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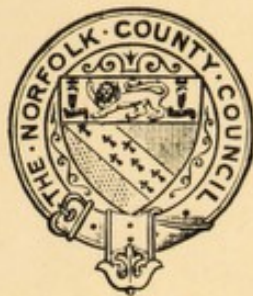
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NORFOLK EDUCATION COMMITTEE

ANNUAL REPORT

of the

*School
Medical Officer
for 1938*



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ANNUAL
REPORT

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PREFACE.

This Report is the thirty-second of the series and the eleventh which I have presented.

With the exception of one school where the inspection was not finished, all the Elementary Schools had a routine medical inspection. 11,832 children were examined as "routines" and 1629 were reported to be suffering from defects (excluding those of nutrition, uncleanliness and dental diseases) which were in need of treatment, a percentage of 13.77. 27,688 children were inspected by the Dental Surgeons at schools where treatment was completed during the year and 904 were seen as "specials". 19,722 children were recommended for dental treatment and 11,314 were treated, a percentage of 57.37, which is 3.94 better than the preceding year and the highest yet recorded.

All the Secondary Schools and Pupil Teacher Centres were medically inspected. 2271 pupils were examined, 282 having defects needing treatment. 1795 pupils at 10 Secondary Schools and two Pupil Teacher Centres were inspected by the Dental Surgeons. Of these, 1106 were advised to have treatment and 744 took advantage of the facilities offered to them.

The success of the School Medical Service does not rest solely with those who are responsible for its administration and execution, but depends to a large extent upon the measure of co-operation which is afforded by parents, teachers, general practitioners, hospitals and voluntary workers whose interest lies in this direction. To all such I would express my appreciation and thanks and ask that their help may continue to be given and their interest shown in this great social service.

T. RUDDOCK-WEST.

Public Health Department,
29, Thorpe Road, Norwich.
March, 1939.

STAFF OF THE SCHOOL MEDICAL SERVICE DURING 1938.

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 School Medical Officers :

L. G. ANDERSON, M.D., Ch.B., D.P.H.
S. T. G. GRAY, M.B., Ch.B., D.P.H.
IRENE B. M. GREEN, M.D., B.S., D.P.H.
MURIEL S. ROBERTS, M.B., Ch.B.
D. MORRISON SMITH, M.B., Ch.B.
BARBARA C. WELSH, M.B., Ch.B., D.P.H. (left 31.3.38).
W. W. WILDMAN, M.B., Ch.B., D.P.H.

Psychiatrist (Temporary) :

R. LOUIS ROSE, M.R.C.S., L.R.C.P.

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. MANTED, 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. 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 F. W. THOMAS, C.S.M.M.G., M.E., L.E.T.
Miss M. H. WYER, C.S.M.M.G., M.E., L.E.T.

School Nurses :

Miss E. B. BYGRAVE, Cert. Nurse. Miss P. 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. Miss D. VICKERS, S.R.N.
Miss A. WELLSTED, Cert. Nurse.

Dental Attendant :

Miss D. M. LEVERIDGE

ANNUAL REPORT

of the

School Medical Officer for 1938

STAFF.

(a) CO-ORDINATION.

During the year under review, the County Council's Scheme for the appointment of full-time District Medical Officers of Health came into operation in two areas. Dr. L. G. Anderson was appointed as Medical Officer of Health to the Docking and Walsingham Rural Districts and the Wells Urban District, and Dr. W. W. Wildman to a similar post in the area comprising the Downham and Marshland Rural Districts and the Downham Urban District. These two Officers commenced duty on 1st May and 1st October respectively, and devote approximately half their time to the School Medical Service.

Dr. S. T. G. Gray, who commenced duty on 19th September as Medical Officer to the County Isolation Hospital, also serves part-time as Assistant School Medical Officer.

The other arrangements under this heading were outlined in last year's report and remain the same.

(b) GENERAL.

Dr. R. Louis Rose commenced duty on 13th June for the purpose of making an ascertainment of mentally defective children.

The appointment of Dr. Barbara C. Welsh, one of the temporary Assistant School Medical Officers, was terminated on 31st March in view of the impending appointment of a full-time District Medical Officer of Health for one of the areas already referred to.

Drs. E. T. Jameson, Caroline M. McLeod and Christina S. Webster did temporary duty at certain periods during the year.

Miss D. M. Leveridge commenced duty on 2nd May as Dental Attendant. This was a new appointment, and authority has already been given for the engagement of a second Attendant during the next financial year.

Apart from those already mentioned, no other changes in personnel took place.

ELEMENTARY SCHOOLS.

NUMBERS AND ATTENDANCES.

At the end of the year there were in the Elementary Education Area of the Administrative County, 452 Public Elementary Schools, 216 being Provided and 236 Non-Provided, having 491 Departments.

The names of 37,531 children, 1695 being under the "legal" age at which attendance should be commenced, were on the school registers on the 31st December, 1938. The average attendance for the year ended 31st March, 1938, was 34,813, a percentage of 90.65.

SCHOOL HYGIENE.

The Assistant Medical Officers continue to report on the hygienic conditions of the schools they visit for the purpose of medical inspection and, when necessary, such defects are referred to the Education Secretary with a recommendation that the necessary steps should be taken to remedy them. It is of course hardly necessary to point out the importance of setting before the children a high standard of cleanliness and of impressing them with the value of the elementary principles which are the basis of physical and mental well-being. Environment leaves its mark on us all, and the old adage that example is better than precept is very applicable here.

The undermentioned alterations and improvements to school premises have been or will be carried out during the year ending 31st March, 1939:—

	Provided Schools.	Non-Provided Schools.
Floors	11	3
Artificial Lighting	19	—
Heating	6	1
Cycle Shelters	11	—
Structural	6	—
Sanitation	13	—
Water Supply	8	—
Playgrounds—		
Tar Dressing	30	—
Tar Paving	14	—
Renovations	53	34

A new Area School has been opened at Old Buckenham with special provision for medical inspection.

At North Walsham, additions have been made to the existing premises, and a Central School has been established, together with separate departments for the Juniors and Infants. A new wooden building has been provided for medical inspection, dental treatment and for use as a Minor Ailments Clinic.

Improvements have been effected at two other Minor Ailments Clinic buildings. At Fakenham electric light has been installed and at Sheringham general improvements have been put in hand.

16 samples of water taken from the undermentioned schools during the year were examined in the County Laboratory, with the following results:—

Syderstone.

Satisfactory.

Drayton.

Satisfactory.

Ashmanhaugh.

Satisfactory.

Buxton.

Fair—further sample taken proved satisfactory.

Grimston.

Unsatisfactory. Necessary works were carried out and a further sample taken proved satisfactory.

North Lopham.

Excessive hardness—the provision of a water softener was recommended, and the matter has been referred to the Education Committee.

Hevingham.

Unfit for drinking. The question of connecting this school to the main supply from Norwich is being considered.

Skeyton.

Two samples taken proved unsatisfactory—the matter is in hand.

Hilborough.

Five samples taken over a period all proved unsatisfactory, and the results suggested pollution of the whole subsoil in the vicinity of the school. Subsequent samples taken in the village confirmed this, and a special report was made to the Public Health Committee.

MEDICAL INSPECTION.

The children examined at routine medical inspections are those in the age groups prescribed by the Board of Education, those specially presented because of a known or suspected defect, and those who, at previous inspections, have been noted as suffering from a defect requiring treatment or to be kept under observation.

All schools had a routine inspection, but in one instance the inspection was not completed because of the weather conditions prevailing immediately prior to the Christmas Holidays, which prevented many members of the outside staff from fulfilling their appointments.

133 schools were visited by the Assistant Medical Officers for the purpose of re-examining defective children, and in four instances a second visit was made for the same purpose. The more frequent examination of defective children to observe the effects of advice previously given and, where this has not been heeded, to re-emphasize to parents the importance of steps being taken to secure treatment, would enhance the present value of medical inspection, but with the present staff it is not possible to make any considerable extension in this direction.

11,832, the total number of routine inspections (see page 37) is 1630 less than last year, when the total was 928 more than in the previous year. The explanation of this year's decrease is bound up with that for last year's increase. In 1937, because of changes in the medical staff, schools which usually have their routine inspection in the Spring Term did not have it until the following term, with the result that the numbers due for inspection were more than usual. During 1938, those schools were visited in the Spring Term when the number of children for inspection was below the yearly average because there were only two terms' "entrants", "intermediates" and "leavers", instead of the usual three. The fact that the school population is declining has not been overlooked, but this is not the main reason for the decreased number of routine inspections.

There were 448 less special inspections than in 1937, but the number of re-inspections increased by 1277 to 12,944.

The arrangements made for medical inspections have been outlined in recent reports and it is not necessary to do so again this year

The provision of medical inspection rooms in the new Central and Area Schools is of great benefit, and the working conditions of the Medical Officer at these schools contrast markedly with the difficulties which are encountered when visiting the smaller schools.

The attendance of parents is still satisfactory, particularly in the first two age groups. No doubt the advent of more Central Schools will lead to a decline in the percentage of parents attending the examination of "leavers". The figures are :—

Entrants	...	...	84.31%
Intermediates	...	...	69.98%
Leavers	...	...	40.53%
Other ages	...	...	53.97%
Total	...	...	<u>65.25%</u>

FINDINGS OF MEDICAL INSPECTION.

