	...	222
Claw feet	...	...	...	21
Hammer toes	...	...	...	6
Hallux valgus	...	...	...	15
Knock knees	...	...	...	222
Bow legs	...	...	...	42
Congenital deformities:—				
Hip	...	...	...	18
Feet	...	...	...	54
Hand	...	...	...	2
Toes	...	...	...	2
Others	...	...	...	6
Spastic paralysis	...	...	...	40
Infantile paralysis	...	...	...	48
Muscular dystrophy and atrophy	...	...	...	9
Erb's paralysis	...	...	...	3
Spinal deformities	...	...	...	74
Round shoulders	...	...	...	41
Hip diseases (not congenital)	...	...	...	6
Wry neck	...	...	...	41
Chest deformities	...	...	...	10
Spina bifida	...	...	...	3
Osteomyelitis	...	...	...	11
Amputations	...	...	...	7
Old injuries	...	...	...	14
Miscellaneous	...	...	...	72
				<hr/>
				989
				<hr/>

546 of the 989 Education cases at present on the register have been examined on at least one occasion by the Orthopædic Surgeon and 200 have received institutional treatment under the Scheme. Since the Scheme was started in 1928 over 1000 cases have been examined by the Orthopædic Surgeon.

The cases not seen by the Surgeon are those with minor defects. These are being treated by the Orthopædic Nurses in accordance with his general instructions.

The following table showing the number of cases on the register at the end of the previous years gives some indication of the growth of the scheme:—

1936	...	...	...	...	769
1935	...	...	...	...	594
1934	...	...	...	...	514
1933	...	...	...	...	495
1932	...	...	...	...	449
1931	...	...	...	...	417
1930	...	...	...	...	386
1929	...	...	...	...	324
1928	...	...	...	...	273

(viii.) **Cases discontinued.**

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

Cured	...	...	...	...	23
Much improved—no further treatment necessary	...	...	...	...	14
Left school—no further treatment advised	...	...	...	...	13
Treatment would not benefit	...	...	...	...	2
Treatment not necessary	...	...	...	...	4
Removed from County	...	...	...	...	25
Treatment refused	...	...	...	...	4
Lost sight of	...	...	...	...	3
					—
					88
					—

### PHYSICAL TRAINING.

The Organisers of Physical Education report as follows:—

(i.) **General.**

In order to meet the increased demands for help and advice in connection with Physical Training, the Committee appointed in 1937, an additional organiser, Miss M. W. Segger. She shares the work of inspection and organisation in the Elementary Schools and is taking classes for teachers and for leaders in connection with the Keep Fit Movement.

By arrangement with the King's Lynn Education Authority, each of the organisers spends one day a fortnight in the King's Lynn Elementary Schools, and side by side with this innovation, two classes of teachers have been held on Saturday mornings—one for men and one for women. Each class was composed of 40 teachers, some from the County and some from King's Lynn.

Physical Training Classes under the Evening School Regulations have increased this year from 11 to 20. At 7 of these classes, fully equipped gymnasia are available.

The Norfolk Teachers' Gymnastic Association has formed a second branch at Fakenham where, through the kindness of the Head Master and Governors, the Secondary School gymnasium has been available for meetings.

The new schools being built include facilities for physical training in the hall (equipped with apparatus), the playground and the playing fields (laid down in co-operation with the Horticultural Organiser's Department). In many of the reorganised schools the withdrawal of the seniors has left a spare classroom which is now available for indoor physical training in inclement weather. During the year 24 playgrounds have been treated, 12 of them with hard surfaces, thus improving the facilities for outdoor work.

An increasing number of schools include swimming instruction in their physical training schemes, and more pupils every year are receiving sound progressive training in this subject.

**(ii.) The Elementary School.**

The 1933 Syllabus of Physical Training is now well established, especially in those Schools where the facilities provide scope for both outdoor and indoor training. As time goes on the facilities are being improved and it is interesting to note that the new school at Old Buckenham is fitted with shower baths and changing rooms—the first Elementary School in the County to have them. The new schools at Hellesdon, Thorpe, Sprowston, and Old Buckenham have good facilities for carrying out the 1933 Syllabus, and the Education Committee have under consideration the provision of similar accommodation at the existing Central Schools.

The importance of changing into suitable clothing and footwear is being increasingly realised. Faults of posture, and weaknesses—the result of bad posture—such as hollow backs, protruding shoulder blades, round shoulders, and flat feet, are more easily revealed when the children are properly dressed for this work.

