**[Report 1950] / School Medical Officer of Health, Norfolk County Council.**




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NORFOLK EDUCATION COMMITTEE

# Annual Report

of the

## SCHOOL MEDICAL OFFICER FOR 1950

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# PREFACE.

In the year under review, 18,858 children were examined at periodic medical inspections, this being 853 more than in 1949. 18.72% of those examined were found to have defects requiring treatment, as compared with 17.02% in the previous year. Defects of eyes, nose and throat, and orthopædic defects as usual accounted for the vast majority of all the defects found, viz., 75%, almost the same as in 1949.

The improvement in the general nutrition of Norfolk school children has been maintained. 37.99% of the children were classed as of "good" condition, compared with 33.65% in 1949, 54.4% as of "average" or "fair" nutrition and 7.61% as of "poor" nutrition, the latter figure being almost exactly the same as for 1949. These statistics confirm the impression which most people have, who work amongst school children, that there has been a marked improvement in their general nutrition since the war.

61.8% of Norfolk school children were on the 18th October in receipt of school dinners, showing a slight increase over the previous year. There has been a further increase in the amount of extra nourishment items prescribed by the medical staff during the year, mostly in the form of cod liver oil and malt preparations. There appears to be a consensus of opinion among inspecting medical officers that school children need more vitamin supplements to their diet under existing conditions than used to be the case.

Fewer children were found to require special examination by the heart specialist.

During the whole of 1950 it was possible to have the services of one speech therapist only in the county and consequently it was impracticable to treat more than two-thirds of the number of cases which were dealt with in 1949.

351 handicapped pupils were ascertained and of this number, 153 were in the educationally subnormal category. In the last quarter of the year, the Norfolk Education Committee's new residential special school for educationally subnormal children was opened, with a capacity of 86. This will ease the problem of providing special educational facilities for this category, but there remains still a large number of children who need those facilities but still cannot be catered for. It seems that the further development of special day classes for educationally subnormal children in suitable centres throughout the county will have to be considered in order to cope with this problem.

12 delicate pupils are being maintained in residential special schools in other parts of the Country and 86 are attending ordinary schools in Norfolk. There is a need for a residential special school in the County to cater for the physical well-being and education of delicate children, whose condition is such that they need close medical supervision and an environment for their education which cannot be provided in ordinary schools.

The state of the school dental service is mentioned in the report by the senior dental officer. The service continues to deteriorate because of lack of professional staff and in large areas of the county, school dental inspection and treatment has, for some time, ceased altogether. No prospect of improvement in this situation is at present in sight and drastic action is urgently required to save the teeth of the school children of Norfolk and indeed of the nation.

The school nurses carried out 234,577 cleanliness inspections during the year. The number of children inspected who were found to be verminous showed a decrease as compared with the previous year.

The work of the child guidance service continued to expand and there was a further large increase in the number of cases seen. There is an increasing public demand for the type of advice given at child guidance centres and, furthermore, assistant medical officers and other medical practitioners are becoming more and more appreciative of the benefits derived from attendance at these centres.

There were 19 admissions to the Education Committee's hostel for maladjusted children at Colne Cottage, Cromer, and 11 children were discharged as cured. The pressure on places at the hostel, particularly for boys, is quite acute and as this type of case requires speedy treatment, the Committee has given consideration to an expansion of accommodation for this category of handicapped child.

At the Education Authority's 23 minor ailments clinics in the county, 5,652 children received treatment, an increase of 678 over the previous year.

May I take this opportunity of expressing my gratitude for the continued help and co-operation which I have had from the consultant medical staff.

Finally, I would like to thank the Chief Education Officer, head teachers and the professional and clerical staff of the county health department for their co-operation and assistance throughout the year.

T. RUDDOCK-WEST.

Public Health Department,
29, Thorpe Road,
Norwich.
*July, 1951*

# STAFF OF THE SCHOOL HEALTH SERVICE DURING 1950

### 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.

### Senior Assistant School Medical Officer:

W. W. SINCLAIR, M.B., Ch.B., D.P.H.

### Assistant School Medical Officers:

*A. E. BROWN, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. (from 13th May)

* C. T. DARWENT, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.

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

* A. B. GUILD, M.B., Ch.B., D.P.H., D.I.H., D.T.M. & H.

* J. HAMILTON, M.B., Ch.B., D.P.H., D.T.M. & H.

O. C. HAMILTON-JONES, M.R.C.S., L.R.C.P., D.P.H. (from 16th October).

VIOLET M. JEWSON, M.A., M.B., Ch.B.

* J. C. JOHNSTON, M.B., B.Ch., B.A.O., D.P.H.

ROSEMARIE D. LINCOLN, M.B., B.S. (Temporary part-time)

*R. N. C. McCURDY, M.B., Ch.B., D.P.H. (Temporary from 1st May. Assistant County Medical Officer and District Medical Officer of Health from 25th September).

C. MARGARET McLEOD, M.B., Ch.B. (part-time)

* J. H. F. NORBURY, M.B., B.S., D.P.H.

* C. O'DONOVAN, M.B., B.Ch., B.A.O, D.P.H.,

* C. W. ORR, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H. (to 7th October).

* Also assistant county medical officer and district medical officer of health.

### Senior Dental Officer:

P. MILLICAN, L.D.S. R.C.S. (Eng.)

### Dental Officers:

I. F. BURNS, L.D.S., R.C.S. (Edin.) (to 9th March).

SADIE S. HOW, L.D.S., R.C.S. (Eng.)

J. NIXON, L.D.S., R.C.S. (Edin.)

E. C. PACKHAM, L.D.S., R.C.S. (Eng.)

F. W. WALMSLEY, L.D.S., R.C.S. (Edin.)

C. R. WOLFENDALE, L.D.S., R.C.S. (Eng.) (to 6th April).

### †ORTHOPÆDIC PHYSIOTHERAPISTS:

Mrs. M. P. BAKER, C.S.P., O.N.C.

Miss M. C. BOYCE, C.S.P.

Miss S. K. MELLONIE, C.S.P. (from 6th March).

Miss M. H. WYER, C.S.P., O.N.C., M.A.O.T.

†To 6th November when orthopædic scheme transferred to Norwich, Lowestoft and Great Yarmouth hospital management committee.

### Speech Therapist:

Miss J. RUTT, L.C.S.T.

## Health Visitors/School Nurses:

Mrs. L. BRADBURY, S.R.N., S.C.M., H.V.Cert.
Mrs . P. D. CHADWICK, R.S.C.N.
*Miss I. K. COLE, S.R.N., S.C.M., H.V.Cert.
Mrs. W. A. DUNNELL, S.R.N. S.C.M., H.V.Cert.
*Mrs. M. E. C. EVANS, S.R.N. S.C.M., H.V.Cert. (Part-time).
*Mrs. B. M. GRAY, S.C.M.
Miss A. E. HOLDEN, R.S.C.N.
Mrs. A. M. KNOTT, Trained Nurse, Sick Children
*Miss B. LESTER, S.R.N., S.C.M., H.V.Cert.
Mrs. F. B. NEVILLE, S.R.N
Mrs. W. M. PETTS, S.R.N.
Mrs. M. I. QUAYLE, S.R.N.
Miss M. ROBSON, S.R.N., S.C.M., H.V.Cert.
Miss C. SHINGLETON, S.R.N.
*Miss L. B. STEEL, S.R.N., S.C.M., H.V.Cert
Miss D. VICKERS, S.R.N.
Mrs. O. N. WAINWRIGHT, Trained Nurse, Sick Children
Mrs. E. WITTRED, S.R.N.

*These health visitors were employed on school nursing duties from 24th May.

## Dental Attendants:

Miss P. BAILEY (from 8th February).
Mrs. C. E. BLACK (to 28th February).
Miss G. M. LYON
Miss J. PHILLIPPO
Miss S. PILON
Miss N. RADFORD
Miss B. ST. QUINTIN (to 13th May)
Mrs. D. M. SMITH
Miss I. WEST

# ANNUAL REPORT

## OF THE SCHOOL MEDICAL OFFICER

## for 1950

## I. GENERAL STATISTICS.

The area of the administrative county of Norfolk is 1,302,744 acres with an estimated population as given by the registrar-general mid-year 1950 of 362,990. The County Council is responsible for all types of education throughout its area. Subject to the general direction of the school medical officer, certain day-to-day functions of the school health service are carried out at the local health offices, each office being in charge of an assistant county medical officer.

The following table shows the number of schools in the county as on the 31st December, 1950, and the number of children on the books.

| | Number of schools. | No. of pupils on registers 31st Dec., 1950. |
|---|---|---|
| Primary ... ... ... | 421 | 37,613 |
| Modern secondary ... ... | 17 | 6,037 |
| Grammar secondary ... | 11 | 2,919 |
| Special grammar school courses | 3 | 141 |
| Nursery schools ... ... | 3 | 104 |
| | 455 | 46,814 |

The average attendance of pupils at primary and modern secondary schools for the year ended 31st March, 1951, was 87.69%.

## II. STAFF.

The school medical officer is also the county medical officer administering all the county public health services. This co-ordination of services exists in the other staff employed in the school health service, particularly in the case of assistant county medical officers who are also assistant school medical officers and district medical officers of health, and of the school nurses, more than half of whom undertake general health visiting duties.

As shown in the following table there has, compared with the previous year, been little change in the total numbers of staff employed by the Council whose work was wholly or partly devoted to the school health service as on 31st December, 1950.

| | 31st December, 1949 | | 31st December, 1950 | |
|---|---|---|---|---|
| | No. employed | Estimated time expressed in no. of whole-time officers. | No. employed | Estimated time expressed in no. of whole-time officers. |
| Medical staff ... | 15 | $7\frac{1}{2}$ | 16 | $9\frac{8}{15}$ |
| Dental officers ... | 7 | $6\frac{3}{10}$ | 5 | $4\frac{1}{2}$ |
| Physiotherapists ... | 3 | $1\frac{1}{2}$ | — | — |
| Speech therapist ... | 1 | 1 | 1 | 1 |
| School nurses ... | 12 | 12 | 18 | 12 |
| Dental attendants ... | 8 | $7\frac{1}{5}$ | 7 | $6\frac{3}{10}$ |
| Totals ... ... | 46 | $35\frac{1}{2}$ | 47 | $33\frac{1}{3}$ |

The increased number of health visitors and school nurses now doing school nursing duties and the appointment of an additional assistant medical officer is offset by the resignation of two dental surgeons and the transfer to the regional hospital board of four physiotherapists.

