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NORFOLK EDUCATION COMMITTEE

Annual Report

of the

PRINCIPAL
SCHOOL MEDICAL OFFICER
FOR 1963



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PREFACE

The work of the school health service continued in 1963 without significant changes in pattern. One dramatic improvement which I am happy to record is the dental staffing from the equivalent of 7.9 full-time dental officers to 13.8, described by Mr. Rowland, principal school dental officer, in the body of the report.

Although there were nearly 1,600 fewer children examined than in the previous year, there were only 6 schools which did not have a medical inspection during the year. There was a slight increase (0.57) in the percentage of all children examined at periodic medical inspections found to have defects considered to require treatment and the percentage of children whose general condition was regarded as "unsatisfactory" is similarly very slightly up but, nevertheless, is still well below the latest corresponding figure for England and Wales. Such small differences are, of course, of no significance as there are inevitable differences in any event arising from observer variation. It is indeed remarkable how little variation there has been in these figures.

The total number of children examined by the school nurses for the purpose of checking cleanliness of school children showed a considerable increase and this is related to the increased number of cases of infestation which required careful follow-up and the re-inspection of schools previously regarded as free from uncleanness. In this respect, however, Norfolk is again substantially below the national figure, a mere 0.33% as opposed to 2.8% but this is no reason for complacency.

It will be noted that there was an increase in the number of visits paid by the peripatetic teachers of the deaf and in the number of children seen at home, which is a reflection of the great importance of early assessment of impairment of hearing with subsequent auditory training and parent guidance. The pattern of future provision for the early detection and assessment of hearing loss in children is beginning to take shape. Towards the end of the year, preliminary discussions took place to consider the possibility of introducing a partially deaf unit in the county and the auditory sweep testing of all school children, and it is hoped that there will be more to report next year on this matter.

Following the higher demand for smallpox vaccination in 1962 owing to the outbreak of smallpox in certain parts of the country, there was the expected marked decrease in the numbers vaccinated during 1963. The number of school children given primary and booster injections against diphtheria again showed a marked drop. The Ministry of Health does not now issue figures for the percentage of the whole school population regarded as protected and, though the fall is probably not yet marked, the position will give rise to concern if there is no improvement. The use of the Salk type of

poliomyelitis vaccine by injection is now very small and the oral poliomyelitis vaccine was given to 1,125 children as opposed to 46 by injection. It is satisfactory to note that there has been an increase from two-thirds to three-quarters in the proportion of children eligible for B.C.G. vaccination who were actually tested.

The problems of the accurate assessment and correct placing of handicapped children within the educational system do not diminish and no report of this sort can truly convey the amount of time and effort that is required in carrying out the duties of the school health service in this respect. There is a trend towards less formality in the ascertainment of handicapped pupils and this applies especially to pre-school children who are considered unsuitable for education in the normal school and who can now be dealt with under informal procedure mentioned in the report. I believe that this trend is one that is greatly welcomed.

My predecessor, Dr. K. F. Alford, retired in the middle of the year after serving this authority for 15 years, more than eight of which as principal school medical officer. Almost at the same time, Dr. A. E. Lorenzen, the senior medical officer, retired too, and I would pay tribute to the efforts of both in the considerable part they have played in raising the standard of health of school children in this county.

My thanks are due to all my colleagues, professional and clerical alike, for having carried out this essential though unspectacular work so efficiently and satisfactorily during the year and I would wish to express my gratitude also for the ready co-operation and help given me by the Chief Education Officer and his staff.

A. G. SCOTT.

Public Health Department,
29, Thorpe Road,
Norwich, NOR 01 T.
August, 1964.

STAFF OF THE SCHOOL HEALTH SERVICE DURING 1963

Principal School Medical Officer :

K. F. ALFORD, M.B., Ch.B., D.P.H. (to 12th August)
A. G. SCOTT, M.B., Ch.B., D.P.H. (from 13th August)

Deputy Principal School Medical Officer :

A. G. SCOTT, M.B., Ch.B., D.P.H. (to 12th August)
I. C. BRANNEN, M.B., Ch.B., M.R.C.P.E., D.P.H. (from 16th September)

Senior Medical Officer :

A. E. LORENZEN, M.R.C.S., L.R.C.P., D.P.H. (to 1st July)
A. N. HUNTER, M.B., Ch.B., D.P.H. (from 2nd July)

Senior Assistant Medical Officer:

A. N. HUNTER, M.B., Ch.B., D.P.H. (to 1st July)
M. W. BEAVER, M.B., B.S., D.P.H. (from 2nd July)

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.
A. S. DUNN, L.R.F.P.S., L.R.C.P., L.R.C.S., D.C.H., 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.
W. E. HOLMES, M.A., M.B., B.Ch., B.A.O., D.P.H., D.T.M. & H.
(to 30th November)
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.
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.
SYBIL E. CATOR, M.B., Ch.B.
ELIZABETH M. ELLIOTT, M.B., B.Ch., B.A.O.
A. S. GARRETT, M.B.E., M.B., B.S. (to 12th October)
MOLLY GOVIER, M.B., Ch.B., D.C.H.
J. HAMILTON, M.B., Ch.B., D.P.H., D.T.M. & H.
ROSEMARIE D. LINCOLN, M.B., B.S.
R. N. C. MCCURDY, M.B., Ch.B., D.P.H.
C. MARGARET MCLEOD, M.B., Ch.B.
ZOE T. SLATTERY, M.B., B.S., D.C.H.

