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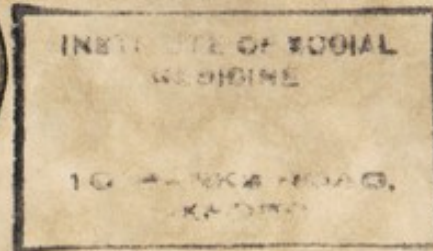
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NORFOLK EDUCATION COMMITTEE

Annual Report

of the

SCHOOL MEDICAL OFFICER
FOR 1951





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Annual Report

of the

SCHOOL MEDICAL OFFICER

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PREFACE

In 1951, 18,898 children were examined at periodic school medical inspections, this being 40 more than in 1950. 19.1% of those examined were found to have defects requiring treatment, this being a slight increase over the previous year. As in most recent years, it was found that defects of the eyes, nose and throat and orthopaedic defects made up about 75% of all the defects found.

The reports of the school medical staff indicate that the general condition of school children in Norfolk still continues to show improvement over previous years. The general condition of 41% of the children was classified as "good" (compared with 38% in 1950), 52.73% as "average" or "fair" and 6.32% as "poor", the latter figure being 1.29% less than that for the previous year.

There was a further slight increase in the number of children for whom school dinners were provided, 63% as compared with 62% in 1950. The amount of extra nourishment prescribed by the medical staff showed a reduction, due probably to the general improvement in nutrition previously mentioned. No doubt school dinners also played a big part in the general all-round improvement.

25 more new cases were found to require special examination by the heart specialist. There is, however, no increase in serious heart disorders. In fact, more minor abnormalities of the heart are referred for an opinion than used to be the case.

During the first nine months of 1951 the services of only one speech therapist were available but in the last three months an additional officer was appointed. As a result of this additional appointment, 10 more speech clinics were opened and there were 122 more cases under treatment by the end of 1951 than in the previous year.

582 handicapped pupils were ascertained during the year and of this number, 241 were in the educationally subnormal category. There are now 730 children ascertained as educationally subnormal and 305 of these have been recommended for special education in a residential special school. Sidestrand Hall, the Committee's residential special school, has a capacity of 88. It is obvious, therefore, that the provision in the county for this class of handicapped pupil is inadequate. This state of affairs, however, exists throughout the country and is not only a local problem.

Residential special schools, necessary as they are for certain educationally subnormal children, including those whose home conditions are unsatisfactory, are not the complete answer to the problem of providing suitable education for such children. Day classes at convenient centres, with specially trained teachers in charge, are a more practical proposition. Such classes could cater for a large proportion of pupils now recommended for admission to residential schools or for special education in ordinary schools. Social adaptation is regarded as of equal importance to formal education for this type of child and the former is probably better achieved without segregation from the community.

90 children have been ascertained as being delicate, 17 of these are being maintained in residential special schools and, of the remainder, two are not at school and the rest are attending ordinary schools. There is still a need for a residential special school for delicate children in Norfolk where education can be supplemented by medical treatment and supervision which cannot be provided in the ordinary schools.

The state of the school dental service remained unsatisfactory during the year. It was impossible to obtain additional dental officers, and, as a result, in more than half the county no school dental inspections or routine treatment were

possible. The remedy for this state of affairs obviously lies at national and not local authority level.

The school nurses carried out 247,771 cleanliness inspections during the year. There was a further decrease in the number of verminous children as compared with the previous year. 473 individual pupils (approximately 9.7 per 1,000) were found to be verminous, a reduction of 178 as compared with 1950. There is always a reservoir of infestation among school children and the importance of regular hygiene inspections to remedy the spread of infestation cannot be over-estimated.

The child guidance service continued to expand and 33 more cases were seen than in the previous year. An additional child guidance centre was opened at Cromer in July to meet the needs of that part of the county. The work of the child guidance service seemed to be more and more appreciated by the teachers and general public.

There were 25 admissions to Colne Cottage Hostel for maladjusted children at Cromer during the year and 20 children were discharged. The average period of residence of the cases discharged was 9.9 months. The waiting list for admission to the hostel remained long and this is particularly serious because maladjusted children usually require immediate treatment, if they are to benefit.

5,110 children received treatment at the Committee's 23 minor ailments clinics, a reduction of 542 as compared with 1950. This reduction is common to other parts of the country and is probably due to the increased attendance of children at the surgeries of their family doctors since the inception of the National Health Service.

I take this opportunity to express my gratitude for the help and co-operation of the professional and clerical staff of the School Health Service whose unremitting work forms the basis for this report.

My thanks are also due to the Education Committee, Chief Education Officer and the head teachers for their continued support throughout the year.

T. RUDDOCK-WEST.

Public Health Department,
29, Thorpe Road,
Norwich.

July, 1952.

STAFF OF THE SCHOOL HEALTH SERVICE DURING 1951.

SCHOOL MEDICAL OFFICER:

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

DEPUTY SCHOOL MEDICAL OFFICER:

K. F. ALFORD, M.B., Ch.B., D.P.H.

SENIOR MEDICAL OFFICER:

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

TEMPORARY CONSULTING MEDICAL OFFICER:

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

ASSISTANT SCHOOL MEDICAL OFFICERS:

- *A. E. BROWN, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.
NULECE CASSELLS, M.B., Ch.B. (Temporary part-time from 10th December).
 - *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.
 - V. C. JAMES, M.R.C.S., L.R.C.P. (Temporary part-time from 9th November).
 - 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 to 28th July).
 - *R. N. C. McCURDY, M.B., Ch.B., D.P.H.
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. (To 28th July).
 - F. R. WILSON, M.D., Ch.B. (Temporary part-time from 8th 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:

- A. J. CAIRNS, L.D.S., R.C.S.(Eng.) (Temporary part-time from 23rd October).
- SADIE S. HOW, L.D.S., R.C.S.(Eng.)
- RITA M. HUGHES, B.D.S.(Liv.) (Temporary part-time from 1st November).
- J. NIXON, L.D.S., R.C.S.(Edin.) (To 8th May).
- E. C. PACKHAM, L.D.S., R.C.S.(Eng.)
- F. W. WALMSLEY, L.D.S., R.C.S.(Edin.)

SPEECH THERAPISTS:

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

MISS D. WHITTARD, L.C.S.T. (From 17th September).

HEALTH VISITORS/SCHOOL NURSES:

MRS. L. BRADBURY, S.R.N., S.C.M., H.V.Cert.	MISS B. LESTER, S.R.N., S.C.M., H.V.Cert.
MRS. E. J. BRADFORD, S.R.N., S.C.M., H.V.Cert. (From 15th October).	*MRS. F. B. NEVILLE, S.R.N.
*MRS. P. D. CHADWICK, R.S.C.N.,	MRS. W. M. PETTS, S.R.N.
MISS I. K. COLE, S.R.N., S.C.M., H.V.Cert.	*MRS. M. I. QUAYLE, S.R.N.
MRS. W. A. DUNNELL, S.R.N., S.C.M., H.V.Cert.	*MISS C. SHINGLETON, S.R.N.
MRS. M. E. C. EVANS, S.R.N., S.C.M., H.V.Cert. (Part-time).	MISS L. B. STEEL, S.R.N., S.C.M., H.V.Cert.
MRS. B. M. GRAY, S.C.M.	MRS. J. VERNAN, S.R.N., S.C.M., H.V.Cert. (From 24th September).
*MISS A. E. HOLDEN, R.S.C.N.	*MISS D. VICKERS, S.R.N.
*MRS. A. M. KNOTT, Trained Nurse, Sick Children.	*MRS. O. N. WAINWRIGHT, Trained Nurse, Sick Children.
	MRS. E. WITTRED, S.R.N.

* School Nursing duties only.

DENTAL ATTENDANTS:

MISS P. BAILEY.	MISS S. PILON (To 30th April).
MRS. J. CHENNELL (From 5th June).	MISS N. RADFORD.
MRS. E. GEDGE (Part-time from 1st November).	MRS. D. M. SMITH.
MISS G. M. LYON (To 31st July).	MRS. H. SMITH (From 17th September).
MRS. C. E. PAGE (From 24th September).	MISS I. WEST.
MISS J. PHILLIPPO (To 31st May) (After marriage employed as MRS. HARDY on part-time basis from 24th October).	

ANNUAL REPORT

OF THE SCHOOL MEDICAL OFFICER

for 1951

I. GENERAL STATISTICS.

Area of administrative county	1,302,501 acres.
Population 1951 census (provisional)	374,219
Registrar General's mid-year estimate of population, 1951	373,000

Number of schools and number of pupils on the registers, 31st December, 1951:—

	Number of schools	No. of pupils on registers
Primary	443	39,341
Modern secondary	17	5,895
Grammar secondary	11	2,892
Technical secondary	1	247
Special grammar school courses	3	155
Nursery schools	3	119
Special schools	1	86
	479	48,735

Average percentage attendance of pupils
at modern secondary and primary schools
for the year ended 31st March, 1952 ... 89.7%

II. STAFF

The co-ordination mentioned in the report for 1950 remains unchanged. The following table shows an increase of six in the total number of staff employed but as the majority of these additional officers were not full-time, there has, in effect, been only a very slight increase in the total estimated time devoted to the school health service as expressed in the number of whole-time officers.