(See Table II, pages 38-39.)

As the number of children who had a routine inspection was approximately 12% less than in 1937, this fact must be borne in mind in any comparison with findings for the latter year.

The number of children in the routine age groups with a defect requiring treatment was 1629, a decrease of one-third when compared with 1937. This figure does, however, more closely approximate to that for 1936, when the number of routine inspections was 702 more and the number of defective children requiring treatment 217 more. It is felt, therefore, that if any figure requires explanation, it is that for 1937. Changes in personnel, which have been frequent during the last two or three years, are bound to be reflected in fluctuating and, to a certain extent, unreliable statistics.

(a) Malnutrition.

14 children only were classified as having "bad" nutrition. This figure represents 0.12% of the children examined in the routine age groups and is a reduction of exactly one-half on the previous year. 1781 children, i.e., 15.1%, were reported to have "slightly sub-normal" nutrition. This latter figure is 0.7% higher than 1937.

It may be of interest to compare the nutrition classifications since they were first adopted :—

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
1938	12.3	72.5	15.1	0.1

As noted last year, the "intermediate" group still provides the largest percentage of children with subnormal nutrition.

(b) Uncleanliness.

122 cases of uncleanliness of the head or the body were found at routine inspections. Included in this figure are some children who were already under the supervision of the School Nurses and who happened to be unclean at the time of the medical inspection.

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

3 cases of ringworm of the scalp and 3 of the body were reported, 22 cases of impetigo, 9 of scabies and 85 of other non-tuberculous conditions were recorded, but of the latter, 33 were noted for observation only. The large number of "specials" requiring treatment represents almost entirely those children who were seen by the Assistant Medical Officers at the various Minor Ailments Clinics.

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

260 cases of defective vision and 74 of squint were noted in the routine age groups. The numbers for observation were 405 and 99 respectively. Included in the defective vision cases for observation are many children who have already been supplied with spectacles which, at medical inspection, satisfactorily corrected the visual defect and who needed no further treatment for the time being. 98 cases of blepharitis, 10 of conjunctivitis and 15 of other conditions were also found to require treatment.

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

Under this heading was recorded the largest number of defects, viz., 159 chronic tonsillitis, 51 adenoids, 208 chronic tonsillitis and adenoids, and 21 other conditions recommended for treatment, and 782, 104, 419 and 68 respectively for observation. These figures do, however, show a decline on the previous year which is greater in proportion than is the difference in the total number of children examined. A considerable decrease is also apparent in the incidence amongst those children seen as "specials".

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

25 cases of defective hearing, 29 of otitis media and 17 of other conditions were noted for treatment.

(g) **Dental Defects.**

A note is made of any urgent cases, and if the dentist's routine visit is not likely to take place within a reasonable period, every endeavour is made to arrange treatment at a special clinic at the school or in the neighbourhood.

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

9 cases of rickets, 8 of spinal curvature and 259 of other deformities were noted for treatment in the routine age groups. The latter figure is made up chiefly of cases of flat feet, valgus ankles and knock knees.

(i) **Heart Disease.**

Of the children examined as "routines", 134 were recorded as suffering from heart disease. 8 cases were noted for treatment and the remainder for observation.

(j) **Tuberculosis.**

5 suspected cases of pulmonary tuberculosis in the routine age groups were recorded as in need of treatment, whilst 3 definite and 16 suspected cases were noted for observation. 19 non-pulmonary cases requiring treatment were also examined.

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

227 other diseases and defects, excluding nutritional defects, uncleanliness and dental diseases, were found in the routine age groups to be in need of treatment. 322 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 under each group heading show the number of children inspected:—

Defect.	Entrants (3970)		Intermediates (3891)		Leavers (3669)		Other ages (302)	
	No. defects.	%	No. defects.	%	No. defects	%	No. defects.	%
Malnutrition ...	191	4·81	207	5·32	97	2·64	7	2·32
Skin Diseases ...	37	0·93	26	0·67	18	0·49	3	0·99
Defective Vision	8	0·20	109	2·80	131	3·57	12	3·97
Squint ...	33	0·83	21	0·54	16	0·44	4	1·32
Defective Hearing	5	0·13	13	0·33	5	0·14	2	0·66
Otitis Media ...	10	0·25	9	0·23	10	0·27	—	—
Chronic Tonsillitis	61	1·54	60	1·54	35	0·95	3	0·99
Adenoids only ...	25	0·63	16	0·41	10	0·27	—	—
Chronic Tonsillitis and Adenoids ...	117	2·95	62	1·59	19	0·52	10	3·31
Nose and Throat—								
Other ...	6	0·15	5	0·13	10	0·27	—	—
Spinal Curvature	3	0·08	2	0·05	3	0·08	—	—
Lungs—								
Bronchitis ...	14	0·35	6	0·15	1	0·03	—	—
Other non- tuberculous ...	14	0·35	4	0·10	3	0·08	2	0·66

FOLLOWING UP.

The arrangements under this heading continue as outlined in previous reports. Special attention is paid to those children suffering from defects, the treatment of which is available under the Committee's various schemes. The work done by Local Care Committees and Head Teachers is of the greatest importance, and their interest and co-operation is much appreciated.

WORK OF THE NURSES.

(a) Minor Ailments.

Minor ailments are treated at the seven clinics at Aylsham, Dereham, Fakenham, Terrington St. Clement, North Walsham, Wells, and Wymondham, a Nurse attending once weekly for a morning session. The work done is indicated on page 13. Children are also treated at school and at home. Full particulars are shown in Table IV, page 43.

(b) Surveys of Children for Uncleanliness.

Number of visits to schools ...	2,625*
Average number of visits to each school ...	5·35
Total number of examinations ...	177,097
Number of individual children found unclean (i.e., vermin or nits) ...	1,477
Number of children excluded at the Nurses' visits ...	105
Number of Special Warning Letters <i>re</i> Nits sent to parents ...	2
Number of letters sent on first exclusion ...	57
Number of "Final Warning" Letters sent to parents ...	11
Number of homes visited ...	730

*Includes 2447 complete surveys of all children in school.

Result of "following up"—

Clean ...	459
Improved ...	1,011
Unsatisfactory ...	7

The work of the Nurses in connection with uncleanliness is summarised in the preceding table.

Of the visits paid to schools, 2447 were general surveys of all children present, 178 visits being paid for the purpose of following up unclean children.

VERMINOUS PROSECUTIONS.

In only 1 case was it necessary for the Education Authority to institute proceedings under School Attendance Byelaws because of verminous conditions. A fine of 10/- was imposed.

(c) Miscellaneous Work.

The Nurses continue to follow up with regard to infectious diseases. The summary given below shows visits paid in connection with the diseases specified :—

	General Surveys	Individual Cases.
Diphtheria	36	10
Scarlet Fever	140	27
Measles	—	25
Whooping Cough	—	4
Sore Throats	2	25
Miscellaneous and Mixed Infections	17	63

Contagious diseases as shown have been followed up also by School Nurses :—

Ringworm (definite or suspected) ...	93
Impetigo	235
Scabies	57
Other	23

The services of the School Nurses have been utilised in 267 instances to fit school children for spectacle frames following refraction by Eye Specialists or qualified practitioners on the Committee's panel.

Following up after medical inspection has been carried out, and the table given below shows the defects dealt with :—

Defective Vision	123
Tonsils and Adenoids Operations ...	530
Dental Treatment	22
Miscellaneous	122

There is a large increase in the number of cases visited where tonsils and adenoids operations were required. The majority of these cases were arrears from medical inspections of previous years, and a decline to more normal level is expected.

Nurses have also followed up cases of dental refusals at 14 schools where a low percentage of acceptances for treatment had been received. The results of immediate visits in such cases have been gratifying, further acceptances being forthcoming in practically every instance.

Nurses also give occasional assistance at medical inspections, and also at Eye Clinics and Dental Clinics. The latter are usually held on Saturday mornings.

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	332	321	9	2	1017
Scabies	3	3	—	—	20
Ringworm—Scalp	—	—	—	—	—
Do. Body	2	1	1	—	5
Other Skin Diseases	249	171	71	7	2617
Minor Injuries	819	780	33	6	1917
Discharging Ears	17	4	8	5	231
Other Ear Diseases	4	2	2	—	42
Blepharitis	44	30	11	3	296
Conjunctivitis	5	4	1	—	15
Other Eye Diseases	50	44	3	3	118
Enlarged Glands	37	26	8	3	324
Verminous	14	4	8	2	187
Miscellaneous	227	195	28	4	701
Totals	1803	1585	183	35	7490

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

Diseases.	No. of cases followed up.	Cured.	Still under treatment
Impetigo	299	277	22
Scabies	20	14	6
Ringworm—Scalp	27	12	15
Do. Body	15	13	2
Other Skin Diseases	85	60	25
Ear Diseases	62	21	41
Eye Diseases	158	109	49
Minor Injuries	244	243	1
Miscellaneous	79	74	5
Totals	989	823	166

(iii.) Defective Vision.

168 refraction clinics were held by Assistant Medical Officers at 83 centres and 548 cases were examined by retinoscopy. 28 cases were referred to Ophthalmic Specialists, glasses were prescribed for 427 children, and in the remaining 93 instances glasses were not advised. By the end of the year, glasses had been supplied for 405 children, leaving 22 cases outstanding.

