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NORFOLK EDUCATION COMMITTEE


Annual Report

of the

PRINCIPAL

SCHOOL MEDICAL OFFICER

FOR 1961



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PREFACE

As far as the school health service is concerned, 1961 cannot be regarded in any way as a spectacular year. Routine procedures, of necessity, had to give way to the priority demands of the poliomyelitis vaccination campaign and thus arrears once more began to accumulate. As a result, 310 fewer children were medically inspected than in the previous year and the number of schools not receiving an inspection increased from 27 to 48. However, with 84% of the children now protected against poliomyelitis, some improvement in the situation may soon become possible. The percentage number of children who were found on inspection to be in need of treatment for defects showed a small increase, but the figure of 12.53 is still well below the latest comparable figure (1959) for England and Wales (15.76). It is pleasing to report that the percentage of children examined and found to be in a satisfactory general physical condition during the year was 99.66, the highest figure on record; only 54 children, or 3.4 per 1,000, were recorded as having an unsatisfactory general condition. Health visitors/school nurses filled the gap between the age groups of 5 and 11, created by the discontinuation of the routine medical inspection of 8 year old pupils, by testing the vision of these children and referring any with a suspected defect to the school medical officer for special examination at the next medical inspection.

The Committee's new peripatetic teacher of the deaf consolidated the work of her predecessor and opened additional auditory training clinics. 405 attendances were made during the year. The appointment of a second peripatetic teacher was authorised by the Committee and in fact she commenced duty on the 1st May, 1962. Efforts have been concentrated on the screening of young children by health visitors trained in the detection of impairment of hearing by simple methods. A further course was held in Norwich in December by Dr. Ian G. Taylor of the Department of Audiology and Education of the Deaf, Manchester University. Audiometers have also been supplied to speech therapists and the peripatetic teacher of the deaf.

It is unfortunate that owing to the national shortage of dental officers and speech therapists, a comprehensive service was not available to a number of children. The principal school dental officer makes special reference to the dental staffing position in his report.

We are again indebted to Dr. J. V. Morris, consultant in child psychiatry to the East Anglian Regional Hospital Board, and his colleagues at the hospital for their co-operation in attending the Committee's child guidance clinics.

With regard to handicapped pupils, there are unfortunately still a large number of educationally subnormal children who are awaiting vacancies at special schools but it is hoped that it will not be too long before provision is made.

Experiments have been made in schools with various systems of individual towels for pupils and it is hoped that the roller towel will soon be a thing of the past.

The number of school swimming pools is steadily increasing and their continued safety on health grounds depends on constant supervision and repeated checks of the bacteriological state of the water.

I am grateful for the co-operation which I have received during the year from the Chief Education Officer and his staff and, in particular, to the head teachers of Norfolk schools for the help which they have extended to the department in the matter of poliomyelitis vaccination and other immunological procedures.

K. F. ALFORD.

Public Health Department,
29, Thorpe Road,
Norwich.
June, 1962.

STAFF OF THE SCHOOL HEALTH SERVICE DURING 1961

Principal School Medical Officer :

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

Deputy Principal School Medical Officer :

A. G. SCOTT, M.B., Ch.B., D.P.H.

Senior Medical Officer :

A. E. LORENZEN, M.R.C.S., L.R.C.P., D.P.H.

Senior Assistant Medical Officer:

A. N. HUNTER, M.B., Ch.B., D.P.H.

School Medical Officers :

(also Assistant County Medical Officers and District Medical Officers of Health)

A. A. G. CARSON, M.B., B.Ch., D.P.H. (from 18th September).

W. H. CRICHTON, C.I.E., M.B., Ch.B., D.P.H. (to 17th September).

A. S. DUNN, L.R.F.P.S., L.R.C.P., L.R.C.S., D.C.H., D.P.H. (from 25th September).

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. (to 7th April).

W. E. HOLMES, M.A., M.B., B.Ch., B.A.O., D.P.H., D.T.M.& H.

P. G. HOLT, M.B., Ch.B., D.P.H.

G. R. HOLTBY, M.D., B.S., D.P.H., D.I.H.

C. T. JONES, M.R.C.S., L.R.C.P., D.P.H. (from 1st May).

N. T. W. POVER, L.M.S.S.A., L.R.F.P.S., L.R.C.S., D.P.H. (to 31st July).

J. A. SLATTERY, M.R.C.S., L.R.C.P., D.P.H.

SCHOOL MEDICAL OFFICERS:

(also Assistant Medical Officers)

Full-time.

A. D. MACDONALD, M.D., Ch.B.

Part-time.

J. B. BENWELL, M.B., B.S., D.C.H. (from 2nd June).

SYBIL E. CATOR, M.B., Ch.B.

ELIZABETH M. ELLIOTT, M.B., B.Ch., B.A.O.

P. M. FEA, M.B., Ch.B. (to 2nd March).

A. S. GARRETT, M.B.E., M.B., B.S.

MOLLY GOVIER, M.B., Ch.B., D.C.H.

J. HAMILTON, M.B., Ch.B., D.P.H., D.T.M.& H. (from 27th September).

ROSEMARIE D. LINCOLN, M.B., B.S.

R. N. C. MCCURDY, M.B., Ch.B., D.P.H.

C. MARGARET MCLEOD, M.B., Ch.E.

ZOE T. SLATTERY, M.B., B.S., D.C.H. (from 2nd May).

Principal School Dental Officer :

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

Dental Officers:

- *M. G. ANSON, L.D.S., R.C.S. (Eng.)
- *EDITH P. CHURCHYARD, L.D.S., R.C.S. (Eng.)
HILDA M. CROXFORD, L.D.S., R.C.S. (Eng.) (to 30th November)
J. H. de MIERRE, L.D.S., R.C.S. (Eng.)
- *J. H. H. GRIFFIN, L.D.S., R.C.S. (Eng.) (to 31st December).
J. W. MCQUISTON, L.D.S. (Q.U. Belf.)
LILY T. MILNES, L.D.S., R.F.P.S. (Glas.)
- *W. NICHOLLS, L.D.S., R.C.S. (Eng.)
E. C. PACKHAM, L.D.S., R.C.S. (Eng.)
- *W. M. ROUSE, B.D.S., (Durham)
S. H. WOONTON, L.D.S., R.C.S. (Eng.)
- * Part-time.

Superintendent Nursing Officer :

MISS A. DAY, S.R.N., S.R.C.N., S.C.M., H.V.Cert., Q.N.

Deputy Superintendent Nursing Officer :

MISS D. E. UNSWORTH, S.R.N., S.C.M., H.V.Cert., Q.N. (to 9th June).
MISS M. HARRIS, S.R.N., S.C.M., H.V.Cert., Q.N. (from 1st July).

Assistant Superintendent Nursing Officers :

MISS D. M. BURRELL, S.R.N., S.C.M., H.V.Cert., Q.N. (from 1st March).
MISS G. A. THOMPSON, S.R.N., S.R.F.N., S.C.M., H.V.Cert., Q.N.
MISS M. WEARMOUTH, S.R.N., S.C.M., H.V.Cert., Q.N.

Other Nursing Staff Engaged on School Health Service Duties.

Health Visitors and School Nurses

School nursing duties only, 2: combined duties, 24.

District Nurses and Midwives

Combined duties with health visiting and school nursing: 26.

Senior Speech Therapist:

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

Speech Therapists:

MISS Z. HARROD, L.C.S.T. (to 30th September).
MISS E. MABBITT, L.C.S.T. (from 11th September).
MISS M. E. G. STEVENSON, L.C.S.T. (to 23rd September).