The names of the staff whose services were wholly or partly devoted to school health service work are given on pages 4 and 5.

There were several changes in the professional staff, details of which are given below:—

(*a*) **Assistant County Medical Officers.**

Dr. A. E. Brown was appointed as assistant county medical officer in Area No. 5 (Wymondham U.D., Diss U.D., Depwade R.D. and Loddon R.D.) and commenced duties on the 13th May in place of Dr. W. W. Sinclair, who was promoted to senior assistant medical officer at headquarters as from the 1st January.

Dr. R. N. C. McCurdy, a temporary assistant medical officer, was appointed to fill the vacancy created by the resignation of Dr. C. W. Orr, who left the county for appointment as senior assistant medical officer with the Borough of Kingston-upon-Hull on the 7th October. Dr. McCurdy took up his duties in Area No. 6 (Thetford M.B., Swaffham U.D., Swaffham R.D. and Wayland R.D.) on the 25th September.

(*b*) **Assistant Medical Officers.**

Until Dr. R. N. C. McCurdy was appointed as assistant county medical officer in Area No. 6, he was employed as temporary full-time assistant medical offcer from 1st May until 24th September.

Dr. Owen C. Hamilton-Jones was appointed as a permanent assistant medical officer in place of Dr. McCurdy and commenced duties on 16th October.

(*c*) **Consultants.**

Dr. W. E. Rutledge, Dr. G. Maxted and Dr. P. H. Beattie who had previously been holding certain clinics on behalf of this authority at their private consulting rooms, entered into contractual arrangements with the regional hospital board, and from 1st April children needing examination and treatment were referred to their hospital clinics.

With regard to consulting aural surgeons, normally children are also sent to see them at the hospital. Children needing to be seen with a view to being ascertained as handicapped pupils, however, are still referred privately to the consultants.

It is with regret that I have to report the death on 12th September of Mr. N. S. Carruthers who had acted as consultant ear, nose and throat surgeon to the school health service for many years.

(*d*) **Dental Staff.**

Mr. I. F. Burns resigned on the 10th March and Mr. C. R. Wolfendale on the 6th April. Neither of these vacancies could be filled. There were two resignations of dental attendants during the year and the vacancies were filled by transferring the two dental attendants who had worked with the two dentists who resigned. An additional attendant was appointed to work with Mr. Packham when his area was provided with a dental brake.

(*e*) **Orthopædic Physiotherapists.**

As from the 6th November, the staff of four orthopædic physiotherapists, including Miss Mellonie who was appointed in place of Mrs. Keane, was transferred to the Norwich, Lowestoft and Great Yarmouth hospital management committee.

(*f*) **School Nurses.**

The health visitors' and school nurses' areas were revised in May and at the end of the year there were eighteen school nurses and health visitors engaged on school health service work. Eight carry out school nursing only and the remainder combined duties.

## III. MEDICAL INSPECTION.

No change with regard to age groups for periodic inspection has been made, either by the Ministry of Education or the local education authority. The age groups, including those prescribed by the Ministry and those additional groups adopted by the local education authority, are given in the table below:—

| Group. | Age when inspected. | Schools concerned. |
|---|---|---|
| Entrants | Normally 5—6 years. | Primary schools. |
| Second age group | During the year in which the age of 11 is reached. | Primary schools. |
| Third age group | During the last year of attendance at | |
| | (*a*) Primary or modern secondary school (14+) | Primary and modern secondary schools. |
| | (*b*) Secondary grammar school (15+). | Secondary grammar schools. |
| Other routine inspections | During the year in which (*a*) the age of 8 is reached | Primary schools. |
| | (*b*) the age of 13 is reached. | Secondary grammar schools. |

The total number of children who had a periodic medical inspection during the year was 18,858, which was an increase of 853 on the corresponding figure for the previous year.

It is the aim each year to carry out a periodic medical examination at every school, and in 1950 only five schools had not had a complete periodic examination.

**Periodic Medical Inspections.**

| Group | No. Inspected | |
|---|---|---|
| | 1949 | 1950. |
| Entrants ... ... | 5,742 | 5,570 |
| Second age group | 4,082 | 4,252 |
| Third age group ... | 3,299 | 3,615 |
| Other periodic inspections ... | 4,882 | 5,421 |
| TOTAL ... | 18,005 | 18,858 |

In addition to periodic medical inspections, 1,193 children were specially examined where the head teacher or parent wished to have the advice of the assistant medical officer and 11,179 pupils who had a defect or defects at a previous medical inspection were re-examined at a periodic medical inspection or at a special re-examination session; the comparable figures for 1949 being 823 children specially examined and 10,639 re-examined.

No variation of arrangements for school medical inspection has been made and the co-operation of the head teachers has, as before, been always forthcoming and most helpful. However, the carrying out of medical inspection in a few small schools has presented difficulty owing to lack of space, heating and lighting, and in some instances the medical inspection has, with the approval of the committee and the Ministry of Education, had to be carried out in some building other than the school.

## FINDINGS OF MEDICAL INSPECTION.

(The figures refer to periodic inspections unless indicated to the contrary).

**Diseases and Defects** (excluding dental and nutritional defects and uncleanliness).

Of the 18,858 pupils inspected at periodic medical inspections, 3,532 or 18.72% were found to have 4,058 defects needing treatment. The comparable figures for the previous five years are given below:—

| | | | | |
|---|---|---|---|---|
| 1945 | ... | ... | ... | 22.00% |
| 1946 | ... | ... | ... | 15.98% |
| 1947 | ... | ... | ... | 21.53% |
| 1948 | ... | ... | ... | 20.85% |
| 1949 | ... | ... | ... | 17.02% |

The following table shows the distribution in age groups of those children with defects found to need treatment, together with the figures for the preceding year. Further details of the main defects found at inspections are given later in this report under their appropriate headings.

| Group | 1949. | | | 1950. | | |
|---|---|---|---|---|---|---|
| | No. of pupils | | | No. of pupils | | |
| | Inspected | Found to require treatment | Percentage | Inspected | Found to require treatment | Percentage |
| Entrants ... ... | 5,742 | 1,034 | 17.94 | 5,570 | 1,010 | 18.13 |
| Second age group | 4,082 | 717 | 17.56 | 4,252 | 784 | 18.44 |
| Third age group | 3,299 | 457 | 13.86 | 3,615 | 650 | 17.98 |
| Other inspections | 4,882 | 857 | 17.57 | 5,421 | 1,088 | 20.07 |
| TOTAL ... | 18,005 | 3,065 | 17.02 | 18,858 | 3,532 | 18.72 |

Although at first, the figure of 18.72% of children examined and found to have defects may be viewed with concern, it should be pointed out that in most cases the defects were comparatively slight and represented only a small deviation from the normal. Treatment is recommended in these cases to prevent more serious or permanent disability. It will be appreciated that many of the defects might, in fact, have remained undiscovered and untreated for many years but for these periodic inspections and have manifested themselves later in life when a cure would probably have been more difficult. The fact that even more defects (5,837 or 30.95%) were placed under observation shows the preventive nature of the school health service. It is interesting to note that, as in 1949, approximately 75% of the total defects found at these periodic medical inspections to be in need of treatment, were eye defects, orthopædic defects and defects of the nose and throat, figures for which are given below for this and the previous year.

**Findings at periodic medical inspections.**

| | 1949. | 1950. |
|---|---|---|
| Total pupils examined ... ... | 18,005 | 18,858 |
| Total no. of pupils found to have defects ... ... | 3,065 | 3,532 |
| Percentage of those examined ... ... | 17.02 | 18.72 |
| Total no. of defects found | | |
| (*a*) needing treatment ... | 3,653 | 4,058 |
| (*b*) needing observation ... | 4,879 | 5,837 |

| | 1949. | 1950. |
|---|---|---|
| Total defects recommended for treatment ... ... ... | 3,653 | 4,058 |
| Eye defects ... ... ... | 1,091 (29.9%) | 1,403 (34.6%) |
| Orthopædic defects ... ... | 1,034 (28.3%) | 1,108 (27.3%) |
| Defects of nose and throat ... | 601 (16.4%) | 526 (13.0%) |

**General Condition.**

Table IIB shown on page 39 shows the classification of the general condition of pupils inspected during the year in all the age groups. The total figures and percentages since 1947, which was the first year of the Ministry of Education's re-classification, are given below for comparative purposes:—

| Year. | No. of pupils inspected | A (Good) | | B (Fair) | | C (Poor) | |
|---|---|---|---|---|---|---|---|
| | | No. | % | No. | % | No. | % |
| 1947 | 16,436 | 3,104 | 18.88 | 11,764 | 71.58 | 1,568 | 9.54 |
| 1948 | 19,906 | 4,864 | 24.43 | 13,148 | 66.06 | 1,894 | 9.51 |
| 1949 | 18,005 | 6,058 | 33.65 | 10,574 | 58.73 | 1,373 | 7.62 |
| 1950 | 18,858 | 7,163 | 37.99 | 10,259 | 54.40 | 1,436 | 7.61 |

Although from inspection of these figures there seems to have been an improvement in the general condition of the pupils examined over the past four years, such changes are more apparent than real as the terms "Good," "Fair" or "Poor," as applied to the general condition of a child, cannot have a precise meaning and it would be unwise to attach too much importance to the changes in the figures from year to year.

| General condition. | 1949. | 1950. |
|---|---|---|
| No. of pupils at periodic medical inspection found to have:— | | |
| Good General Condition | 6,058 | 7,163 |
| Fair General Condition | 10,574 | 10,259 |
| Poor General Condition | 1,373 | 1,436 |
| *School Meals and Milk.* | | |
| No. of pupils having meals in schools ... ... | 25,106 | 26,221 |
| No. of pupils having milk in schools ... ... | 34,275 | 33,200 |
| *Extra Nourishment.* | | |
| Amount of main items supplied:— | | |
| (i) Maltoline and Maltoline and Iron (ozs.) ... ... | 171,224 | 137,280 |
| (ii) Virol (ozs.) ... | 53,464 | 34,912 |
| (iii) Cod liver oil and malt, cod liver oil and malt and iron (ozs.) ... ... | — | 115,872 |
| (iv) Cod liver oil (ozs.) | 1,878 | 1,860 |
| (v) Parrish's food (ozs.) | 5,790 | 4,770 |
| | 232,356 | 294,694 |

In addition to noting a child's general condition at periodic medical inspection, surveys are, from time to time, made of those children not due for medical inspection. These serve a very useful purpose and many children who are found to have a "poor" general condition are recommended to be supplied with extra nourishment. During 1950, 15,408 pupils were specially seen, of whom 6.7% were considered by the examining medical officer to have a "poor" general condition. This percentage was 0.4 below that for 1949 and 1.6 below that for 1948.