346 vouchers were issued on Ophthalmic Specialists and 31 on approved General Practitioners, and of these 48 were not used during the year. Of the remainder—

Glasses were prescribed and obtained in 256 cases.

Glasses were prescribed but not obtained in 2 cases.

Glasses were not considered necessary in 71 cases.

2 children were referred to Specialists for an opinion as to whether they were suitable for education in a Public Elementary School or should be admitted to a Certified School for Blind or Partially Sighted Children.

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

No alteration has been made in the arrangements which are in force for the treatment of these defects.

787 vouchers were issued during the year and this figure is 210 higher than last year's, which was the highest since 1931. As pointed out in last year's report, this does not indicate a greater incidence of such defects but shows the results which have accrued from the systematic following up of refusals. It is interesting to note that the number of defects recorded this year is the smallest for several years, even when making due allowance for the decreased number of children examined. The Assistant Medical Officers have been instructed to recommend for operative treatment only those cases in which there are definite symptoms.

576 vouchers authorising operative treatment have been issued on General and Cottage Hospitals and 211 on general practitioners. 279 of these were outstanding at the end of the year.

Of the 637 children (including cases for whom vouchers were issued prior to 1938) know during the year to have been treated, 206 were treated by approved practitioners as follows:—

At Doctor's Surgery	...	...	75
„ Cottage Hospital	...	...	87
„ Patient's Home	...	...	39
„ Nursing Home	...	...	5

In addition to the treatment already mentioned, 15 children were referred to the Consulting Aural Surgeons for advice.

(v.) **Ear Disease and Defective Hearing.**

8 children with defective hearing and 8 with otitis media have been examined by the Consulting Aural Surgeons and treated in accordance with their instructions. 11 cases of otorrhœa have been treated through the Committee's Scheme by District Nurses; one has been cured, and in the remaining cases, treatment is being continued.

(vi.) **Heart Disease.**

The Authority has no scheme for the treatment of children with heart disease. Restriction of physical exercise and rest in school is advised in appropriate cases.

(vii.) **Tuberculosis.**

Particulars of the children in receipt of institutional treatment at the end of the year are found on page 41.

72 cases were referred to the Tuberculosis Officers for examination with the following results:

Pulmonary Tuberculosis	...	1
Non-Pulmonary Tuberculosis	...	13
“Observation”	...	23
Non-tuberculous	...	32
Refused examination	...	3
		—
		72
		—

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

4 children received X-ray treatment with satisfactory results. This treatment is advised only in those instances where the infection is widespread and persistent.

(ix.) **Alopecia.**

2 children have had Ultra-Violet Light treatment, which has been given in one case by an approved General Practitioner and in the other by one of the Orthopædic Nurses. Both local and general exposures were given and the apparatus at the Ian Sears Clinic, Aylsham, was used for the treatment given by the Orthopædic Nurse. A great improvement was noticed in each case.

(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.)	118
Impetigo	12
Other Skin Diseases	15
Blepharitis	20
Conjunctivitis	7
Other Eye Diseases	9
Defective Hearing	16
Otitis Media	19
Other Ear Diseases	8
Nose and Throat—Other	27
Defective Speech	8
Enlarged Glands (Non-Tb.)	71
Chorea	6
Heart—Functional	17
Heart—Organic	3
Anæmia	37
Bronchitis	37
Lungs—Other (Non-Tb.)	7
Epilepsy	1
Rickets	11
Spinal Curvature	5
Other Deformities	42
Other Defects and Diseases	107
	<hr/>
	603
	<hr/>

DENTAL TREATMENT.

Dental Staff.

As in 1937, the staff consists of seven dental surgeons, one of whom serves the King's Lynn Authority for a period of four sessions per week. The average school population of each dental district is approximately 5500, and the time occupied in serving these districts varies with the individual officers from 15 to 24 months. The staff was further augmented in May by the appointment of a female dental attendant, whose work has proved helpful to the dental officers and is appreciated by the teaching staffs.

2779 half-days were devoted to the inspection and treatment at elementary and secondary schools, and 95 half-days were occupied in supervisory and other duties by the Senior Dental Officer.

Travelling Surgeries.

Trailer-surgeries are now in use in the Attleborough, East Dereham, Downham Market, Fakenham and Norwich districts, and are proving satisfactory. The other two districts, namely Cromer and King's Lynn, are still served by the dentists in horse-drawn caravans which were supplied before the change to trailer-surgeries came under consideration in 1929.

Fixed Clinics.

Advantage has been taken of the facilities provided in the new Central and other schools for a more frequent attendance of the school dentists; and arrangements have been made by which these schools will be visited at least once a month. On these occasions, routine inspections and treatment will be carried out, and the work at the centres will be spread over approximately twelve months. Head Teachers of neighbouring schools have been notified of this arrangement so that all cases urgently needing treatment can be given an opportunity of attending these clinics. In order to test the efficiency of this innovation, fixed clinics were instituted as an experiment at Hellesdon and Aylsham. The result has been very encouraging and amply justifies the extension of the scheme to other large centres.

Inspection and Treatment.

As was reported last year, all scholars of whatever age attending elementary and secondary schools are offered necessary treatment whether they have previously refused or not.

Table V, page 45, gives details of the work carried out. 27,688 children were examined at the routine inspections, and a further 904 were seen as "specials." 19,722, or 69.0% of the children examined were found to require treatment, compared with 18,369, or 69.2% in 1937. Of these, 11,314, or 57.37%, received treatment, showing an increase of 3.94% in the number of children actually treated. 2547 children who had previously refused treatment accepted in 1938, while 4528 were re-treated. 159 children under the age of 5 years received treatment. Of the refusals, 899 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.

The high percentage of children who are found to require treatment may be largely attributed to the long average interval of time which elapses between the routine visits of the dentist to the respective schools.

It is gratifying to note that the number of children attending elementary schools who received treatment exceeded the corresponding number for the previous year by nearly 1500, and that the acceptances show an improvement of nearly 4%.

Gas Clinics.

When specially indicated, extractions under nitrous oxide are carried out in certain of the districts. Arrangements are being made for extending this form of treatment to the remaining three districts. It is known that certain parents will accept treatment only if a gas anaesthetic is available.

Melton Lodge.

In addition to the figures given in Table V, page 45, two visits were paid to Melton Lodge, one for the treatment of the children inspected at the end of 1937, and the other for inspection towards the end of 1938. 7 children received treatment out of 10 recommended, one parent refused, and the other two patients had been discharged between the time of inspection and treatment. 12 temporary and 3 permanent teeth were extracted, 5 children having a general and 2 a local anaesthetic.

Refusals.

Special enquiry has been made into the reasons for refusing dental treatment. Probably the majority of refusals come from children whose opinion overrides the better judgment of their parents. A few parents explain that they will have their children treated privately when they consider treatment necessary; but this appears to be merely an excuse for procrastination which usually results in otherwise avoidable extractions. Some children are known to be the regular patients of private practitioners, and in this they are always encouraged.

Quite an appreciable number of refusals which occur in the winter months can be attributed to weather conditions and to the fact that the children have not recovered from the effects of the various infectious diseases so prevalent at that time of the year.

The success of any school dental service depends to a large extent on the personal influence, efficiency and co-operation of the teaching staffs, the majority of whom give valuable assistance in the organisation of the dental officers' work at their respective schools. In illustration of this, it is on record that a keen Head Teacher, in the first year at his present school, succeeded, by personal effort, in raising the percentage of acceptances from under 12% to over 70%, and this excellent result has been maintained at subsequent routine visits.

INFECTIOUS DISEASE.

Arrangements for the prevention and control of infectious disease amongst the school population have been detailed in previous reports.

97 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.	School	No. of days lost.
Influenza, coughs and colds ...	66	...	349
Measles	28	...	306
Scarlet Fever	1	...	7½
Mumps, coughs and colds ...	2	...	9
Measles, coughs and colds ...	1	...	6
	98		677½

88 individual departments were involved in these closures. 4 departments were each closed on two occasions with only half a day to two days interval between the two closures, 4 others were closed twice at different times of the year because of the same infection, and two departments were closed twice on account of different infectious diseases.

In 17 instances the original closure was extended for a further period, but in each case was regarded as one closure only.

The numbers of closures and school days lost are approximately half those for the previous year, due chiefly to the reduced number of closures for influenza, coughs and colds, which was 66 compared with 185 for 1937.

Exclusions.

11,673 children were temporarily excluded or re-excluded under Article 53 (b) on account of the following:—

Chicken Pox	1692	English Measles	1903
Diphtheria	71	Mumps	646
Influenza, Coughs and Colds	5010	Scarlet Fever	509
Jaundice	149	Sore throats	123
German Measles	492	Whooping Cough	1078

34 complete classes were also excluded, most of them on account of Measles.

The number of cases of diphtheria was only one third that of 1937, and is the lowest recorded for several years. This complaint is one of the chief causes of death amongst children of school age. Its prevention is to-day occupying the thoughts of most people concerned with the health of the school child. Immunisation gives protection against attack in nine cases out of ten, and it is gratifying to know that most of the Local Sanitary Authorities have submitted or are in the process of submitting schemes for the approval of the Ministry of Health. It is hoped that during 1939 these schemes will be put into operation.