Principal School Dental Officer :

N. J. ROWLAND, L.D.S., R.C.S. (Edin.)

Area Dental Officers:

HILDA M. CROXFORD, L.D.S., R.C.S., (Eng.) (from 18th November)

J. W. MCQUISTON, L.D.S. (Q.U. Belf.)

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

S. H. WOONTON, L.D.S., R.C.S. (Eng.)

Dental Officers:

EDITH P. CHURCHYARD, L.D.S., R.C.S. (Eng.) (full-time from 1st October)

J. S. CLEMENTS, B.D.S. (B'ham), L.D.S., R.C.S. (Eng.) (from 26th August)

J. H. de MIERRE, L.D.S., R.C.S. (Eng.)

J. GEMMELL, L.D.S., R.F.P.S. (Glas.) (from 1st July)

A. W. LONGSTAFF, B.D.S., (Durham) (from 16th December)

M. A. M. SHAW, B.D.S. (London), L.D.S., R.C.S. (Eng.)
(from 9th September)

*M. G. ANSON, L.D.S., R.C.S. (Eng.)

*P. R. CHURCHYARD, B.D.S. (London), L.D.S., R.C.S. (Eng.)

*H. E. HOVELL, L.D.S., R.C.S. (Eng.) (from 19th November)

*LILY T. MILNES, L.D.S., R.F.P.S. (Glas.)

*W. NICHOLLS, L.D.S., R.C.S. (Eng.)

*JOAN SAUSBY, L.D.S. (Durham) (from 1st May to 31st July)

* 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 M. HARRIS, S.R.N., S.C.M., H.V.Cert., Q.N.

Assistant Superintendent Nursing Officers :

MISS D. M. BURRELL, S.R.N., S.C.M., H.V.Cert., Q.N.

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, 28.

District Nurses and Midwives

Combined duties with health visiting and school nursing: 23.

Senior Speech Therapist:

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

Speech Therapists:

MISS D. M. BRAITHWAITE, L.C.S.T. (from 2nd November)

*MRS. J. M. BRUCE, L.C.S.T.

MRS. B. J. EMERY, L.C.S.T.

20 Driver Attendants (Dental)

*Part-time.

ANNUAL REPORT

OF THE PRINCIPAL SCHOOL MEDICAL OFFICER FOR 1963

I. GENERAL STATISTICS.

Area of administrative county ... 1,302,501 acres

Registrar-General's mid-year estimate of population,
1963 ... 396,920

Number of schools and number of pupils on the registers as at the
31st December, 1963:—

	Number of schools.	No. of pupils on registers.
Primary ...	403	33,361
Secondary modern ...	43	15,565
Secondary grammar ...	13	4,672
Wymondham College ...	1	761
Nursery schools ...	3	119
Special schools ...	3	149
	<hr/> 466	<hr/> 54,627

Average percentage attendance of pupils at
primary and secondary modern schools
for the year ended 31st December, 1963:

Primary ...	91.5%
Secondary modern ...	91.3%

II. STAFF.

It will be seen from the following table that the number of officers and estimated time devoted to the school health service as at the 31st December, had increased.

	31st December, 1963		31st December, 1962	
	No. employed	Estimated equivalent in terms of whole- time officers	No. employed	Estimated equivalent in terms of whole- time officers
Medical staff ..	22	7.52	24	8.32
Dental officers ..	16	13.77	10	7.86
Speech therapists ..	4	3.50	3	2.45
School nurses ..	58	12.02	59	11.69
Driver attendants ..	20	17.10	15	11.74
Clerk attendants ..	9	3.60	9	3.60
Totals ..	129	57.51	120	45.66

III. MEDICAL INSPECTION

(a) Periodic.

There was no change in the age groups medically inspected during the year. School nurses still continued to visit schools before the date of medical inspection to test the vision and hearing of 8-year-old children in primary schools and of 13-year-old pupils in grammar schools, referring those concerning whom there was any doubt to the appropriate school medical officer so that he could arrange to carry out special examinations at the forthcoming inspection.

Owing to the continued effort on the part of all concerned, there were only 6 schools which did not have a medical inspection during the year, a great improvement since 1958, when, owing to the poliomyelitis vaccination campaign, this number was as high as 214.

The total number of pupils examined, viz. 15,411, although nearly 1,600 less than the previous year, was approximately the same figure as in 1960 and 1961 and it is likely that, provided there are no further interruptions in the work of medical inspection by additional immunisation campaigns, this figure will remain much as it is while three age groups only are periodically inspected.

The percentage of parents who attended periodic medical inspection was 61% (the figure for the previous year was 58%), the majority of whom attended the first or "entrants" inspection.

(b) Special Inspections and Re-inspections.

No change was made in the arrangements whereby the children who were not normally due for periodic inspection were specially examined. 1,319 of these "special" inspections were carried out during the year at the request of the head teacher, parents, or school nurse and 9,352 were re-examined on account of some suspected defect found at previous inspections. There was an increase of 46 and a decrease of 376 respectively as compared with the figures for the previous year.

FINDINGS OF MEDICAL INSPECTION.

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

A total of 2,077 individual pupils were found to be suffering from defects considered to require treatment, a percentage of 13.48 of all children examined at periodic medical inspections. Although this figure shows an increase of 0.57% as compared with that for the previous year, it is still below the latest national figure of 15.51% (1961). The corresponding figures for the past five years are given below:—

1959	...	...	...	...	12.97%
1960	...	...	...	...	11.87%
1961	...	...	...	...	12.53%
1962	...	...	...	...	12.91%
1963	...	...	...	...	13.48%

General Condition.

The results of the school medical officers' assessment of the general condition and nutritional state of all children examined in the three age groups into two categories, viz. "Satisfactory" or "Unsatisfactory" are shown in Part I of Table A on page 28.

As will be seen from the following table, the gradually decreasing number in this "Unsatisfactory" category since 1956 was maintained, the percentage figure for the year under review being 0.39. The lower figures of recent years represent an example of the improvement in the health of Norfolk school children particularly when compared with 1956, the first year when the Ministry of Education classification was divided into these two categories.