**(iii.) Courses of Instruction for Teachers.**

The King's Lynn Classes have already been referred to. There were 42 teachers enrolled in the men's classes and 42 in the women's classes. The former was held in St. James's Boys' School, and the latter at St. James's Senior Girls' School. These classes continue to provide one of the most useful parts of the Organisers' work, and are very popular with the teachers. The attendances averaged well over 90%.

**(iv.) The Norfolk Teachers' Gymnastic Association.**

This is a voluntary association for teachers who meet at regular intervals, partly to engage in exercises for the improvement of their own fitness and partly to secure practice in the exercises set out in the Board's Syllabus. Country dancing forms one of the most popular sides of the work, and at the end of each term a social function is arranged in which it is possible to demonstrate to the public the work being done on the more recreative side for the children in the schools.

**(v.) Schools Visited.**

1935	...	475 visits.	2110 demonstrations.
1936	...	474 „	2025 „
1937	...	589 „	2356 „

During the last term of 1937 two organisers were at work. At these visits, demonstrations of teaching were given with classes of children on the spot. If it is not convenient to arrange for a Physical Training Class at the time of the visit, the teachers are helped with advice, and often notes of lessons or tables of exercises are left with them.

(vi.) **Rural Schools.**

Special attention is still being given to the problems of physical training in rural schools where classes embracing children of a wide age-range create difficult problems of organisation. Many children have long walks to and from school in heavy boots and over uneven ground, and these children are found to need carefully devised schemes of work in order to correct faults of posture and carriage.

(vii.) **Organised Games.**

The success of these has been dependent to a large extent on the playing fields available. It is pleasing to record that the number of such fields increases every year. By grants towards the rent, the Committee are doing a great deal to assist, while in many cases a local resident places a field at the disposal of the school. The schools and the Committee owe a great deal to these generous people, and the teachers also have been untiring in their efforts to secure the use of these fields.

Where there is no field available, organised games are played on the playground. There are still, unfortunately, some schools where the provision of either a playground or a field leaves much to be desired.

The object of the organised games period is to provide a variety of games for the largest possible number of children. The old conception which involved 22 children playing a game of football or cricket, and the remainder looking on, has practically disappeared, and although football and cricket are still played, the field is used at the same time for games like netball, stoolball, rounders, and other running games or ball games. The competitive spirit is retained, but applies to smaller groups than formerly.

(viii.) **Swimming.**

The swimming scheme has been well received since it was introduced in 1935. The number of schools where swimming forms part of the curriculum was 11 in 1937, as compared with 10 in 1936. The aim of the work is to teach as many children as possible the art of swimming, which is surely a worthy object in a County like Norfolk. Although swimming sports are held at one or two centres with much success, the object of the instruction is not to concentrate on possible champions, but to spread the instruction over as many children as possible. The syllabus of instruction at each school is carefully supervised by the organisers, and is based on a sound comprehensive scheme.

(ix.) **Work with Adults and Adolescents.**

The passing of the Physical Training and Recreation Act gave a great impetus to this side of the work. The Education Committee has approved physical training as a single subject at a number of centres where previously it was not encouraged unless it formed part of a complete programme at the centre. In addition, certain classes are being held under Section 86 of the Education Act, which gives a Local Authority powers to promote social and physical training. The Board of Education has recently stated that classes of this nature may be organised and conducted on somewhat less formal lines than previously, particularly in the matter of registration. So far two such classes, one Leaders' Class at Fakenham, and another at King's Lynn, have been held, and others are under contemplation.

Two excellent publications by the Board, entitled "Recreation and Physical Fitness" (one for girls and women and one for youths and men), have appeared and are in great demand. It is felt that any fit men or women who are prepared to study these books and to take a course of lessons fitting them for leadership, would be qualified to take "keep fit" classes in the towns and villages. Already some 50 of these potential leaders have been or are being trained, and this number will rapidly increase. It is hoped that as a result, "keep fit" classes will spring up all over the County, and in the organisation of these classes the Norfolk and Suffolk Area Committee under the Physical Training and Recreation Act (with Major Burke as its Secretary) will co-operate.

In addition to these activities, Evening Classes under the Committee's Regulations for Further Education have been running at the following centres:—

Thetford	...	Two Classes (Men and Women).
Swaffham	...	One Class (Women).
North Walsham	...	Two Classes (Men and Women).
Downham Market		Two Classes (Men and Women).
Wells	...	Two Classes (Men and Women).
Wimbotsham	...	Two Classes (Men and Women).
Attleborough	...	Two Classes (Men and Women).
Cromer	...	Two Classes (Men and Women).
Diss	...	One Class (Women).
Long Stratton	...	One Class (Women).
Terrington	...	One Class (Women).
Dereham	...	Two Classes (Men and Women).