Mention was made last year of the large number of cases of diphtheria and scarlet fever reported from the Fen area of the County. This year, however, notifications did not exceed the average for other parts of the County, and it is hoped that this position will continue.

The new County Isolation Hospital at East Dereham was opened during the year and is supplying a long-felt need. It serves the whole of the Administrative County with the exception of King's Lynn Municipal Borough, Cromer, Sheringham, and North Walsham Urban Districts and Erpingham and Marshland Rural Districts. The Authorities in these areas make their own arrangements for the accommodation of infectious diseases cases. Admission to hospital will considerably reduce the period for which home contacts have, in the past, had to be excluded.

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

249 certificates in respect of 106 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	...	29	Mumps	...	12
Coughs, Colds and In-			Scarlet Fever	...	7
fluenza	...	37	Whooping Cough	...	57
Measles	...	75	Mixed Infections	...	32

OPEN-AIR EDUCATION.

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

ORTHOPÆDIC TREATMENT.

This scheme has continued on the lines set out in previous reports, and no outstanding alterations have been made during the year under review. The scheme provides for the treatment of all school children suffering from crippling defects. Owing to the number of cases requiring electrical treatment in their own homes, and the inconvenience and expense incurred in arranging for the transfer of the apparatus from one Nurse to the other, a further set has been obtained and fully justifies the purchase. Ultra-Violet Light treatment is available at the Ian Sears Memorial Clinic, Aylsham, for any cases requiring it and the services of the Orthopædic Nurse have been utilised in this connection.

There has been no change in the Orthopædic Nursing Staff during the year, and both Nurses have rendered good service. The scattered areas to be served make the planning of their programmes difficult to arrange, to ensure maximum benefit being obtained. Where a sufficient number of cases justified, attempts were made to form special exercise classes with gratifying results, the co-operation of the respective Head Teachers being readily forthcoming.

(i.) Ascertainment.

284 new cases were added to the Register during the year, and 64 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 further increase over previous years. By far the greater number of these cases are suffering from minor defects, but their early notification makes it much easier to correct the deformities without recourse to operative measures.

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

Inspection clinics continue to be held at both the Norwich Hospitals, Melton Lodge, and also at premises hired for the purpose at King's Lynn. Facilities for X-ray films to be taken are lacking at the latter clinic, and cases in which such films are required have to attend at one of the Norwich Clinics. This frequently causes long and expensive journeys.

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	16	74	186	210
Norfolk & Norwich Hospital, Norwich	8	13	53	66
Infant Welfare Centre, King's Lynn	6	25	44	69
Melton Lodge, Great Yarmouth	5	1	4	5
TOTALS	35	113	287	350

(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 1.1.38.	Admitted during year.	Discharged during year.	Receiving treatment 31.12.38.	Awaiting admission 31.12.38.
Jenny Lind Hospital, Norwich	—	19	16	3	3
Norfolk and Norwich Hospital, Norwich	2	22	22	2	17
Royal National Orthopædic Hospital, Great Portland Street, London	—	1	1	—	1
St. James' Hospital, Ouseley Road, Balham...	—	—	—	—	1
Melton Lodge, Great Yarmouth	5	18	9	9	—
TOTALS	7	55	48	14	22

The defects treated were:—

Defect.	Royal National.	Jenny Lind.	Norfolk and Norwich.	Melton Lodge.	Total treated.	
					Defects.	Children.
Infantile Paralysis ...	—	3	2	4	9	7
Deformities of feet ...	1	2	5	2	10	9
Rheumatoid arthritis ...	—	1	3	3	7	4
Scoliosis ...	—	4	2	2	8	6
Torticollis ...	—	4	1	1	6	6
Hip deformities ...	—	—	—	3	3	3
Osteomyelitis ...	—	1	5	2	8	5
Toe deformities ...	—	2	—	—	2	2
Miscellaneous ...	—	2	6	1	9	9
TOTALS ...	1	19	24	18	62	51

*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.

The 51 children who received Hospital treatment during the year were in Hospital for a total number of 3656 days, the average stay per case being approximately 71 days. This figure, however, represents very little as the length of stay varied from a matter of a few days in some cases to others who were in hospital for the whole year. An average of 10 beds were occupied throughout the whole year.

Melton Lodge continues to fill a very important place in the care of the cripple in Norfolk. Children admitted have usually had operative treatment and require careful nursing to restore their general health so that the fullest benefit may be obtained from their operations, and furthermore they are able to have schooling which enables them to return to the ordinary schools and take their rightful places with children of their own age. Other cases not requiring operations are admitted and derive much benefit from treatment given on the special apparatus available for such purposes.

It is to be regretted that no arrangements can be made for training some of the children whose deformities prevent them from obtaining work after treatment has been completed. After training, a number of these cases would be able to earn their own living. Unfortunately, it is almost impossible to obtain vacancies in Special Training Schools until the children attain the age of 16 years, and even then vacancies are very limited. Co-operation is, however, being maintained with the local representative of the Central Council for the Care of Cripples, in this connection.

(iv.) Supply of Surgical Apparatus.

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

At the end of the year apparatus was being worn by the under-mentioned number of children:—

Surgical boots and leg instruments	...	...	...	...	9
Ordinary boots wedged or otherwise altered	...	...	...	...	104
Surgical boots	...	...	...	...	30
Spinal supports	...	...	...	...	8
Artificial limbs	...	...	...	...	5
Other	...	...	...	...	4
					160

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

1 child attending a Public Elementary School is using a special chair and table.

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

The Nurses paid 2832 visits to children of school age, either at the patients' homes or at the schools. A total of 5881 visits was made to all patients coming under the Scheme.

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

At the end of the year there were 1145 cases on the current register:—

Flat feet and valgus ankles	...	...	...	...	238
Claw feet	...	...	...	...	25
Hammer toes	...	...	...	...	11
Hallux valgus	...	...	...	...	16
Other toe deformities	...	...	...	...	19
Knock knees	...	...	...	...	264
Bow legs	...	...	...	...	50
Arthritis	...	...	...	...	10
Congenital deformities—					
Hip	...	...	...	...	23
Feet	...	...	...	...	56
Hand	...	...	...	...	3
Toes	...	...	...	...	2
Legs	...	...	...	...	3
Others	...	...	...	...	9
Spastic paralysis	...	...	...	...	42
Infantile paralysis	...	...	...	...	47
Muscular dystrophy and atrophy	...	...	...	...	9
Erb's paralysis	...	...	...	...	2
Spinal deformities	...	...	...	...	91
Round shoulders	...	...	...	...	63
Hip diseases (not congenital)	...	...	...	...	9
Wry neck	...	...	...	...	38
Chest deformities	...	...	...	...	14
Spina bifida	...	...	...	...	4
Osteomyelitis	...	...	...	...	15
Amputations	...	...	...	...	6
Old injuries	...	...	...	...	13
Multiple deformities	...	...	...	...	4
Miscellaneous	...	...	...	...	59
					1145

603 of the 1145 Education cases at present on the register have been examined on at least one occasion by the Orthopædic Surgeon, and 222 have received institutional treatment under the Scheme.

The following table giving the number of cases on the register at the end of the previous five years, shows the growth of the scheme:—

1937	...	...	...	...	989
1936	...	...	...	...	769
1935	...	...	...	...	594
1934	...	...	...	...	514
1933	...	...	...	...	495

There were only 273 cases on the register at the end of 1928.

(viii.) **Cases discontinued.**

176 children on the register have been removed during the year for the undermentioned reasons.—

Cured	...	...	...	...	52
Much improved—no further treatment necessary...					37
Left school—no further treatment advised	...				42
Treatment not necessary	...	...	...	...	8
Removed from County	...	...	...	...	28
Treatment refused	...	...	...	...	5
Lost sight of	...	...	...	...	1
Private treatment	...	...	...	...	2
Died	...	...	...	...	1
					176

PHYSICAL TRAINING.

The Organisers of Physical Education report as follows:—

(i.) **General.**

During 1938, public interest in Physical Training has been growing, resulting in a bigger demand for recreational classes for adults, and an added enthusiasm amongst the teachers in the elementary schools.

(ii.) **The Elementary Schools.**

(a) **HALLS AND EQUIPMENT.** In connection with the Education Committee's Scheme of Reorganisation of Elementary Schools, two further buildings have been opened during 1938, the Old Buckenham Area School, and the North Walsham Central School. There are now five schools in the county with excellent new halls, equipped with portable gymnastic apparatus and others are in the course of construction.

Some portable gymnastic apparatus has also been supplied to three other Senior Schools with suitable playground and indoor facilities.

As a further result of reorganisation, several Junior Schools are now able to use a spare room for indoor physical training in inclement weather. Some other schools are able to make use of good indoor facilities provided by Village Halls near by, when the playgrounds are not fit for outdoor lessons.

There has been a pleasing increase, too, in the amount of simple kit (balls, ropes, etc.) in use in the daily physical training lesson in most of the schools.

(b) **PLAYING FIELDS FOR ORGANISED GAMES.** The Committee still continues to hire several fields for the use of Elementary Schools, and many others have the opportunity of using a meadow through the generosity of local landowners, to whom great thanks are due. The new Senior Schools opened recently are provided with space for playing fields, and the Committee have under consideration a scheme for the maintenance and improvement of all such fields.