	31st December, 1951.		31st December, 1950.	
	No. employed	Estimated time expressed in no. of wholetime officers	No. employed	Estimated time expressed in no. of wholetime officers
Medical staff	17	9.50	16	9.5
Dental officers	6	4.25	5	4.5
Speech therapists	2	2.00	1	1.0
School nurses	19	11.50	18	12.0
Dental attendants	9	7.00	7	6.3
Clerk attendants	9	7.20	9	7.2
TOTALS	62	41.45	56	40.5

Details of changes in the professional staff, a list of which is given on pages 4-5, are shown below.

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

Dr. C. O'Donovan, assistant county medical officer for Area No. 1 (Blofield and Flegg R.D. and Smallburgh R.D.) resigned his appointment on the 28th July and this vacancy remained unfilled at the end of the year.

(b) **Assistant Medical Officers.**

Three additional temporary part-time assistant medical officers were appointed during the year—Dr. F. R. Wilson from the 8th October, Dr. V. James from the 9th November and Dr. Nulece Cassells from the 10th December.

(c) **Dental Staff.**

Mr. J. Nixon retired on reaching the age limit on the 8th May after completing almost thirty years as a dental officer with this authority. This vacancy could not be filled but the services of two part-time dental surgeons were secured. Mr. A. Cairns, who was a dental officer for twenty-five years until his retirement in July, 1946, took over part-time duty at King's Lynn on the 23rd October, and Mrs. R. Hughes in Wymondham from the 1st November.

During 1951, three dental attendants resigned and five were appointed, the additional two being engaged to assist the two part-time dental surgeons mentioned above.

(d) **Speech Therapists.**

We were unable to fill the vacancy caused by the resignation of Miss Hemmings in December 1950 until the 17th September when Miss D. Whittard commenced duty. The third vacancy was not filled during the year.

(e) **School Nurses.**

An additional health visitor/school nurse was appointed on the 15th October, making a total of 19, of whom eight carry out school nursing duties only and 11 combined duties.

III. MEDICAL INSPECTION

The age groups, including those prescribed by the Ministry and additional groups approved by the local education authority, remained unchanged and 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+). (b) Secondary grammar school (15+).	Primary and modern secondary schools. Secondary grammar schools.
Other periodic routine inspections	During the year in which (a) the age of 8 is reached. (b) the age of 13 is reached.	Primary schools. Secondary grammar schools.

In addition to the periodic medical inspection of children as mentioned above, arrangements are made for those pupils in Sidestrand Hall Residential Special School to be examined as soon as possible after admission, and thereafter once yearly.

Every endeavour is made to visit each school at least once a year to complete periodic inspections, to examine special cases and to re-examine those pupils previously found or suspected to have some disease or defect. Owing to illness and the resignation of members of the medical staff, however, 13 schools did not have a complete medical inspection during the year. It will be seen, however, from the table inset on this page, that 40 more children were examined as compared with 1950.

As in previous years, it has been necessary in a few instances to use premises other than schools for medical inspection purposes.

The increased birth rate continued to be reflected by the large number of entrants examined. In order to carry out the statutory obligation to inspect pupils in all prescribed age groups and to provide adequate supervision of those with defects, it has been estimated that it is necessary to examine each year between 55 and 60% of the pupils in attendance at school.

Periodic medical inspections.			
Group.		No. inspected	
		1951	1950
Entrants	... ..	6,090.	5,570.
Second age group	... ..	4,090.	4,252.
Third age group	... ..	3,244.	3,615.
Other periodic inspections	... ..	5,474.	5,421.
TOTALS	... ..	18,898.	18,858.

1,031 pupils were specially examined and 9,570 who had a defect or defects at a previous medical inspection were re-examined, the comparable figures for 1950 being 1,193 and 11,179 respectively.

It is very gratifying to note that 12,679 parents or 67% attended the 18,898 periodic medical inspections during the year.

The Ishihara colour vision tests are applied as a routine measure to those pupils who are "leavers".

FINDINGS OF MEDICAL INSPECTION.

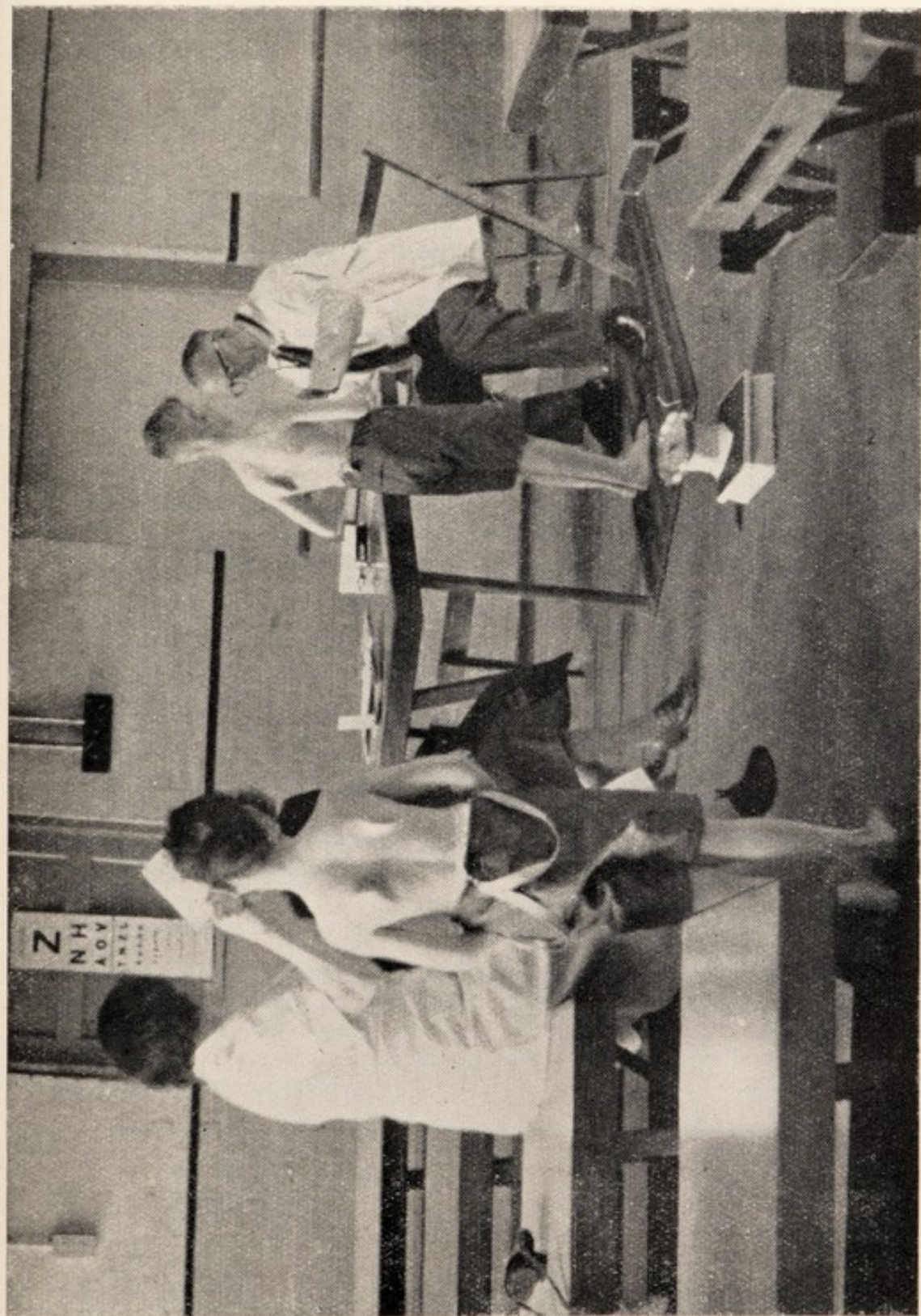
(The figures refer to periodic inspections unless indicated to the contrary.)

Diseases and defects (excluding dental and nutritional defects and uncleanness).

Of 18,898 pupils examined in the periodic age groups, 3,607 or 19.08% were found to be suffering from some defect for which treatment was required. The total number of defects which these children had was 4,132. The percentage figures for the previous five years are given below from which it will be seen that as compared with the previous year, the figure for 1951 was higher by 0.36%.

1946	... ..	15.98%
1947	... ..	21.53%
1948	... ..	20.85%
1949	... ..	17.02%
1950	... ..	18.72%

The last available comparable figure (1949) for the whole of England and Wales was 18.72%.



School medical inspection in progress at a village school.

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The distribution in the various age groups of those children with defects needing treatment is shown in the table below:—

Group	1951.			1950.		
	No. of pupils		Percentage	No. of pupils		Percentage
	In-spected	Found to require treatment		In-spected	Found to require treatment	
Entrants	6,090	1,112	18.26	5,570	1,010	18.13
Second age group	4,090	850	20.78	4,252	784	18.44
Third age group...	3,244	554	17.08	3,615	650	17.98
Other inspections	5,474	1,091	19.93	5,421	1,088	20.07
TOTALS ...	18,898	3,607	19.08	18,858	3,532	18.72

Normally, the vision of children under eight years of age is not tested, but if it were practical to do so, the number of entrants found to have defects would be higher, possibly exceeding the figures for other groups.

As mentioned in previous reports, approximately three-quarters of the defects found at periodic medical inspections to be in need of treatment are those mentioned below. Figures for the previous year are also shown:—

				1951	1950
All defects recommended for treatment	...	...	...	4,132	4,058
Eye defects	...	...	...	1,471 (35.6%)	1,403 (34.6%)
Orthopaedic defects	...	...	...	1,060 (25.6%)	1,108 (27.3%)
Defects of nose and throat	...	...	...	534 (12.9%)	526 (13.0%)

In addition to those defects where treatment was recommended, 7,125 defects were noted for observation.