**Provision of Milk and Meals in Schools.**

The figures of the number of children who are being supplied with milk and/or school meals are shown in the following table which has been prepared by the Chief Education Officer:—

| No. of Pupils in attendance on 18th October, 1950. | | Meals | | | Milk | |
|---|---|---|---|---|---|---|
| | | Free | Paid | % of those attending. | 1/3rd pint free | % of those attending. |
| Primary ... | 33,887 | 1,134 | 18,626 | 58.31 | 28,982 | 85.52 |
| Modern secondary and secondary grammar ... | 8,439 | 391 | 5,977 | 75.45 | 4,179 | 49.52 |
| Nursery ... ... | 93 | 3 | 90 | 100.00 | 93 | 100.00 |
| Totals 1950 | 42,419. | 1,528 | 24,693 | 61.80 | 33,254 | 78.40 |
| (1949) | (42,674) | (1,494) | (23,612) | (58.80) | (34,275) | (80.80) |

It is pleasing to note that there is an increase in the percentage number of children who are receiving school meals, although there has been a slight decrease in the percentage of those having milk.

**Provision of Extra Nourishment.**

The Committee's extra nourishment scheme continued during the year and the table below gives details of the issues made to those pupils who are considered to need this. It was decided in June to supply cod liver oil and malt and cod liver oil and malt with Parrish's food in addition to the usual proprietary brands.

| Preparation | Amount issued. | |
|---|---|---|
| | 1949 | 1950. |
| Cod liver oil (ozs.) ... ... ... | 1,878 | 1,860 |
| Glucodin (16 oz. tins) ... ... ... | 86 | 132 |
| Malt cod liver oil (16 oz. containers) ... | — | 5,040 |
| Malt cod liver oil and Parrish's food (16 oz. jars) ... ... ... ... ... | — | 2,202 |
| Maltoline (8 oz. jars) ... ... ... | 11,356 | 8,448 |
| Maltoline and Iron (8 oz. jars) .. ... | 10,047 | 8,712 |
| Parrish's Food (ozs.) ... ... ... | 5,790 | 4,770 |
| Virol (8 oz. cartons) ... ... ... | 6,683 | 4,364 |
| Vitamin A and D capsules (packets of 14) ... | 729 | 1,155 |
| Halibut liver oil (5 cc. phials) ... ... | 103 | 107 |
| Bemax (3½ oz. packets) ... ... ... | 95 | 174 |
| Vitamin C tablets (bottles of 50) ... ... | 19 | 27 |
| Ostocalcium (tablets) ... ... ... | — | 300 |

## CLEANLINESS.

The school nurses, who are the link between the clinic, school and home, pay routine and special visits to schools, parents being seen at their homes where necessary. The nurses endeavour to carry out a cleanliness inspection at least once each term at the schools in their areas. In addition to the ordinary routine visits, requests are received occasionally from head teachers for the school nurse to visit their schools. Such co-operation in exercising vigilance to prevent uncleanliness amongst pupils in their charge is appreciated. Any children found to be suffering from verminous heads or to have numerous nits in the hair are excluded from school until clean. The school nurse either visits the parents and leaves a supply of a hair lotion containing D.D.T. or sends some home with written instructions. In many cases, one or two applications of this special hair lotion clean up the condition, thus usually avoiding an exclusion period from school of more than two or three days compared with longer periods when former methods were used for treating the children's heads. Any persistent offenders are referred to the Chief Education Officer with a view to legal proceedings being taken. During 1950, however, it was not found necessary to make any prosecutions under the appropriate section of the Education Act.

| | |
|---|---|
| No. of visits to schools ... ... ... | 3,463 |
| Average number of visits per school ... | 7.5 |
| No. of examinations conducted ... ... | 234,577 |
| No. of children found verminous ... ... | 651 |
| No. of children treated for verminous heads at minor ailments clinics ... ... | 262 |

## FOLLOWING-UP.

Where necessary, school nurses are given notes of children with defects so that they may follow up the cases by visits to the parents in order to encourage and, if necessary, assist in obtaining proper attention for their children.

# IV. TREATMENT OF DEFECTS.

## HOSPITAL TREATMENT.

Under Section 48 of the Education Act, 1944, it is the duty of the local education authority to provide or otherwise secure free medical treatment, excluding domiciliary treatment, for children attending their schools.

Since the 5th July, 1948, all medical treatment has been free, and insofar as the hospital and specialist services are concerned, the committee has taken advantage of the facilities provided under the National Health Service Act, 1946. The fullest co-operation with the hospital, specialist and consultant services of the regional hospital board is being maintained in order to ensure that the treatment for pupils is as comprehensive as available facilities permit. For instance, the examination of children's eyes by ophthalmologists now forms part of the hospital service and with the exception of a small part of the county adjacent to Great Yarmouth, the education committee from the 1st April was no longer financially responsible for eye specialists' clinics for Norfolk school children.

Responsibility for the ascertainment of handicapped pupils, however, remains with the education authority, although the regional hospital board, if required, makes available the part-time services of consultants with whom they have contractual arrangements. The treatment of dental and speech defects, minor ailments and maladjusted children (child guidance) remains also with the authority but a consultant child psychiatrist at the child guidance centres is provided by the regional hospital board. Although local education authorities are encouraged to make as much use as possible of the regional hospital board service, the Ministry of Education in circular No. 179 dealing with the effect of the establishment of the national health service and co-ordination with the school health service, does emphasise that an authority is not precluded from directly providing additional specialist facilities should these be deemed necessary.

It is hoped that satisfactory arrangements will soon be made with the hospitals for the supply of information relating to the examination and treatment of all school children who attend as in-patients or out-patients. Such information is of the greatest importance to the school medical and nursing staff.

## CO-OPERATION WITH GENERAL PRACTITIONERS.

It has always been the practice in this county, as a matter of policy, to seek the co-operation of the family doctor. As part of this policy, his consent was obtained before referring a child elsewhere for a second opinion or for treatment, with the exception of ophthalmic and minor orthopædic defects. Following a conference between the British Medical Association and the Society of Medical Officers of Health earlier in the year, the arrangement was extended to all cases where any specialist or other treatment was necessary, with the exception of ophthalmic treatment.

## MINOR AILMENTS.

On the 31st December, there were twenty-three minor ailments clinics, the names and frequency of attendance of the medical officer and nurse at these clinics being included in the list given on pages 33 to 36. The additional clinic at Cromer was opened in June.

The minor ailments clinics are intended for the supervision and treatment of slight ailments and injuries which, if neglected, might lead to serious results. They often form useful centres for special examinations of handicapped pupils and other children for whom a medical report is required. Children are referred in one of the following ways:—(*a*) they may be sent to the clinic by the assistant medical officer following the medical inspection or by the school nurse after her routine visits to the schools, (*b*) by the head teacher, (*c*) by the school welfare officer, or (*d*) by the parents.

During 1950, 13,505 attendances were made at these clinics. The need for clinics is kept under continuous review and any necessary revision in the frequency of attendance of the medical officer and/or school nurse is made from time to time. In addition to attending these clinics, nurses treat minor ailments either at schools or at the pupils' homes when specially required to do so.

Statistics relating to attendances are given below:—

| Minor ailment, disease or defect. | Individual cases dealt with at clinics. |
|---|---|
| SKIN. | |
| Ringworm—scalp ... ... ... ... | 8 |
| Ringworm—body ... ... ... ... | 19 |
| Scabies ... ... ... ... ... | 11 |
| Impetigo ... ... ... ... ... | 104 |
| Other skin diseases ... ... ... ... | 601 |
| EYE DISEASE. (External and other, but excluding errors of refraction, squint and cases admitted to hospital) | 345 |
| EAR DEFECTS ... ... ... ... | 136 |
| MISCELLANEOUS. (e.g. minor injuries, bruises, sores, chilblains, etc.) | 4,428 |
| Total ... ... ... ... | 5,652 |

In addition to the above figures, 1,518 cases were treated by school nurses at homes or at schools.

## DEFECTIVE VISION.

The following extract from Table IIA, page 38, gives the number of eye defects found at periodic medical inspections for which the examining medical officer either recommended treatment or observation. Corresponding figures for 1949 are given for comparison.

| Defect. | 1949. | | 1950. | |
|---|---|---|---|---|
| | No. recommended for treatment. | No. placed under observation. | No. recommended for treatment. | No. placed under observation. |
| Defective vision ... | 890 | 356 | 1,169 | 472 |
| Squint ... ... ... | 139 | 67 | 160 | 75 |
| Other defects of the eyes ... | 62 | 62 | 74 | 84 |
| Totals ... ... | 1,091 | 485 | 1,403 | 631 |

The common minor infections of the eye are dealt with at the minor ailments clinics, 345 cases being so dealt with during the year. Cases found by the assistant medical officer to need a second opinion were referred to the eye specialist at one of the four hospital out-patient clinics or at the Great Yarmouth clinic by arrangement with the borough medical officer of health. Children found to be suffering from defective vision or squint are also sent to see an eye specialist at one of these clinics and during the year 1,718 children were so referred. Of these 1,030 were prescribed spectacles, viz. 60% as compared with 79.6% in 1949. In common with other patients recommended for glasses, there was, especially at the beginning of the year, often a very long delay between the date of the ophthalmologist's recommendation and the receipt of the spectacles. By arrangement with the Executive Council, prescriptions for school children received such priority as was practicable when it was considered by the ophthalmic surgeon that a child was in danger of suffering permanent harm if the provision of spectacles was delayed. By the end of the year, however, the position improved considerably and there were very few cases where there was excessive delay.