At the first four of these centres a fully equipped gymnasium has been available through the kindness of the Secondary School Heads and Governors.

#### (x.) **Central Classes for Pupil Teachers.**

Monthly instruction has been arranged at the Centres at Norwich, Melton Constable, and Dereham. Co-operation in Elementary Schools is used wherever possible, and classes of children with their teachers have been brought in. The work at the Norwich Centre has this year been extended to include visits to the three new schools at Hellesdon, Sprowston, and Thorpe. Melton Constable Pupil Teachers' Centre is now closed, and the Dereham Centre is to be closed this summer, and the remaining pupil teachers will probably be centred at Norwich.

#### (xi.) **Norfolk County Sports Association.**

There are now 26 District Associations covering practically the whole of the County, and the majority of schools are now affiliated. Each area holds its own sports, and includes in the programme a display of Physical Training and Dancing, with all the children taking part in this section of the display. The winning competitors at the area sports compete in the County Sports at Norwich.

The King George Jubilee Trust Fund allotted £400 to the Association this year, and this money has partly been used for the supply of suitable equipment and apparatus for the affiliated districts.



(xii.) **Voluntary Associations.**

The increased work by teachers out of school hours has included the following :—Keep Fit Classes, Inter-School Sports, Area Demonstrations of Physical Training, Dancing and Games; Parent Days; Football League and Netball League Competitions; County Sports, Triangular Sports, National Championship Competition; Swimming; and School Journeys.

(xiii.) **Conclusion.**

The year 1937 has seen a great increase in the development of Physical Training on all sides. The Board of Education have strengthened their demand for adequate playing field accommodation, and have shown their interest by their readiness to recognise for grant the money spent on the hiring of playing fields, and the inclusion at new schools of other facilities in connection with physical training. Special refresher courses for teachers, consisting of three months' residence at a training college, have been organised with the support of the Board, and two Norfolk teachers have already taken advantage of these facilities.

The Government has shown by their Physical Training and Recreation Act that they are determined to do everything possible to raise the standard of physical fitness throughout the country, and the Local Authorities have responded in no uncertain manner.

While it is possible, therefore, to look back on a successful year in which the existing work has been consolidated and many new ventures begun, it is certain that the future holds even bigger things in store where physical training and recreation are concerned.

JAMES WILKINSON.  
M. W. SEGGER.

### PROVISION OF MEALS.

#### Milk in Schools Scheme.

The following table shows the extent to which milk has been provided :—

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 Depts.	No. of Children.	No. of $\frac{1}{2}$ rd pint bottles.
January	... 249	12294	165639	... 71	293	5236
February	... 247	12587	213594	... 72	296	6881
March	... 247	12383	196777	... 73	300	6177
April	... 245	12648	221850	... 73	312	7149
May	... 246	12325	160540	... 73	323	5143
June	... 243	11853	234009	... 76	338	8273
July	... 242	11305	210125	... 75	351	7533
August	... 71	2806	15548	... 24	149	1037
September	... 237	11926	179904	... 74	327	6624
October	... 238	12967	241993	... 78	356	8236
November	... 251	13162	256482	... 77	349	9143
December	... 249	12894	192245	... 74	342	6597
Total number of bottles	...	...	2288706	...	...	78029

Whilst the number of bottles paid for by parents is 91,000 less than last year, 17,500 more bottles have been provided free. The increase in the quantity of free milk is no doubt accounted for by revisions of the Committee's income scale in favour of the parents.

Of the 495 Elementary Departments and the 11 Secondary Schools in the County, 258 Elementary Departments and 9 Secondary Schools were being supplied with milk at the end of the year. This figure shows an increase of 18 over that for the previous year.

The increase of 9 School Departments over the figure shown in the table is explained by the fact that since the table was compiled, information has come to hand that these Departments had a scheme in operation before the end of the year.

It is disappointing that a supply has not been arranged for every school. As mentioned in the previous report, this is in no small measure due to the inadequacy of remuneration from the producers' point of view. The Committee has adopted a standard to which the production and milk must conform, but unfortunately so many of the smaller producers, who would otherwise be willing to undertake the supply, cannot attain this standard without an expenditure incommensurate with the returns received. The proportion payable by the Milk Marketing Board may be reasonable so far as large City schools are concerned, where hundreds of bottles are delivered daily, but in Norfolk so many of the schools require twenty or thirty bottles a day that, unless he already possesses the necessary equipment, it is frequently not worth the while of the small producer to undertake the supply.