18 Driver Attendants (Dental)

ANNUAL REPORT

OF THE PRINCIPAL SCHOOL MEDICAL OFFICER FOR 1961

I. GENERAL STATISTICS.

Area of administrative county 1,302,501 acres

Registrar-General's mid-year estimate of population,
1961 392,100

Number of schools and number of pupils on the registers as at the
31st December, 1961:—

	Number of schools.	No. of pupils on registers.
Primary	417	33,252
Secondary modern	39	16,311
Secondary grammar	13	4,486
Wymondham College	1	805
Nursery schools	3	112
Special schools	3	134
	476	55,100

Average percentage attendance of pupils at
primary and secondary modern schools
for the year ended 31st December, 1961:

Primary	90.40
Secondary modern	90.71

II. STAFF.

The number of officers and estimated time devoted to the school health service as at the 31st December, is shown in the undermentioned table. Figures for the previous year are given for comparison.

	31st December, 1961		31st December, 1960	
	No. employed	Estimated equivalent in terms of whole- time officers	No. employed	Estimated equivalent in terms of whole- time officers
Medical staff	24	8.68	22	7.98
Dental officers	11	8.81	12	10.10
Speech therapists	2	2.00	3	3.00
School nurses	57	11.28	51	10.38
Driver attendants	18	14.77	21	17.53
Clerk attendants	9	3.60	9	5.40
Totals	121	49.14	118	54.39

Major changes in the professional staff occurring during the year are given below:—

(a) School Medical Officers.

Dr. C. T. Jones, assistant county medical officer and school medical officer for the Borough of King's Lynn and Freebridge Lynn Rural District, Dr. A. A. G. Carson, assistant county medical officer and school medical officer for the Wells and Hunstanton Urban Districts and the Docking and Walsingham Rural Districts, and Dr. A. S. Dunn, assistant county medical officer and school medical officer for the Thetford Borough, Swaffham Urban District and Swaffham and Wayland Rural Districts, commenced duty on the 1st May, and 18th and 25th September, respectively. The first two vacancies were created by the retirement of Dr. J. Hamilton and Dr. W. H. Crichton, and the latter by the resignation of Dr. N. T. W. Pover who took up an appointment with another authority.

(b) Dental Officers.

Mrs. H. M. Croxford, who had been dental officer in the King's Lynn, Terrington and Downham Market areas since December, 1959, resigned on the 30th November, and Mr. J. H. H. Griffin, who had been a part-time officer in the Heacham, Hunstanton, Wells and Fakenham areas for nearly six years, left on the 31st December.

III. MEDICAL INSPECTION

(a) Periodic.

Periodic routine medical inspection is now carried out for children in three age groups: (1) on entry to school (normally 5 years of age); (2) between 10 and 11 years of age; and (3) prior to leaving school. As mentioned in the previous Report, nurses visit prior to the date of medical inspection and arrange to test the vision of 8 year old children in primary schools and 13 year old children in secondary grammar schools, referring any about whom they are concerned to the school medical officer so that arrangements to carry out a special examination at the forthcoming inspection can be made.

Poliomyelitis and B.C.G. vaccinations carried out during the year, referred to on pages 24 and 25, once again had the effect of reducing the amount of time available for periodic medical inspection and consequently the number of schools at which medical inspection was overdue increased from 27, the figure at the end of 1960, to 48 on the 31st December, 1961. The total number of pupils examined at periodic medical inspections, however, was only 310 less than in the previous year.

Parents were present at approximately 58% of periodic medical inspections, a lower figure than that recorded when five age groups were inspected. The difference was, no doubt, due to most of the examinations being for children over the age of 10.

(b) Special Inspections and Re-examinations

In addition to the inspection of children who fall within the three age groups already mentioned, those referred on account of suspected defects by head teachers, parents or school nurses, or are registered handicapped pupils, are specially examined. In addition, re-examinations are also carried out of those pupils who were found to have a defect at previous inspections.

The numbers seen as "specials" or "re-examined defectives" were 1,273 and 8,323, decreases of 61 and 1,376 respectively as compared with the figures for the previous year.

FINDINGS OF MEDICAL INSPECTION.

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

Results of the inspection of school children by the school medical officers are shown in the Ministry tables at the end of this Report and it will be seen from Table B, Part I, that 1,962 pupils were found at periodic medical inspection to be in need of treatment for defects other than dental disease or the presence of vermin. This figure represents 12.53% of those inspected and, compared with the figure for last year, shows a slight increase.

1957	...	...	...	14.72%
1958	...	...	...	11.62%
1959	...	...	...	12.97%
1960	...	...	...	11.87%
1961	...	...	...	12.53%

The latest comparable figure (1959) for England and Wales was 15.76%.

These figures relate to children with one or more defects requiring or receiving treatment and the total figures at the foot of Table A, Part II, are very much greater, partly because a child may have more than one defect but mainly because the majority of defects found are referred for observation.

Of the total number recorded as needing treatment or observation, 23.2% were for defects of vision, 17.9% defects of ear, nose and throat, and 16.2% for orthopaedic defects, which has followed the pattern of previous years.

General Condition.

An analysis of the general condition of pupils inspected at periodic medical inspection into categories of "Satisfactory" and "Unsatisfactory" is included in Table A, Part I. The following figures show the number in each category for the past five years, from which it will be noted that the percentage found to be satisfactory in 1961 was 99.66, the highest on record. This classification, however, is very much influenced by personal standards adopted by the medical staff and it has been very difficult to arrive at a national standardised assessment. The comparatively few children whose condition was recorded as being "Unsatisfactory" are invariably recommended for some special consideration such as additional nourishment or special investigation of the home conditions by the school nurse.

Year.	No. of pupils inspected	Satisfactory		Unsatisfactory	
		No.	%	No.	%
1957	16,219	16,095	99.23	124	0.77
1958	10,776	10,704	99.34	72	0.66
1959	19,852	19,749	99.48	103	0.52
1960	15,968	15,842	99.21	126	0.79
1961	15,658	15,604	99.66	54	0.34

With the continued improvement it is not surprising to find that there was a decrease in the total amount of extra nourishment distributed to those pupils requiring it on medical grounds. During the year, 415 containers of 50 halibut liver oil capsules and 1,412 8 oz. containers of maltoline with iron were issued.

Provision of Milk and Meals

The following table has been compiled from information kindly provided by the Chief Education Officer:—

No. of pupils in attendance on 22/9/61	Meals			Milk	
	Free	Paid	% of those attending.	1/3rd pint free	% of those attending.
Primary ... 30,981	1,608	19,065	66.73	27,804	89.42
Secondary modern and secondary grammar ... 19,521	1,149	13,620	75.66	10,057	49.28
Nursery ... 88	6	82	100.00	88	100.00
Totals 1961 50,590 (1960) (49,694)	2,763 (2,859)	32,767 (31,871)	70.23 (69.85)	37,949 (37,411)	75.01 (75.28)

CLEANLINESS.

Since the discontinuation of the routine termly examination by school nurses in March, 1959, the onus for drawing the attention of the medical officer or nurse to cases of infestation rests on the head teacher. The number of examinations given in the table below shows that during the past three years, while fewer examinations were carried out, the number of individual children found infested has remained about the same as formerly (0.35% of the school population). With the closer supervision which the nurse is now able to give to those schools where infestation occurs, it is hoped that the number of these will gradually be reduced. The use of shampoos containing D.D.T. continues to be popular as well as effective.