**Treatment**
(excluding dental and orthopædic).

| | 1949. | 1950. |
|---|---|---|
| No. of attendances at minor ailments clinics ... ... | 10,869 | 13,505 |
| No. of children seen by ophthalmic surgeons ... | 1,444 | 1,718 |
| No. of pairs of spectacles prescribed ... ... ... | 1,149 | 1,030 |
| No. of cases referred for operative treatment for enlarged tonsils and adenoids ... ... ... | 448 | 430 |

An additional out-patient clinic was opened on 1st April at the Cromer and District Hospital, where children (who formerly would have had to attend one of the eye specialists' clinics in Norwich) could be seen.

At present, hospital prescriptions for spectacles are taken to be made up by any optician on the list of the Executive Council. Eventually it is hoped that arrangements may be made by hospitals for their own optician to attend at the eye specialists' clinics so that glasses prescribed may be dispensed with the minimum of delay.

At the end of the year, with the exception of arrangements made for children attending the Great Yarmouth eye clinic, the regional hospital board provided eye clinics to cover the whole county.

## ORTHOPTIC TREATMENT.

Facilities for this form of treatment exist at the Norfolk and Norwich hospital and the Thetford cottage hospital. At the former hospital a full-time orthoptist treats those children recommended by one of the eye specialists. At Thetford hospital the orthoptist from the West Suffolk general hospital attends weekly.

## DEFECTS OF EAR, NOSE AND THROAT.

At periodic medical inspections there were 526 defects of nose and throat considered to need treatment, and 1,557 were recommended to be placed under observation. These defects accounted for 13% of the total defects found at medical inspection and needing treatment, the corresponding figure for 1949 being 601 (16%) for treatment and 1,266 for observation. These figures show that fewer children are being recommended for operative treatment and more are being placed under observation.

Operative treatment for the removal of unhealthy tonsils and adenoids and for certain other conditions continues to be carried out at the following hospitals:—

Jenny Lind Hospital, Norwich.
Norfolk and Norwich Hospital, Norwich.
Great Yarmouth General Hospital, Great Yarmouth.
West Norfolk and King's Lynn General Hospital, King's Lynn.
North Cambridgeshire Hospital, Wisbech.
Addenbrooke's Hospital, Cambridge.
Cromer and District Hospital, Cromer.

In most cases, children are referred for the opinion of one of the specialists at the hospital and do not necessarily receive operative treatment. The waiting period between referral and operation remained very long during 1950. The numbers of cases referred during the past three years were as follows:—

| | 1948. | 1949. | 1950. |
|---|---|---|---|
| Hospitals ... ... ... | 569 | 429 | 430 |
| General practitioners ... ... | 108 | 19 | — |
| | 677 | 448 | 430 |

Responsibility for providing treatment is now a matter for the respective hospital management committees, and as notification is not always given when operative treatment has been carried out, it is impossible to give, with any accuracy, the number of children who actually received treatment during the year.

Many cases of minor ear disease or defect were treated at minor ailments clinics. Reference to the table on page 15 will show that 136 cases were treated.

Pupils suffering from other defects of the ear, nose and throat are referred to one of the consulting otologists. During the year, 155 children were referred.

## SKIN DISEASES.

Reference to Table IIA on page 38 shows that 113 children were referred at periodic medical inspections for treatment for diseases of the skin and 182 were placed under observation. Where an assistant medical officer needs a specialist's opinion, children suffering from skin diseases are referred to one of the general hospitals. Those children found either at the medical inspection or at the minor ailments clinic to be suffering from scabies are referred to the general practitioner. Those suffering from impetigo are either referred to the general practitioner or treated at the minor ailments clinic. With regard to x-ray treatment of ringworm of the scalp, microscopical examinations continued at the Medical Research Council's laboratory, Norwich, and in cases

where ringworm was diagnosed the children were referred to the skin specialist at the Norfolk and Norwich hospital after obtaining the family doctors' consent. Two special lamps fitted with Wood's glass are available for diagnosis of ringworm.

**TUBERCULOSIS.**

Children suffering or suspected to be suffering from tuberculosis are referred to the chest physicians.

In the early part of the year, a special survey which was being conducted by the Medical Research Council in 25 areas, was extended to Norfolk, and the special unit carried out a survey in a few areas in the eastern portion of the county. This investigation included all children of school age whose parents gave their consent, together with any of the teaching staff who wished to be included. The procedure was for examination by mass miniature radiography on the first visit and the application of the tuberculin patch test. This was followed in the majority of cases by an injection on the second visit two days later. On the third visit, the reaction was read. Before the parents were approached, a preliminary meeting of teachers was called and the scheme fully explained to them. They very willingly co-operated and in the areas included in the survey a high percentage of children were seen.

## V. DENTAL TREATMENT.

The senior dental officer reports as follows:—

The state of the Norfolk school dental service has not improved in the past year. Its establishment has been reduced to one third of the professional staff considered reasonably necessary for the inspection and treatment of priority patients, and a further reduction will be caused by the retirement in May, 1951, of Mr. J. Nixon, our friend and colleague, who has given good service to the County Council for 30 years. Therefore, the statistics which are supplied herewith can only pretend to apply with any degree of accuracy to those districts which have been actually served by a dental officer, the dental condition of children and others in the derelict areas being quite unknown.

The value of the accompanying statistical report is also considerably reduced by the fact that it does not present an accurate picture of the dental condition of school children throughout the county because the number actually inspected in the course of normal routine was only slightly more than one-third of the school population concerned.

This sparsely populated county is the fourth largest in the kingdom and is remarkable for its difficult rail and road communications. In consequence, the distances involved are too great to expect the existing depleted staff to expand their activities beyond the borders of their own areas.

The use of vehicles for the transport of patients to centres in the St. Faith's and Aylsham, the North Walsham and the Fakenham districts has been most successful. Parents attending with their children immediately realise that the old make-shift methods are ended and that the well-equipped surgeries in these areas compare favourably with those of general practice.

School dentistry is now in great demand in this county and it is deporable that this demand cannot be fully met. This, unfortunately, will not take place until the salary question has been satisfactorily answered by Whitley Council or otherwise.

A list of the dental clinics is included in the general list on pages 33 to 36 and the remaining staff can now only concentrate their work at these 14 clinics. It should be pointed out that the following dental centres have temporarily ceased to function:—

| | |
|---|---|
| Diss | Norwich |
| Downham Market | Upwell |
| King's Lynn | Thetford |
| Old Buckenham | Fleggburgh |

The following table gives statistics relating to dental inspection and treatment carried out during the past three years:—

| | Year 1948. | Year 1949. | Year 1950. |
|---|---|---|---|
| 1. Number of children inspected by dental officers:— | | | |
| (*a*) Periodic age groups ... | 25,242 | 20,580 | 16,542 |
| (*b*) Specials ... ... | 571 | 739 | 1,305 |
| (*c*) Total (Routine and Specials) | 25,813 | 21,319 | 17,847 |
| 2. Number found to require treatment ... ... ... | 16,440 | 13,047 | 10,130 |
| 3. Number actually treated ... | 12,184 | 10,376 | 7,990 |
| 4. Attendances made by pupils for treatment ... ... | 16,498 | 13,995 | 10,948 |
| 5. Half days devoted to:— | | | |
| Inspection ... ... | 488 | 434 | 292 |
| Treatment ... ... | 2,299 | 1,998 | 1,526 |
| Totals ... ... | 2,787 | 2,432 | 1,818 |
| 6. Fillings—Permanent teeth ... | 6,937 | 5,378 | 3,992 |
| Temporary teeth ... | 579 | 220 | 154 |
| Totals ... ... | 7,516 | 5,598 | 4,146 |
| 7. No. of teeth filled:— | | | |
| Permanent ... ... | * | * | 3,801 |
| Temporary ... ... | * | * | 149 |
| Totals ... ... | * | * | 3,950 |
| 8. Extractions—Permanent teeth ... | 1,777 | 1,512 | 1,044 |
| Temporary teeth ... | 13,170 | 13,155 | 10,250 |
| Totals ... ... | 14,947 | 14,667 | 11,294 |
| 9. Administrations of general anæsthetics for extractions ... | 873 | 919 | 721 |
| 10. Other operations ... ... | 18,103 | 6,887 | 4,621 |

*Figures not available.

# VI. HANDICAPPED PUPILS.

The term "handicapped pupil" is applied to a child who, by reason of some mental or physical disability, is unable to derive the maximum benefit from education under normal conditions and, in consequence, requires special educational treatment as distinct from medical treatment. Such a handicap may range from a minor disability needing a slight readjustment of physical routine and/or curriculum at an ordinary school, to a severe disability necessitating admission to a residential special school.

The ascertainment of children under the Handicapped Pupils and School Health Service Regulations, 1945, was carried out as in the previous year by assistant school medical officers and members of the senior medical staff at headquarters. Where a second opinion was required, the case was referred to one of the consultants before being ascertained. It is no longer necessary to seek the Ministry of Education's approval to medical staff ascertaining handicapped pupils in any category excepting educationally subnormal children.

Dr. A. B. Guild, assistant county medical officer for the East Dereham Urban District and Mitford and Launditch Rural District, attended a course earlier in the year and was subsequently approved as an ascertaining medical officer for educationally subnormal children, thus bringing the total staff approved for this category of handicapped pupil to six. Additional members of the medical staff will be attending similar courses in 1951, so that eventually most local health areas will have their own ascertaining medical officer, obviating loss of time taken up at present in travelling to areas which are not covered.

The main event during the year was the opening in November of Sidestrand Hall Special School for educationally subnormal children, which will eventually accommodate 86 boys and girls.

There is, however, still a need for a special school in Norfolk for delicate children.