Year	No of pupils inspected	Satisfactory		Unsatisfactory	
		No.	%	No.	%
1956	20,532	20,307	98.91	225	1.09
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
1962	17,005	16,947	99.66	58	0.34
1963	15,411	15,351	99.61	60	0.39

The latest corresponding figures for England and Wales in 1961 were 99.32% "Satisfactory" and 0.68% "Unsatisfactory".

Any child who comes in the "Unsatisfactory" category can be recommended by the school medical officer for additional nourishment in the form of Virol or some similar supplement.

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 26/9/63			Meals			Milk	
			Free	Paid	% of those attending	1/3rd pint free	% of those attending
Primary	...	30,028	1,686	20,066	72.44	27,227	90.27
Secondary modern and secondary grammar	...	18,875	1,204	13,671	78.81	10,323	52.33
Nursery	...	101	1	100	100.00	97	96.04
Totals	1963 (1962)	49,004 (49,832)	2,891 (2,955)	33,837 (32,852)	74.90 (71.85)	37,647 (37,627)	76.80 (75.51)

CLEANLINESS.

The total number of examinations made by school nurses during the year of pupils at schools for cleanliness was 13,511, an increase of over 5,000 compared with the figure for the previous year. At these inspections, the heads of 181 children were found to be infested. The reason for the increased number of visits was due to the consequent loss of exemption as "clean" schools following a few localised outbreaks of head infestation during the year when nurses had to examine and re-examine a larger number of pupils than in the previous year.

The percentage of individual children found infested was 0.33% of the school population which was nearly twice as high as that for 1962 when the figure was the lowest on record. Although the figure for Norfolk as a whole

is reasonably low, the number of children whose hair showed evidence of lice or nits was high in one or two areas where there seemed to be a hard core of cases of infestation.

Year	Total No. of examinations made by health visitors/ school nurses.	Number of individual children found infested.
1959	32,676	179
1960	44,840	215
1961	21,015	197
1962	8,339	91
1963	13,511	181

OTHER DUTIES OF SCHOOL NURSES.

Although cleanliness inspections have been reduced to a large extent, constant vigilance is still needed with some families. This leaves the school nurse with more time to concentrate on vision and hearing screening tests, together with assisting the medical staff with vaccination and immunisation of school children. In addition, follow up visits are paid to parents where persuasion is required to obtain their consent for the treatment of children found to need this following medical inspection.

HEALTH EDUCATION.

The importance of health education teaching in schools has become widely accepted and assistance and guidance in health education matters are available to head teachers on request. Talks have been given on hygiene and mothercraft at the invitation of some of the heads of schools and the pre-nursing course given by one of the health visitors at a secondary modern school was much appreciated.

SCHOOL LEAVERS—MEDICAL REPORTS.

The arrangements whereby Forms Y.9 and Y.10 are completed following the special examinations of school leavers continued during the year. This examination is most helpful in coming to a decision on the placing of children in suitable employment after leaving school.

TRANSPORT OF CHILDREN TO AND FROM SCHOOL.

144 individual children were recommended transport to and from school on medical grounds after the investigation of reports from hospital specialists, family doctors or school medical officers.

IV. TREATMENT OF DEFECTS.

CO-OPERATION WITH HOSPITALS AND GENERAL PRACTITIONERS.

The staff of the school health service has again made every effort to achieve close liaison with hospital consultants and family doctors.

Copies of specialists' reports which are received and forwarded to school medical officers contain much useful information which is eventually included with the school medical records.

MINOR AILMENTS

Since the closure at the end of 1962 of the King's Lynn minor ailments clinic, which was the last remaining clinic, the treatment of minor ailments has virtually ceased, although school nurses are sometimes called in for advice when they are visiting the schools for other purposes.

DEFECTIVE VISION.

Defects of vision constitute the bulk of defects found at routine inspections. Of the 13.48% of children examined and found to have some form of defect requiring treatment, 7.5% related to those affecting vision.

Thanks are due to the eye specialists for the work and interest shown at the eye clinics which are provided and administered by the Hospital Management Committees. The closest possible co-operation is always maintained with the school health service.

Eye clinics are provided at the Norfolk and Norwich, Cromer and District, West Norfolk and King's Lynn General, and Thetford Cottage Hospitals, for the purpose of refraction and, as necessary, prescribing of spectacles. Following the recommendation of the school medical officers, 2,258 cases were referred to the hospital eye specialists who prescribed the provision of spectacles in 1,171 cases. As in previous years, the highest percentage of pupils found to need treatment of vision was in the leavers group (age 14 and over).

The arrangements made a few years ago continued, whereby the vision of children of the 8 and 13-year-old age groups attending primary and grammar schools respectively who are not examined at routine periodic inspections was tested by the school nurses, any pupils requiring further investigation being referred to the school medical officer.

Tests for colour vision were carried out as a routine on all children in the intermediate (10—11-year-old) age group. This testing of pupils in this age group is a useful aid where normal colour vision is later required for a particular trade or occupation.

Squint.

101 pupils or 0.65% of those examined at periodic inspections during the year were found to have squints and were referred for treatment.

The following table gives details of the work carried out at each of the hospitals where orthoptic clinics are held:—

	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	80	513	165	57	815
Total number of attendances ...	180	807	471	130	1,588
Number dis- charged as improved or cured ...	3	26	39	4	72

DEFECTS OF EAR, NOSE AND THROAT.

Reference to Table A of Part II of the Ministry of Education tables on page 30 shows that 170 children were referred for treatment and 1,315 were placed under observation for diseases of the ear, nose and throat. 70 cases were referred to consultants at hospital out-patient clinics after the approval of the general practitioner concerned had been obtained.

SKIN DISEASES.