Year	Total No. of examinations made by health visitors/school nurses.	Number of individual children found infested.
1957	161,318	233
1958	134,221	178
1959	32,676	179
1960	44,840	215
1961	21,015	197

OTHER DUTIES OF SCHOOL NURSES.

School nurses, as well as assisting the school medical officers at medical inspection, continued to follow up children who were found to have some defect requiring treatment. This procedure is all the more important when the parent does not attend the inspection.

In addition, the assisting of the medical staff in the vaccination and immunisation of school children occupied a large proportion of their time.

HEALTH EDUCATION.

On invitation, nurses continue to give talks to school leavers as well as instruction in hygiene and mothercraft.

One secondary modern school holds a pre-nursing course where the lectures are given by a health visitor, followed by a test.

SCHOOL LEAVERS—MEDICAL REPORTS.

The arrangements whereby children due to leave school are specially medically examined with a view to issuing a report on their suitability or otherwise for certain types of employment continued as in previous years. These reports were found to be most helpful in placing handicapped pupils in suitable employment.

TRANSPORT OF CHILDREN TO AND FROM SCHOOL.

School medical officers carried out special examination of 142 individual children and recommended, on medical grounds, the provision of transport by the Committee.

IV. TREATMENT OF DEFECTS.

CO-OPERATION WITH HOSPITALS AND GENERAL PRACTITIONERS.

We are again grateful to general practitioners for their co-operation with, and interest in, the school health service. It is also gratifying to note that they are taking increased advantage of child guidance, speech therapy, and other specialised services provided by the local education authority.

The copies of reports from hospital specialists which we receive contain much useful information which is passed to the medical staff.

MINOR AILMENTS CLINICS.

As from June, 1960, the only minor ailments clinic in operation was that held in King's Lynn and statistics relating to it are included in the following table:—

Minor ailment, disease or defect of the	Individual cases dealt with at clinics.
SKIN.	
Ringworm—scalp	—
Ringworm—body	—
Scabies	—
Impetigo	4
Other skin diseases	2
EYES	3
(External and other, but excluding errors of refraction and squint)	
EARS	1
MISCELLANEOUS	52
(e.g. minor injuries, bruises, sores, chilblains, etc.)	
TOTALS 1961	62
(1960)	(282)

DEFECTIVE VISION.

There was no change in the arrangements whereby ophthalmic surgeons attend special eye clinics for children at the Norwich, Cromer, King's Lynn, and Thetford hospitals for the purpose of carrying out refraction and, as necessary, prescribing spectacles. Of the pupils examined at periodic medical inspections, 1,929 or 12.3% were found to have a visual defect, excluding squints, needing treatment or observation.

Health visitors/school nurses visit those primary and grammar schools where children of the 8 and 13 year old age groups respectively are in attendance for the purpose of carrying out vision tests. All pupils about whom they are concerned are referred to the school medical officer for full examination at a subsequent inspection. The use of atropine as a mydriatic has now been entirely abandoned and replaced by one of the cycloplegic drugs, thus obviating a large number of visits by health visitors/school nurses prior to examination.

Squint.

It will be seen from Table A, Part II, that at periodic inspections 113 pupils, or 0.72% of those examined during the year, were found to have squints and were referred for treatment.

As mentioned in the last Report, a special survey in Norfolk to establish the incidence of squint in children between five and six years old was instituted. This was undertaken under the auspices of the Research Committee, East Anglian Branch of the Society of Medical Officers of Health. The interesting results may be published (in the medical press) later but here it suffices to say that the use of a simple cover test when inspecting "entrants" might be a worthwhile procedure.

During the year a total of 581 children attended for treatment at the four orthoptic clinics, of whom 161 were discharged as improved or cured.

The following table gives details of the work carried out at each of the hospitals:—

	Cromer and District Hospital	Norfolk and Norwich Hospital.	West Norfolk and King's Lynn General Hospital.	Thetford Cottage Hospital	Total.
Number of children treated by orthoptist	14	469	48	50	581
Total number of attendances ...	108	777	259	104	1,248
Number dis- charged as improved or cured ...	4	120	35	2	161

DEFECTS OF EAR, NOSE AND THROAT.

185 children were referred for treatment and 1,299 placed under observation for diseases of the ear, nose and throat. 31 cases were referred to consultants at hospital out-patient clinics with the approval of the general practitioners.

SKIN DISEASES.

84 children were referred for treatment and 357 were placed under observation for diseases of the skin.

TUBERCULOSIS.

No change was made in the arrangements whereby children are referred, when considered necessary by school medical officers, to the chest physicians, provided the family doctor is in agreement.

ORTHOPAEDIC TREATMENT.

There was no change in the arrangements whereby children needing orthopaedic treatment were referred, with the consent of the family doctors, to the orthopaedic surgeons at Norfolk hospitals.

V. DENTAL TREATMENT.

The principal school dental officer reports :—

Staff.

The number of officers required to carry out an efficient dental service for priority cases in this county (calculated on the accepted basis of 3,500 to each dentist) would be at least 18. The present authorised establishment is, however, 13.

In spite of this, the professional staff at present comprises a chief officer, four full-time officers and five part-time officers. A fifth full-time officer was granted leave without pay from December, 1961, to March, 1962.

In November our full-time officer at King's Lynn left Norfolk for an area-post in another county.

Of the part-time officers, one retired at the end of 1961 and another is leaving the Service at the end of March, 1962. This record emphasises difficulties of staffing which have caused the disuse of the surgeries serving King's Lynn Borough; Downham Market, Hunstanton and Wells Urban Districts; and Marshland, Freebridge Lynn, Docking and Walsingham Rural Districts—thus involving a school population of 16,310.

The main reasons for this situation are, firstly, the present scarcity of dentists; and secondly, the attraction of more remunerative self-employment, autonomy and status within the National Health Service. The advent of the new University of East Anglia which, it is hoped, will include a really important school of dentistry, may help to resolve these problems.

In March, 1962, the parliamentary secretary to the Ministry of Education told the House of Commons that "the school dental service was gradually increasing in strength and at present possessed the equivalent of 1,069 full-time dental officers." (*Education*, vol. 119, p.756). He was careful, however, not to differentiate between the comparatively few full-time officers who had devoted their professional lives to this work, and the great number of part-time officers who, for obvious business reasons, mixed local government service with private practice and whose interests therefore were temporary and divided.

Housing Accommodation.

One of the whole-time dental officers is at present a sub-tenant of a district council house, and another temporarily occupies a house originally intended for the use of a district nurse.

The imminent run down of the American air base at Sculthorpe and the English air base at Bircham will release a certain amount of housing accommodation in the neighbourhood of Fakenham and King's Lynn. This might prove attractive to future candidates for dental posts in these areas.

Area Dental Officers.

No arrangements have yet been made for the appointment of area dental officers by this authority. This subject-matter is discussed in *The Industrial Court Award* No. 2496 and is clearly left to the discretion of the authority.

Evening Sessions.

The statistics reported on page 17 include, as in 1960, the returns for overtime carried out by some of the dental officers.

Auxiliary Assistants.

The employment of partially trained persons may possibly be the solution of the present local government dental staffing difficulties—provided that the clause in the regulations requiring the immediate personal supervision of a dental surgeon were modified. The period of training for these people (of both sexes) might, in that case, usefully be increased from two to, say, three years so that their diagnostic experience and practice in dealing with both temporary and permanent dentitions may be increased. They should, of course, work under the direction of a chief fully-qualified officer, and co-operate with such orthodontic and surgical specialists as might be employed by the appropriate authority and whose advice they could seek when necessary. The present auxiliary scheme would not legally be possible in the absence of a supervising dental surgeon.