General Condition.

At periodic medical inspections, the general condition of children is assessed according to the Ministry of Education's classification and Table II B, on page 35 shows the numbers and percentages of each age group in each of the three categories. For comparative purposes, the figures for the last five years are given in the following table:—

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
1951	18,898	7,738	40.95	9,965	52.73	1,195	6.32

Although over the last five years these figures show a gradual improvement in the general condition of pupils examined at periodic medical inspection, it must be borne in mind that these statistics are based on clinical appreciation only, by a number of medical officers whose standards perhaps vary from one to another.

Periodic special surveys of the general condition of children are also made from time to time of those children not due for a medical inspection and during 1951 18,610 were examined of whom 5.9% were considered by the medical officer to have "poor" general condition. This percentage figure was 0.8 lower than 1950 and was the lowest since the introduction of the Ministry's re-classification in 1947.

	1951.	1950.
General Condition.	%.	%.
% No. of pupils at periodic medical inspection whose general condition was :-		
Good	40.95.	37.99.
Fair	52.73.	54.40.
Poor	6.32.	7.61.
School Meals and Milk as on 17th October.		
% No. of pupils having meals in schools	62.97.	61.80.
% No. of pupils having milk in schools	77.23.	78.40.
Extra Nourishment.		
Amount of main items supplied :-		
(i) Maltoline and Maltoline and iron (ozs.)	71,288.	137,280.
(ii) Virol (ozs.)	26,072.	34,912.
(iii) Cod liver oil & malt, cod liver oil & malt & iron (ozs.)	150,240.	115,872.
(iv) Cod liver oil (ozs.)	1,600.	1,860.
(v) Parrish's food (ozs.)	4,030.	4,770.
	253,230.	294,694.

Provision of Milk and Meals in Schools.

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

No. of pupils in attendance on 17th October, 1951			Meals			Milk	
			Free	Paid	% of those attending	1/3rd pint free	% of those attending
Primary ...	36,448		1,602	20,382	60.32	30,848	84.64
Modern secondary and secondary grammar ...	8,338		403	5,781	74.17	3,759	45.08
Nursery ...	97		2	95	100.00	95	98.00
TOTALS	1951	44,883	2,007	26,258	62.97	34,702	77.23
	1950	42,419	1,528	23,612	61.80	33,254	78.40

Although there has been a further increase in the percentage of children who are receiving school meals, it will be seen from the table that there has again been a decrease in the percentage of children receiving milk in schools.

Provision of Extra Nourishment.

There has been no change in the Committee's scheme for the supply of extra nourishment and medicaments to those pupils who are, on medical grounds,

considered to need them. There has been a reduction in the amount of some of the preparations issued, particularly those containing cod liver oil and malt, due no doubt to some improvement in the general condition of those children examined.

Preparation	Amount issued	
	1951	1950
Cod liver oil (ozs)	1,600	1,860
Halibut liver oil (5 cc. phials)	95	107
Malt and cod liver oil (16 oz. containers)	6,772	5,040
Malt, cod liver oil and Parrish's Food (16 oz. jars)	2,622	2,202
*Maltoline (8 oz. jars)	2,652	8,448
Maltoline and iron (8 oz. jars)	6,271	8,712
Virol (8 oz. cartons)	3,259	4,364
Parrish's Food (ozs)	3,360	4,770
Glucodin (16 oz. packets)	170	132
Bemax (3½ oz. packets)	108	174
Vitamin C tablets (bottles of 50)	47	27
Vitamin A and D capsules (packets of 14)	1,007	1,155
Ostocalcium (tablets)	—	300

*Discontinued by manufacturers July, 1951.

CLEANLINESS.

School nurses continued to visit schools for the purpose of carrying out cleanliness inspections, endeavouring to visit every school in their areas at least once each term.

The practice whereby informal notices are sent to parents of children found to be infested, continued to operate and in all cases the condition was rectified within a reasonable time. Any persistent offenders are, however, referred to the Chief Education Officer with a view to legal proceedings being taken but during the year it was found unnecessary to take any prosecutions under the appropriate section of the Education Act.

The modern treatment of hair infestation by application of a lotion containing D.D.T. is comparatively simple and effective but re-infestation often unfortunately readily occurs. It is pleasing to note the reduction in the number of children who were found to be verminous, due, no doubt, to the persistent efforts and tactful and understanding handling of the parents by the school nurses, and to the rapid action of the hair lotion to which reference has already been made.

	1951	1950
No. of visits to schools	3,572	3,463
Average number of visits per school	7.7	7.5
No. of examinations conducted ...	247,771	234,577
No. of children found verminous ...	473	651
No. of children treated for verminous heads at minor ailments clinics	104	262

FOLLOWING-UP.

School nurses are frequently called upon to visit parents of children found to have defects in order to encourage and assist in obtaining proper attention for the children.

IV. TREATMENT OF DEFECTS

HOSPITAL TREATMENT.

There has been no change in the arrangements as outlined in the Annual Report for 1950 whereby responsibility for the provision of hospital and specialist services such as orthopaedic, ear, nose and throat and ophthalmic, rests with the East Anglian Regional Hospital Board, through the appropriate hospital management committees.

The fullest co-operation exists with the hospital management committees to ensure that facilities for treatment are as comprehensive as present conditions permit. By the end of the year, some of the hospitals were supplying information relating to the examination and treatment of school children who attend as in-patients or out-patients and this information is proving very useful to the school medical staff.

CO-OPERATION WITH GENERAL PRACTITIONERS.

The recommendations agreed between the British Medical Association and the Society of Medical Officers of Health early in 1950 and adopted in this county, have been followed during 1951, and, with the exception of ophthalmic defects, the consent of the general practitioner is obtained before referring a child elsewhere for a second opinion or for treatment.

MINOR AILMENTS CLINICS.

Minor ailments clinics have been established at twenty-three centres, the names and frequency of attendance of the medical officer and nurse being given in the complete list on pages 31 to 32. No new clinics were opened but the clinic at Downham Market was transferred in December from the county primary school to premises at The Howdale where accommodation is available for local health office and clinic purposes. At the end of the year, arrangements were also in hand for transferring the King's Lynn and Thetford clinics to the respective local health offices and for the opening of a combined clinic at St. John House, Swaffham.

In some parts of the country it has been found during the past few years that the numbers of conditions treated at minor ailments clinics have declined, due it is said, to the coming into force on the 5th July, 1948, of the National Health Service Act, 1946. There is no doubt that many of the children are now attending their own doctors for the treatment of minor ailments for which formerly they would have attended the school clinic. This is probably true in Norfolk although the figures since the 5th July, 1948, have actually shown an increase on the total attendances, but it must be remembered that in 1948 there were only 10 clinics as compared with 22 in 1949 and 23 in 1950 and 1951. Although these clinics were originally intended for the supervision and treatment of minor ailments and injuries, they are now often used, in addition, as a centre for the examination of those pupils for whom a special medical report is required. With the exception of the King's Lynn clinic, where daily nurses' and weekly doctor's sessions are held, the majority are attended weekly by the school nurse and monthly by the assistant medical officer.

During the year, 14,242 attendances were made at the minor ailments clinics. School nurses also treat minor ailments at school or at the pupils' homes when specially required to do so and 997 cases were so treated in 1951.

A table showing the numbers of cases dealt with at the minor ailments clinics is given below:—

Minor ailment, disease or defect.	Individual cases dealt with at clinics.
SKIN:	
Ringworm—scalp	6
Ringworm—body	13
Scabies	14
Impetigo	81
Other skin diseases	545
EYE DISEASE	326
(External and other, but excluding errors of refraction, squint and cases admitted to hospital.)	
EAR DEFECTS	96
MISCELLANEOUS	4,029
(e.g. minor injuries, bruises, sores, chilblains, etc.)	
TOTAL	5,110

DEFECTIVE VISION.

The number of eye defects found at periodic medical inspections is included in Table II, A on page 34. As already stated, defects of the eye account for just over one-third of all the defects found at periodic medical inspections and the following table shows the number of defects found for which either treatment or observation was recommended. Corresponding figures for 1950 are given for comparison:—

Defect	1951		1950	
	No. recommended for treatment	No. placed under observation	No. recommended for treatment	No. placed under observation
Defective vision	1,144	477	1,169	472
Squint	214	109	160	75
Other defects of the eyes ...	113	108	74	84
TOTALS	1,471	694	1,403	631

All refractions and special examinations are carried out by an ophthalmic surgeon at a hospital eye clinic, with the exception of a few children who are seen from time to time at the Great Yarmouth clinic by arrangement with the Borough Medical Officer of Health. In addition, the common minor infections of the eye were dealt with at the minor ailments clinics, 326 cases being so treated during the year.

During 1951, 1,750 children were referred to eye

Treatment (excluding dental and orthopaedic)		
	1951	1950
No. of attendances at minor ailments clinics	14,242	13,505
No. of children seen by ophthalmic surgeons	1,750	1,718
No. of pairs of spectacles prescribed	928	1,030
No. of cases referred for operative treatment for enlarged tonsils & adenoids	365	430

specialists, of whom 928 were prescribed spectacles. The position with regard to the supply of spectacles continued to improve considerably and the period between the issue of the prescription and the supply of spectacles is now a very short one. Arrangements have been made with the hospitals concerned to complete the ophthalmic record cards so that it is possible to keep the medical staff informed of the diagnosis and recommendation of the specialist.