During the year, 92 children were referred for treatment and 363 placed under observation for diseases of the skin.

TUBERCULOSIS.

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

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 year showed a remarkable change of fortune with regard to numbers of staff. It was probably the most dramatic turn of events in the history of the school dental service in this county. From an equivalent of 7.9 full-time dental officers on 31st December, 1962, the figure rose to 13.8 on the corresponding date in 1963. The additional staff comprised 6 full-time appointments and one part-time (0.8).

During the year the County Council agreed to re-organise the service by creating 4 area dental officer posts and raising the total establishment of dental officers (all grades) to 16. Three of the present staff, Mr. Packham, Mr. McQuiston and Mr. Woonton, were up-graded to area dental officer and in November we welcomed Mrs. H. M. Croxford back to the county as the fourth area dental officer. At the same time, a more attractive starting point on the salary scale was offered to younger dental surgeons and this undoubtedly had an effect on recruitment although it should be noted that three posts were filled by dental surgeons of wide experience.

It would seem that the truth of my remarks in last year's report were borne out in connection with starting salary but it remains to be seen if the newly introduced officers will find the conditions of employment sufficiently rewarding to settle on a career in this branch of their profession. One hopes that they will, but it will need a new realistic salary structure offering a promising career to cement the new ties. In addition to financial rewards, no less important are opportunities for post-graduate study, clinical freedom and varied duties. Although the latter part of the year proved rather hectic with the many administrative problems of integrating new staff into various clinics which had been derelict for some time, an effort was made to encourage attendances at post graduate conferences. Mr. Woonton and I attended the country meeting of the British Society for the Study of Orthodontics which happened to be conveniently held in Norwich during 1963.

Mr. Woonton also attended the first refresher course to be instituted by the Public Dental Officers' Group of the British Dental Association. Mr. Shaw was present at a conference on Dental Health Education in London.

The new establishment of dental officers should be a realistic number to give good coverage and make headway against dental disease when the backlog of work is taken care of. By the end of the year, only one full-time post remained unoccupied and that was being reserved for the new surgery which, it is hoped, will be added to the King's Lynn clinic in the near future.

Details of the new staff and the location of their clinics are as follows:—

Mrs. E. P. Churchyard	...	Aylsham and Sheringham.
Mr. J. Gemmell	...	King's Lynn.
Mr. J. S. Clements	...	Wymondham and Long Stratton.
Mr. M. A. Shaw	...	Dereham and Costessey
Mr. A. W. Longstaff	...	Fakenham and Wells.
Mrs. H. M. Croxford	...	Hunstanton and Terrington St. Clement
Mr. H. E. Hovell	...	Downham Market (part-time—8 sessions per week).

Five new dental attendants were appointed to help these officers. Mrs. Dennis transferred from Thetford to Dereham and Miss Radford from North Walsham to Aylsham.

Events.

In March we were very pleased to receive a four-day visit from Miss E. M. Knowles, the Senior Dental Officer of the Ministry of Health. Miss Knowles visited many of the clinics and met several dental officers. She agreed with the need for more up-to-date equipment. I think all chief dental officers were more than pleased to learn of the appointment of the Senior Dental Officer and the Chief Dental Officer at the Ministry of Health to similar positions at the Education Ministry. The stimulus at this quarter will surely permeate through the school dental service and must ultimately lead to more efficiency. Initial effects were felt as early as November when chief dental officers in this region met the Ministry's officials for a conference in Cambridge. My personal feelings after these discussions were that there was a genuine attempt to give leadership and guidance from the Ministries whilst they made themselves familiar with each authority's particular problems.

On 26th and 27th June the General Dental Council's new dental health caravan was displayed at the Royal Norfolk Show. Apples supplied by the Fruit Producers' Council were distributed to children calling at the site together with literature on dental care. On the whole, the venture was well received and I am indebted to Mr. Packham and Mr. Woonton who, with their attendants, were in charge of the caravan.

Equipment.

Further progress was made and new units were installed at Hunstanton, King's Lynn (including X-ray machine), East Dereham and Downham Market. At the end of the year we were also awaiting delivery of a further two units and nine airtors. Several new operating lights were also installed during the year.

Fluoridation

It was regrettable that, after much discussion ending in a recommendation in favour of fluoridation by the Health Committee, the County Council finally decided against this public health measure. However, it is hoped if the matter is raised again at a future date that more favourable consideration may be given to it.

General

As most of our new staff did not commence their duties until the second half of the year, no dramatic change is shown in the total amount of treatment carried out (see statistics on page 15). It will take a longer period for this to manifest itself. However, it is refreshing to find that all the clinics, with the exception of Stalham which is in need of modernisation, are now operational and most schools therefore have a functional dental unit in their area. With the improved coverage, many schools are receiving long overdue inspections. The parental response in such places is varied. Whereas in some areas parents are quick to take the advantages which the service offers their children, others appear to be completely unmoved and present rather an anti-climax to a service which has, albeit, been difficult enough to establish. In my experience, the cure for this indifference only comes with a good reputation over a period of time. Of course, planned dental health education of the public performs a useful function but one has to exercise patience with such folks and it is, therefore, doubly important to maintain a first class, constant, service.

Mr. E. S. Broadway (Norwich) and Mr. P. Burke (King's Lynn), the consultant orthodontists, continued with their excellent service on advice and treatment in difficult cases. I am very grateful to them for their courteous co-operation. Mr. J. McGowan and Mr. A. Chapple (Norwich) and the various consultants at King's Lynn also contributed to the smooth running of our service when they were so helpful in treating hospital cases.