(c) **CLOTHING, SHOES AND SHOWER BATHS.** The question of suitable clothing and footgear still provides a problem in the Elementary School. In most cases, the clothing worn during the day has to suffice for the physical training lesson, but teachers are doing their best to encourage suitable light loose wear. In many schools shorts are now worn, and despite the difficulties of lack of space for changing and storage of clothes, many classes now partly change in either classroom or cloakroom, within the minimum amount of time.

Where good indoor accommodation has been provided, the children are encouraged to change into special gear, and at the new school at Old Buckenham the Committee has provided the first shower-baths for Elementary school children in the county. The results have been most encouraging; the majority of the senior children have used the showers regularly during each week and there has been a marked improvement not only in personal cleanliness but in clothing generally.

The increase in the number of schools where children are encouraged to bring soft shoes for the physical training lessons is very satisfactory, although much more can yet be done on these lines. The Committee continues to provide shoes in necessitous cases, and Head Teachers are urged to take advantage of this assistance at once. Reference to the Secretary's letter of December, 1938, will show that it is necessary to give particulars of the estimated income of the parent, but as the shoes remain the property of the school and not the individual, no difficult enquiries need be made.

(d) **DANCING AND RHYTHMIC WORK.** English Folk Dancing continues to be taught in many schools, and a pleasing number of teams entered for the Festival of the Norfolk Branch of the E.F.D.S. This festival should be regarded as valuable not only from the competitive standpoint, but chiefly for the opportunity it provides of enabling teachers and children to enlarge their knowledge by seeing the varying character and styles of dancing produced by the many teams.

It would be good to find even more schools entering for the coming year, and especially more schools providing mixed teams of boys and girls.

Several Infant Teachers are already giving the children valuable training in Rhythmic Work, leading up to simple dancing, but there is need for great development on this side of the curriculum.

(e) SWIMMING. The Swimming Scheme is fulfilling its purpose, the main aim being to enable the majority to benefit from class instruction rather than concentrating on possible champions.

The syllabus of instruction has been supervised by the organisers, and teachers are to be congratulated on the progress made.

At the end of the season, some centres have organised swimming sports to which parents and friends have been invited, and at several centres certificates showing individual records have been given to all swimmers.

(f) COUNTY SCHOOLS' SPORTS, ATHLETICS AND DISPLAYS. The 26 District Associations, covering practically the whole of the county, again held their own sports meetings and displays, at several of which the Organisers were able to be present.

These meetings culminated in the final County Sports Meeting, held this year in mid-week, through the kindness of the Committee in granting a day's holiday to affiliated schools.

The meeting proved in every way to be most successful. Several members of the Committee were present, and at the close of the afternoon the Secretary of the Education Committee presented the trophies.

A new feature was provided this year by a massed demonstration of 300 senior boys and girls from the three new Senior Schools near Norwich. Judging by the appreciation shown by all who witnessed this display, it was felt that the public realised the value and the joy that Physical Training brings to the children in the schools of to-day.

The children taking part in this demonstration were provided with shorts and vests for the display, the expense entailed being met from the King George V Memorial Fund. The Education Committee also voted a grant of £20 this year towards the County Sports Association.

A further display, involving the 2000 children from 7—14 years of age in the Elementary Schools of King's Lynn was organised in July. The programme included physical training for primary and senior school children, team races, dancing and field games. The enthusiasm and co-operation shown by parents and friends (about 6000 onlookers were present) is a further proof of the increasing interest in physical training which is being shown in this area.

(g) SCHOOLS VISITED.

1936	...	474 visits.
1937	...	589 „
1938	...	544 „

(h) INSTRUCTION FOR TEACHERS.

(i.) Courses. During 1938 the following courses of instruction for Elementary School Teachers have been held:—

King's Lynn..	Men's Course.
King's Lynn..	Women's Course.
East Dereham	Women's Course for Infant Teachers.
East Dereham	Women's Course for Junior and Senior Teachers.
Hellesdon ...	Men's Course.
Thorpe ...	Women's Course for Infant Teachers.
Thorpe ...	Women's Course for Junior and Senior Teachers.

The attendance has been very good indeed, and the courses continue to provide opportunities for most valuable work.

(ii.) *Film Demonstrations.* During March the Committee arranged to hire eight Physical Education Films from the Gaumont British Educational Film Bureau. These films were shown during one week on successive evenings and Saturday morning to teachers at the following six centres: Attleborough, Stalham, Downham Market, Fakenham, Thorpe and King's Lynn. Altogether approximately 700 teachers saw the films, which were also shown during rehearsals to a large number of children.

(iii.) *Vacation and Refresher Courses.* Two Norfolk teachers attended the three months' Physical Training Courses arranged at Homerton and Goldsmith's Colleges, and eight others joined the Scarborough, Loughborough and Gorleston Summer Vacation Schools.

(iii.) **Secondary Schools.**

This year has seen the completion of the new Gymnasia at Diss Secondary School and East Dereham Girls' High School. Both are fully equipped gymnasia and afford excellent opportunities, not only for the children attending the schools but also for adult recreative classes. Thanks are due to the Governors and Head Teachers of these schools and of the Fakenham, Swaffham, North Walsham, Thetford and Downham Market Secondary Schools for their willing co-operation in allowing their gymnasia to be used for so much adult physical work.

(iv.) **Pupil Teachers' Centre.**

Monthly instruction for the Pupil Teachers continues to be given at the Norwich Centre. This is now the only centre in the county. Further visits have been made to the new schools near Norwich, where classes of children have been observed at work.

(v.) **Recreative Physical Training and Work with Adolescents and Adults.**

The impetus given to this side of the work by the passing of the Physical Training and Recreation Act in 1937, together with the great publicity campaign, has helped considerably to bring physical training to the fore amongst adults.

There has been an ever-increasing demand upon the time of the Organisers for Leaders' Training Courses, demonstrations, visits to voluntary classes, lecture-demonstrations to Women's Institutes, and routine visits to Evening Institute Classes.

(a) **LEADERS' TRAINING COURSES.** Leaders' "Keep Fit" training courses for women, followed by public demonstrations, have already been held at Fakenham, King's Lynn, Watton and Sprowston, and at the present time similar courses are running at North Walsham for women and at Fakenham for men. Demonstrations of "Keep Fit" work were also given at Dereham and Wymondham in September and October. In all cases these demonstrations have resulted in the formation of "Keep Fit" classes for the public in those areas.

At the Fakenham Men's Leaders' Class it is especially worth noting that a great many of the members have been drawn from voluntary organisations in no way connected with school work. Teachers already in charge of Evening Classes have also come for further instruction.

(b) **THE EVENING INSTITUTE CLASSES.** The Evening Institute Classes, under the Committee's Regulations for Further Education, have been almost doubled in number this session, and from September, 1938, 44 Classes have been running at the 22 Centres.

(c) **VOLUNTARY CLASSES OF PHYSICAL RECREATION.** In addition to these Regulation Evening Institute Classes, there are now a great many Voluntary Classes in existence, many being taken by the Leaders who have attended the training courses during the past year. These classes, if in need of financial assistance, can now receive help, if certain conditions are fulfilled, from the Local Education Authority under Section 86 of the Education Act. Valuable work is being done, and the increasing number of these classes is proof of their popularity.

(d) **THE NORFOLK 'TEACHERS' GYMNASTIC ASSOCIATION.** There are now three branches of this Voluntary Association:—

- | | |
|--|--------------|
| 1. Norwich Branch (No. 1) | Formed 1929. |
| 2. Fakenham Branch (No. 2) | „ 1937. |
| 3. West Norfolk & King's Lynn Branch (No. 3) | „ 1938. |

Regular meetings have been held at Lynn and Fakenham, and the Organisers have been pleased to have the opportunity of meeting in this purely voluntary and recreational atmosphere, so many of the teachers in the county. Social evenings have also been held at the end of the terms, when friends from other clubs in the district have been invited.

(vi.) **Work in Co-operation with the Area Fitness Committee.**

During the three weeks in July when representatives from the Central Council of Recreative Physical Training were in Norfolk and Suffolk at the invitation of the Area Fitness Committee, the Organisers were invited to co-operate in connection with various activities.

A week-end gathering was arranged at the Walsingham Youth Hostel from 23rd to 24th July. Outdoor activities on the meadow opposite the hostel were planned for both men and women under the direction of the Central Council Representatives and the Committee's Organisers. The Hostel provided accommodation for several visitors, whilst others came for the practical sessions on the second day. The Education Secretary was present during the morning, and also spoke at the lunch on the 24th, and Mr. Bruce Harris, H.M.I., twice visited the gathering.

Demonstrations of games and athletics for men and women were arranged in Norwich on two separate evenings and the Organisers again were able to help on these occasions.

(vii.) **Conclusion.**

It will be seen that there has been increased activity in all directions. While the time of the Organisers is more and more taken up with the encouragement and supervision of classes for adolescents and adults, every effort is being made to maintain close contact with the work in the Elementary Schools. Although there is much to be done for people who have left school, it seems obvious that in the building of a fit nation it is the foundations laid during school days that are, after all, of supreme importance.

M. W. SEGGER (Miss).

J. WILKINSON.

PROVISION OF MEALS.

Milk in Schools Scheme.