During the year, an additional orthoptic clinic was opened at St. James's Hospital, King's Lynn, by the local hospital management committee. It is held daily (except Sundays) and a fully qualified orthoptist attends to give such treatment as is recommended by the ophthalmic surgeon. Similar clinics continued to function at the Norfolk and Norwich and Thetford Hospitals.

DEFECTS OF EAR, NOSE AND THROAT.

As will be gathered from the information given in Table II, A on page 34, 534 defects of the nose and throat were considered at periodic medical inspections to need treatment, whilst 1,824 were recommended to be placed under observation. Compared with the previous year, there was little change in the number of children recommended for treatment but 267 more were placed under observation. This comparatively large increase is, no doubt, due to the medical staff following a suggestion made by the Ministry of Education in January, 1951, with a view to reducing the long waiting lists for operative treatment. It was decided that only those cases which appeared to be in need of urgent treatment should be referred to hospital, the others being kept under observation for at least six months.

There is no change in the list of hospitals to which children are referred for operative treatment, viz:—

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.

All children recommended operative treatment are first referred to one of the specialists at the hospital for his opinion. The numbers of these cases during the past three years continued to decrease as will be seen from the under-mentioned table:—

	1951	1950	1949
Hospitals	365	430	429
General practitioners	—	—	19
	365	430	448

As notification is not always given ^(see) to the hospitals concerned, it is not possible to show the total number of children who actually received treatment during 1951.

As in 1950, children were treated at minor ailments clinics for minor ear disease or defect, 96 being seen at these clinics.

Any pupils suffering from other defects of the ear, nose and throat, are referred to the consulting otologists at the out-patient clinics and during the year, 127 were referred for a second opinion and/or treatment.

SKIN DISEASES.

141 children were referred at periodic medical inspections for treatment for diseases of the skin, 201 being placed under observation. Where a second opinion or special treatment is required, medical officers refer those children to one of the hospital skin specialists. Other cases are either referred to the family doctor or treated at the minor ailments clinic, home or school, by the medical officer or school nurse.

With regard to X-ray examination for ringworm, the same procedure as was mentioned in last year's Annual Report is carried out.

TUBERCULOSIS.

Any child found in the course of the school medical inspection to be suffering, or suspected to be suffering, from tuberculosis is referred to the chest physician whose report and recommendation are obtained and passed to the medical officer concerned.

V. DENTAL TREATMENT

The Senior Dental Officer reports:—

It is regrettable that no improvement took place in the staffing of the school dental service in the first half of 1951. In fact the situation was rendered even more discouraging by the retirement of our colleague, Mr. J. Nixon, in May. A re-arrangement of districts then became necessary and central Norfolk was added to the derelict western half of the county with the exception of East Dereham where the occasional attendance of a dental officer provided for the treatment of emergency cases.

To offset this loss of a full-time officer, the offer of part-time service from two dental surgeons was gratefully accepted—so that, since 23rd October, the King's Lynn dental clinic has been conducted by Mr. A. J. Cairns who has come out of retirement to help us; and since 1st November, the Wymondham clinic has been served by Mrs. R. Hughes.

A well-equipped surgery and accompanying suite of rooms have been provided at the new Local Health Office, Aspland Road, Norwich. Treatment commenced here on 5th December and the centre is proving a great success. Patients from most parts of the county have expressed their appreciation of its easy accessibility and comfort.

Admirable apartments of a similar nature have been reserved for dental clinics at King's Lynn, Cromer, Downham Market and Thetford; but I would be failing in my duty if I did not report very adversely on the conditions prevailing at Wells. At this important centre, the only available accommodation is a small and most depressing room which is, in fact, the teachers' staff room. There is no recovery room and a trailer caravan is being used most inadequately as a waiting room. It is hoped to provide accommodation for a dental clinic in premises which will also be used as a local health office but so far it has not been possible to acquire a suitable building. The ironical fact remains that although we have the services of an eminently experienced dental officer in this area, yet those services cannot be used to their fullest capacity because of the present primitive and makeshift conditions.

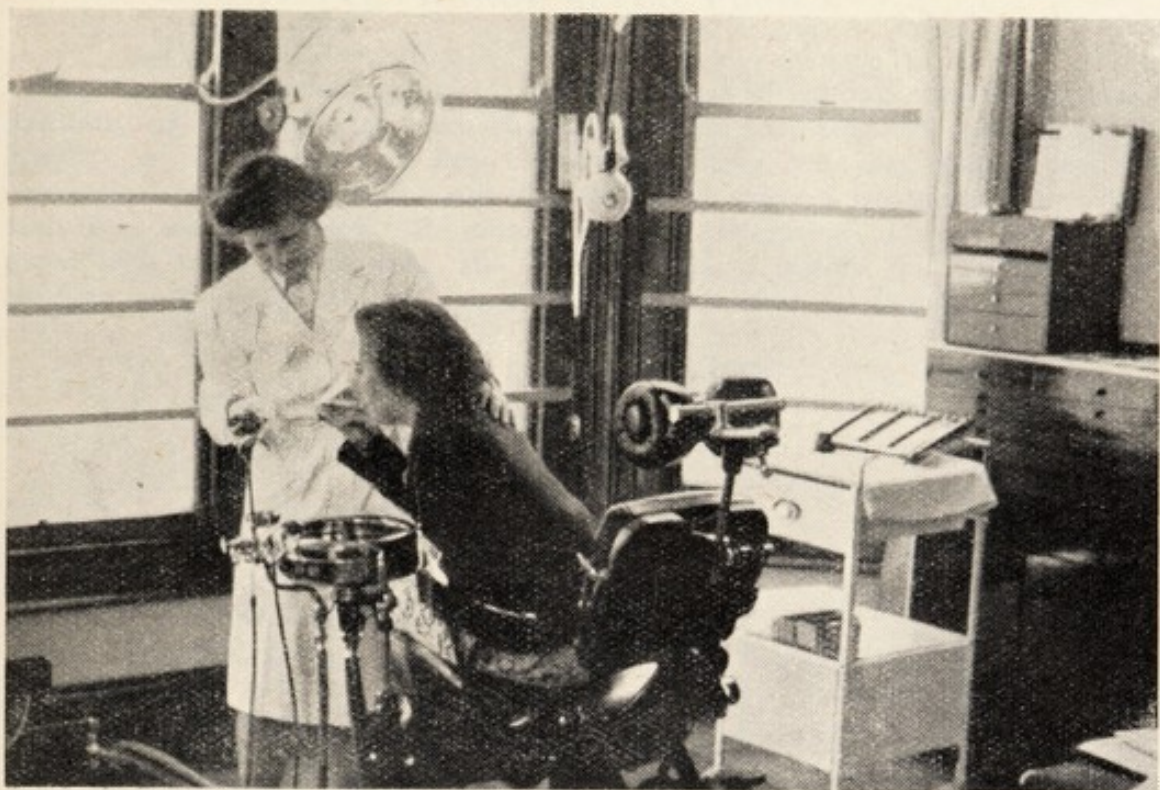
The establishment of dental centres in the Flegg and Loddon districts was mentioned by me as a matter of urgency in my reports for 1947 and 1948, but so far this has not yet materialised. On the other hand, it is equally discouraging to note that where first-class accommodation is provided—as at Downham and Thetford—the service does not function owing to lack of professional staff.

With regard to the action of fluorine on dental caries, as the research is still proceeding it would not be wise at this juncture for any action to be taken by the authority in this matter.

The following table sets forth the amount of work actually carried out in the year, but as I pointed out in my preceding report, the value of these statistics is negatived by the fact that even greater numbers of Norfolk children who are equally entitled to the benefits of a school dental service have neither been dentally inspected nor offered treatment. In addition to the routine treatment given, it may be interesting to note that 884 operations for the regulation of children's teeth were performed, that 55 regulation appliances were provided, and that 49 dentures were supplied to children many of whom were obviously victims of recent neglect for which neither they nor their parents were altogether responsible.