The following table shows, as compared with 1949, a reduction of 181 children ascertained during the year. The main reason for this reduction is that fewer children in the educationally subnormal category were seen owing to less time being available by approved ascertaining medical officers.

| | 1949. | 1950. |
|---|---|---|
| Blind ... ... ... ... | 1 | 2 |
| Partially sighted ... ... ... | 3 | 7 |
| Deaf ... ... ... ... | 4 | 3 |
| Partially deaf ... ... ... | 4 | 4 |
| Delicate ... ... ... ... | 21 | 26 |
| Diabetic ... ... ... ... | 1 | 1 |
| Educationally subnormal ... ... | 251 | 153 |
| Epileptic ... ... ... ... | 8 | — |
| Maladjusted ... ... ... | 7 | 23 |
| Physically handicapped ... ... | 24 | 14 |
| Defective speech ... ... ... | 176 | 75 |
| Multiple defects ... ... ... | 32 | 43 |
| Totals ... ... | 532 | 351 |

## SPECIAL EDUCATIONAL TREATMENT.

As already mentioned, Sidestrand Hall was opened to accommodate eventually 46 boys and 40 girls between the ages of 7 and 16 who have been ascertained as educationally subnormal. At the end of the year there were 19 boys and girls in residence. The school is visited periodically by one of the senior medical staff and the children medically inspected. Dental inspection is carried out by one of the school dental surgeons and treatment is provided at the school clinic. Any other treatment found necessary is provided either through the Hospital Management Committee or Executive Council. Any pupil about whose progress the headmaster is concerned, is referred for special examination by an approved medical officer who may, if necessary, carry out a further test of the child's mental attainments.

The hostel for ascertained maladjusted pupils, which was opened in September, 1949, for the accommodation of 24 children, continued to function, there being 22 boys and girls resident at the end of the year. This included 3 from other authorities. Apart from visits as required by a general practitioner, monthly visits are paid by Dr. J. V. Morris, consultant psychiatrist, and Dr. W. W. Sinclair, senior assistant medical officer, who see any cases due for review or about whom the warden requires medical advice. Children at the hostel attend the local schools and are encouraged to take part in activities such as boy scouts and girl guides, etc.

As stated in the last report, the regional hospital board now administers Melton Lodge Orthopædic Hospital, Great Yarmouth, and the Children's Sanatorium, Holt. At the end of the year, 4 Norfolk children were resident at the former and 6 at the latter.

The following table shows the total number of pupils in each category on the register on the 31st December. For comparison, the comparable total figure for 1949 is given

| Categories. | In res. or day spec. schools. | | In maintained schools. | | In independent schools. | | Not at school. | | Totals. | | 1950. Grand totals. | 1949 Grand totals. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | | |
| Blind ... | 2 | 1 | — | 1 | — | — | 1 | — | 3 | 2 | 5 | 5 |
| Partially sighted ... | 5 | 5 | 5 | 9 | — | — | — | — | 10 | 14 | 24 | 19 |
| Deaf ... | 15 | 18 | 3 | 2 | — | — | 2 | 1 | 20 | 21 | 41 | 38 |
| Partially deaf ... | 4 | 6 | 5 | 8 | 1 | — | — | — | 10 | 14 | 24 | 20 |
| Delicate ... | 7 | 5 | 51 | 35 | — | — | 1 | — | 59 | 40 | 99 | 109 |
| Diabetic ... | 1 | 1 | 2 | — | — | — | — | — | 3 | 1 | 4 | 3 |
| E.S.N. ... | 17 | 8 | 439 | 168 | 4 | 2 | 2 | 2 | 462 | 180 | 642 | 650 |
| Epileptic ... | 2 | 3 | 5 | 1 | — | — | 1 | — | 8 | 4 | 12 | 17 |
| Maladjusted | 8 | 4 | 21 | 8 | 1 | — | — | — | 30 | 12 | 42 | 28 |
| Physically handicapped | 10 | 4 | 28 | 23 | — | — | 6 | 5 | 44 | 32 | 76 | 78 |
| Speech ... | 1 | — | 148 | 60 | 4 | 1 | 6 | 6 | 159 | 67 | 226 | 307 |
| Multiple defects ... | 18 | 7 | 60 | 25 | — | — | 6 | 4 | 84 | 36 | 120 | 102 |
| Total ... | 90 | 62 | 767 | 340 | 10 | 3 | 25 | 18 | 892 | 423 | 1315 | 1376 |

It will be noticed from the table that in some cases there were, at the end of 1950, fewer children on the register than at the end of the previous year. This is due largely, as mentioned earlier in the report, to fewer ascertainments being carried out and a number of children being taken off the register as having left school or being no longer classifiable as handicapped.

Many handicapped pupils are, in the absence of day or residential special schools, given special educational treatment in the ordinary schools.

## HOME TUITION.

If a local education authority is satisfied that by reason of extraordinary circumstances a child is unable to attend a suitable school for the purpose of receiving primary or secondary education, it has power under Section 56 of the Education Act, 1944, to make special arrangements for either part-time or whole-time education. Advantage is taken of this by the Committee providing home tuition for seriously handicapped children who cannot attend the ordinary school. The majority of the pupils having this tuition are those who are awaiting a place at a special school. During 1950, 13 such children were under instruction by qualified teachers at home.

## CHILD GUIDANCE CENTRES.

The child guidance work continues to expand. Dr. J. V. Morris, consultant psychiatrist to the regional hospital board, attends centres held at Norwich and King's Lynn, together with Dr. W. W. Sinclair, senior assistant medical officer. Although the services of an educational psychologist and psychiatric social worker were not available, use was made of the mental health worker employed by the Health Committee and an educational psychologist employed by the regional hospital board. The total number of cases seen shows an increase over the previous year of 51. It will be noted from the statistics given below that the majority of cases are referred by the assistant medical officers, following routine medical inspection. In analysing the results of treatment, it is gratifying to find that it has been possible to discharge 50 children who are so much improved as to need no further treatment.

The procedure adopted for any child reported by the head teacher, family doctor, assistant medical officer or parent as needing advice is to ask the head teacher to submit a preliminary report. If the child has not already been seen by the assistant medical officer or family doctor then the former is asked to carry out an examination subject to the consent of the latter. The child is then called up to the centre and the psychiatrist's report is sent to the family doctor and others interested in the case.

The total figure of 169 cases seen at the centres includes 24 children who were probably mentally defective and required a second opinion by the psychiatrist before taking action under Section 57(3) or 57(5) of the Education Act, 1944. Certain of the children seen are classified as handicapped pupils in the maladjusted category and the figures for these are included in the table of handicapped pupils on page 20. Some of the psychiatric examinations take place at home and, in addition, preliminary and after-care visits are paid by the mental health worker.

| No. of centres held. | No. of visits to homes, etc. | No. of examinations carried out. | Total individual pupils seen. |
|---|---|---|---|
| 61 (38) | 16 (6) | 211 (132) | 169 (118) |

(Comparable figures for 1949 shown in brackets).

The examinations were carried out as shown in the following table:—

| | At Norwich centre. | At King's Lynn centre. | At children's homes and at remand homes. | At patient's own homes or at schools. |
|---|---|---|---|---|
| (*a*) No. of centres held during the year ... | 43 | 18 | — | — |
| (*b*) No. of examinations carried out ... | 135 | 60 | 3 | 13 |
| (*c*) No. of individual pupils seen ... | 111 | 44 | 3 | 11 |

Given below is a detailed analysis of the type of case seen at the centre, by whom referred and also showing results obtained.

**Analysis of types of case seen at centres.**

REASON FOR REFERENCE:

| | |
|---|---|
| Behaviour difficulties ... ... ... ... | 58 |
| Educational difficulties ... ... ... ... | 16 |
| Emotional difficulties ... ... ... ... | 66 |
| Epilepsy ... ... ... ... ... | 5 |
| Mental deficiency (seen by psychiatrist as matter of convenience on child guidance centre premises) ... | 24 |

INITIATED BY:

| | |
|---|---|
| Assistant county medical officer or assistant medical officer ... ... ... ... ... | 99 |
| General practitioners or hospitals ... ... ... | 42 |
| Head teachers ... ... ... ... ... | 7 |
| Parents ... ... ... ... ... ... | 3 |
| Chief education officer, children's officer or probation officer ... ... ... ... ... | 14 |
| Speech therapist ... ... ... ... ... | 3 |
| Health visitor ... ... ... ... ... | 1 |

RESULTS:

| | |
|---|---|
| Improved ... ... ... ... ... | 35 |
| Satisfactory condition ... ... ... ... | 15 |
| Admitted special schools or other special educational treatment ... ... ... ... ... | 15 |
| Recommended for special schools ... ... ... | 17 |
| Referred children's officer ... ... ... ... | 3 |
| Recommended action 57(3) or 57(5) Education Act, 1944 | 23 |
| Moved out of area or died ... ... ... ... | 2 |
| Unco-operative ... ... ... ... ... | 9 |
| Still under treatment ... ... ... ... | 50 |

## SPEECH THERAPY.

The second speech therapist appointed by the Committee resigned at the end of 1949 and in spite of every effort made to replace her this was not possible and the clinics had to be re-organised so that as many as possible throughout the county could be attended by the other officer. This meant, of course, a reduction in the number and frequency of the clinics, the statistics of which are given in the following table:—

| Name of clinic and frequency 31.12.50. | No. of clinics held during year | Total no. of children seen. | Total attendances during year | No. of children discharged as cured | No. discharged for other reasons | Total under treatment 31.12.50. |
|---|---|---|---|---|---|---|
| EAST DEREHAM (1 session weekly) ... | 40 | 15 | 121 | 1 | 8 | 6 |
| FAKENHAM (1 session weekly) ... | 41 | 17 | 205 | 3 | 1 | 13 |
| KING'S LYNN (Minor ailments clinic—transferred to infant welfare centre, September) ... | 25 | 15 | 206 | 2 | 13 | — |
| KING'S LYNN (Infant welfare centre —3 sessions weekly from September) ... | 71 | 53 | 468 | 9 | 19 | 25 |
| THETFORD (1 session weekly from September) ... | 60 | 16 | 280 | 5 | 4 | 7 |
| DOWNHAM (1 session weekly) ... | 30 | 17 | 195 | 2 | 4 | 11 |
| HOLT (Transferred to Cromer clinic September) ... | 27 | 18 | 139 | 2 | 16 | — |
| NORWICH Y.M.C.A., St. Giles Street (1 session weekly) ... | 43 | 19 | 256 | 1 | 6 | 12 |
| Jenny Lind Hospital (Transferred to 31, Thorpe Road, September) ... | 26 | 17 | 118 | 3 | 14 | — |
| 31, Thorpe Road (2 sessions weekly from September) | 45 | 37 | 251 | 5 | 15 | 25 |
| CROMER (From September, 1 session weekly) .. | 16 | 16 | 112 | 1 | 1 | 14 |
| Total ... ... | 424 | 240 | 2351 | 34 | 101 | 113 |
| (Total, 1949) ... | (443) | (316) | (3364) | (60) | (82) | (132) |

There are several children living near Great Yarmouth who would find it difficult to attend the nearest County Council clinic at Norwich. The Committee has, therefore, arranged with the Great Yarmouth authority for these few children to attend a Great Yarmouth clinic.