At present 56 schools are supplied from ordinary producers, and from these 24 samples were taken for cleanliness examination, of which 11 failed; 2 bulk samples were taken for examination against the presence of tubercle bacilli, and each gave a negative result. Owing to pressure of work with the new Accredited scheme, it was not possible to take more samples. Next year, however, it is hoped that this matter will be dealt with adequately as an Assistant Sanitary Inspector has been appointed.

The remaining 211 schools were receiving supplies of either Tuberculin Tested, Accredited or Pasteurised milk. Routine inspections of the premises concerned were made, and samples taken for examination against cleanliness and the presence of tubercle bacilli in accordance with the requirements of the scheme to which these designations apply. 5 cases of positive milk supplies were investigated.

#### **Provision of other forms of extra nourishment.**

During the year the Board of Education gave approval to the Authority's proposals to supply special nourishment such as Cod Liver Oil, Virol, Parrish's Food, etc.; for necessitous children. Recommendations are made by the Assistant Medical Officers, and if parents are unable to afford to provide the extra nourishment advised they can make application through the Head Teacher or Care Committee for a free supply. This, however, is only granted if the financial circumstances of the family are within the limits of the Committee's scale. The scale adopted is that which is in operation in connection with the supply of free milk.

The following cases have benefited under the Scheme:—

Nourishment.	No. of Cases.	Total amount provided.
Virol ... ..	7	584 ozs.
Parrish's Food ... ..	1	40 ,,

Thanks to the teachers, all cases, with one exception, have been taking the preparations at school, doses being given during the morning and afternoon breaks. This ensures that children actually receive the extra nourishment intended for them.

A supply is granted for an initial period of three months, and a re-examination is then arranged for a decision as to whether the supply should cease or be continued. If it is continued a further examination takes place in another three months.

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

It is gratifying to note the number of parents who avail themselves of the invitation to be present at the routine examination of their children, and the general change of attitude which is becoming evident. It is true that refusals of treatment are met with, but in many instances a special visit from a member of the medical or nursing staffs is sufficient to secure an acceptance. Refusals of dental treatment are very common, being 46% of the number recommended treatment, and there is no doubt that the majority of these are due to the child not wanting to be treated, rather than reluctance on the part of the parent. Where following up of dental refusals has been possible, further acceptances have always been obtained.

I cannot speak too highly of all the assistance rendered by Head Teachers and their staffs, particularly on the occasion of the visits of the Medical Officer and the Dentist. I would also not forget the large amount of clerical work which is involved in dealing with the many matters referred to Head Teachers from time to time.

I am greatly indebted to members of Local Care Committees for the assistance they have afforded during the year and the efforts they have made to secure treatment for those children so recommended by the Assistant Medical Officers.

There is a free interchange of information between the Education and Public Health Departments.

The General Hospitals play an important part in the health of the school child, and I am grateful for all the help given by their staffs.

The services of the local inspectors of the N.S.P.C.C. are always available in difficult cases, and have been of great assistance when other efforts have failed. 36 cases of failure to provide treatment or of general neglect were investigated.

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

Statistics relating to these children will be found in Table III, pages 40 to 42.

45 places are available at the East Anglian School for Blind and Deaf Children, Gorleston. 29 children were on the books at the end of the year, 3 having been admitted during 1937.

24 children between the ages of 7 and 16 years were notified to the Local Authority under the Mental Deficiency (Notification of Children) Regulations, 1928. These were:—

	Male.	Female.
Idiots ... ..	2	2
Imbeciles ... ..	8	9
Others ... ..	1	—
“Special circumstances” cases	1	1

Towards the end of the year, the Committee decided to appoint a temporary Assistant Medical Officer to conduct a survey so that a full ascertainment may be made of those children who are mentally defective. It is anticipated that this officer will commence duty early in 1938.

21 physically defective children for whom the Education Committee accepted responsibility were treated at the County Council’s Melton Lodge Special Residential School, which has an accommodation of 40 beds. Most of these were post-operative orthopædic cases and would otherwise have not received education until they had recovered and were fit to resume attendance at the Elementary School.

The maintenance of one epileptic child at the Lingfield Special School, Surrey, was continued during the year.

Higher Education for Blind persons is afforded at the Norwich Institution for the Blind, following which after-care is provided by the Blind Persons Act Sub-Committee of the County Council. Training has been provided as follows:—

No. in Institution, 1.1.37.	Admitted during year	Discharged during year.	Still in Institution, 31.12.37.
11	2	6	7

Of the cases discharged, 4 were transferred to the workshops, 1 left because she was needed at home to look after her mother, and the other had a breakdown in health.