At the end of 1938 there were 491 Elementary School Departments and 11 Secondary Schools in the County. Of these, 272 Elementary School Departments and 10 Secondary Schools were in receipt of milk under the Milk Marketing Board's Scheme. These figures show an increase of 14 and 1 respectively over those for the previous year.

233 schools were receiving supplies of Tuberculin Tested, Pasteurised or Accredited milk. In accordance with the requirements of the Milk (Special Designations) Order, 1936, routine inspections were made of the premises concerned and samples taken for cleanliness and biological examinations. 49 schools received milk from 39 non-designated producers, and from these 88 samples were taken for cleanliness examination, 26 of which failed to pass the test. 50 bulk samples were also taken from these producers for examination against the presence of tubercle bacilli. In one case a positive result was obtained and this was referred to the Ministry of Agriculture and Fisheries for investigation.

Considering the fact that the remuneration does not provide any real attraction (more especially from the point of view of the small producer who has to instal extra equipment to bring the supply up to the required standard) it may be said that the progress of the scheme is reasonably satisfactory.

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 ¼rd pint bottles.	No. of Depts.	No. of Children.	No. of ¼rd pint bottles.
January	259	12906	187375	83	375	6599
February	262	13022	227355	84	376	8508
March	264	13328	274029	87	405	10498
April	268	13451	171440	89	410	6540
May	269	13582	269446	90	424	11061
June	274	13398	213052	92	454	9024
July	269	13115	236743	94	459	10694
August	71	2846	15286	25	164	1006
September	261	13001	216638	94	441	10377
October	267	13564	255106	97	465	11496
November	271	13907	280648	103	473	12505
December	272	13749	204387	102	466	9632
			2551505			107940

The number of bottles paid for by parents is 262,799 more than 1937, whilst 29,911 more bottles were supplied free. The latter figure represents an increase of 36% and demonstrates the effort which is being made by the Committee to assist in improving the nutrition standard of the under-nourished child whose parents are in poor financial circumstances. As a result of the examination of children in the routine age groups, 15.2% were found to have subnormal nutrition. The number receiving free milk represents 1½% of the number on the books.

Provision of other forms of extra nourishment.

Extra nourishment has also been provided upon the recommendation of the Assistant Medical Officers in the various forms indicated. In

each case the nourishment has been provided free because the parents have been unable to afford to supply it themselves. The income scale used is the same as that which operates in connection with the supply of free milk.

Nourishment.	No. of cases.	Total amount provided.
Cod Liver Oil ...	13	206 ozs.
Maltoline ...	14	57 lbs.
Maltoline with Iron ...	5	14½ lbs.
Parrish's Food ...	16	388 ozs.
Virol ...	27	126 lbs.
Glucose D ...	2	5 lbs.
Halibut Liver Oil ...	1	50 ccs.

73 individual children have participated in the supply through the Committee's Scheme of these forms of extra nourishment and in many cases the benefit derived is most noticeable. At the end of the year 46 children were still receiving such treatment. Some of the cases also have free milk, and in certain instances when the condition has improved, milk is substituted for the Cod Liver Oil, etc., as the case may be.

With very few exceptions, these preparations are taken by the children at school during the morning and afternoon breaks, and a word of appreciation is due to the Head Teachers concerned for their willing co-operation in this respect.

The children are examined at approximately three-monthly intervals, and recommendations made as to further supplies.

School Dinners.

Hot mid-day meals are provided on payment at about a dozen of the Central and Senior Schools, and the provision of free meals in necessitous cases where there is a medical need is now under consideration.

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

Every effort is made to secure the co-operation of parents by pointing out the benefits which are derived by the examination and treatment of children under the Authority's various schemes. There is no doubt that such co-operation is more readily afforded in these days when physical fitness is so much to the fore.

It is of particular interest to note that the percentage of dental treatment acceptances is the highest yet recorded.

The value of the assistance given by the teaching staffs is inestimable, and I cannot sufficiently thank them for their untiring efforts. Any extension calls for further co-operation on their part, which is so willingly given.

In addition to the service rendered by those Head Teachers who are members of Local Care Committees, much valuable work is being done by other interested persons who are also members, and to these I would extend my appreciation of their efforts.

Once again the local Inspectors of the N.S.P.C.C. have come to my aid when other measures have failed. 38 cases of general neglect, verminous conditions or failure to provide treatment, involving 109 children,

most of whom were of school age, were investigated. In most cases, improvement in the home conditions or consent to treatment were forthcoming without recourse to extreme measures.

There are many other organisations and individuals not specifically mentioned but to whom my thanks are due for all the assistance which they have rendered during the year.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

Statistical information concerning these children will be found in Table III on pages 40 to 42.

35 children for whom the Authority is responsible were in attendance at the East Anglian School for Blind and Deaf Children, Gorleston-on-Sea, on the 31st December, 1938. 9 of these children were first admitted during the year.

33 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.
Incapable of receiving benefit from instruction in a Special School	1	1
{ Idiots	...	13
{ Imbeciles	2	2
{ Others	2	1
"Special circumstances" cases	...	...
Children who, in addition to being mentally defective were blind or deaf	1	—
	16	17

Dr. R. Louis Rose commenced duty on the 13th June with the prime object of making an ascertainment of mentally defective children, and a report on his work appears as a separate article on pages 34 to 36.

Two feeble-minded children are being maintained at Certified Schools.

Information respecting physically defective children treated at the County Council's Residential School, Melton Lodge, Gt. Varmouth, will be found under the heading dealing with Orthopædic Treatment.

5 children suffering from severe Epilepsy were admitted to Special Schools, making a total of 6 children at such Schools at the end of the year. Accommodation is very limited, and there is usually a waiting period of about six months before vacancies are available. The nearest Special School is probably that at Lingfield in Surrey, and very often parents are averse to consenting to their children being sent so far away.

The greatest difficulty is experienced in placing children with a combination of defects, and it is usually such cases that need institutional treatment most.

Higher Education for Blind, Deaf, Defective and Epileptic Students has been provided as follows:—

- (a) **Blind.** At the Norwich Institution for the Blind, 7 cases were on the books at the beginning of the year, 2 were admitted during the year and 4 were discharged, leaving 5 cases at the end of the year. Of those discharged, 3 were transferred to the workshops and one to the Home Workers' Scheme. 1 student is being maintained at the Royal Normal College for the Blind, London.

(b) **Physically defective.** 4 students have received training at recognised Cripples Training Colleges, and in 3 cases this is being continued during 1939.

(c) **Epileptic.** 1 student is being trained at the Chalfont Colony, Bucks.

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.)

1006 children were excluded or re-excluded during 1938, as follows:—

Contagious Diseases:—

Impetigo	...	...	271	Ringworm—Body	...	7
Pediculosis	...	...	146	Ringworm—Scalp	...	9
Scabies	...	...	46	(Until rules are complied with)		
Conjunctivitis	...	...	180			
Eczema	...	...	2			

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

Anæmia	...	...	6	Nervous Diseases	...	15
Adenitis	...	...	8	Otorrhœa	...	10
Debility (general)	...	...	27	Rheumatism	...	9
Epilepsy	...	...	3	Tonsillitis	...	16
Heart Disease	...	...	11	Tuberculosis	...	26
Lung Conditions (not Tubercle)	...	...	37	Other diseases	...	177

112 certificates were also issued to cover irregular attendance.

PERMANENT EXCLUSIONS.

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

Mental Deficiency	...	17	Severe Asthma...	...	1
Severe Epilepsy	...	4	Severe Eczema and Asthma	...	1
Deaf (within the meaning of the Act)	...	1	Severe Heart disease	...	4
Amputation of legs and paroxysmal tachycardia	...	1	Physical and mental retardation	...	1
Progressive muscular atrophy	...	1			

MISCELLANEOUS WORK.

93 swabs were taken in connection with the prevalence of diphtheria, and 3 were positive to K.L.B. Of 43 taken from scarlet fever suspects, 1 shewed the presence of hæmolytic streptococci.

48 specimens of hair were examined for ringworm and 27 were positive.

20 candidates were examined for the teaching profession, and 29 candidates for the Royal Air Force.

Following proceedings under the Children and Young Persons Act, 26 children and young persons were examined prior to admission to Approved Schools.

113 applications, under Section 6 of the National Health Insurance (Juvenile Contributors and Young Persons) Act, 1937, were received from medical practitioners for information as to the medical history of young persons accepted for treatment. In 109 instances, the information was supplied, 2 applications were passed to other Authorities as the young persons referred to had last attended an Elementary School within the area of these Authorities, and in the 2 remaining cases no medical records were available.

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.

The Pupil Teacher Centre at Melton Constable was closed at Christmas, 1937, and the pupils were transferred to the Dereham Centre. This latter Centre was closed in July, 1938, and the pupils were transferred to the Norwich Centre.

MEDICAL INSPECTION.

With the exception of one school where the medical inspection has been conducted "en bloc" in the Autumn term, all the Secondary Schools are visited each term and certain forms examined, female Medical Officers visiting the Girls' Schools. All pupils in school are thus examined during the year. The pupils at the Norwich Pupil Teacher Centre were examined during the Autumn Term.

FINDINGS OF MEDICAL INSPECTION.

The number of routine examinations was slightly increased. Defects noted for treatment shewed a decrease, but defects under observation were increased. Cases of slightly sub-normal nutrition were increased by 60, giving a percentage of 8.15 as compared with 5.69 the previous year. This increase is largely due to cases of sub-normal nutrition found amongst entrants.