It is hoped in the autumn of 1951 to complete the establishment of three therapists and thereby increase the number of speech clinics considerably so that as many children as possible needing this form of treatment can attend convenient centres.

During the year, the following changes in the clinics took place, viz., the clinic formerly held at the Minor Ailments Clinic, King's Lynn, was transferred in July to the Infant Welfare Centre; the Holt clinic was closed in September and re-opened at the Local Health Office, Cromer; the clinic held at the Jenny Lind Hospital was closed and the patients transferred to the clinic at 31, Thorpe Road, in September.

## PUPILS SUFFERING FROM DISABILITY OF THE MIND.

As will be seen from the following table, there was in 1950 a larger number of children reported to the local authority under Section 57(3) or (5) of the Education Act, 1944, than in the previous year.

| | 1949. | | 1950. | |
|---|---|---|---|---|
| | Male. | Female. | Male. | Female. |
| No. of children found incapable of receiving education in school. (Sec. 57(3) Education Act, 1944) ... ... | 5 | 13 | 17 | 13 |
| No. of children found to require supervision on leaving school (Sec. 57 (5) Education Act, 1944) ... ... ... | 14 | 11 | 26 | 19 |
| TOTAL ... ... | 19 | 24 | 43 | 32 |
| | 43 | | 75 | |

Parents have the right of appeal to the Ministry of Education against the decision of a local education authority to notify a child under the provisions of Section 57(3) of the Education Act, 1944. One such appeal was allowed by the Ministry and the case was not notified but in another case, the appeal was disallowed. A further case was reviewed and de-notified in accordance with Section 8 of the Education (Miscellaneous Provisions) Act, 1948.

## HEART CLINICS.

These continued during the year, Dr. W. A. Oliver attending weekly with the exception of the first Monday in the month. Although the regional hospital board assumed responsibility for the payment of the consultant's

fees, the general administrative arrangements regarding appointments for children still remain with the school health service. Fewer clinics were held and a smaller number of examinations were carried out during the year as compared with 1949.

| | 1950. | 1949. |
|---|---|---|
| No. of clinics held ... ... ... | 32 | 43 |
| No. of examinations made ... ... | 186 | 233 |
| No. of new cases ... ... ... | 41 | 44 |
| No. advised special educational treatment | 7 | 8 |

## VII. PHYSICAL EDUCATION.

The Organisers report as follows:—

### 1. General.

In 1950 there has been a steady and satisfactory consolidation in the various branches of physical education where particular expansion had been possible in the preceding years. Interest has been well maintained despite the serious practical difficulties arising from lack of staff and the poor facilities which still prevail in the large majority of schools.

### 2. Primary Schools.

(*a*) School Visits.

The reduction of the Organising Staff from six to five members has inevitably lessened the number of school visits, which have, however, continued regularly. The ready co-operation of teachers in attending meetings and courses held in out-of-school hours has shown encouraging results in the work in the schools,and it has subsequently been possible to give more valuable technical advice.

(*b*) Accommodation and Equipment.

Careful use of the requisition allowance has enabled the larger schools to build up a satisfactory stock of equipment for the daily lessons, and this year, a small additional allowance for the schools with less than 100 on roll, enabled these smaller units to obtain a fairer allocation. The continued approval given to the schemes for hiring additional accommodation for both indoor and outdoor activities, the hard-surfacing of a further number of school playgrounds, and the improved washing facilities provided in many schools, have materially assisted teachers in their work. There are still, however, a number of schools where facilities for physical education are extremely poor, and some are totally inadequate.

### 3. Secondary Modern and Grammar Schools.

(*a*) Programme.

The programme in the Secondary Schools continues to embrace a wide variety of work, and there has not only been consistent interest but real progress. In particular, inter-school events for games and athletics have continued to provide stimulation and much valuable experience in both the technical and social spheres.

The Inter-Schools' Girls' Netball and Rounders Tournaments were again held at four centres with 381 and 498 girls taking part respectively.

(*b*) School Camps.

School Camps were again organised at the Holt Hall Camping Site where some two hundred boys and girls each spent a fortnight under canvas. "Parent Days," arranged during each Camp, provided an opportunity for the visitors to appreciate more fully the value of community living and the fellowship developed under these pleasant conditions.

**4. Swimming.**

Swimming facilities were again available at Hunstanton, King's Lynn, Thetford, Wymondham and Great Yarmouth (the latter through the kind co-operation of the Great Yarmouth Corporation and Education Committee). Permission to use the Eagle Swimming Pool once a week was again granted to one school near Norwich.

A total of 46 schools took part in the Swimming Scheme during the season, and 3,344 children received instruction. Entries for the County Swimming Tests (inaugurated in 1948) greatly increased and Certificates were awarded to 1,648 children successful in the three Tests. (729 Beginners; 809 Distances; 110 Proficiency). The standard of instruction showed marked improvement all round, particularly in connection with the training of beginners.

**5. Dancing.**

Dancing has continued as an integral part of the Physical Education programme in a great many schools and has been a source of enjoyment to both children and teachers alike. Dance Festivals, arranged on similar lines to previous years, were again held at 21 centres and were attended by 930 senior girls from 25 Secondary Schools, and by 1,526 children accompanied by 279 staff from 117 Primary Schools.

In addition, a number of schools entered teams for the Annual Festival organised by the English Folk Dance and Song Society.

**6. Norfolk County Schools' Athletic Association.**

The 12th Meeting of the above Association was held at Boundary Park, Norwich, with 893 competitors representing the 23 Districts taking part. The trophies were presented by the Chief Education Officer as follows:—

| | | |
|---|---|---|
| Fermoy Trophy ... | ... | Downham District. |
| Colman Trophy ... | ... | Hingham & Watton District. |
| Moore Trophy ... | ... | Hingham & Watton District. |
| Schools' Trophy ... | ... | Thorpe District. |

At the Quadrangular Contest between teams from Norfolk County, Great Yarmouth, Norwich and King's Lynn, 18 children from the County won County Championships and subsequently at the All England Meeting two of these gained 3rd places.

## 7. Training of Teachers.

(*a*) Two Week-end Courses were arranged for Women Teachers in Secondary Schools and a Week's Residential Course for Women Teachers in Primary Schools was held at Old Buckenham Area School in August. A total of 56 attendances were made.

(*b*) Teachers' Meetings dealing with the daiiy physical education lesson were held in the Spring at 17 centres and were attended by 346 teachers. In preparation for the Primary Schools' Dance Festivals, meetings were held in the Autumn at 16 centres, when 263 teachers were present. To give assistance with the teaching of swimming, an instructional session was organised at Hunstanton and was attended by 36 teachers.

(*c*) In co-operation with the Amateur Athletic Association, two Short Courses on the Coaching of Athletics were held at King's Lynn and Norwich. These were attended by 50 County teachers.

The Norfolk County Football Association, the Norfolk Cricket Association and the Eastern Counties Rugby Union organised training sessions at which 102 County teachers were present.

## 8. Physical Recreation.

(*a*) Classes.

Further Education Classes providing some form of physical recreation totalled 230 at 119 different centres. The programmes included a variety of activities, Keep-Fit exercises, Gymnastics, Boxing, Games, Training, Dancing, Swimming and Athletics.

(*b*) Training of Adults.

(i) In co-operation with the Central Council of Physical Recreation, a Short Course of four sessions on the teaching of Old Time Dancing was organised in King's Lynn. Of the 21 members enrolled, the majority were teachers or helpers in Dancing Classes held under the Committee's Further Education regulations.

(ii) A half-day training session for Women Teachers of recreative classes was attended by 22 members connected with County Youth Organisations.

(*c*) Youth Activities.

The annual Girls' Folk Dance Party for members of Youth Organisations in the County was again held in December and was attended by some 150 young people.

## 9. Conclusion.

Whilst it is encouraging to report continued interest and progress, we would again urge that in view of the ever widening developments taking place in the sphere of physical education, it is hoped that a greater number of teachers will avail themselves of the opportunities provided at both National and Local Training Courses to keep abreast of modern developments in this work.

M. W. SEGGER.

JAS. WILKINSON.

# VIII. ORTHOPÆDIC TREATMENT SCHEME.

The agency arrangements by which the County Council were administratively responsible for the orthopædic scheme as from the 5th July, 1948, terminated on the 6th November. At the time the scheme was passed over in its entirety to the regional hospital board there were four orthopædic physiotherapists, the fourth post being filled on the 6th March.

## REGISTER OF ORTHOPÆDIC CASES.

| | | |
|---|---|---|
| Number of school children on the register 1st January, 1950 | | 3,467 |
| Number added to register:— | | |
| New cases ... ... ... ... | 823 | |
| Former pre-school children ... ... ... | 112 | |
| | | 935 |
| | | 4,402 |
| Number transferred to adult register ... ... | 62 | |
| Number removed for other reasons ... ... | 1,431 | |
| | | 1,493 |
| Number on register 31.12.50 ... ... ... ... | | 2,909 |

## ORTHOPÆDIC SURGEON'S CLINICS.

The following statement gives the number of clinics held and the number of school children examined and re-examined during the year:—

| Name of clinic | No. of clinics | New patients seen | No. of re-exams. | Total exams. & re-exams. |
|---|---|---|---|---|
| Jenny Lind Hospital ... | 27 | 228 | 583 | 811 |
| Norfolk & Norwich Hospital ... ... | 23 | | | |
| King's Lynn Hospital ... | 11 | | | |
| | 61 | | | |

## PHYSIOTHERAPY.

The work carried out by the physiotherapists both at clinics and in the homes is shown in the following table:—

| | | | |
|---|---|---|---|
| No. of sessions at 27 clinics ... ... | 620 | No. of examinations at clinics ... ... | 5,011 |
| No. of visits to schools ... ... | 13 | No. of examinations at schools ... ... | 95 |
| | | No. of domiciliary examinations ... | 925 |
| | | Total examinations ... | 6,031 |

## HOSPITAL TREATMENT AND SUPPLY OF SURGICAL APPLIANCES.

Children needing hospital in-patient treatment were sent to either the Norfolk and Norwich Hospital or the Jenny Lind Hospital, Norwich. The following statistics show the work carried out during the year:—

| | |
|---|---|
| No. in hospital on the 1st January, 1950 ... ... | 13 |
| No. admitted during the year ... ... ... | 54 |
| No. discharged during the year ... ... ... | 61 |
| No. remaining in hospital at 31st December, 1950 ... | 6 |
| Total no. of in-patient days ... ... ... | 4,237 |
| No. of minor operations as out-patients ... ... | 82 |

Surgical appliances are ordered under the National Health Service Scheme, through approved suppliers. During the year, 820 orders were placed.