### NURSERY SCHOOLS.

There are no Nursery Schools in the County, but about 50 ordinary Elementary Schools provide resting facilities for children under 5 years.

### EXCLUSION OF CHILDREN.

(Other than for Infectious Diseases.)

1164 children were excluded or re-excluded during 1937, as follows:—

*Contagious Affections:—*

Impetigo ... ..	339	Ringworm—Body ...	10
Pediculosis ... ..	157	Ringworm—Scalp (until	
Scabies ... ..	75	rules are complied	
Conjunctivitis ... ..	123	with) ... ..	4

*Other Diseases* (generally from Certificates issued by Family Doctors).

Anæmia ... ..	7	Nervous Diseases ...	21
Adenitis ... ..	7	Lung Affections (not	
Debility (general) ...	26	Tubercle) ...	55
Eczema ... ..	2	Otorrhœa ... ..	10
Epilepsy ... ..	6	Rheumatism ... ..	10
Heart Disease ... ..	11	Tonsillitis ... ..	35
Jaundice ... ..	17	Other Affections ...	249

141 certificates were also issued to cover irregular attendance.

### PERMANENT EXCLUSIONS.

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

Mental Deficiency ...	11	Severe Asthma ...	1
Severe Epilepsy ...	2	Presence Detrimental	1
Deaf (within the mean- ing of the Act) ...	3		

### MISCELLANEOUS WORK.

781 swabs were taken in connection with the prevalence of diphtheria, and 24 were positive to K.L.B. Of 26 taken from scarlet fever suspects, 2 shewed the presence of hæmolytic streptococci.

48 specimens of hair were examined for ringworm and 19 were positive.

31 candidates were examined for the teaching profession and 8 candidates for the Royal Air Force.

Following proceedings under the Children and Young Persons Act, 17 children and young persons were examined prior to admission to Approved Schools.

### SECONDARY SCHOOLS.

(Including Pupil Teacher Centres.)

There are 11 Secondary Schools in the County, 5 being provided by the Authority and 6 aided:—

*Provided.*

Dereham High—Girls.  
Diss Secondary—Mixed  
Downham Secondary—Mixed  
Fakenham Secondary—Mixed  
North Walsham High—Girls

*Aided.*

King's Lynn Grammar—Boys  
King's Lynn High—Girls  
Swaffham Grammar—Boys  
Thetford Grammar—Boys  
Thetford Grammar—Girls  
North Walsham Grammar—Boys.

There are Pupil Teacher Centres at East Dereham, Melton Constable and Norwich.

## MEDICAL INSPECTION.

Most of the Secondary Schools are visited each term and the pupils in certain forms examined, the whole school being inspected during the year. "Specials" and children with defects are seen at each visit. The Girls' Schools are visited by female Medical Officers.

Pupil Teacher Centres are examined in the Autumn Term.

## FINDINGS OF MEDICAL INSPECTION.

Full details are shown in Table II on pages 47 and 48. The number of children inspected was approximately the same as the preceding year, but those with defects decreased from 503 to 303. There were no pupils with definite malnutrition, but 125 or 5.69% had slightly sub-normal nutrition.

## FOLLOWING UP.

Parents are advised of defects requiring treatment, and the particulars are recorded in a Medical Log Book which is forwarded to the Head Master or Mistress who co-operates in endeavouring to ensure that treatment is provided.

## MEDICAL TREATMENT.

The facilities available for the treatment of children at Elementary Schools through the Education Committee's Schemes can also be taken advantage of by Secondary School pupils. Usually parents are expected to pay the fee charged to the Committee, but financial assistance is given in necessitous cases.

The undermentioned defects have been dealt with:—

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

	Refraction Work.	Operations. Tonsils and Adenoids.
(a) Vouchers issued—		
Ophthalmic Specialists ...	20	—
Hospitals ...	—	1
(b) By Assistant Medical Officers	45	—

Glasses were prescribed and supplied in 16 cases examined by Approved Specialists, glasses were unnecessary in 2 instances, and 2 vouchers were outstanding at the end of the year.

Of the 45 pupils examined by retinoscopy by Assistant Medical Officers, glasses were prescribed and supplied in 37 cases, and 8 pupils did not require spectacles.

One child was referred to the Consulting Aural Surgeon because of otitis media, treatment being recommended and obtained.