FOLLOWING UP.

Arrangements for following up are as previously outlined.

MEDICAL TREATMENT.

The facilities available for Elementary School children can be taken advantage of by Secondary School pupils.

The undermentioned defects have been dealt with:—

(i.) Under Education Committee's Scheme.

	Refraction Work.	Operations. Tonsils and Adenoids.
(a) Vouchers issued—		
Ophthalmic Specialists ...	13	—
General Practitioners ...	1	2
(b) By Assistant Medical Officers	44	—

Glasses were prescribed and supplied in 7 cases examined by Ophthalmic Specialists and in the one case examined by an Approved General Practitioner. Glasses were unnecessary in 2 instances, and 4 vouchers were outstanding at the end of the year.

Of the 44 cases in which retinoscopy was carried out by the Assistant Medical Officers, glasses were prescribed and supplied in 40 instances and 4 pupils did not require spectacles.

(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. Re-examinations show that the majority of other defects receive attention.

DENTAL TREATMENT.

10 of the 11 Secondary Schools have been visited during the year, and the figures therefore show a substantial increase over last year when 5 Schools were visited. Pupil Teacher Centres at Norwich and Dereham were also inspected and treated.

The percentage of acceptances for treatment is usually higher than that for Elementary Schools. Two of the Secondary Schools had 100% acceptances, the figure for all Secondary Schools being 67.6%.

INFECTIOUS DISEASES.

In one or two instances the advice of the School Medical Officer has been sought and readily given, with regard to the control of infectious disease.

SCHOOL DINNERS.

During the year the Committee decided that in the case of other than fee-paying pupils, consideration would be given to the provision of an additional allowance for pupils suffering from malnutrition in order to enable them to have the school dinner. It is anticipated that several pupils will benefit under this arrangement from 1939 onwards.

SPECIAL REPORT ON THE ASCERTAINMENT OF MENTALLY DEFECTIVE CHILDREN.

By Dr. R. LOUIS ROSE.

In the first instance, Head Teachers were asked to submit lists of children who were mentally retarded three years or more in order that such cases might be individually investigated. Subsequently, however, it was found advisable to adopt a more comprehensive system to ensure that all children beyond normal educability might be included.

(1) **Work Completed.**

Investigations have been carried out on children of ages varying from 6 months to 16 years. Reports upon individual cases have been made and treatment advised. These cases will be followed up.

Individual behaviour problems reported to the School Medical Officer are being dealt with along Child Guidance lines.

Lectures on related subjects have been delivered to persons actively interested in child welfare.

457 cases have been examined since June, the distribution being as follows:—

Classification.	Number of children examined.			Total.
		Also unstable.		
Dull	119	36		155
Backward	51	19		70
Unstable	4	4		4
Feeble-minded—				
(a) Educable	*160	32		*192
(b) Ineducable	3	—		3
Imbeciles	26	—		26
Idiots	3	—		3
Insane	1	—		1
No mental defect	1	—		1
Under observation	1	1		2
	369	92		457

*Includes one child who is also deaf.

Recommendations appropriate to each individual case have been made.

(2) **Work on Hand.**

A large number of educationally retarded children have been reported and the daily routine (with individual exceptions where necessary) consists of assessing these individuals.

Group Tests are being tried out with a view to finding the most efficient and economical methods of administration.

Individual "problem" children continue to be reported for investigation and advice.

(3) **Work to be Done.**

It is impossible to give a precise forecast of the period necessary for the completion of the ascertainment of defectives, but it is certain that it will not be achieved during the year originally estimated. At least several months longer will be needed. Many children remain to be tested to complete the ascertainment.

New admissions to the schools and the advance in age of young children provide fresh material for examination, and it must be realised that investigation and training of the intellectually sub-standard or of the unstable will call for continuous effort. I estimate that some 300-500 children will need individual investigation annually, apart from the routine administration of Group Tests.

The Rural Standards desired will be obtained and the Test Score Sheets are being analysed by a Research Worker under the direction of Professor Cyril Burt at the Psychological Laboratory in University College, London.

It is proposed to elaborate the method of selection as previously mentioned. This will take place at such a time as to render the complete working of the scheme possible throughout the school population during any one year, so that a continuous cycle may be initiated if so desired by the Committee. In this connection it must be remembered that there are approximately 20 school children per square mile in Norfolk as opposed to about 1000 per square mile in London. No scheme at present worked in a town is likely to be suitable for a sparsely populated rural district, and a wide view must be taken of the problem if it is to be solved efficiently.

It is proposed to carry out a Group Test with the co-operation of the Medical Superintendent of Little Plumstead Hall with a view to obtaining **according to rural standards** the lowest level of intelligence which will enable any young adult or adolescent to exist unsupervised in the social environment of Norfolk. This more accurate assessment than is at present available will be of use in estimating the likelihood of leavers requiring supervision.

(4) **Permanent Schemes Desirable.**

With regard to the schemes suggested for promoting the welfare of all young persons in the County, it is proposed at this stage only to outline broadly the general plans.

(a) **Education.** It will become necessary to formulate a scheme for education of the retarded children in the schools.

At this stage of the investigation, it is not possible to do more than suggest that the establishment of Special Schools for Mental Defectives will not be practicable in this sparsely populated County. The alternative will most probably be a series of special classes in the ordinary schools, staffed by teachers especially trained for the purpose. Here again there will probably be insufficient children in any one school to occupy the energies of one teacher, and it will probably be found economical to employ the services of a series of travelling teachers who will devote certain periods in different schools in a given area.

In this respect the purpose is to render self-supporting those at present likely to be too retarded to be so on leaving school. This implies a reasonable amount of contact with normal children—a situation obtainable in Special Classes but not in Special Schools. The special methods involved in this form of education are implicit in the work of the Education Authority.

It might be well to indicate at this point that at least several hundred children are likely to be in need of special education at any one time.

(b) **Child Guidance.** It should be made known that advice is obtainable upon children exhibiting behaviour deviations of all types during the period of this investigation in order that they may be rendered acceptable in their social environments. In the event of the establishing of a permanent service of this type, regular clinics for child guidance might be instituted.

(c) **Card-Index System.** It is suggested that in the card-index system will be incorporated environmental histories obtained from Head Teachers and others. For this purpose a permanent, though brief, record might be kept at schools and details of incidents added as they occur. Emphasis will be laid upon items of fact as opposed to those of hearsay. A periodical entry will be made on each card in conjunction with this record. There is no suggestion of a deliberate investigation into private affairs. The card would be available for all authorities concerned with young people—magistrates, prospective employers, teachers, etc., and, of course, the Education and School Medical Departments.

To render this service useful it will be necessary to bring to the notice of such authorities the existence of such information.

This would be of especial value in view of a recent recommendation of the House of Commons Standing Committee that the advice of, and if necessary treatment by, mental specialists should be sought in cases of delinquency.

MEDICAL INSPECTION RETURNS.

ELEMENTARY SCHOOLS.

TABLE I.—RETURN OF MEDICAL INSPECTIONS.
Year ended 31st December, 1938.

A.—Routine Medical Inspections.

Number of Inspections in the prescribed Groups—			
Entrants		3970	
Second Age Group		3891	
Third Age Group		3669	
	TOTAL	—	11530
Number of other Routine Inspections			302
			<hr/>
GRAND TOTAL			11832
			<hr/>

B.—Other Inspections.

Number of Special Inspections	1557	
Number of Re-Inspections	12944	
	<hr/>	14501
		<hr/>

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	8	627	630
Second Age Group	109	457	548
Third Age Group	131	288	406
Total (Prescribed Groups)	248	1372	1584
Other Routine Inspections	12	34	45
Grand Total	260	1406	1629

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1938.

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	3	...	3	...
Body	3	...	1	...
Scabies	7	2	4	...
Impetigo	19	3	263	...
Other diseases (Non-Tuberculous) ...	52	33	137	2
Eye—				
Blepharitis	98	22	38	...
Conjunctivitis	10	11	4	1
Keratitis ... ..	...	...	...	...
Corneal Opacities ... ..	...	5	1	...
Other Conditions (excluding Defective Vision and Squint)	15	28	44	3
Defective Vision (excluding Squint) ...	260	405	44	13
Squint	74	99	12	2
Ear—				
Defective Hearing	25	38	9	3
Otitis Media	29	45	8	2
Other Ear Diseases	17	29	8	5
Nose and Throat—				
Chronic Tonsillitis only	159	782	43	43
Adenoids only	51	104	18	5
Chronic Tonsillitis and Adenoids ...	208	419	26	13
Other Conditions	21	68	5	5
Enlarged Cervical Glands (Non-Tuberculous)	25	677	27	33
Defective Speech	11	53	2	9
Heart and Circulation—				
Heart Disease:				
Organic	4	51	2	2
Functional	4	75	1	2
Anæmia	102	63	12	3

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	21	85	4	...
Other Non-Tuberculous Diseases ...	23	101	3	10
Tuberculosis—				
Pulmonary:				
Definite ... ..	..	3	...	...
Suspected	5	16	...	2
Non-Pulmonary:				
Glands	11	86	6	4
Bones and Joints	1	5	...	...
Skin	1	...	...	...
Other Forms	6	7	...	1
Nervous System—				
Epilepsy	2	8	4	1
Chorea	1	14	2	1
Other Conditions	3	27	...	2
Deformities—				
Rickets	9	58	...	1
Spinal Curvature	8	21	...	2
Other Forms	259	235	15	8
Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases)	227	322	842	51
TOTALS	1774	4000	1588	229

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	3970	450	11·3	2933	73·9	584	14·7	3	0·1
Second Age-group	3891	397	10·2	2778	71·4	711	18·3	5	0·1
Third Age-group ...	3669	579	15·8	2651	72·2	433	11·8	6	0·2
Other Routine Inspections ...	302	35	11·6	214	70·9	53	17·5	...	...
TOTALS	11832	1461	12·3	8576	72·5	1781	15·1	14	0·1

**TABLE III.—RETURN OF ALL EXCEPTIONAL CHILDREN
IN THE AREA, Year ended 31st December, 1938.**

(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.
9	1*	10

*Arrangements are in hand for admission to Certified School.