	Year 1951	Year 1950	Year 1949
1. Number of pupils inspected by dental officers:—			
(a) Periodic age groups ...	13,575	16,542	20,580
(b) Specials	2,462	1,305	739
Total (1) ...	16,037	17,847	21,319
2. Number found to require treatment	9,363	10,130	13,047
3. Number referred for treatment ...	9,363	10,130	13,047
4. Number actually treated	6,991	7,790	10,376
5. Attendances made by pupils for treatment	10,104	10,948	13,995
6. Half days devoted to:—			
Inspection	213	292	434
Treatment	1,364	1,526	1,998
Total (6) ...	1,577	1,818	2,432
7. Fillings:—			
Permanent teeth	3,223	3,992	5,378
Temporary teeth	206	154	220
Total (7) ...	3,429	4,146	5,598
8. No. of teeth filled:—			
Permanent	2,885	3,801	*
Temporary	195	149	*
Total (8) ...	3,080	3,950	*
9. Extractions:—			
Permanent teeth	679	1,044	1,152
Temporary teeth	9,330	10,250	13,155
Total (9) ...	10,009	11,294	14,667
10. Administration of general anaesthetics for extraction	506	721	919
11. Other operations:—			
Permanent teeth	1,944	2,515	4,058
Temporary teeth	1,959	2,106	2,829
Total (11) ...	3,903	4,621	6,887

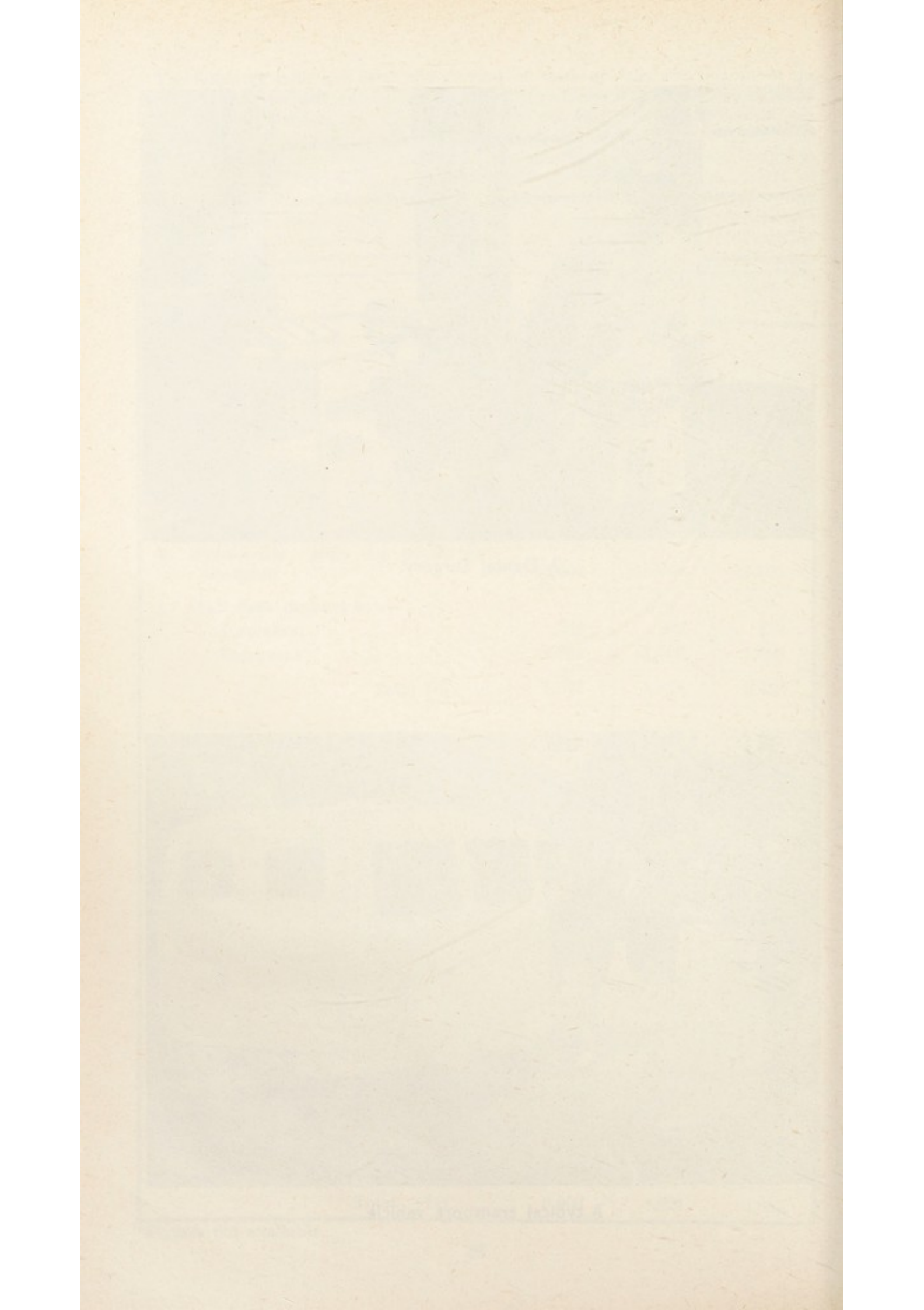
*Figures not available.



A Dental Surgery.



A typical transport vehicle.



VI. HANDICAPPED PUPILS.

The ascertainment by approved medical officers of children who suffer from a disability of body or mind and who come within the categories specified by the Ministry of Education, has been continued during the year and appropriate recommendations have been made for special educational treatment. As will be seen from the table below, 231 more cases were ascertained during 1951 as compared with the previous year, the difference being mainly due to many more children with speech defects and educational subnormality being ascertained.

	1951	1950
Blind	2	2
Partially sighted	1	7
Deaf	2	3
Partially deaf	9	4
Delicate	28	26
Diabetic	—	1
Educationally subnormal ...	241	153
Epileptic	7	—
Maladjusted	25	23
Physically handicapped ...	29	14
Defective speech	166	75
Multiple defects	72	43
Totals	582	351

During 1951, two additional members of the medical staff (Dr. K. F. Alford, deputy school medical officer, and Dr. R. N. C. McCurdy, assistant school medical officer) were approved as ascertaining medical officers for educationally subnormal pupils. The total staff on 31st December approved for this particular category of handicapped pupil was eight. In addition, two other assistant school medical officers attended courses during the year and it is anticipated that approval for these will be received from the Ministry of Education in due course.

SPECIAL EDUCATIONAL TREATMENT.

Special educational treatment may be provided either in the ordinary school or in a special school which may be day or residential. In Norfolk, a residential special school for educationally subnormal pupils was opened in November, 1950, at Sidestrand Hall, near Cromer. This school, which accommodates 88 boys and girls between the ages of 7 and 16, was full at the end of the Autumn term, 1951. Unfortunately, there is still a much larger number of children ascertained as educationally subnormal who cannot be provided with special educational treatment.

The school is visited periodically by one of the senior medical staff for the purpose of medically inspecting all children. A dental officer also inspects the children and treats them at the school clinic. Any medical treatment required is provided either by the visiting general practitioner or through the local hospital management committee.

Dr. W. W. Sinclair, senior medical officer, and Mr. R. A. Thomson, educational psychologist, visit the school for the purpose of reviewing borderline and other cases to determine whether the children are making sufficient progress.

25 children were admitted to Colne Cottage Hostel for maladjusted children, Cromer, and 20 were discharged. The average period of stay was 9.9 months. At the end of the year 24 children were still resident. A general practitioner visits the hostel as required and children are medically examined in the various age groups at the local primary and secondary modern schools. In addition, visits are paid at approximately monthly intervals by Dr. J. V. Morris, consultant psychiatrist, Dr. Sinclair and Mr. Thomson.

The committee decided during the year to adapt the mansion, Morley Hall, as a long-stay hostel for older boys who have been ascertained as maladjusted pupils. When this hostel is completed, Colne Cottage Hostel will accommodate 16 junior boys and 8 girls of all ages.

There is no special school provided by the Committee for delicate children.

At the two hospital schools provided by the Regional Hospital Board at Melton Lodge, Great Yarmouth, and Children's Sanatorium, Holt, special educational facilities are available. At the end of 1951 there were 14 Norfolk children at Melton Lodge and 15 at Holt Children's Sanatorium.

Of the 54 deaf, partially deaf, blind and partially sighted children shown in the following table, 52 are at the East Anglian School, Gorleston-on-Sea.

Categories	In res. or day spec. schools		In main-tained schools		In independent schools		Not at school		Totals		1951 grand totals	1950 grand totals
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
Blind	—	2	2	—	—	—	1	—	3	2	5	5
Partially sighted	6	6	4	5	—	—	—	—	10	11	21	24
Deaf	12	18	1	2	—	—	5	1	18	21	39	41
Partially deaf	4	6	7	8	—	—	—	—	11	14	25	24
Delicate	9	8	44	27	—	—	1	1	54	36	90	99
Diabetic	1	1	2	—	—	—	—	—	3	1	4	4
E.S.N.	44	27	484	166	5	1	2	1	535	195	730	642
Epileptic	2	2	4	2	—	—	2	1	8	5	13	12
Maladjusted	11	5	27	7	—	—	2	—	40	12	52	42
Physically handicapped	10	6	27	21	1	—	11	9	49	36	85	76
Speech	1	—	203	88	2	—	9	3	215	91	306	226
Multiple defects	27	12	103	29	—	—	5	5	135	46	181	120
TOTALS 1951 1950	127 90	93 62	908 767	355 340	8 10	1 3	38 25	21 18	1081 892	470 423	1551	1315

There was in 1951 an increase of 236 in the total number of handicapped pupils on the register, those in the educationally subnormal category accounting for 88 of this number.

Where necessary, cases are recommended for special educational treatment in the ordinary school.

HOME TUITION.

The local education authority has in 20 cases exercised its power under Section 56 of the Education Act, 1944 by making special arrangements for either part-time or whole-time education at home. Of these 20 cases, 75% are children who are physically handicapped. The majority of cases in which home tuition was received were those awaiting a place at a special school or cases where it was considered that home tuition was the only form of suitable educational treatment.

CHILD GUIDANCE CENTRES.

The expansion of the work of the child guidance service continued during the year. 33 more cases were seen than in the previous year, making a total of 178. In all, 67 child guidance sessions were held, an increase of six sessions over 1950. It was found necessary to open a child guidance centre at Cromer in July and this functions once a month and is well attended.

Dr. J. V. Morris, Consultant Psychiatrist to the Regional Hospital Board, is the psychiatrist in charge of the child guidance centres and, with his energy and enthusiasm, has been a major factor in the expansion and development of the service in Norfolk.