### (ii.) Not under Education Committee's 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.

### **DENTAL TREATMENT.**

5 Secondary Schools and 1 Pupil Teacher Centre were visited by the Dental Surgeons, 806 pupils being inspected. 470 or 58·31% were found to need treatment and 322 or 68·51% were treated. A minimum fee of 1/- is made for each child treated, and is collected at the time of treatment.

### **INFECTIOUS DISEASES.**

Advice is always available for Head Masters and Mistresses should there be any outbreaks of infectious disease.

# MEDICAL INSPECTION RETURNS.

## ELEMENTARY SCHOOLS.

TABLE I.—RETURN OF MEDICAL INSPECTIONS.

Year ended 31st December, 1937.

### A.—Routine Medical Inspections.

Number of Inspections in the prescribed Groups—					
Entrants ... ..	...	...	...	...	4811
Second Age Group ... ..	...	...	...	...	4107
Third Age Group ... ..	...	...	...	...	4245
			TOTAL ... ..	—	13163
Number of other Routine Inspections ... ..					299
GRAND TOTAL ... ..					13462

### B.—Other Inspections.

Number of Special Inspections ... ..	...	...	...	2005
Number of Re-Inspections ... ..	...	...	...	11667
				13672

### 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 ... ..	17	891	900
Second Age Group ... ..	153	665	803
Third Age Group ... ..	148	495	631
Total (Prescribed Groups) ... ..	318	2051	2334
Other Routine Inspections ... ..	12	81	85
Grand Total ... ..	330	2132	2419



TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended  
31st December, 1937.

Defect or Disease.	Routine Inspections. No. of Defects.		Special Inspections. 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 ... ..	1	...	...	1
Body ... ..	4	2	4	...
Scabies ... ..	2	4	1	...
Impetigo ... ..	26	3	216	1
Other diseases (Non-Tuberculous) ...	58	42	217	3
Eye—				
Blepharitis ... ..	105	29	39	6
Conjunctivitis ... ..	12	8	6	2
Keratitis ... ..	...	1	...	...
Corneal Opacities ... ..	1	1	1	...
Other Conditions (excluding Defective Vision and Squint) ... ..	26	48	35	13
Defective Vision (excluding Squint) ...	330	507	80	52
Squint ... ..	163	169	18	12
Ear—				
Defective Hearing ... ..	38	61	17	7
Otitis Media ... ..	37	24	6	2
Other Ear Diseases ... ..	20	42	40	8
Nose and Throat—				
Chronic Tonsillitis only ... ..	194	961	73	85
Adenoids only ... ..	70	155	35	25
Chronic Tonsillitis and Adenoids ...	261	558	30	21
Other Conditions ... ..	133	232	7	36
Enlarged Cervical Glands (Non-Tuberculous) ... ..	34	1314	40	70
Defective Speech ... ..	13	65	5	10
Heart and Circulation—				
Heart Disease:				
Organic ... ..	3	49	...	3
Functional ... ..	5	119	...	7
Anæmia ... ..	167	148	29	12

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 ... ..	36	128	7	13
Other Non-Tuberculous Diseases ...	29	130	4	8
Tuberculosis—				
Pulmonary:				
Definite ... ..	1	4	1	...
Suspected ... ..	4	29	1	4
Non-Pulmonary:				
Glands ... ..	12	106	2	13
Bones and Joints ... ..	1	10	...	1
Skin ... ..	1	1	...	...
Other Forms ... ..	4	9	2	6
Nervous System—				
Epilepsy ... ..	...	20	...	4
Chorea ... ..	2	4	...	2
Other Conditions ... ..	4	59	2	12
Deformities—				
Rickets ... ..	21	188	2	4
Spinal Curvature ... ..	5	56	...	...
Other Forms ... ..	230	479	14	8
Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases) ... ..	377	571	905	120
TOTALS ... ..	2430	6336	1839	571

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 ... ..	4811	471	9·8	3797	78·9	541	11·2	2	0·1
Second Age-group	4245	422	9·9	2997	70·6	806	19·0	20	0·5
Third Age-group ...	4107	567	13·8	2999	73·0	536	13·1	5	0·1
Other Routine Inspections ...	299	38	12·7	206	68·9	54	18·1	1	0·3
TOTALS ... ..	13462	1498	11·1	9999	74·3	1937	14·4	28	0·2

**TABLE III.—RETURN OF ALL EXCEPTIONAL CHILDREN  
IN THE AREA, Year ended 31st December, 1937.**

(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.
7	...	...	...	7

**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.
...	...	15		1	16

**DEAF CHILDREN.**

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
18	*1	..	*1	20

\*Arrangements in hand for admission to Certified School.