If two years' training makes these people competent in the eyes of the law to carry out all kinds of surgical work on the first teeth and conservative work on the permanent teeth then surely a third year of training should make them fit to carry out all straightforward dental operations on children.

An alternative to this would be the compulsory employment of newly-qualified dentists by local government for at least two years.

The dental neglect of thousands of Norfolk children has been progressing during the past 25 years and *any* scheme which might help in this matter would be welcome.

Clinic Accommodation.

- (1) Clinics within school buildings: Aylsham, Costessey, Loddon, Hunstanton, Long Stratton, Sprowston, Stalham, Terrington St. Clement and Wymondham.
- (2) Clinics separate from main school buildings: Acle, Diss, Fakenham, Framingham Earl, Heacham, Hellesdon, Hoveton, King's Lynn (Gaywood Park), Methwold, North Walsham, Sheringham, Swaffham, Thorpe-next-Norwich, Watton and Wells. Of these, the North Walsham clinic at present consists of a wooden hut which lacks a recovery room and lavatory accommodation; and new premises at Fakenham are now contemplated.
- (3) Clinics within local health offices: Cromer, East Dereham, Downham Market, Norwich (Aspland Road) and Thetford. Of these, the premises at Aspland Road, Norwich, which are an adjunct to the central offices are of a temporary utilitarian nature and are therefore unattractive.

The total number of clinic premises is 29 of which seven are now out of use.

Equipment.

Each surgery is supplied with a suitable cabinet containing not only standard surgical instruments but any special items requested, within reason, by the dental officers. The operating chair is served by separate lighting, engine and drainage apparatus as illustrated in my report for 1960. Equipment in which all these features are incorporated in one unit has not yet been introduced—for the simple reason that the sinking of many thousands of pounds would not be justified at a time when staffing is so difficult and the effective future of the service is so uncertain. The same remarks apply to the question of supplying air-turbine equipment to supplement the dental engine which would mean a further risky and heavy expenditure. Furthermore, the provision of a mobile clinic of the trailer-caravan type might help to solve the chronic deficiencies in West Norfolk; but without the assured employment of whole-time staff, the expenditure of some £2,500 on the mobile surgery alone, in addition to the cost of the trailer motor vehicle, would certainly be wasteful.

The statistical returns for 1961 show very little change from those of last year, and the most significant fact to emerge from them is that less than half of the school population was dentally inspected.

Orthodontics.

383 cases were treated during 1961. Of these, 128 were successfully completed and 64 were discontinued—mainly through lack of co-operation by the patient. Therefore, 191 cases were under treatment at the end of the year.

The appointment of an orthodontist centred in mid-Norfolk (East Dereham) might reasonably be considered when the present staffing problems have been resolved. In any case, mouths must be made free of sepsis and caries before orthodontic work can be carried out effectively.

Prosthetics.

Two per cent. of the school children treated were supplied with dentures.

Preventive Measures.

No action regarding the fluoridation of drinking water in this county has taken place and the position in this respect remains the same as that reported in 1960. A commentary on official statements which support the fluoridation of public water supplies is set forth in *The Fluoridation Fallacy*, R. F. Boyd Gaudin, B.Sc., A.C.G.I., A.M.I.C.E., 1961, and published by the C. W. Daniel Company Ltd., Rochford, Essex.

Smoking.

It is known that cancer has been produced “from the tarry products of the distillation of wood The important factor is that the irritant should act over a considerable period of time and that its concentration should not be too great.” (*Green's Manual of Pathology*, ed. Vines, 1949, p. 346). This tarry distillate is produced in smoking.

Inhaled cigarette smoke, which is said to encourage cancer, causes, *inter alia*, characteristic breath odour and staining of the teeth and fingers and thus can be most readily detected by the dentist. The effect of tobacco stain on the teeth (as distinct from the gums and other soft tissue) does not seem to be particularly harmful.

From my own observations, it appears that a considerable number of Norfolk youngsters of both sexes between the ages of 13 and 15 are cigarette addicts. I once asked a 14-year-old girl why she smoked. She replied, quite candidly, that if her mother could enjoy smoking, why couldn't she? And a boy of 15 told me that his weekly pocket money of £1 was chiefly spent on cigarettes. Home influence (with all its complexities and difficulties) seems to play an important part in this matter and three outstanding causes of the obvious increase in this habit among children are advertising ("Are you a *real* smoker?"), automatic machines and maternal, as distinct from paternal, example.

National Health Service.

This report would not be complete without very grateful acknowledgment of the helpfulness of our friends in the National Health Service. All priority patients can now receive free treatment from their family dentist through this Service and, because of the present deficiencies in the Local Government Dental Scheme, this situation must be encouraged.

Acknowledgments.

After more than 42 very happy years of service in this county, my retirement is now imminent. I will always remember with affection the multitude of kind and friendly people (many no longer with us) whom I have had the honour to meet in the course of my work. It is wonderful to realise that many of the school children I met forty years ago are now grandparents who, in spite of the passing of time, still remember me kindly!

I am indeed grateful to my colleagues, professional and clerical, past and present, whose help and advice have been invaluable; and to the host of Norfolk teachers without whose co-operation the service could not have survived.

VI. HANDICAPPED PUPILS.

The ascertainment of the ten types of handicap in childhood rests with the school medical officer, who is responsible for recommending to the local education authority the appropriate form of special educational treatment. This involves close liaison with the family doctor, parent and, if the child is attending school, head teacher. If any of the pupils coming within these categories cannot be educated satisfactorily under normal conditions at school, every endeavour is made to provide special education either at a special school or at the ordinary schools where suitable arrangements are made for them appropriate to their handicap.

ASCERTAINMENT.

The number of new ascertainments of children carried out during the year was less than in the previous year and an analysis is given in the table below:—

				1961	1960
Blind	...	...	...	—	—
Partially sighted	...	...	...	1	4
Deaf	...	...	...	2	2
Partially deaf	...	...	...	6	14
Delicate	...	...	...	11	17
Educationally subnormal	...	...	...	106	137
Epileptic	...	...	...	9	4
Maladjusted	...	...	...	24	9
Physically handicapped	...	...	...	4	17
Defective speech	...	...	...	2	4
Multiple defects	...	...	...	10	18
				175	226

SPECIAL EDUCATIONAL TREATMENT.

The following table shows the total number and disposition of handicapped pupils on the register at the end of 1961 and 1960. The total figure represents approximately 2.4% of the school population.

Categories.	In res. day or hospital spl. schools (incl. hostels).		In maintained schools.		In independent schools.		Not at school.		Totals.		1961 grand totals	1960 grand totals
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
Blind ...	3	3	—	—	—	—	1	1	4	4	8	7
Partially sighted ...	5	2	12	2	—	—	—	—	17	4	21	24
Deaf ...	16	8	—	—	—	—	—	—	16	8	24	26
Partially deaf ...	6	4	26	19	1	—	2	—	35	23	58	58
Delicate ...	16	14	39	29	1	—	—	—	56	43	99	94
E.S.N. ...	46	23	314	169	—	—	5	—	365	192	557	575
Epileptic ...	4	—	15	8	—	—	3	1	22	9	31	29
Maladjusted	25	7	17	6	—	—	—	—	42	13	55	53
Physically handicapped	8	3	34	34	4	—	10	1	56	38	94	103
Speech defects	—	—	151	81	—	—	—	—	151	81	232	292
Multiple defects ...	28	11	52	25	1	1	2	2	83	39	122	146
Totals 1961	157	75	660	373	7	1	23	5	847	454	1301	—
1960	159	76	749	384	10	1	19	9	937	470	—	1407

There has been no change in the provision made by the Education Committee for educationally subnormal, delicate, and maladjusted pupils, and details of the special schools and hostels are given below. In addition, arrangements are made, when appropriate, for the admission of children to day and residential special schools administered by other education authorities or by voluntary bodies. The number of educationally subnormal pupils recommended for admission to special schools and awaiting vacancies, unfortunately, is still high, the figure at the end of 1961 being 183. This again emphasises the necessity for the provision of further facilities for this type of handicap as not only is it often difficult to provide a suitable curriculum for the educationally subnormal child at an ordinary school, but children at an ordinary school leave at 15 instead of the minimum age of 16 at the special schools.