After a very difficult period during which the Committee was without an educational psychologist, Mr. R. A. Thomson took up his duties on the 12th February and has been of the very greatest help at the child guidance centres. In particular, his valuable follow-up work in the schools has been much appreciated by all engaged on child guidance work.

Miss J. Buxton, mental health worker, has done most of the domiciliary social work arising out of the treatment of maladjusted children. This is properly the sphere of a psychiatric social worker but Miss Buxton has been able to give considerable assistance.

Dr. W. W. Sinclair, Senior Medical Officer, attends the child guidance centres whenever possible so that close liaison is maintained between the centres and the school health service. In addition, all cases are referred in the first instance to the Senior Medical Officer who acts as a filter for these, selecting only cases which really require psychiatric aid and thus avoiding the centres being choked with unsuitable cases such as low grade educationally subnormal children.

67% of all the cases referred to the child guidance centres were initiated by the school medical staff. The Chief Education Officer and his staff accounted for another 15% approximately and general medical practitioners for another 15%. In some counties a much higher percentage of cases is initiated by general medical practitioners.

Of the 178 children seen at the child guidance centres during the year, 24 were considered to be adjusted mentally as a result of treatment, 58 were greatly improved and 34 were still under treatment at the end of the year. 20 were recommended for admission to a hostel for maladjusted children and the remainder were disposed of as shown in the accompanying table. Thus it can be said that approximately 46% were cured or greatly improved, 19% were still under treatment at the end of the year and 11% of all the cases were recommended in-patient treatment in a hostel for maladjusted children. The remaining 24% were dealt with as indicated in the table on page 21. Special mention should be made of the good work of Mr. Spaven who is Warden of the hostel for maladjusted children at Cromer.

As so much of the maladjustment in children is due to unsatisfactory home conditions, special attention has been given to the homes of maladjusted children with a view to alleviating unsatisfactory conditions. Many successes have been achieved in modifying the psychological atmosphere in the homes of maladjusted children with significant benefit to the children concerned but there remains a hard core of cases where chronic maladjustment in the children is due to circumstances in the home which cannot be ameliorated.

Provision for long-term hostel accommodation for some maladjusted children is therefore necessary in Norfolk and the Committee gave favourable consideration to this matter during the year with a view to opening an additional long-stay hostel for maladjusted children at Morley Hall, near Wymondham.

No. of centres held	No. of visits to homes, etc.	No. of examinations carried out.	Total individual pupils seen.
67 (61)	9 (16)	225 (211)	178 (145)

(Comparable figures for 1950 are shown in brackets).

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

	Norwich	King's Lynn	Cromer	Great Yarmouth	Patients' homes
(a) No. of centres held during the year ...	39	23	5	—	—
(b) No. of examinations carried out ...	128	77	13	5	9

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

REASON FOR REFERENCE:

Behaviour difficulties ...	60
Emotional difficulties ...	40
Incontinence of urine or faeces ...	35
Educational difficulties caused by psychological disturbances...	33
Habit spasms ...	3
Epilepsy ...	3
Follow-up of children discharged from hostel for maladjusted children ...	4

INITIATED BY:

School medical staff ...	112
Chief Education Officer and staff (including head teachers of schools) ...	27
General medical practitioners ...	20
Hospital specialists ...	5
Superintendent nursing officer ...	4
Probation officer ...	5
Welfare officers ...	2
Children's officer ...	1
Other local authority ...	1
Parent ...	1

RESULTS OF ATTENDANCE AT CHILD GUIDANCE CENTRES:

Adjusted	...	...	...	...	...	...	...	...	24
Greatly improved	...	...	...	...	...	...	...	...	58
Recommended admission to hostel for maladjusted children (Colne Cottage Hostel, Cromer)	...	...	...	...	...	...	...	...	20
Recommended admission to residential special school for educationally subnormal children (Sidestrand Hall)	...	...	...	...	...	...	...	...	6
Recommended for other special educational treatment	...	...	...	...	...	...	...	...	8
Referred children's officer for action re neglect	...	...	...	...	...	...	...	...	2
Referred educational psychologist for follow-up in school	...	...	...	...	...	...	...	...	14
Recommended for action under Section 57(5) of the Education Act, 1944	...	...	...	...	...	...	...	...	3
Moved from area	...	...	...	...	...	...	...	...	3
Unco-operative	...	...	...	...	...	...	...	...	6
Still under treatment	...	...	...	...	...	...	...	...	34

SPEECH THERAPY.

The Education Committee, in April, decided that in addition to filling the vacancy caused by the resignation of Miss Hemmings in December, 1949, a third speech therapist should be appointed. Miss M. Dixon who was selected for the post could not unfortunately commence duty until after the end of the year.

The effect of having a second speech therapist (Miss D. Whittard) for the last three months of the year can be seen from the increased number of clinic sessions and children treated during the year as compared with 1950. It was possible to establish 10 additional speech clinics to serve areas where no convenient facilities previously existed.

Name of Clinic	No. of sessions each week	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 31/12/51
CROMER	1	44	16	198	1	4	11
FAKENHAM	1	43	20	187	2	2	16
KING'S LYNN	3	133	43	661	5	2	36
DOWNHAM	1	43	12	222	4	1	7
STALHAM	1 (from 4th Oct)	10	12	47	—	—	12
THORPE	1 (from 4th Oct)	11	12	85	2	—	10
NORTH WALSHAM	1 (from 5th Oct)	9	13	42	2	—	11
NORWICH							
*Y.M.C.A. St. Giles St.	1 (Closed 24th Nov)	45	22	289	6	1	15
*31 Thorpe Road.	3 (from 3rd Oct)	83	59	370	5	3	51
Local Health Office, Aspland Road.	4 (from 28th Nov)	12					
LODDON	1 (from 19th Nov)	3	5	12	—	1	4
DISS	1 (from 1st Oct)	10	10	64	—	—	10
EAST DEREHAM	1	40	15	134	3	2	10
LITCHAM	1 (from 2nd Oct)	8	9	45	—	—	9
WYMONDHAM Modern Secondary School. (Transferred to Junior C.P. School from 1st November)	1 (from 4th Oct)	8	9	43	1	—	8
OLD BUCKENHAM	1 (from 4th Oct)	9	8	50	—	—	8
THETFORD	1	38	13	120	1	1	11
WATTON	1 (from 5th Oct)	8	7	48	—	1	6
TOTALS		557	285	2617	32	18	235
TOTALS 1950		424	240	2351	34	101	113

* Clinics transferred to local health office on 28th November.

Two children living near Great Yarmouth who found it difficult to attend the nearest speech clinic in Norwich, were seen by the speech therapist at the Great Yarmouth borough clinic by arrangements made with the local education authority.

PUPILS SUFFERING FROM DISABILITY OF THE MIND.

As compared with the previous year, there was a slight decrease in the number of children reported to the local authority under Sections 57(3) or (5) of the Education Act, 1944.

	1951		1950	
	Male	Female	Male	Female
No. of children found incapable of receiving education in school. (Section 57(3) Education Act, 1944)	17	17	17	13
No. of children found to require supervision on leaving school. (Section 57(5) Education Act, 1944)	16	20	26	19
TOTALS	33	37	43	32
	70		75	

In one case, the parents exercised their right of appeal to the Ministry of Education against the decision of the local education authority to notify a child in accordance with Section 57(3) of the Education Act, 1944. This appeal was allowed by the Minister and the case was not notified, the boy being allowed to return to the ordinary school pending admission to a residential special school on trial.

HEART CLINICS.

Dr. W. A. Oliver continued to hold a heart clinic especially for Norfolk school children at the Jenny Lind Hospital, Norwich. In addition, arrangements were made with him in September for children to be seen at a clinic arranged by the Norwich Education Committee for those children living in the city. Seven children were seen under this arrangement.

		1951	1950
No. of clinics held	... ..	35	32
No. of examinations made	... ..	245	186
No. of new cases	... ..	66	41

VII PHYSICAL EDUCATION

The Organisers report as follows:—

1. GENERAL.

The year 1951, which will be remembered chiefly perhaps for the Festival of Britain, was marked also by early signs of the impending economic difficulties which lay ahead. During the year the urgent need for economy has resulted not only in curtailment of expenditure on physical education, as in all other spheres, but in a further reduction of the Organising Staff from five to four members.

2. PRIMARY SCHOOLS.

(a) School Visits.

School visits have continued regularly but have again decreased in number with the further reduction in the size of the Staff. It is, however, most gratifying to report that contact has been maintained with a very great number of teachers from all types of schools, through their ever ready co-operation in attending meetings and courses held out-of-school hours both on Saturdays, in evenings and in vacation periods. Subsequent school visits have been of greater value by supplementing the work outlined at such meetings. Where it has been possible to establish any new type of activity, the interest of all concerned has been most encouraging.

(b) Accommodation and Equipment.

Although schemes for the improvement of both outdoor and indoor facilities have inevitably been curtailed, the surfacing of playgrounds has been continued, as far as possible. Although much progress has been made over the last few years, there are still, unfortunately, a number of schools with no available indoor space and very inadequate outdoor playing space. The arrangements for the maintenance of playing fields has been of great benefit.

The provision of equipment has been similarly reduced and the smaller schools have been the most severely handicapped by these economies. Careful storage, repair and checking of all types of equipment are more than ever essential, if stocks are to be maintained at the present level.

3. SECONDARY MODERN AND GRAMMAR SCHOOLS.

(a) Programmes.