**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.
4	...	5	...	1	10

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.
1	94	3	33	131

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	9	...	11	21

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	46	3	4	63

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.
29	147	2	9	187

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.
6	190	...	13	209

**C. CRIPPLED CHILDREN.**

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
7	147	3	48	205

**D. CHILDREN WITH HEART DISEASE.\***

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
...	14	...	6	20

\*This Section is confined to children who are incapable by reason of such physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

**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
Severe Epilepsy and Crippled ... ..	...	1	...	...	1
Crippled and feeble-minded ... ..	...	1	...	...	1

TABLE IV.—RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st DECEMBER, 1937.

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 ...	...	...	...
(ii) Other Treatment ...	30	...	30
Ringworm—Body ...	18	...	18
Scabies ...	32	...	32
Impetigo ...	571	10	581
Other Skin Disease ...	242	8	250
Minor Eye Defects ...	204	23	227
(External and other, but excluding cases falling in Group II.)			
Minor Ear Defects ...	81	38	119
Miscellaneous ...	1373	7	1380
(e.g., minor injuries, bruises, sores, chilblains, etc.)			
<b>TOTALS</b> ...	<b>2551</b>	<b>86</b>	<b>2637</b>

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) ... ..	615	51	666
Other defect or disease of the eyes (excluding those recorded in Group I) ... ..	2	8	10
TOTALS ... ..	617	59	676
No. of Children for whom spectacles were			
(a) Prescribed ... ..	525	38	563
(b) Obtained ... ..	536	6	542

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

Number of Defects.														Received other Forms of Treatment.	Total Number Treated.
Received Operative Treatment.												Total.			
Under the Authority's Scheme, in Clinic or Hospital.				By Private Practitioner or Hospital, apart from the Authority's Scheme.											
(1)				(2)				(3)				(4)	(5)		
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)				
9	1	490	...	8	2	4	2	17	3	494	2	202	718		

(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	22	48	14	2	3	3	84

**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
	<small>&amp; under</small>									<small>&amp; over</small>	
Number	2420	2616	2610	2836	2940	2799	2789	2862	2673	1538	26083
(b) Specials											
		...	...	...	...	...	...	...	...	...	462
(c) TOTAL (Routine and Specials)											
											26545
2. Number found to require treatment											
											18369
3. Number actually treated											
											9815
4. Attendances made by children for treatment											
											12813
5. Half-days devoted to:—											
Inspection		...	...	...	...	...	...	...	438		
Treatment		...	...	...	...	...	...	...	2009		
				Total	...	...	...	...	—		2447
6. Fillings:—											
Permanent Teeth	...	...	...	...	...	...	...	...	5596		
Temporary Teeth	...	...	...	...	...	...	...	...	368		
				Total	...	...	...	...	—		5964
7. Extractions:—											
Permanent Teeth	...	...	...	...	...	...	...	...	2601		
Temporary Teeth	...	...	...	...	...	...	...	...	15997		
				Total	...	...	...	...	—		18598
8. Administrations of general anæsthetics for extractions											
											*567
9. Other Operations:—											
Permanent Teeth	...	...	...	...	...	...	...	...	13536		
Temporary Teeth	...	...	...	...	...	...	...	...	5303		
				Total	...	...	...	...	—		18839

\*In addition 4 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	...	...	...	...	5.22
(ii)	Total number of examinations of children in the Schools by School Nurses	...	...	...	...	171852
(iii)	Number of <i>individual</i> children found unclean	...	...	...	...	1514
(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, 1937.

### A.—Routine Medical Inspections.

Number of Inspections in the prescribed Groups—

Entrants ... ..	382			
Yearly Examinations ... ..	1784			
Leavers ... ..	32			
TOTAL ... ..	—			2198
Number of other Routine Inspections ... ..				—
GRAND TOTAL ... ..				2198

### B.—Other Inspections.

Number of Special Inspections ... ..	9			
Number of Re-Inspections ... ..	658			
TOTAL ... ..	—			667

### 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 ... ..	52			
Yearly Examinations ... ..	247			
Leavers ... ..	4			
Total (Prescribed Groups) ... ..	—			303
Other Routine Inspections ... ..				—
GRAND TOTAL ... ..				303

## SECONDARY SCHOOLS.

(Including Pupil Teacher Centres.)

TABLE II.