It is interesting to note that the number of dentures supplied to school children has steadily decreased since 1960 but this may not be significant in itself because the professional staff has fluctuated considerably in that time. There was a considerable rise in the number of general anaesthetics given which was expected in view of the fact that whereas, in the past, Aspland Road clinic, Norwich, catered for nearly all gas cases, regular gas clinics are now held in many centres throughout the county. In most cases, the anaesthetics were administered by our dental officers but in King's Lynn, Drs. Jones and Macdonald acted as anaesthetists.

I wish to record my thanks to Dr. Alford, as principal school medical officer, for his help and co-operation until his retirement in August and thereafter to Dr. Scott, his successor. My thanks are also due to the head teachers and staff of the schools who, so often, give readily their time and help in contributing towards the success of the dental service. Finally, and by no means least, I am indebted to the staff of the health and education departments and, of course, the dental officers and attendants who so willingly tackle many problems day after day in outlying districts all over the county.

	Year 1963	Year 1962	Year 1961
1. Number of pupils inspected by the authority's dental officers :—			
(a) At periodic inspections ...	24,162	19,462	23,784
(b) As specials ...	1,786	2,088	3,060
Totals ...	25,948	21,550	26,844
2. Number found to require treatment ...	16,746	13,325	17,075
3. Number offered treatment ...	15,215	13,325	17,075
4. Number actually treated ...	6,728	5,491	8,029
5. Number of attendances made by pupils for treatment, including those recorded at 11(h) ...	23,618	17,462	23,719
6. Half-days devoted to :—			
(a) Periodic (school) inspection ...	412	309	374
(b) Treatment ...	3,487	3,029	4,245
Totals ...	3,899	3,338	4,620
7. Fillings :—			
(a) Permanent teeth ...	13,142	9,857	12,674
(b) Temporary teeth ...	3,694	2,829	3,424
Totals ...	16,836	12,686	16,098
8. Number of teeth filled :—			
(a) Permanent teeth ...	11,535	8,757	10,667
(b) Temporary teeth ...	3,612	2,390	2,833
Totals ...	15,147	11,147	13,500
9. Extractions :—			
(a) Permanent teeth ...	2,206	1,883	2,887
(b) Temporary teeth ...	6,931	5,600	8,339
Totals ...	9,137	7,483	11,226
10. Administration of general anaesthetics for extraction ...	871	580	819
11. Orthodontics :			
(a) Cases commenced during the year ...	89	92	180
(b) Cases brought forward from previous year ...	77	163	203
(c) Cases completed during the year ...	14	80	128
(d) Cases discontinued during the year ...	15	63	64
(e) Number of pupils treated by means of appliances ...	68	127	208
(f) Removable appliances fitted ...	74	132	193
(g) Fixed appliances fitted ...	—	—	—
(h) Total attendances ...	799	1,378	2,242
12. Number of pupils supplied with artificial teeth ...	65	97	166
13. Other operations ...	10,309	5,562	8,766

VI. HANDICAPPED PUPILS.

ASCERTAINMENT.

The welfare and education of these children continues to be one of the main duties of the school health service. Joint consultations between hospital specialists, general practitioners, parents, teachers and educational psychologists frequently occur when the most appropriate placing of the child according to its aptitude and physical, mental or emotional condition is considered. Great progress in the provision of special education has been made in recent years and, provided the child is sufficiently intelligent, the severity of the handicap itself does not prevent full and complete education. Every effort is made to arrange the best possible care at an early age, particularly for those children with partial hearing who benefit so much from education by means of a hearing aid or speech trainer before reaching school age. With this in mind, the births of babies who are "at risk" of becoming deaf are notified as such.

There are 10 categories of handicapped pupils and with the exception of the blind or deaf child they are, wherever possible, admitted to the ordinary school so that they may remain within the framework of the local community. The following table shows that the number of ascertainments was less than for the previous year, the main reason for this difference being that 32 fewer educationally subnormal children were seen by the medical staff.

					1963	1962
Blind	...	...	...	...	1	3
Partially sighted	...	...	...	...	3	3
Deaf	...	...	...	...	3	—
Partially hearing	...	...	...	...	5	15
Delicate	...	...	...	...	13	12
Educationally subnormal	...	...	...	...	94	126
Epileptic	...	...	...	...	8	3
Maladjusted	...	...	...	...	21	14
Physically handicapped	...	...	...	...	11	20
Defective speech	...	...	...	...	1	—
Multiple defects	...	...	...	...	6	8
					<hr/> 166	<hr/> 204

SPECIAL EDUCATIONAL TREATMENT.

Figures showing the distribution of children in the various categories are given in the table below :

Categories	In res. day or hospital spl. schools (incl. hostels).		In maintained schools		In independent schools		Not at school		Totals		1963 grand totals	1962 grand totals
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
Blind ...	6	3	—	—	—	—	1	—	7	3	10	9
Partially sighted ...	2	2	10	1	—	—	1	—	13	3	16	18
Deaf ...	14	5	—	—	—	—	2	—	16	5	21	21
Partially hearing ...	6	2	27	24	2	—	—	—	35	26	61	65
Delicate ...	12	10	33	25	1	—	—	1	46	36	82	87
E.S.N. ...	50	29	293	147	—	—	2	2	345	178	523	562
Epileptic ...	4	2	16	9	—	—	—	3	20	14	34	29
Maladjusted	21	6	17	8	3	—	2	—	43	14	57	57
Physically handicapped	11	4	30	24	4	1	4	3	49	32	81	93
Speech defects	—	—	76	42	—	—	—	—	76	42	118	172
Multiple defects ...	27	12	31	16	1	—	—	2	59	30	89	108
Totals 1963	153	75	533	296	11	1	12	11	709	383	1092	—
1962	161	79	599	334	11	1	23	13	794	427	—	1221

There has been a further decrease in the number of handicapped pupils as compared with the previous year which has again been mainly due to fewer children with speech defects being placed on the register of handicapped pupils. The total figure of 1,092 represents approximately 2.0% of the school population. There has also been a slight decrease in the number of children in residential or day special schools or hostels.