The East Anglian School, Gorleston, which is a residential special school, provides education both for deaf and partially sighted pupils and, at the end of the year, 28 children were resident.

SPECIAL SCHOOLS AND HOSTELS PROVIDED BY THE AUTHORITY

(a) Sidestrand Hall for Educationally Subnormal Pupils.

Nine new pupils were admitted to this special school which, at the end of the year, had 70 pupils resident (including three out-county cases).

All the children at this school are on the list of a local medical practitioner and periodic medical inspection by members of headquarters

medical staff is arranged. Dental treatment is provided at one of the Committee's clinics. In addition, the educational psychologists also examine the children from time to time and with the senior medical officer select children suitable for admission. The progress of pupils at this school is reviewed at frequent intervals by members of medical and psychological staffs and the head master. Speech therapy was provided during the year by the senior speech therapist.

(b) Eden Hall, Bacton, for Delicate Pupils.

The Education Committee's residential special school which opened in November, 1954, accommodates delicate pupils and at the end of the autumn term there were 46 children resident, of whom 13 were from the areas of other authorities. The available accommodation will shortly be increased by the acquisition of nearby premises. The children resident are regularly examined by members of the headquarters medical staff and inspected and treated by one of the school dental officers.

(c) Colne Cottage Hostel, Cromer, and Morley Hall Hostel, near Wymondham, for Maladjusted Pupils.

Some seriously maladjusted children can only be satisfactorily treated away from their home environment and most of these are placed in special schools or hostels. The Committee's two hostels where children reside but attend local day schools give very useful service in this way. They are visited regularly by members of the child guidance team for the purpose of discussing progress made by the pupils.

At the end of the autumn term, 22 children, including seven sent by other authorities, were resident at Colne Cottage, Cromer, and 32, including 16 from outside areas, at Morley Hall Hostel.

HOSPITAL SCHOOLS

At the end of the year, seven Norfolk children were resident at Kelling Children's Hospital, Holt, which is a hospital school where education is provided by the Committee.

HOME TUITION

There are some handicapped pupils who, during the waiting period for admission to a special school, are provided with education in their own homes and occasionally this arrangement is also made in the light of other special circumstances.

At the end of the year, 15 children were receiving this form of tuition.

PERIPATETIC TEACHING OF THE DEAF AND PARTIALLY DEAF

Mrs. E. M. Pitchers, the Committee's first peripatetic teacher of the deaf, who resigned at the end of 1960, was replaced by Miss P. J. Webber who commenced duty on the 1st February.

The peripatetic teacher of the deaf fills a most important place in the authority's arrangements for dealing with those children who are handicapped by a defect of hearing which, although not always so severe as to necessitate education in a special school, may be quite sufficient to interfere appreciably with educational development if some action is not taken to provide additional

help in the form of the provision of hearing aids, auditory training or lip reading.

In addition to the examination of deaf children by the hospital consultant, speech therapist, and peripatetic teacher of the deaf, health visitors/school nurses who have been specially trained in this aspect of the work, carry out early testing of babies and young children attending infant welfare centres, or at home. It is intended eventually that all nursing staff should receive this special training and a further 23 will qualify in the spring of 1962. In addition, it is intended that all the health visitors/school nurses should carry out "sweep" tests of school children by the use of the Michael Reed testing material, so that most of the Norfolk school children will be covered.

A summary of the work carried out by Miss Webber during the year is given below:—

(i) Number of children seen	...	...	...	...	117
(ii) Number of visits	...	...	...	...	694
(iii) Number of attendances at special auditory training clinics	...	...	...	...	405

CEREBRAL PALSY.

At the end of the year there were 63 educable spastic children known to the school health service, an increase of eight over the figure for the previous year. 30 or 48% were able to attend an ordinary school, 13 (21%) were receiving education in residential special schools or hospital schools, and 5 (8%) were receiving home tuition. The remaining 15 children were either under school age, attending private schools, or excluded from school pending a decision as to future education.

CHILD GUIDANCE.

Clinics continued to be held during the year at Norwich, King's Lynn, and Cromer. Dr. J. V. Morris, consultant in child psychiatry to the East Anglian Regional Hospital Board, and/or Dr. G. L. Ashford, consultant psychiatrist, and Dr. A. Gillie, assistant psychiatrist, together with the senior medical officer of the Public Health Department, two educational psychologists, and a psychiatric social worker, attended the clinics.

Altogether, 152 new cases were referred, an increase of 13 over the previous year. The opening of a special clinic for enuretics held fortnightly in Norwich catered for 51 cases. There was little change in the total number of examinations carried out by members of the child guidance team and general practitioners and hospital specialists continued to make good use of the clinics.

In addition to their work in the clinics, responsibility rests upon the child guidance team for ascertaining the needs of those children likely to be classified as maladjusted and for recommending their admission to one of the two Norfolk residential hostels.

Results following Diagnosis and Treatment

The table on page 22 shows the percentage of children who were discharged as cured or greatly improved. The figure for the year under review was 14%, whilst 53% were still under treatment at the clinic or were in the course of being followed up by one of the educational psychologists or the social worker.

No. of clinics held	No. of new cases seen	No. of examinations carried out	Total individual patients seen
83 (77)	152 (139)	251 (253)	194 (192)

(Comparable figures for 1960 are shown in brackets)

The number of examinations carried out at each of the centres during the year is shown in the following table :—

	Norwich	King's Lynn	Cromer	Other	Total
No. of sessions	60	21	2	—	83
No. of examinations	187	59	4	1	251

ANALYSIS OF NEW CASES REFERRED.

Sources of reference:—

	No.	%
General medical practitioners	53	34
Hospital specialists	7	5
School medical staff, speech therapists, local welfare officers and health visitors	48	32
Chief Education Officer, educational psychologists, social workers and head teachers of schools	21	14
Probation officers	3	2
Children's officer	6	4
Parents	8	5
Magistrates	6	4
	<hr/>	<hr/>
	152	100
	<hr/>	<hr/>

Reasons for reference:—

General behaviour difficulties	46
Emotional difficulties	25
Educational difficulties (including refusal or reluctance to attend school) caused by psychological disturbances	30
Incontinence of urine or faeces	51
	<hr/>
	152
	<hr/>

Disposal of cases (including cases from previous years) :—

The figures in brackets indicate children who originally attended in previous years.