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.
1	...	9	...	2	12

DEAF CHILDREN.

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

PARTIALLY DEAF CHILDREN.

At Certified Schools for the Deaf and Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
5	3	...	...	8

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.
2	198	1	22	223

EPILEPTIC CHILDREN.

Children suffering from severe Epilepsy.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
6	4	...	12	22

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.
6	60	3	11	80

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.
15	161	2	24	202

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.
12	222	2	36	272

C. CRIPPLED CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
9	136	5	44	194

D. CHILDREN WITH HEART DISEASE.*

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
...	25	...	14	39

*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 feeble-minded	1	1	...	2
Severe epilepsy and crippled	2	...	...	2
Crippled and feeble-minded	1	...	1	2
Heart and feeble-minded	1	..	...	1
Deaf and feeble-minded	1	1

TABLE IV.—RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st DECEMBER, 1938.

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 ...	4	...	4
(ii) Other Treatment ...	27	2	29
Ringworm—Body ...	17	1	18
Scabies ...	23	...	23
Impetigo ...	631	12	643
Other Skin Disease ...	334	15	349
Minor Eye Defects ...	257	36	293
(External and other, but excluding cases falling in Group II.)			
Minor Ear Defects ...	83	27	110
Miscellaneous ...	1420	3	1423
(e.g., minor injuries, bruises, sores, chilblains, etc.)			
TOTALS ...	2796	96	2892

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)	908	100	1008
Other defect or disease of the eyes (excluding those recorded in Group I)	2	9	11
TOTALS	910	109	1019
No. of Children for whom spectacles were			
(a) Prescribed	725	73	798
(b) Obtained	725	51	776

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

Number of Defects.												Received other Forms of Treatment.	Total Number Treated.
Received Operative Treatment.													
Under the Authority's Scheme, in Clinic or Hospital.				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total.				(4)	(5)
(1)				(2)				(3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	265	962
4	6	627	...	9	1	43	7	13	7	670	7		

(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)			
	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	19	40	24	2	2	...	74

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
	& under									& over	
Number	2967	2770	2932	2982	3088	3129	2955	2790	2797	1278	27688
(b) Specials											
		...	...	...	...	...	...	...	...	...	904
(c) TOTAL (Routine and Specials)											
											28592
2. Number found to require treatment											
											19722
3. Number actually treated											
											11314
4. Attendances made by children for treatment											
											13970
5. Half-days devoted to:—											
Inspection		...	...	...	...	...	...	...	459		
Treatment		...	...	...	...	...	...	...	1991		
				Total	...	...	...	...	—		2450
6. Fillings:—											
Permanent Teeth	...	...	...	...	...	...	...	...	5901		
Temporary Teeth	...	...	...	...	...	...	...	...	187		
				Total	...	...	...	...	—		6088
7. Extractions:—											
Permanent Teeth	...	...	...	...	...	...	...	...	3179		
Temporary Teeth	...	...	...	...	...	...	...	...	19540		
				Total	...	...	...	...	—		22719
8. Administrations of general anæsthetics for extractions											
											*637
9. Other Operations:—											
Permanent Teeth	...	...	...	...	...	...	...	...	15878		
Temporary Teeth	...	...	...	...	...	...	...	...	6344		
				Total	...	...	...	...	—		22222

*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	...	...	...	...	5.35
(ii)	Total number of examinations of children in the Schools by School Nurses	...	...	...	...	177097
(iii)	Number of <i>individual</i> children found unclean	...	...	...	...	1477
(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	...	...	...	...	1

SECONDARY SCHOOLS.

(Including Pupil Teacher Centres.)

TABLE I.—RETURN OF MEDICAL INSPECTIONS.
Year ended 31st December, 1938.

A.—Routine Medical Inspections.

Number of Inspections in the prescribed Groups—					
Entrants	...	...	...	...	469
Yearly Examinations	...	...	...	...	1745
Leavers	...	...	...	...	57
		TOTAL	...	...	2271
Number of other Routine Inspections					
			—
		GRAND TOTAL	...	...	2271

B.—Other Inspections.

Number of Special Inspections	...	...	...	...	15
Number of Re-Inspections	...	...	...	...	822
		TOTAL	...	...	837

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	...	...	...	...	108
Yearly Examinations	...	...	...	...	164
Leavers	...	...	...	...	10
<hr/>					
Total (Prescribed Groups)	...	...	...	...	282
<hr/>					
Other Routine Inspections					
			—
		GRAND TOTAL	...	...	282

SECONDARY SCHOOLS.

(Including Pupil Teacher Centres.)

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended
31st December, 1938.

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)
Skin—				
Ringworm—				
Scalp	...	...	...	...
Body	...	...	...	...
Scabies	...	...	...	...
Impetigo	...	...	...	...
Other diseases (Non-Tuberculous)	42	43	...	...
Eye—				
Blepharitis	18	18	...	1
Conjunctivitis	...	...	...	...
Keratitis	...	...	...	...
Corneal Ulcer	...	1	...	...
Other Conditions (excluding Defective Vision and Squint)	2	15	...	1
Defective Vision (excluding Squint)	50	58	2	...
Squint	1	11	...	...
Ear—				
Defective Hearing	3	4	...	1
Otitis Media	2	2	...	...
Other Ear Diseases	3	...	...	...
Nose and Throat—				
Chronic Tonsillitis only	11	154	2	2
Adenoids only	2	3	...	...
Chronic Tonsillitis and Adenoids	2	1	...	...
Other Conditions	4	29	...	...
Enlarged Cervical Glands (Non-Tuberculous)	3	41	...	...
Defective Speech	...	5	...	...
Heart and Circulation—				
Heart Disease:				
Organic	...	5	...	...
Functional	...	17	...	...
Anæmia	7	14	...	...

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

Defect or Disease.	Routine Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
	(2)	(3)	(4)	(5)
(1)				
Lungs—				
Bronchitis ... ..	...	2	...	...
Other Non-Tuberculous Diseases ...	2	11	...	...
Tuberculosis—				
Pulmonary:				
Definite ... ..	...	...	...	...
Suspected ... ..	...	...	...	...
Non-Pulmonary:				
Glands	1	1	...	...
Bones and Joints ... ..	...	...	...	...
Skin ... ..	...	...	...	...
Other Forms ... ..	...	1	...	...
Nervous System—				
Epilepsy ... ..	...	...	...	...
Chorea ... ..	...	1	...	...
Other Conditions	5	10	...	...
Deformities—				
Rickets ... ..	...	1	...	...
Spinal Curvature	6	21	...	...
Other Forms	85	74	1	2
Other Defects and Diseases (excluding Un- cleanliness and Dental Diseases) ...	31	35	1	2
TOTALS	280	578	6	9

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	469	64	13.65	336	71.64	69	14.71	...	...
Yearly Examinations ...	1745	230	13.18	1401	80.29	114	6.53	...	...
Leavers	57	11	19.30	44	77.19	2	3.51	...	...
Other Routine Inspections ... ..	...	...	...	...	...	...	...	...	...
TOTALS	2271	305	13.43	1781	78.42	185	8.15	...	...

SECONDARY SCHOOLS.

(Including Pupil Teacher Centres.)

TABLE IV.—RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st DECEMBER, 1938.

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)	58	24	82
Other defect or disease of the eyes ... ..	...	...	...
No. of Pupils for whom spectacles were			
(a) Prescribed	50	23	73
(b) Obtained	55	23	78

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

Number of Defects.												Total Number Treated.	
Received Operative Treatment.											Received other Forms of Treatment.		
Under the Authority's Scheme, Clinic or Hospital.				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total.					
(1)				(2)				(3)			(4)	(5)	
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
...	...	2	...	4	...	1	3	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	...	Under 12	12	13	14	15	16	over 16	Specials	Total.
Number	...	168	285	363	367	277	186	147	7	1795
2. Number found to require treatment 1106										
3. Number actually treated 744										
4. Attendances made by children for treatment ... 1408										
5. Half-days devoted to:—										
Inspection 25										
Treatment 304										
Total 329										
6. Fillings:—										
Permanent teeth 1950										
Temporary teeth —										
Total 1950										
7. Extractions:—										
Permanent teeth 416										
Temporary teeth 161										
Total 577										
8. Administrations of general anæsthetics for extractions 30										
9. Other Operations:—										
Permanent teeth 3120										
Temporary teeth 2										
Total 3122										