During the year, handicapped pupils were placed at the undermentioned residential or day special schools :

Birmingham Royal Institution for Blind (Lickey Grange) ...	...	Blind pupils.
East Anglian School, Gorleston ...	...	Deaf and partially sighted pupils.
Lingfield Epileptic Colony ...	...	Epileptic pupils.
Hilton Grange, Near Leeds ...	...	Educationally subnormal pupils.
Park Side Day Special School, Norwich	...	Educationally subnormal pupils.
St. John's School, Brighton ...	...	Educationally subnormal pupils.
Colman Road Day Special School, Norwich ...	...	Physically handicapped pupils.
The Palace School, Ely ...	...	Physically handicapped pupils.
Wilfred Pickles School, Duddington, Rutland ...	...	Physically handicapped pupils.

On 31st December, 164 educationally subnormal pupils were awaiting vacancies at special schools.

SPECIAL SCHOOLS AND HOSTELS PROVIDED BY THE AUTHORITY

(a) Sidestrand Hall for Educationally Subnormal Pupils.

22 new pupils were admitted to this special school during the year and, by the 31st December, 83 were resident, including 5 sent there by other authorities.

Much very careful consideration is necessary in assessing priorities for admission to Sidestrand Hall at the end of each term. This is never easy with the very high waiting list for places remaining unchanged.

All children are medically inspected at the beginning of each term by our medical staff, as well as having a full medical examination annually, together with any special examinations which may be necessary during the year. Our headquarters staff are always available to advise on any medical problems which may arise in dealing with these school children. In addition, the children's general progress at school is reviewed from time to time by the senior medical officer and senior educational psychologist.

One of the dental officers inspects the teeth of the children and arranges treatment at his clinic, and a speech therapist visits the school to provide treatment for speech defects.

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

This school remained fully occupied during the year though a larger proportion (38 out of a total of 60 children) were sent by other local authorities.

All applications for admission to this school are vetted and approved by the senior medical officer, after consultation with medical colleagues where necessary.

At the end of each term the children are fully examined by the senior medical officer and a report on progress is then sent to the medical officer of the sending authority (in the case of outside authorities), together with any recommendations. It is also decided which children can be considered for discharge at the end of each term.

The visiting general practitioner provides general medical services and, where necessary, follow-ups are arranged with the appropriate consultant.

Regular dental inspection takes place and any necessary treatment is carried out by the appropriate dental officer.

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

The numbers of children accommodated at Colne Cottage and Morley Hall Hostels as at 31st December were 21 and 32 respectively, 26 of these being maintained by other local education authorities.

A case conference is held each month at each of the hostels by the child guidance team, including a consultant psychiatrist, a psychiatric social worker, the senior educational psychologist, as well as the senior medical officer, to discuss the progress of individual children, when appropriate, and make the necessary recommendations and reports.

All admissions are approved by the senior medical officer and educational psychologist on the recommendation of the consultant psychiatrist.

HOSPITAL SCHOOLS

At the end of the year, 6 Norfolk children were resident at Kelling Children's Hospital, Holt, which is a hospital school maintained by the regional hospital board where education is provided by the Committee.

HOME TUITION

When handicapped pupils are waiting for admission to a special school it is often possible to provide them 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, 17 children were receiving this form of tuition.

PERIPATETIC TEACHING OF THE DEAF AND PARTIALLY HEARING

There was no change in the arrangements where children with impaired hearing in ordinary schools are kept under the supervision of the two teachers of the deaf. These arrangements enable many of those children who, from their medical histories, are considered capable of satisfactory education only in special schools, to make normal progress in an ordinary school. In addition, special training is given by the peripatetic teachers of the deaf either at selected centres, at school, or in the child's home with the co-operation of the parent. This form of special education, together with the early ascertainment and education of young deaf children by specially trained health visitors and peripatetic teachers, is gradually building up a comprehensive scheme for ascertaining and providing suitable education for those handicapped by defective hearing.

A summary of the work carried out by the two peripatetic teachers of the deaf, Miss P. J. Webber and Mr. J. L. Holmes, is given below :—

No. of children seen at special clinics	...	...	161
No. of attendances made	...	...	440
No. of sessions held	...	...	154
No. of children seen at home by peripatetic teachers of the deaf	...	...	35
No. of visits made	...	...	1,276

CEREBRAL PALSY.

At the end of the year there were 51 educable spastic children known to the school health service, of whom 31 were able to attend an ordinary school, 10 were receiving education in a residential special school or hospital, and the remainder were receiving home tuition, or were either under school age or excluded pending a decision as to future education.

CHILD GUIDANCE.

Although no new clinics were opened during the year, there was a slight increase in the number held at 4 centres in the county, viz. Norwich, King's Lynn, Cromer and Wells. Dr. J. V. Morris, consultant in child psychiatry to the East Anglian Regional Hospital Board, and/or Dr. G. L. Ashford, Dr. Anne Ambrose, Dr. R. Payne, consultant psychiatrists, and Dr. A. Gillie, assistant psychiatrist, together with our senior medical officer, two educational psychologists, a psychiatric social worker and a social worker attended the clinics.

The number of new cases referred was 168 which includes 52 enuretics who attend a special clinic held fortnightly in Norwich. General practitioners and hospital specialists continued to make good use of the clinic.

The child guidance team was also responsible for ascertaining the needs of those children likely to be classified as maladjusted and for recommending their admission, if necessary, to one of the Norfolk residential hostels.

Results following Diagnosis and Treatment

On page 21 are shown details of children who were discharged as cured or greatly improved, the figure for the year under review being 40 or 16% of those on the register. 57% of the cases were still under treatment at the clinic or were in the course of being followed up by members of the child guidance team.