## TREATMENT DISCONTINUED.

The reasons why 1,431 patients' names were removed from the orthopædic register during the year are given in the following summary:—

| | |
|---|---|
| Cured ... ... ... ... ... | 283 |
| Much improved—no further treatment necessary ... | 92 |
| No treatment necessary ... ... ... | 192 |
| Left school—further treatment not practicable ... | 58 |
| Treatment refused by parents or guardians ... | 103 |
| Removed from the county—cases transferred ... | 31 |
| Transferred to private treatment by request ... | 3 |
| Deceased ... ... ... ... ... | 4 |
| Present address unknown ... ... ... | 38 |
| Failure to co-operate ... ... ... ... | 627 |
| | 1,431 |

# IX. INFECTIOUS DISEASES.

Although it will be seen from the figures that there is an over-all reduction in the number of closures for infectious diseases, including influenzal coughs and colds, the following table shows that the latter were, as in previous years, responsible for most of the closures:—

| Name of disease | No. of closures | | No. of school days closed | |
|---|---|---|---|---|
| | 1949. | 1950. | 1949. | 1950. |
| Scarlet fever ... ... | 4 | 3 | 18 | 20½ |
| Measles ... ... | 6 | 15 | 53 | 103 |
| Influenzal coughs and colds ... ... | 61 | 37 | 251½ | 165 |
| Whooping cough ... | — | 1 | — | 6 |
| TOTALS ... | 71 | 56 | 322½ | 294½ |

The procedure mentioned in the last annual report for the ascertainment and treatment of potential carriers of scarlet fever remained unaltered during the year, except in one area where a very slightly modified scheme was introduced. It will be noted from the table given below that a great amount of work in connection with swabbing and following-up has been carried out by the health visitors. As stated previously, it is not possible to obtain definite proof that the measures taken have prevented the spread of infection. It is well known that the incidence of scarlet fever fluctuates from year to year and there is no evidence of a general decline at present. Because of the cost of treatment of every potential carrier and the additional burden placed on the professional staff concerned, the whole question was under consideration at the end of 1950 with a view to modification with effect from the beginning of 1951.

| | No. of swabs taken at 153 schools. | No. with hæmolytic streptococci. | | |
|---|---|---|---|---|
| | | Present in nose. | Present in throat. | Present in nose and throat. |
| Class contacts ... | 5,157 | 125 | 814 | 110 |
| Home contacts... | 147 | 7 | 37 | 12 |
| Absentee contacts | 206 | 5 | 72 | 14 |
| Totals ... | 5,510 | 137 | 923 | 136 |

## X. DIPHTHERIA IMMUNISATION.

The Health Committee takes all possible steps to ensure that children are immunised just before their first birthday and the assistant county medical officers and health visitors follow up cases where this has not been achieved. In this way, many children on reaching school age have already been immunised. It is, however, essential that every effort should be made to secure 100% protection against a disease which has in past years caused many deaths.

Resistance built up by immunisation tends to fade and it is therefore desirable that children previously immunised should receive reinforcing injections on school entry and again some four years later. It is most important that full publicity should be given to the necessity for these reinforcing injections while children are attending school, as well as to the need for immunisation of missed cases. The teachers have played a very prominent part in securing the consent of parents, whilst assistant county medical officers and health visitors have also given every publicity to the importance of this matter. Parents can have their children immunised either by their general medical practitioners or by the assistant county medical officers, and special sessions are arranged at schools for this purpose.

During the year, 1,277 children over the age of five years were given primary immunisation and a further 3,345 children were given "booster" doses. It is estimated that there are 50,740 children of school age in the county, and it is known that at least 80.32% of these children have been immunised at some time.

## XI. SANITARY SURVEY OF SCHOOLS.

During the year, the sanitary survey of schools in the county, which was begun in February, 1949, was continued. In all cases, consultations took place with the district medical officers of health and/or district sanitary inspectors before the reports were completed.

Inspections were completed in six areas, involving 50 schools, and reports and recommendations were sent to the Chief Education Officer. Priority reports were also completed in respect of 34 individual schools where for one reason or another urgent inspections were considered necessary.

Since the survey commenced, reports have been completed for 14 areas covering 135 schools, priority reports being made in 50 cases.

Close liaison has been established with the Chief Education Officer and since the preparation of the reports, sanitary improvements have been carried out at a number of schools.

## XII. REMAND HOMES.

The two remand homes situated at Bramerton, near Norwich, and accommodating 30 boys and 26 girls respectively, continued to function during the year. The arrangements concerning medical inspection, including the mental testing of certain children, remained unchanged.

A general practitioner attends in cases of sickness, whilst both routine and special medical examinations of all admissions and discharges were carried out by Dr. J. Stephen Moore and mental testing by Dr. W. R. Clayton Heslop. On the 30th November, however, Dr. Moore, who had been carrying out most of the routine work at the two remand homes since 1st January, 1948, resigned on account of illhealth and his work was taken over by Dr. Heslop. In addition, when requested, the consultant psychiatrist, Dr. J. V. Morris, visits the homes to carry out special examinations and during the year psychiatric reports on 19 boys and 13 girls were made.

There was no outbreak of infectious disease at either home but the boys' home was placed in quarantine for a period of one week in November. This was because examination of swabs revealed the presence of profuse nasal hæmolytic streptococci in the case of one boy who was given a course of treatment by insufflation. Negative results were subsequently obtained.

## XIII. CHILDREN'S HOMES.

The school medical officer acts as medical officer to the Children's Committee and in this capacity arranges for the periodic examination of children not attending school at the children's homes and residential nurseries administered by that Committee. Assistant county medical officers pay regular visits to these nine homes and nurseries and any recommendations made as to the home itself or the children are passed to the children's officer for whatever action is considered necessary. In addition, all admissions to and discharges from children's homes and nurseries are examined and any children who are to be boarded out with foster parents are seen to ensure that they are medically fit for placing in private homes.

# SCHOOL HEALTH SERVICE

## LIST OF CLINICS

| Name and address of clinic | Type of treatment provided | Frequency of session |
|---|---|---|
| ALDBOROUGH. | | |
| Church Room ... ... | *Orth. P. | As required. |
| ATTLEBOROUGH. | | |
| St. John's Church Room | *Orth. P. | As required. |
| AYLSHAM. | | |
| Ian Sears Clinic ... | D. | Two sessions weekly. |
| | M.A. | Two sessions monthly. |
| | *Orth. P. | As required. |
| OLD BUCKENHAM. | | |
| C.P. School ... ... | M.A. | One session weekly. |
| CROMER. | | |
| Local Health Office, | | |
| Norwich Road ... | *Orth. P. | One session weekly. |
| | D. | Two sessions weekly. |
| | M.A. | Two sessions monthly. |
| | S. | One session weekly. |
| Cromer and District | | |
| Hospital ... ... | Ophth. | Two sessions monthly. |
| EAST DEREHAM. | | |
| Secondary Modern School, | | |
| Crown Road ... ... | D. | Two sessions weekly. |
| | M.A. | One session weekly. |
| | S. | One sessions weekly. |
| Orthopædic Hut, | | |
| Isolation Hospital ... | *Orth. P. | Six sessions monthly. |
| DISS. | | |
| C.P. School, | | |
| Victoria Road ... | M.A. | One session weekly. |
| | *Orth. P. | As required. |
| DOWNHAM MARKET. | | |
| C.P. School ... ... | M.A. | One session fortnightly. |
| | *Orth. P. | As required. |
| | S. | One session weekly. |
| FAKENHAM. | | |
| Secondary Modern School | D. | Two sessions weekly. |
| | M.A. | Two sessions monthly. |
| | *Orth. P. | One session fortnightly. |
| | S. | One session weekly. |

| Name and address of clinic | Type of treatment provided | Frequency of session |
|---|---|---|
| HARLESTON. | | |
| Magistrates' Room ... | *Orth. P. | As required. |
| HEACHAM. | | |
| Memorial Hall ... ... | D. | Twelve sessions monthly. |
| | *Orth. P. | As required. |
| HELLESDON. | | |
| Secondary Modern School, Middleton's Lane ... | D. | Four sessions weekly. |
| | M.A. | Two sessions monthly. |
| HOLT. | | |
| Red Cross Rooms, Norwich Road ... | *Orth. P. | As required. |
| NEW HUNSTANTON. | | |
| C.P. School ... ... | M.A. | Two sessions monthly. |
| KING'S LYNN. | | |
| Infant Welfare Centre, St. James' Park ... | C.G. | One session monthly. |
| | *Orth. P. | Three sessions weekly plus one additional session fortnightly. |
| | S. | Three sessions weekly. |
| Stanley Buildings ... | M.A. | One session daily. |
| West Norfolk & King's Lynn Hospital ... | *Orth S. | One session monthly. |
| | Ophth. | One session weekly. |
| LITCHAM. | | |
| C.P. School ... ... | D. | Two sessions monthly. |
| | M.A. | Two sessions monthly. |
| METHWOLD. | | |
| St. George's Hall ... | *Orth. P. | As required. |
| NORWICH. | | |
| Norfolk and Norwich Hospital ... ... | Ophth. | Three sessions weekly. |
| | *Orth. S. | One session forthnightly. |
| Jenny Lind Hospital, Unthank Road ... | H. | One session weekly. |
| | *Orth. S. | One session fortnightly. |