The all round training established in these schools has continued satisfactorily, providing real opportunities for leadership, co-operation and individual responsibility. The inter-school games' leagues and tournaments, athletic meetings, dance festivals and inter-form gymnastic competitions offer varied interests and incentives for real effort.

(b) **School Games.**

During August about 200 boys and girls were again under canvas at the Holt Hall Camp Site, and were visited on Parent Day by the Chairman of the Education Committee (Alderman S. Peel, J.P.). The many letters subsequently received from parents and children are evidence of the appreciation of the beneficial effect of the Camp.

4. SWIMMING.

Swimming instruction again took place at Hunstanton, King's Lynn, Thetford, Wymondham, Watton and Great Yarmouth (the latter through the kind co-operation of the Great Yarmouth Corporation and Education Committee).

A total of 48 schools was included in the Swimming Scheme and 3,758 children received instruction, the standard of which has steadily improved, particularly in the training of beginners. The County Swimming Tests continued to provide a definite incentive to effort and were well supported. Certificates were awarded to 1,505 children successful in the three tests. (470 Beginners; 858 Distances; 177 Proficiency).

5. DANCING.

During recent years good progress has been made in the teaching of dancing and the renewed interest has done much to improve poise and general posture, particularly in the adolescent girls. Dance Festivals which have again been organised, have included, for the first time, senior girls from the larger All Standard Schools. Festivals were held at 25 centres and were attended by 1,313 senior girls from 62 schools and by 1,682 junior girls and boys accompanied by 304 staff from 128 Primary Schools.

6. GAMES.

The provision of grants towards travelling expenses for inter-school matches has materially assisted in establishing equality of opportunity between the Secondary and All Standard Schools. This has been much appreciated. Games are fundamental for character training and these corporate out-of-school activities not only provide activity natural to growing children, but make a valuable contribution to their social training.

The Inter-Schools' Girls' Netball and Rounders Tournaments this year included teams from the larger All Standard as well as Secondary Schools, and at the four centres 89 schools were represented by 418 and 342 girls respectively.

7. NORFOLK COUNTY SCHOOLS' ATHLETIC ASSOCIATION.

The 12th Meeting of the above Association which took place at Thetford, was attended by 783 competitors, representing 295 schools in 22 Districts. The trophies were presented by the Mayor and Mayoress of Thetford as follows:—

Fermoy Trophy	...	...	...	Downham District.
Colman Trophy	...	...	...	Sheringham and Cromer District.
Moore Trophy	...	...	...	Downham District
Schools' Trophy	...	...	...	Bure Valley.
				Hingham and Watton.
				Thetford.

The Quadrangular Contest between teams from Norfolk County, Great Yarmouth, Norwich and King's Lynn was held subsequently at Norwich. Although the County Team was not so successful this year, four children were selected to attend the All England Meeting and one girl gained a Standard Medal.

8. TRAINING OF TEACHERS.

- (a) Teachers' Meetings dealing with the routine schemes of work were held at 27 centres and were attended by 542 teachers. Short courses of training in Athletic Coaching at two centres were attended by 65 teachers of senior pupils.
- (b) A week's Residential Course for Women teachers in Primary Schools was held in August at Wymondham College and was attended by 18 teachers.
- (c) In co-operation with the Eastern Counties Rugby Union, the Lawn Tennis Association and the Amateur Athletic Association, short Coaching Courses were held in Norwich, King's Lynn and Beccles, and were supported by some 108 County teachers.

9. PHYSICAL RECREATION.

- (a) Further Education classes providing a variety of physical activities numbered 227 at 115 centres.
- (b) A half-day training session for women teachers of recreative classes was attended by 28 members connected with Youth Organisations.
- (c) The Annual Girls' Folk Dance Party for members of Youth Organisations which was again held in December, was attended by 80 young people.

10. CONCLUSION.

The past year has been a period of continuous effort on the part of teachers to further the development of Physical Education in its many aspects. The good will of the teachers is most encouraging and further progress will be evident as more take advantage of the new opportunities provided at both national and local Training Courses.

JAS. WILKINSON,
M. W. SEGGER,
Organisers of Physical Education.

VIII. ORTHOPAEDIC TREATMENT SCHEME.

As the hospital management committees are now entirely responsible for the orthopaedic treatment scheme, it is not possible to give the details which were set out in previous Annual Reports.

The present procedure is that all cases needing orthopaedic treatment are referred to the secretary of the orthopaedic service who makes the necessary appointments for the children either to see the orthopaedic surgeon or the physiotherapist. Reports are received from time to time.

During the year, 508 school children were referred for treatment and 68 requests were made for re-examination.

IX. INFECTIOUS DISEASES.

It will be seen from the figures given in the table below that there was an over-all increase in the number of closures for infectious diseases, the largest increase being for influenza and influenzal coughs and colds.

Name of disease.	No. of closures.		No. of school days closed.	
	1951	1950	1951	1950
Scarlet fever	1	3	6	20½
Measles	9	15	66½	103
Influenza, Influenzal coughs and colds	112	37	469½	165
Whooping cough	3	1	21½	6
TOTALS	125	56	563½	294½

In the 1950 report it was stated that the practice of intensive swabbing in connection with outbreaks of scarlet fever was under consideration with a view to the introduction of a modified scheme. As from 1st January, 1951, the arrangements were altered and general swabbing was discontinued as it was felt that the results achieved did not justify the cost and the amount of additional work involved.

Following up is now carried out by health visitors/school nurses so that class contacts of a definite case of scarlet fever are inspected and all children who show the slightest suspicious symptoms, whether of the throat, nose or ear, are swabbed and excluded from school until the results of the swabs are known. The family doctors are informed if profuse haemolytic streptococci are found, when treatment can either be undertaken by them or be carried out by the health visitors/school

nurses if they so desire. These potential carriers are swabbed again after treatment has been given and allowed to return to school when negative results have been obtained.

The presence or absence of haemolytic streptococci is not the only factor to be considered and it appears that the modified scheme, as applicable to the children does not represent any lessening of protective measures.

	No. of swabs taken		No. with haemolytic streptococci					
			Present in nose		Present in throat		Present in nose & throat	
	1951	1950	1951	1950	1951	1950	1951	1950
Class contacts	584	5,157	15	125	82	814	9	110
Home contacts	97	147	4	7	16	37	3	12
Absentee contacts	10	206	—	5	3	72	—	14
TOTALS	691	5,510	19	137	101	923	12	136

X. DIPHTHERIA IMMUNISATION.

The Health Committee has continued its efforts to secure the protection of all children in the county under school leaving age. The need for immunisation and the facilities available for this were detailed in the last report. Teachers have continued to play an important part in securing parents' consent to primary immunisation where this has not been carried out before the child reaches school age and in the arrangements for re-inforcing injections, when necessary.

It is satisfactory to record that during the year, 1,330 children over the age of five years were given primary immunisation, and 4,817, "booster" doses. The figures for 1950 were 1,277 and 3,345 respectively. It is known that 41,965 or 80.65% of the estimated number of school children of school age in the county have been immunised at some time.

XI. SANITARY SURVEY OF SCHOOLS.

During the early part of the year, the detailed sanitary survey of schools was continued. Three area reports were completed, involving inspections at 28 schools. Due however, to restrictions in permitted expenditure on adaptation and improvements to school premises, from May onwards efforts were concentrated on the survey of drainage facilities and water supplies. By the end of the year, some 192 schools in five rural districts had been surveyed. Where improvements have been found necessary, in order to economise and prevent duplication, the possibilities of co-operation with District Councils' facilities, such as water supplies and sewage disposal at Council housing sites, are investigated before independent recommendations concerning the schools are made. During the year, the following improvements were made but this, unfortunately,

represents but a small fraction of what is necessary. It will obviously be a long process to bring all schools up to a reasonable standard for water supply and drainage, but the problem is being tackled steadily and systematically.

	No.
Conversion of earth closets to pail closets	16
Conversion to water closets	17
Installation of lavatory basins	62
Provision of water supply (new bore or connection to mains supply)	56

XII. SCHOOL MEALS SERVICE.

Concurrent with the introduction of communal meals in schools, comes the increased danger from food poisoning. In order to avoid such occurrences as far as possible, all food handlers employed in school canteens are medically examined on appointment and have to pass special tests. Samples of blood, urine and faeces are taken from such employees and submitted to the Public Health Laboratory for examination to ensure that no organisms of the dysentery, enteric or food poisoning groups are present.

In addition, periodic inspections are made of school canteens to ensure that the water supplies, sanitary accommodation, washing facilities and general hygiene are satisfactory.

From time to time, inspections of various items of food, thought to be unfit for human consumption, have been made at school canteens and the following table gives details of the food condemned as a result during the year.

Corned beef	6 lbs.
Cream of Tartar	12 lbs.
Creamola Powder	6½ lbs.
Currants	153½ lbs.
Dates	77 lbs.
Dried beans	28 lbs.
Dried egg	1¾ lbs.
Dried milk	192 lbs.
Dried peas	30 lbs.
Figs	2 lbs.
Gelatine	28 lbs.
Ground ginger	4 cartons
Herrings in tomato sauce	3 tins
Ice cream powder	17 lbs.
Jam	6 lbs.
Margarine	6 lbs.
Potato powder	112 lbs.
Prunes	14 lbs.
Semolina	25 lbs.
Sirloin beef	15 lbs.
Split peas	2 lbs.
Sultanas	69 lbs.
Yorkshire pudding mixture	6 lbs.

In some cases, these inspections revealed the necessity for improved storage accommodation, the elimination of dampness and the provision of adequate ventilation.