		%	
Discharged as adjusted or greatly improved	28	14	(15)
Recommended for admission to hostel or residential special school for mal-adjusted children	16	8	(1)
Recommended for admission to residential special school for educationally sub-normal children	2	1.5	(1)
Recommended for admission to residential special school for epileptic children	1		
Referred to Children's Officer	5	3	(1)
Advice given—no recall to clinic necessary	37	19	(2)
Left school	2	1.5	
Parents non-co-operative	1		
Still under treatment	102	53	(21)
	<hr/>	<hr/>	<hr/>
	194	100	(41)
	<hr/>	<hr/>	<hr/>

SPEECH THERAPY

Statistics for Year Ended 31st December, 1961

TREATMENT AT CLINICS	Burnham Market	Clester	Cromer	*Diss	Downham Market	*East Dereham	Fakenham	Heacham	Hunstanton	King's Lynn	King's Lynn (Gaywood)	*Loddon	Metwold	Norwich	*Old Buckenham	Sheringham	Sidestrand Hall	Stalham	*Swaffham	Terrington	*Theford	North Walsham	Upwell	*Watton	Wells	Treatment at Home/School	GRAND TOTAL	
Total number of sessions held ...	37	35	29	32	44	48	42	9	43	104	41	30	10	233	25	36	38	43	12	35	28	35	39	32	38	—	1098	
<i>Total No. of cases:—</i>																												
Treated during the year ...	4	10	15	10	7	26	13	1	13	33	12	5	1	117	4	9	12	7	4	7	6	15	6	8	7	51	403	
Commenced treatment during year ...	1	2	9	1	—	6	6	—	3	17	2	3	1	44	—	—	2	2	1	1	2	6	2	2	5	13	131	
Discharged ...	—	2	4	3	2	5	3	—	2	8	1	1	—	25	1	4	1	—	1	3	1	—	—	—	—	12	83	
Transferred to other clinics or home visits ...	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	2	2	—	—	5	11	
<i>Analysis of all cases treated during year:—</i>																												
1. Stammering ...	—	1	1	1	—	5	1	—	3	10	2	1	—	27	1	3	—	1	1	2	2	3	—	1	—	2	68	
2. Defects of articulation:—																												
(a) Dyslalia ...	1	6	8	5	—	20	7	—	2	1	2	4	—	66	2	4	1	2	3	2	1	10	1	4	3	27	182	
(b) Sigmatisms ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
(c) Rhinolalia ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
due to (i) Cleft Palate ...	—	—	1	1	2	—	—	—	1	1	—	—	—	8	—	—	—	—	—	1	—	—	—	2	1	2	20	
(ii) Nasal obstruction ...	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
(iii) Other causes ...	—	—	—	—	—	—	—	—	1	1	—	—	—	2	—	—	—	—	—	—	1	—	—	—	1	—	11	
(d) Dysarthria ...	—	—	1	1	—	—	—	—	—	1	1	—	—	3	—	—	—	—	—	—	—	—	—	—	—	4	9	
3. Aphasia ...	1	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	8	
4. Defective speech due to:—																												
(i) Subnormal mentality ...	—	2	—	—	—	3	1	—	1	1	—	—	—	4	—	9	2	—	—	—	1	1	1	—	2	2	29	
(ii) Deafness ...	—	—	—	1	—	1	—	—	5	2	—	—	—	1	1	2	1	1	—	—	—	—	2	—	—	3	15	
5. Retarded speech development ...	2	—	3	—	5	—	—	—	5	16	6	—	—	1	—	—	—	—	—	2	—	1	—	—	—	5	48	
6. Dysphonia ...	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	
7. Multiple defects ...	—	1	1	—	—	—	2	—	—	—	—	—	—	5	—	—	1	—	—	—	—	—	—	—	—	—	11	
																										Total	403	
<i>Analysis of cases discharged:—</i>																												
No. of children discharged during year who:—																												
1. Achieved normal speech ...	—	2	3	1	2	3	2	—	1	1	5	—	—	15	—	1	1	—	—	—	—	2	—	—	—	1	7	46
2. Were greatly improved ...	—	—	—	—	—	—	—	—	—	—	—	—	—	6	—	3	—	—	—	2	1	—	—	—	—	1	22	
3. Showed some improvement ...	—	—	1	1	—	1	—	—	—	1	—	—	—	4	—	—	—	—	—	1	—	1	—	—	—	4	15	
4. Showed little or no improvement...	—	—	—	—	—	—	1	—	—	2	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	5	11	
<i>No. of cases discharged during year:—</i>																												
(a) No further treatment required ...	—	2	4	3	2	3	2	—	2	6	1	1	—	21	1	1	1	—	—	3	1	2	—	—	—	1	9	66
(b) Non co-operation of parents ...	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	2	
(c) Left district ...	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	4	
(d) Left school (over age) ...	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	8	
(e) Unsuited for speech therapy ...	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	2	—	—	—	—	3	
(f) Transferred to other clinics ...	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	11	
																										Total	94	

*Clinic closed September, 1961

SPEECH THERAPY

Miss Elizabeth Mabbitt was appointed to the King's Lynn area in place of Miss Zillah Harrod who resigned on the 30th September. Unfortunately, there were still two vacancies on the 31st December and, compared with last year, several clinics were closed. Although 178 fewer sessions were held, 48 more pupils were treated. The table on page 22(a) gives details of the cases treated and discharged during the year.

The senior speech therapist, Miss Judith Rutt, continued to attend the Jenny Lind Hospital for one session a week in order to carry out treatment of hospital out-patients and to liaise with the hospital specialists concerned.

PUPILS SUFFERING FROM DISABILITY OF THE MIND.

1961 was the first full year during which the new regulations made under the Mental Health Act, 1959, were in force and details of the number of children examined under the revised Section 57 of the Education Act, 1944, are given below:—

	Male.	Female.	Totals.
No. of children found to be unsuitable for education at school	17	12	29
No. of children previously found to be unsuitable for education at school whose cases were reviewed at parents' request (Both children were still considered to be unsuitable for education at school).	1	1	2
	—	—	—
	18	13	31
	—	—	—

The Education Acts provide a statutory right for parents to appeal to the Ministry of Education against the decision that their child is considered to be unsuitable for education at school. Of the cases included in the figures above, three parents exercised this right. In two cases the Ministry upheld the Committee's decision and the other was still under consideration at the end of the year.

The former statutory provision in Section 57(5) whereby the local education authority should report to the local health authority any child who by reason of a disability of mind may require supervision after leaving school does not appear in the revised Section 57 but authorities are asked to report any such cases informally so that any necessary care and supervision can be arranged under the National Health Service Act. During the year, 48 cases were reported.

HEART CLINICS.

Dr. W. A. Oliver continued to hold special heart clinics for Norfolk school children at the Jenny Lind Hospital during the year and, at the 25 sessions, 91 examinations were carried out. Older children were seen by him at an additional heart clinic held at the Norfolk and Norwich Hospital where, during the year, 55 examinations were made.

Any modification of the school curriculum or restriction of activity recommended by the heart specialist is communicated to the appropriate school medical officer, the parent, and head teacher of the school concerned.

VII. INFECTIOUS DISEASES.

The table below gives the number of schools closed on account of infectious illnesses, together with the number of days when the schools were closed:—

Disease	No. of closures		No. of school days closed	
	1961	1960	1961	1960
Influenzal coughs and colds	8	4	26½	14
Mumps and whooping cough	—	3	—	10
Sonne dysentery	1	3	1	18
Epidemic vomiting and diarrhœa	2	—	4½	—
TOTALS	11	10	32	42

VIII. VACCINATION AGAINST SMALLPOX.

184 children between the ages of 5 and 14 were vaccinated during the year.

IX. DIPHTHERIA IMMUNISATION.

No case of diphtheria occurred among school children in this county during 1961.