| Name and address of clinic | Type of treatment provided | Frequency of session |
|---|---|---|
| NORWICH—*continued.* | | |
| 31, Thorpe Road ... | C.G. | One session weekly. |
| | S. | Two sessions weekly. |
| Y.M.C.A., St. Giles Street | S. | One session weekly. |
| REEPHAM. | | |
| Bircham Institute ... | *Orth. P. | As required. |
| SHERINGHAM. | | |
| C. P. School ... ... | D. | Two sessions weekly. |
| | M.A. | Two sessions monthly. |
| SPROWSTON. | | |
| Secondary Modern School | D. | Four sessions weekly. |
| Recreation Ground Road | M.A. | Two sessions monthly. |
| STALHAM. | | |
| Secondary Modern School | D. | Two sessions weekly. |
| | M.A. | Two sessions monthly |
| | *Orth. P. | As required. |
| SWAFFHAM. | | |
| Baptist School Room ... | *Orth. P. | As required. |
| TERRINGTON ST. CLEMENT. | | |
| C. P. Junior School ... | M.A. | One session weekly. |
| THETFORD. | | |
| C. P. School ... ... | M.A. | One session weekly. |
| | *Orth. P. | As required. |
| | S. | One session weekly. |
| THORPE. | | |
| C. P. School, Hillside Ave. | D. | Four sessions weekly. |
| | M.A. | One session weekly. |
| UPWELL. | | |
| Secondary Modern School | M.A. | Two sessions monthly. |
| NORTH WALSHAM. | | |
| Secondary Modern School | D. | Four sessions weekly. |
| | M.A. | One session weekly. |
| | *Orth. P. | One session weekly. |
| WATTON. | | |
| C. P. School ... ... | D. | Two sessions fortnightly. |
| | M.A. | Two sessions monthly. |
| | *Orth. P. | As required. |

| Name and address of clinic | Type of treatment provided | Frequency of session |
|---|---|---|
| WELLS-NEXT-SEA. | | |
| C. P. School ... ... | D. | Two sessions fortnightly. |
| | M.A. | One session weekly. |
| | *Orth. P. | As required. |
| WYMONDHAM. | | |
| C. P. School ... ... | M.A. | One session weekly. |
| Secondary Modern School | D. | Two sessions fortnightly. |
| | M.A. | One session weekly. |
| | *Orth. P. | As required. |
| GT. YARMOUTH. | | |
| County Borough Ophthalmic Clinic ... ... | Ophth. | As required. |

KEY

C.G. ... Child Guidance.
D. ... Dental.
M.A. ... Minor Ailments.
S. ... Speech Training.
H. ... Heart (Hospital Management Committee clinic).
Ophth. ... Ophthalmic (Hospital Management Committee clinic).
*Orth.P. ... Orthopædic Physiotherapist.
*Orth.S. ... Orthopædic Surgeon.

*Transferred to Hospital Management Committee, 6th November, 1950.

# MEDICAL INSPECTION RETURNS

## YEAR ENDED 31st DECEMBER, 1950

### TABLE I.

### MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

#### A.—Periodic Medical Inspections.

| | |
|---|---|
| Number of inspections in the prescribed groups:— | |
| Entrants ... ... ... ... ... | 5,570 |
| Second Age Group ... ... ... ... | 4,252 |
| Third Age Group ... ... ... ... | 3,615 |
| TOTAL ... ... ... | 13,437 |
| Number of other periodic inspections ... ... ... | 5,421 |
| GRAND TOTAL ... ... | 18,858 |

#### B.—Other Inspections.

| | |
|---|---|
| Number of special inspections ... ... ... ... | 1,193 |
| Number of re-inspections ... ... ... ... | 11,179 |
| TOTAL ... ... ... | 12,372 |

#### C.—Pupils found to require Treatment.

Number of individual pupils found at periodic medical inspection to require treatment (excluding dental diseases and infestation with vermin).

| Group<br>(1) | For defective vision (excluding squint)<br>(2) | For any of the other conditions recorded in Table IIA<br>(3) | Total individual pupils<br>(4) |
|---|---|---|---|
| Entrants ... ... | 96 | 971 | 1,010 |
| Second Age Group ... | 299 | 555 | 784 |
| Third Age Group ... ... | 360 | 340 | 650 |
| Total (prescribed groups) | 755 | 1,866 | 2,444 |
| Other Periodic Inspections ... | 414 | 769 | 1,088 |
| Grand Total ... | 1,169 | 2,635 | 3,532 |

## TABLE II.

### A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1950.

| Defect Code No. | Defect or Disease | Periodic 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) |
| 4 | Skin ... ... | 113 | 182 | 15 | 9 |
| 5 | Eyes— | | | | |
| | (*a*) Vision ... | 1,169 | 472 | 212 | 26 |
| | (*b*) Squint ... | 160 | 75 | 28 | 3 |
| | (*c*) Other ... | 74 | 84 | 18 | 5 |
| 6 | Ears— | | | | |
| | (*a*) Hearing ... | 40 | 68 | 16 | 10 |
| | (*b*) Otitis Media | 40 | 91 | 13 | 11 |
| | (*c*) Other ... | 19 | 43 | 9 | 11 |
| 7 | Nose or Throat ... | 526 | 1,557 | 151 | 84 |
| 8 | Speech ... ... | 77 | 131 | 31 | 4 |
| 9 | Cervical Glands ... | 97 | 1,036 | 14 | 36 |
| 10 | Heart and Circulation ... | 61 | 160 | 4 | 5 |
| 11 | Lungs ... ... | 115 | 293 | 22 | 32 |
| 12 | Developmental— | | | | |
| | (*a*) Hernia ... | 58 | 52 | 7 | 3 |
| | (*b*) Other ... | 41 | 258 | 10 | 6 |
| 13 | Orthopædic— | | | | |
| | (*a*) Posture ... | 161 | 135 | 25 | 4 |
| | (*b*) Flat Foot ... | 173 | 85 | 14 | 4 |
| | (*c*) Other ... | 774 | 485 | 110 | 19 |
| 14 | Nervous System— | | | | |
| | (*a*) Epilepsy ... | 15 | 25 | 4 | 1 |
| | (*b*) Other ... | 21 | 127 | 6 | 6 |
| 15 | Psychological— | | | | |
| | (*a*) Development | 121 | 127 | 45 | 14 |
| | (*b*) Stability ... | 45 | 145 | 13 | 8 |
| 16 | Other ... ... | 158 | 205 | 43 | 29 |

**B.—Classification of the general condition of Pupils inspected during the year in the Age Groups.**

| Age Groups | No. of pupils inspected | A (Good) | | B (Fair) | | C (Poor) | |
|---|---|---|---|---|---|---|---|
| | | No. | % of Col. 2 | No. | % of Col. 2 | No. | % of Col. 2 |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) |
| Entrants ... | 5,570 | 2,002 | 35.94 | 3,180 | 57.09 | 388 | 6.97 |
| Second Age Group | 4,252 | 1,536 | 36.12 | 2,365 | 55.62 | 351 | 8.26 |
| Third Age Group | 3,615 | 1,723 | 47.66 | 1,684 | 46.58 | 208 | 5.76 |
| Other Periodic Inspections ... | 5,421 | 1,902 | 35.08 | 3,030 | 55.89 | 489 | 9.03 |
| Total ... | 18,858 | 7,163 | 37.99 | 10,259 | 54.40 | 1436 | 7.61 |

## TABLE III.

## INFESTATION WITH VERMIN.

| | | |
|---|---|---|
| (i) | Total number of examinations in the schools by the school nurses or other authorised persons ... | 234,577 |
| (ii) | Total number of individual pupils found to be infested ... ... ... ... ... | 651 |
| (iii) | Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) ... ... ... | — |
| (iv) | Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) ... ... ... | — |

## TABLE IV.

## TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

### Group I.—Diseases of the Skin (excluding uncleanliness, for which see Table III).

| | Number of cases treated or under treatment during the year. | |
|---|---|---|
| | By the authority. | Otherwise. |
| Ringworm—(i) Scalp ... ... | 12 | † |
| (ii) Body ... ... | 33 | † |
| Scabies ... ... ... ... | — | † |
| Impetigo ... ... ... | 242 | † |
| Other skin diseases ... ... | 601 | † |
| Total ... ... | 888 | † |

### Group II.—Eye Diseases, Defective Vision and Squint.

| | Number of cases dealt with. | |
|---|---|---|
| | By the authority. | Otherwise. |
| External and other, excluding errors of refraction and squint ... ... | 345 | 41 |
| Errors of refraction (including squint) | 394 | 1,324 |
| Total ... ... | 739 | 1,365 |
| Number of pupils for whom spectacles were:— | | |
| (*a*) Prescribed ... ... | 267 | 763 |
| (*b*) Obtained ... ... | † | † |

## Group III.—Diseases and Defects of Ear, Nose and Throat.

| | Number of cases treated. | |
|---|---|---|
| | By the authority. | Otherwise. |
| Received operative treatment:— | | |
| (*a*) for diseases of the ear ... | — | † |
| (*b*) for adenoids and chronic tonsillitis ... ... | — | † |
| (*c*) for other nose and throat conditions ... ... | — | † |
| Received other forms of treatment ... | 136 | † |
| Total ... ... | 136 | † |

## Group IV.—Orthopædic and Postural Defects.

| | | |
|---|---|---|
| (*a*) Number treated as in-patients in hospitals ... ... ... | 67 | |
| | By the authority. | Otherwise. |
| (*b*) Number treated otherwise, e.g., in clinics or out-patient departments ... ... ... | — | 3,348 |

## Group V.—Child Guidance Treatment.

| | Number of cases treated. | |
|---|---|---|
| | In the authority's child guidance clinics. | Elsewhere. |
| Number of pupils treated at child guidance clinics ... ... | 169 | — |

## Group VI.—Speech Therapy.

| | Number of cases treated. | |
|---|---|---|
| | By the authority. | Otherwise. |
| Number of pupils treated by speech therapists ... ... ... | 195 | — |

## Group VII.—Other Treatment Given.

| | Number of cases treated. | |
|---|---|---|
| | By the authority. | Otherwise. |
| (*a*) Miscellaneous minor ailments ... | 5,790 | — |
| (*b*) Other ... ... ... | — | † |
| Total ... ... | 5,790 | † |

†Figures not available.