A. Return of Defects found by Medical Inspection in the Year ended  
31st December, 1937.

Defect or Disease.  (1)	Routine Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment.  (2)	Requiring to be kept under observation but not requiring Treatment.  (3)	Requiring Treatment.  (4)	Requiring to be kept under observation but not requiring Treatment.  (5)
<b>Skin—</b>				
Ringworm—				
Scalp ... ..	...	...	1	...
Body ... ..	...	...	...	...
Scabies ... ..	...	1	...	...
Impetigo ... ..	...	...	...	...
Other diseases (Non-Tuberculous) ...	38	23	...	...
<b>Eye—</b>				
Blepharitis ... ..	22	18	...	...
Conjunctivitis ... ..	4	1	...	...
Keratitis ... ..	...	...	...	...
Corneal Opacities ... ..	...	...	...	...
Other Conditions (excluding Defective Vision and Squint) ... ..	5	10	...	...
Defective Vision (excluding Squint) ...	36	42	...	2
Squint ... ..	7	6	...	...
<b>Ear—</b>				
Defective Hearing ... ..	...	2	...	...
Otitis Media ... ..	...	2	...	...
Other Ear Diseases ... ..	1	21	...	...
<b>Nose and Throat—</b>				
Chronic Tonsillitis only ... ..	27	128	1	...
Adenoids only ... ..	2	8	...	...
Chronic Tonsillitis and Adenoids ...	...	2	...	...
Other Conditions ... ..	...	22	...	...
Enlarged Cervical Glands (Non-Tuberculous) ... ..	...	55	...	...
Defective Speech ... ..	2	2	...	...
<b>Heart and Circulation—</b>				
Heart Disease:				
Organic ... ..	1	2	...	...
Functional ... ..	...	10	...	...
Anæmia ... ..	9	2	...	...

**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	...	...	...
Other Non-Tuberculous Diseases	...	6	...	...
Tuberculosis—				
Pulmonary :				
Definite ... ..	...	...	...	...
Suspected ... ..	...	...	...	...
Non-Pulmonary :				
Glands ... ..	...	...	...	...
Bones and Joints ... ..	...	...	...	...
Skin ... ..	...	...	...	...
Other Forms ... ..	...	...	...	...
Nervous System—				
Epilepsy ... ..	...	...	...	...
Chorea ... ..	...	...	...	...
Other Conditions ... ..	5	14	..	...
Deformities—				
Rickets ... ..	...	5	...	...
Spinal Curvature ... ..	17	10	...	...
Other Forms ... ..	65	38	...	...
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)	84	58	7	5
<b>TOTALS ... ..</b>	<b>326</b>	<b>488</b>	<b>9</b>	<b>7</b>

**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 ... ..	382	42	10.99	305	79.85	35	9.16	...	...
Yearly Examinations ...	1784	248	13.90	1447	81.11	89	4.99	...	...
Leavers ... ..	32	6	18.75	25	78.12	1	3.13	...	...
Other Routine Inspections ... ..	...	...	...	...	...	...	...	...	...
<b>TOTALS ... ..</b>	<b>2198</b>	<b>296</b>	<b>13.46</b>	<b>1777</b>	<b>80.85</b>	<b>125</b>	<b>5.69</b>	<b>...</b>	<b>..</b>

## SECONDARY SCHOOLS.

(Including Pupil Teacher Centres.)

**TABLE IV.—RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st DECEMBER, 1937.**

### 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) ... ..	65	29	94
Other defect or disease of the eyes ... ..	...	1	1
No. of Pupils for whom spectacles were			
(a) Prescribed ... ..	53	28	81
(b) Obtained ... ..	52	27	79

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

Number of Defects.													Total. Number Treated.
Received Operative Treatment.													
Under the Authority's Scheme, Clinic or Hospital.				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total.				Received other Forms of Treatment.	
(1)				(2)				(3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
...	...	1	...	4	...	2	...	4	...	3	...	3	10

(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 Number	...	Under 12	12	13	14	15	16	over 16	Specials	Total.
	...	63	106	112	133	140	158	90	4	806

2. Number found to require treatment ... 470

3. Number actually treated ... 322

4. Attendances made by children for treatment ... 578

5. Half-days devoted to:—

Inspection	...	...	...	...	10
Treatment	...	...	...	...	115
Total	...	—	125		

6. Fillings:—

Permanent teeth	...	...	...	...	923
Temporary teeth	...	...	...	...	11
Total	...	—	934		

7. Extractions:—

Permanent teeth	...	...	...	...	172
Temporary teeth	...	...	...	...	89
Total	...	—	261		

8. Administrations of general anæsthetics for extractions 13

9. Other Operations:—

Permanent teeth	...	...	...	...	1180
Temporary teeth	...	...	...	...	16
Total	...	—	1196		