The following table shows the number of children given primary and "booster" injections during the past five years:—

	Primary.	Booster.	Total.
1957	665	3,012	3,677
1958	173	920	1,093
1959	696	2,865	3,561
1960	2,227	9,230	11,457
1961	2,400	8,257	10,657
	<u>6,161</u>	<u>24,284</u>	<u>30,445</u>

It has again been possible for the medical staff to devote a reasonable amount of time to this important matter. Approximately 53% of the school population can now be considered to be fully protected compared with 43% in 1960 and 36% at the end of 1959.

X. VACCINATION AGAINST POLIOMYELITIS.

In April, 1961, the Ministry of Health extended the scheme to include a fourth injection for school children aged six and over but under 12 years of age. Local health authorities were requested to arrange for the injections to be given before the summer season and the Council's medical staff gave 24,559 fourth injections in less than three months. At the end of the year, 57,049 children aged between five and 18 years of age had completed full courses of injections—approximately 84%.

XI. VACCINATION AGAINST TETANUS.

Although tetanus is a comparatively rare disease it is often fatal when it occurs, and protection is important. During the year, 18,324 children under 15 years of age were given primary immunisation.

XII. PREVENTION OF TUBERCULOSIS—B.C.G. VACCINATION.

This scheme has been continued and, with parental consent, 4,627 were skin tested. 3,598 were found to be suitable for vaccination, and 3,499 had been vaccinated by the end of the year.

XIII. SANITARY CIRCUMSTANCES AT SCHOOLS.

At eight schools investigations were made in connection with water supplies, either to ascertain the condition of the water from existing wells, to examine the possibilities of connection to mains supplies, or to investigate inadequacies in water pressure.

Improvements in drainage and sewage disposal arrangements were carried out at three schools and recommendations concerning heating, lighting, ventilation, washing and closet accommodation were made to the Chief Education Officer in respect of thirteen other schools.

During the year, at selected schools, experiments were made with various systems of individual towels and it is to be hoped that ultimately the roller towel will disappear as a result.

XIV. SCHOOL SWIMMING POOLS

The department was pleased to co-operate and advise in connection with the provision and maintenance of school pools. At eight schools daily records of chlorine and pH readings and pool usage were kept and a useful check was made by the frequent submission of samples of the water for bacteriological examination. The fact that these latter were, in the main, satisfactory, reflects great credit upon the school personnel responsible for the daily supervision. There is every likelihood of these pools increasing in number.

XV. SCHOOL MEALS SERVICE

408 visits were made for food inspection purposes during the year. Appropriate action was taken where foodstuffs were found to be unfit for human consumption and liaison with the appropriate local authorities has continued. The co-operation from head teachers and others connected with the service has continued to be excellent, and food hygiene talks to canteen personnel have proved beneficial.

XVI. MILK IN SCHOOLS SCHEME

The sampling of school milk continued throughout the year and the results of the sample examinations are shown in the following table:—

Test.	No. of examinations.	Satisfactory.	Unsatisfactory.	Void.
Methylene blue (pasteurised milk)	319	296	2	21
Phosphatase (pasteurised milk)	319	318	1	—
	638	614	3	21

Void methylene blue results were reported as the result of the atmospheric shade temperature exceeding 70°F during the period of storage of the samples.

A number of improvements in the milk storage arrangements at schools have been secured as the result of observations made at the time of sampling and generally the head teachers are co-operating in the matter of rinsing of milk bottles before their return to the dairies.

269 samples of school milk were submitted to the Weights and Measures Department for examination by the Gerber Test. Of these, seven were found to be unsatisfactory and were further investigated.

XVII. REMAND HOME.

No change has been made in the general arrangements for medical supervision at Bramerton Remand Home, where headquarters medical staff visit to examine children on admission or discharge and a general practitioner is called in for cases of sickness. The number of such examinations totalled 480.

In addition, 64 special examinations were made by the consultant psychiatrist and one special examination was made by the consultant gynæcologist.

XVIII. CHILDREN'S HOMES.

Medical officers continued to inspect the five Children's Homes and one Residential Nursery, reports being periodically submitted on the hygienic condition of the premises. Where possible, children needing dental treatment are treated at the Committee's dental clinics.

XIX. MISCELLANEOUS.

Holiday Camps for Handicapped Children.

One child was sent to a holiday camp for epileptic children at the expense of the Education Committee.

Medical Examinations.

The following examinations were made by the medical staff of the health department:—

247 examinations of candidates for teachers' training colleges and entrants to the teaching profession, under the terms of Ministry of Education Circulars 248 and 249.

148 examinations of entrants to the school canteen service, other than those covered by the Local Government Superannuation Acts.

16 examinations of school road crossing patrols (non-superannuable).

SCHOOL HEALTH SERVICE

LIST OF CLINICS

as at 31st December, 1961

Name and address of clinic	Type of treatment provided	Frequency of session
ACLE		
V.P. School	Dental	Four sessions weekly.
AYLSHAM		
Secondary Modern School	Dental	Five sessions weekly.
BURNHAM MARKET		
C.P. School	Speech therapy	One session weekly.
CAISTER		
Parish Hall	Speech therapy	One session weekly.
COSTESSEY		
C.P. School	Dental	One session weekly.
CROMER		
Local Health Office, Norwich Road	Child Guidance Dental Speech therapy	As required. Two sessions weekly. One session weekly.
EAST DEREHAM		
Local Health Office, High Street	Dental	Four sessions weekly.
DISS		
Secondary Modern School	Dental	Six sessions weekly.
DOWNHAM MARKET		
Local Health Office, 48, Howdale Road	Speech therapy	One session weekly.
FAKENHAM		
C.P. School	Dental Speech therapy	Two sessions weekly. One session weekly.
FRAMINGHAM EARL		
Secondary Modern School	Dental	Four sessions weekly.
HEACHAM		
Jubilee Clinic	Dental Speech therapy	Two sessions weekly. One session weekly.
HELLESDON		
C.P. Infants' School, Kinsale Avenue	Dental	Four sessions weekly.
HOVETON		
Secondary Modern School	Dental	Two sessions weekly

Name and address of clinic	Type of treatment provided	Frequency of session
NEW HUNSTANTON Secondary Modern School	Dental Speech therapy	Two sessions weekly. One session weekly.
KING'S LYNN Local Health Office, 15, Nelson Street ...	Child Guidance Minor ailments Speech therapy	Two sessions monthly. Three sessions weekly. Two sessions weekly
Secondary Modern School Queen Mary Road, Gaywood ...	Speech therapy	One session weekly.
LODDON Secondary Modern School	Dental	Three sessions weekly.
LONG STRATTON Secondary Modern School	Dental	Five sessions weekly.
METHWOLD Secondary Modern School	Dental Speech therapy	Eight sessions weekly. One session weekly.
NORWICH Local Health Office Aspland Road ...	Child Guidance	One session weekly, and two sessions monthly (enuretics).
	Dental Speech therapy	One session weekly. Three sessions weekly.
SHERINGHAM Secondary Modern School	Dental Speech therapy	Four sessions weekly. One session weekly.
SPROWSTON Secondary Modern School	Dental	Six sessions weekly.
STALHAM Secondary Modern School	Dental Speech therapy	Two sessions weekly. One session weekly.
SWAFFHAM Secondary Modern School	Dental	Five sessions weekly.
TERRINGTON C.P. Junior School ...	Speech therapy	One session weekly.
THETFORD Local Health Office, Tanner Street ...	Dental	Three sessions weekly.
THORPE C.P. School, Hillside Avenue ...	Dental	Four sessions weekly.