Experiments were conducted in the use of a recognised detergent and hypochlorite for the cleansing and sterilising of canteen utensils at a number of schools. Many of the schools in the county, although enjoying a school meals service, have restricted washing facilities and limited means of heating water. In some cases, the water supply is inadequate and of doubtful quality. The experiments proved that considerable advantages from the health viewpoint were to be obtained from the intelligent use of the detergent and hypochlorite.

XIII. REMAND HOMES.

The remand homes were taken over by the Children's Committee in April, 1951, having previously been administered by the Education Committee. The close co-operation previously maintained with the Chief Education Officer has been continued with the Children's Officer.

The question of continuing the girls' remand home was under consideration at the end of the year and it was finally decided that the home should be closed as from 1st April, 1952.

Arrangements for the medical examination of children and young persons in the remand homes continued, a general medical practitioner attending when necessary on account of sickness. There was no outbreak of infectious disease at either home during the period under review and routine swabbing of the noses and throats of those children admitted was carried out as previously.

The services of Dr. J. V. Morris, Consultant Psychiatrist, were called upon in connection with special reports on 25 boys and 3 girls. Reports of this nature are of particular value to the magistrates in dealing with the cases brought before them.

XIV. CHILDREN'S HOMES.

As medical officer of the Children's Committee, the school medical officer is responsible for the periodic examination of children and the medical supervision of all children's homes and residential nurseries administered by that Committee. As previously, assistant medical officers visited all the homes and nurseries at frequent intervals for the purpose of examining the children and generally supervising their health and the hygienic condition of the premises.

SCHOOL HEALTH SERVICE.

LIST OF CLINICS.

Name and address of clinic.	Type of treatment provided.	Frequency of session.
AYLSHAM		
Ian Sears Clinic	... Dental. Minor Ailments.	Four sessions monthly. Two sessions monthly.
OLD BUCKENHAM		
C.P. School	... Dental. Minor Ailments. Speech.	When specially arranged. One session weekly. One session weekly.
CROMER		
Local Health Office, Norwich Road	... Child Guidance. Dental. Minor Ailments. Speech.	One session monthly. Two sessions weekly. Two sessions monthly. One session weekly.
EAST DEREHAM		
Secondary Modern School, Crown Road	... Dental. Minor Ailments. Speech.	Two sessions weekly. One session weekly. One session weekly.
DISS		
C.P. School, Victoria Road	... Minor Ailments. Speech.	One session weekly. One session weekly.
DOWNHAM MARKET		
C.P. School	... Minor Ailments. Speech.	Two sessions monthly. One session weekly.
FAKENHAM		
Secondary Modern School	... Dental. Minor Ailments. Speech.	Ten sessions monthly. Two sessions monthly. One session weekly.*
HEACHAM		
Jubilee Institute	... Dental.	When specially arranged.
HELLESDON		
Secondary Modern School, Middleton's Lane	... Dental. Minor Ailments.	Four sessions weekly. Two sessions monthly.
NEW HUNSTANTON		
C.P. School	Minor Ailments.	Two sessions monthly.
KING'S LYNN		
Local Health Office, 15, Nelson Street	... Child Guidance. Dental. Minor Ailments. Speech.	Two sessions monthly. Four sessions weekly. One session daily. Three sessions weekly.
LITCHAM		
C.P. School	... Minor Ailments. Speech.	Two sessions monthly. One session weekly.
LODDON		
St. John Ambulance Brigade Rooms	... Speech.	One session weekly.

Name and address of clinic.	Type of treatment provided.	Frequency of session.
NORWICH		
Local Health Office, Aspland Road Riverside Road 	... Child Guidance. Dental. Speech.	One session weekly. Two to four sessions weekly by special arrangement. Four sessions weekly.
SHERINGHAM		
C.P. School 	... Dental. Minor Ailments.	Six sessions monthly. Two sessions monthly.
SPROWSTON		
Secondary Modern School, Recreation Ground Road ...	... Dental. Minor Ailments.	Four sessions weekly. Two sessions monthly.
STALHAM		
Secondary Modern School ...	... Dental. Minor Ailments. Speech.	Two sessions weekly. Two sessions monthly. One session weekly.
TERRINGTON ST. CLEMENT		
C.P. Junior School 	... Minor Ailments.	One session weekly.
THETFORD		
C.P. School 	... Minor Ailments. Speech.	One session weekly. One session weekly.
THORPE		
C.P. School, Hillside Avenue 	... Dental. Minor Ailments. Speech.	Four sessions weekly. One session weekly. One session weekly.
UPWELL		
Secondary Modern School ...	... Minor Ailments.	Two sessions monthly.
NORTH WALSHAM		
Secondary Modern School ...	... Dental. Minor Ailments. Speech.	Four sessions weekly. One session weekly. One session weekly.
WATTON		
C.P. School 	... Minor Ailments. Speech.	Two sessions monthly. One session weekly.
WELLS-NEXT-SEA		
C.P. School 	... Dental. Minor Ailments.	Four sessions monthly. One session weekly.
WYMONDHAM		
C.P. School 	... Minor Ailments. Speech.	One session weekly. One session weekly.
Secondary Modern School ...	... Dental. Minor Ailments.	Four sessions weekly. One session weekly.

MEDICAL INSPECTION RETURNS

YEAR ENDED 31st DECEMBER, 1951

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	...	...	...	...	...	...	6,090
Second Age Group	...	...	...	...	...	...	4,090
Third Age Group	...	...	...	...	...	...	3,244
TOTAL							13,424
Number of other periodic inspections	...	...	...	...	...	...	5,474
GRAND TOTAL							18,898

B.—OTHER INSPECTIONS.

Number of special inspections	...	...	...	...	...	1,031
Number of re-inspections	...	...	...	...	...	9,570
						10,601

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.	For defective vision (excluding squint).	For any of the other conditions recorded in Table IIa.	Total individual pupils.
(1)	(2)	(3)	(4)
Entrants ...	106	1,063	1,112
Second age group ...	346	558	850
Third age group ...	306	284	554
Total (prescribed groups) ...	758	1,905	2,516
Other periodic inspections ...	386	785	1,091
Grand Total ...	1,144	2,690	3,607

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended
31st December, 1951.

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of defects		No. of defects	
		Requiring treatment	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
	(1)	(2)	(3)	(4)	(5)
4	Skin	141	201	24	17
5	Eyes—				
	(a) Vision ...	1,144	477	163	21
	(b) Squint ...	214	109	20	7
	(c) Other	113	108	20	19
6	Ears—				
	(a) Hearing ...	40	76	6	12
	(b) Otitis Media ...	53	102	3	9
	(c) Other	15	43	7	3
7	Nose or Throat ...	534	1,824	126	78
8	Speech	105	125	38	7
9	Cervical Glands ...	58	1,341	7	49
10	Heart and Circulation...	104	240	8	18
11	Lungs	131	506	21	33
12	Developmental—				
	(a) Hernia ...	48	56	4	2
	(b) Other	37	310	12	11
13	Orthopaedic—				
	(a) Posture ...	124	108	12	4
	(b) Flat foot ...	182	79	15	—
	(c) Other	754	673	89	29
14	Nervous system—				
	(a) Epilepsy ...	14	30	2	—
	(b) Other	25	137	7	11
15	Psychological—				
	(a) Development ...	112	158	47	12
	(b) Stability ...	50	169	21	14
16	Other	134	253	34	39

**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 ...	6,090	2,390	39.24	3,317	54.47	383	6.29
Second age group ...	4,090	1,703	41.64	2,146	52.47	241	5.89
Third age group ...	3,244	1,540	47.47	1,513	46.64	191	5.89
Other periodic inspections	5,474	2,105	38.45	2,989	54.61	380	6.94
TOTAL ...	18,898	7,738	40.95	9,965	52.73	1,195	6.32

TABLE III
INFESTATION WITH VERMIN.

(i)	Total number of examinations in the schools by the school nurses or other authorised persons ...	247,771
(ii)	Total number of individual pupils examined ...	†
(iii)	Total number of individual pupils found to be infested ...	473
(iv)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act 1944) ...	—
(v)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) ...	—

† Figures not available.

TABLE IV

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

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

	Number of cases treated or under treatment during the year.	
	By the authority.	Otherwise.
Ringworm— (i) Scalp	9	†
(ii) Body	25	†
Scabies	14	†
Impetigo	111	†
Other skin diseases	545	†
TOTAL	704	†

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	326	†
Errors of refraction (including squint)	22	1,728
TOTAL	348	1,728
Number of pupils for whom spectacles were:—		
(a) Prescribed	9	919
(b) Obtained	†	†

† Figures not available

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...	96	†
TOTAL	96	†

Group IV.—Orthopaedic and Postural Defects.

(a) Number treated as in-patients in hospitals	†	
	By the authority.	Otherwise.
(b) Number treated otherwise, e.g. in clinics or out-patient departments	†	†

† Figures not available.

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	186	*3

* At Great Yarmouth clinic.

Group VI.—Speech Therapy.

	Number of cases treated.	
	By the authority.	Otherwise.
Number of pupils treated by speech therapists	283	*2

* At speech clinic run by Great Yarmouth County Borough.

Group VII.—Other Treatment Given.

	Number of cases treated.	
	By the authority.	Otherwise.
(a) Miscellaneous minor ailments ...	4,029	—
(b) Other	—	†
TOTAL	4,029	†

† Figures not available.