No. of clinics held	No. of new cases seen	No. of examinations carried out	Total individual patients seen
99 (93)	168 (167)	303 (297)	241 (212)

(Comparable figures for 1962 are shown in brackets).

The numbers of examinations carried out and clinic sessions held at each of the centres during the year are analysed in the following table:—

	Norwich	King's Lynn	Cromer	Wells-next-Sea	Great Yarmouth	Other	Total
No. of sessions	74	21	2	2	—	—	99
No. of examinations	207	74	3	5	5	9	303

ANALYSIS OF NEW CASES REFERRED.

Sources of reference:—

	No.	%
General medical practitioners	49	29
Hospital specialists	9	5
School medical staff, speech therapists, local welfare officers and health visitors	72	42
Chief Education Officer, educational psychologists, social workers and head teachers of schools	27	16
Probation officers or magistrates	8	4
Parents	3	4
	168	100

Reasons for reference:—

General behaviour difficulties	51
Emotional difficulties	35
Educational difficulties (including refusal or reluctance to attend school) caused by psychological disturbances, also advice <i>re</i> educational future	30
Incontinence of urine or faeces	52
	168

SPEECH THERAPY

Statistics for Year ended 31st December, 1963

TREATMENT AT CLINICS		Aylsham	Bacton	Burnham Market	Calster	Clenchwarton	Cromer	Diss	*Downham Market	East Dereham	Eden Hall	Fakenham	Holt Junior Training Centre	Hoveton	Hunstanton	*King's Lynn	*King's Lynn (Gaywood)	Loddon	*Methwold	North Walsham	Norwich	Sheringham	Sidestrand Hall	Salham	*Swaffham	Ten Mile Bank	*Torrington	Thetford	Watton	Wells	Wymondham College	Treatment at Home/School	GRAND TOTAL
Total number of sessions held ...	...	37	27	38	36	5	47	22	7	86	35	50	34	32	5	7	5	36	3	36	156	47	68	33	5	5	4	25	18	46	17	—	972
Total No. of cases:—																																	
Treated during the year ...	...	10	6	8	10	10	13	11	4	34	3	18	6	3	5	10	9	11	5	22	90	11	22	8	6	3	7	11	14	14	5	19	408
Commenced treatment during year ...	...	5	2	4	4	10	5	6	2	20	—	8	3	1	2	—	—	1	4	8	42	6	3	4	6	2	1	7	11	5	4	14	182
Discharged ...	...	1	—	2	4	—	4	2	—	7	—	5	—	—	—	2	—	2	—	7	16	3	3	1	—	—	—	—	5	5	1	2	72
Transferred to other clinics or home visits ...	...	—	—	3	—	—	2	—	—	3	1	—	—	—	—	—	—	1	—	—	3	1	—	—	—	—	—	—	1	—	—	2	17
Analysis of all cases treated during year:—																																	
1. Stammering ...	...	2	—	—	—	—	3	3	—	4	1	4	—	3	1	3	6	2	2	2	13	3	4	3	1	1	2	2	4	3	5	3	80
2. Defects of articulation:—																																	
(a) Dyslalia ...	...	6	6	6	8	9	5	7	3	21	1	5	—	—	3	4	3	8	3	17	58	6	8	5	4	1	—	6	9	9	—	11	232
(b) Stigmatisms ...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(c) Rhinolalia ...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
due to (i) Cleft Palate ...	...	—	—	—	—	—	1	—	—	1	1	—	—	—	—	1	—	—	—	—	1	—	1	—	—	1	—	4	—	—	—	—	8
(ii) Nasal obstruction ...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4
(iii) Other causes ...	...	—	—	—	—	—	1	—	—	—	—	—	—	—	—	2	—	—	—	1	1	—	1	—	—	—	—	—	—	—	1	—	7
(d) Dysarthria ...	...	1	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	2	—	—	1	—	—	—	—	—	—	—	1	—	4
3. Aphasia ...	...	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	2	—	1	—	—	—	—	—	—	—	—	—	4
4. Defective speech due to:—																																	
(i) Subnormal mentality ...	...	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
(ii) Deafness ...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1	—	—	—	—	—	1	—	—	—	—	4
5. Retarded speech development ...	...	1	—	2	—	—	2	—	—	4	—	6	6	—	1	—	—	—	—	2	12	1	6	—	—	—	—	1	1	—	—	—	4
6. Dysphonia ...	...	—	—	—	—	1	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
7. Multiple defects ...	...	—	—	—	—	—	1	—	2	—	2	—	—	—	—	—	—	—	—	—	2	—	1	—	1	—	—	1	—	—	—	1	11
Analysis of cases discharged:—																																	Total
No. of children discharged during year who:—																																	408
1. Achieved normal speech ...	...	1	—	2	2	—	1	—	—	5	—	4	—	—	—	—	—	1	—	3	6	2	1	—	—	—	—	—	2	2	—	2	34
2. Were greatly improved ...	...	—	—	—	1	—	1	2	—	—	1	—	—	—	—	—	—	2	—	—	2	—	2	—	—	—	—	—	—	—	—	—	4
3. Showed some improvement ...	...	—	—	2	1	—	3	—	—	1	1	—	—	—	—	1	—	—	3	8	1	1	—	—	—	—	—	—	—	—	—	—	15
4. Showed little or no improvement...	...	—	—	1	—	—	1	—	—	4	—	—	—	—	—	—	—	—	1	3	3	1	—	—	—	—	—	—	—	2	—	—	25
No. of cases discharged during year:—																																	Total
(a) No further treatment required ...	...	1	—	2	3	—	2	2	—	6	—	5	—	—	—	—	—	1	—	3	8	2	1	—	—	—	—	—	—	—	—	—	2
(b) Non co-operation of parents ...	...	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4
(c) Left district ...	...	—	—	—	1	—	1	—	—	—	—	—	—	—	—	1	—	1	—	1	4	—	—	—	—	—	—	—	—	—	—	—	10
(d) Left school (over age) ...	...	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	3	4	—	2	1	—	—	—	—	—	—	1	1	—	12
(e) Unsuitable for speech therapy ...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
(f) Transferred to other clinics ...	...	—	—	3	—	—	2	—	—	3	1	—	—	—	—	—	—	1	—	—	3	1	—	—	—	—	—	—	1	—	—	—	1