Name and address of clinic	Type of treatment provided	Frequency of session
UPWELL Secondary Modern School	Speech therapy	One session weekly.
NORTH WALSHAM Secondary Modern School	Dental Speech therapy	Four sessions weekly. One session weekly.
WATTON County Secondary School	Dental	Two sessions weekly.
WELLS-NEXT-SEA Secondary Modern School	Dental Speech therapy	Two sessions weekly. One session weekly.
WYMONDHAM Secondary Modern School	Dental	Six sessions weekly.

Medical Inspection and Treatment

RETURN FOR THE YEAR ENDED 31st DECEMBER, 1961

PART I—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS).

TABLE A—PERIODIC MEDICAL INSPECTIONS.

Age Groups inspected (By year of birth)	Number of pupils inspected.	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		No.	% of Col. (2)	No.	% of Col. (2)
(1)	(2)	(3)	(4)	(5)	(6)
1957 and later	188	188	100.00	—	—
1956	2,440	2,431	99.64	9	0.36
1955	2,184	2,179	99.78	5	0.22
1954	385	383	99.48	2	0.52
1953	137	136	99.28	1	0.72
1952	113	111	98.23	2	1.77
1951	2,337	2,326	98.53	11	0.47
1950	2,054	2,047	99.66	7	0.34
1949	348	347	99.72	1	0.28
1948	280	280	100.00	—	—
1947	1,709	1,703	99.65	6	0.35
1946 and earlier	3,483	3,473	99.71	10	0.29
Totals ...	15,658	15,604	99.66	54	0.34

TABLE B—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS (EXCLUDING DENTAL DISEASES AND INFESTATION WITH VERMIN).

Age groups inspected (By year of birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total individual pupils
(1)	(2)	(3)	(4)
1957 and later	1	14	15
1956	45	155	185
1955	49	159	191
1954	26	42	58
1953	18	17	35
1952	17	23	37
1951	206	155	338
1950	188	154	320
1949	28	26	51
1948	37	31	63
1947	139	91	213
1946 and earlier	336	157	456
Totals ...	1,090	1,024	1,962

TABLE C—OTHER INSPECTIONS.

NOTES:—A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of special inspections ...	...	...	1,273
Number of re-inspections ...	...	...	8,323
		Total ...	<u>9,596</u>

TABLE D—INFESTATION WITH VERMIN.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons ...	...	21,015
(b) Total number of individual pupils found to be infested ...	...	197
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) ...	...	—
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) ...	...	—

**PART II—DEFECTS FOUND BY MEDICAL INSPECTION DURING
THE YEAR.**

TABLE A—PERIODIC INSPECTIONS.

Defect Code No. (1)	Defect or Disease (2)				PERIODIC INSPECTIONS				
					Entrants	Leavers	Others	Total	
4.	Skin	...	...	...	T	22	34	28	84
					O	114	128	115	357
5.	Eyes—a. Vision	...	...	...	T	132	429	529	1090
					O	273	271	295	839
	b. Squint	...	...	...	T	78	9	26	113
					O	86	21	40	147
	c. Other	...	...	...	T	10	4	5	19
					O	37	66	40	143
6.	Ears—a. Hearing	...	...	...	T	21	9	13	43
					O	73	17	30	120
	b. Otitis Media	...	...	...	T	10	5	3	18
					O	92	18	36	146
	c. Other	...	...	...	T	6	1	5	12
					O	26	6	21	53
7.	Nose and Throat	...	...	...	T	55	18	39	112
					O	608	106	266	980
8.	Speech	...	...	...	T	29	8	28	65
					O	135	13	38	186
9.	Lymphatic Glands	...	...	...	T	5	—	5	10
					O	216	34	94	344
10.	Heart	...	...	...	T	15	12	13	40
					O	42	33	59	134
11.	Lungs	...	...	...	T	15	3	48	66
					O	193	52	123	368
12.	Developmental—a. Hernia	...	...	...	T	19	3	7	29
					O	37	4	16	57
	b. Other	...	...	...	T	7	7	47	61
					O	184	42	154	380
13.	Orthopaedic—a. Posture	...	...	...	T	2	7	6	15
					O	32	43	60	135
	b. Feet	...	...	...	T	31	8	21	60
					O	158	53	107	318
	c. Other	...	...	...	T	53	27	66	146
					O	278	189	203	670
14.	Nervous System—a. Epilepsy	...	...	...	T	4	5	3	12
					O	15	11	15	41
	b. Other	...	...	...	T	3	—	4	7
					O	39	15	27	81
15.	Psychological—a. Development	...	...	...	T	2	3	92	97
					O	50	24	74	148
	b. Stability	...	...	...	T	7	18	29	54
					O	89	19	91	199
16.	Abdomen	...	...	...	T	—	3	6	9
					O	34	10	35	79
17.	Other	...	...	...	T	7	11	15	33
					O	64	35	85	184
	TOTALS	...	...	...	T	533	624	1038	2195
					O	2875	1210	2024	6109

TABLE B—SPECIAL INSPECTIONS.

Defect Code No.	Defect or Disease.	SPECIAL INSPECTIONS.	
		Pupils Requiring Treatment.	Pupils Requiring Observation.
(1)	(2)	(3)	(4)
4	Skin	16	32
5	Eyes—		
	(a) Vision	333	141
	(b) Squint	13	13
	(c) Other	4	7
6	Ears—		
	(a) Hearing	18	24
	(b) Otitis Media	5	22
	(c) Other	—	8
7	Nose and Throat... ..	57	91
8	Speech	30	20
9	Lymphatic Glands	2	41
10	Heart	5	8
11	Lungs	22	40
12	Developmental—		
	(a) Hernia	4	6
	(b) Other	26	17
13	Orthopædic—		
	(a) Posture	2	9
	(b) Feet	8	14
	(c) Other	34	35
14	Nervous System—		
	(a) Epilepsy	1	3
	(b) Other	2	9
15	Psychological—		
	(a) Development	38	35
	(b) Stability	9	24
16	Abdomen	1	18
17	Other	17	56
	Totals	647	673

PART III—TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS).

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases known to have been dealt with.
External and other, excluding errors of refraction and squint	8
Errors of refraction (including squint)	2,038
Total	2,046
Number of pupils for whom spectacles were prescribed	1,182

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases known to have been dealt with.
Received operative treatment :—	
(a) for diseases of the ear	16
(b) for adenoids and chronic tonsillitis	487
(c) for other nose and throat conditions	3
Received other forms of treatment ...	6
Total	512
Total number of pupils in schools who are known to have been provided with hearing aids :—	
(a) in 1961	5
(b) in previous years	13

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Number of cases known to have been treated.
(a) Pupils treated at clinics or out-patients departments	†
(b) Pupils treated at school for postural defects	†
Total	†

† Figures not available.

TABLE D—DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table D of Part I).

	Number of cases known to have been treated.
Ringworm—(a) Scalp	1
(b) Body	1
Scabies	—
Impetigo	8
Other skin diseases	4
Total	14

TABLE E—CHILD GUIDANCE TREATMENT.

	Number of cases known to have been treated.
Pupils treated at child guidance clinics	*194

*Including 6 children seen at other Authorities' clinics

TABLE F—SPEECH THERAPY.

	Number of cases known to have been treated.
Pupils treated by speech therapist ...	*403

*Including 1 child from East Suffolk County Area

TABLE G—OTHER TREATMENT GIVEN.

	Number of cases known to have been dealt with.
(a) Pupils with minor ailments ...	52
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	3,509
(d) Other	—
TOTAL	3,561

TABLE A - OTHER TREATMENT ALIENS

No.	Name	Age	Sex	Religion	Marital Status	Occupation	Address	Remarks
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