* Clinic re-opened during 1963
† New Clinic opened during 1963

Total 89

Disposal of cases :—

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

		%	
Discharged as adjusted or greatly improved	40	16	(24)
Recommended for admission to hostel or residential special school for mal-adjusted children	16	7	(4)
Recommended for admission to residential special school for educationally sub-normal children	3	1	(1)
Recommended for admission to day school for educationally subnormal children	1	0.5	
Recommended for admission to residential special school for delicate children ...	2	1	(1)
Recommended for admission to residential special school for epileptic children ...	2	1	(1)
Recommended for admission to hospital for subnormal children	1	0.5	
Referred to Children's Officer or Court ...	3	1	
Advice given—no recall to clinic necessary	25	10.5	(6)
Died	1	0.5	(1)
Left County	6	3	(1)
Parents unco-operative	3	1	
Still under treatment	138	57	(2)
	241	100	(41)

SPEECH THERAPY

Miss D. M. Braithwaite commenced duty on 2nd November.

Unfortunately the establishment is still deficient of the services of a therapist in south-east Norfolk. The table on page 20(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.

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	9	4	13

Paragraph 23 of Ministry of Education Circular 12/60 indicates that when a child is nearing the age of 5 years and an examining medical officer is satisfied that he/she is unsuitable for education at school and the parents agree to accept the proposed arrangements for their child, e.g. attendance at a junior training centre there is no need to follow the formal procedure under Section 57 of the Education Act. 31 cases (20 boys and 11 girls) have been dealt with under the provision of this circular during the year.

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. The one case outstanding at the end of the previous year was considered by the Ministry and the Committee's decision was upheld.

As mentioned in the previous Annual Report, the former statutory provision in Section 57(5) whereby the local education authority should report to the local health authority, children who, by reason of disability of mind, may require supervision after leaving school, does not now appear 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, 35 such cases were reported.

HEART CLINICS.

There was no change in the arrangements whereby Dr. W. A. Oliver holds special heart clinics for Norfolk school children at the Jenny Lind Hospital and, at the 20 sessions, 67 examinations were carried out. In addition, older children were seen by him at his adult clinic 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	
	1963	1962	1963	1962
Influenzal coughs and colds	2	1	8	4½
Sonné dysentery	2	—	7	—
Epidemic vomiting and diarrhoea	—	1	—	2
Measles	1	—	3	—
Chicken Pox	1	—	1	—
TOTALS	6	2	19	6½

VIII. VACCINATION AND IMMUNISATION.

Vaccination against Smallpox.

As mentioned in last year's report, the Ministry of Health recommends primary vaccination before the child reaches two years of age, and re-vaccination at 8 to 12 years of age for children primarily vaccinated in infancy.

During the year, 143 children of school age were primarily vaccinated and 128 were re-vaccinated. These figures are very much lower than in 1962 when the numbers vaccinated were exceptionally high due to cases of smallpox occurring in other parts of England which created an increased demand.

Diphtheria Immunisation.

Once again I am able to record the fact that no cases of diphtheria occurred among school children in this county during the year.

The numbers of school children given "booster" and primary injections during the past 5 years were:—

			Primary.	Booster.	Total.
1959	...	...	696	2,865	3,561
1960	...	...	2,227	9,230	11,457
1961	...	...	2,400	8,257	10,657
1962	...	...	1,174	4,417	5,591
1963	...	...	707	3,986	4,693
			<hr/> 7,204	<hr/> 28,755	<hr/> 35,959

Vaccination against Poliomyelitis.

With the introduction of oral poliomyelitis vaccine in 1962 the demand for the older Salk type vaccine, although still available, is very small. 1,125 children and young persons were vaccinated with the new type vaccine and 46 with the older type.

Immunisation against Tetanus.

Although this disease is rare, it is often fatal when it does occur and protection is important, particularly in a large agricultural county. 2,614 children under 15 years of age were given primary immunisation, and 2,190 were given 'booster' injections.

Prevention of Tuberculosis—B.C.G. Vaccination.

This scheme has continued unchanged. With the parents' consent 4,455 children were tested, of whom 3,716 were found to be suitable for vaccination, and 3,619 of these had been dealt with by the end of the year. The proportion of school children tested has been increased from 60% to 75% but efforts are still being made to improve the position further.

IX. SANITARY CIRCUMSTANCES AT SCHOOLS.

During the year the position regarding sanitary facilities at schools in the county was the subject of routine reports made by school medical officers during medical inspection visits. Inevitably attention was drawn to apparent deficiencies in the numbers of closets and washbasins at some of the older schools but often it is impossible to provide increased facilities of this nature without recourse to new building.

The absence of hot water for ablution purposes and the advisability of replacing roller towels by individual towels was noted in many of the reports but it should be recorded that hot water has been provided at a number of schools during the year and that the provision of paper towels, to which reference was made in the report for last year, is continuing generally to the satisfaction of the head teachers and the school children.

In a number of cases drinking fountains were advocated to replace school beakers and other points to which attention was drawn were inadequacies in lighting, heating and ventilation arrangements.

Recommendations covering the above points were sent to the Chief Education Officer in respect of 11 schools and a number of investigations were made concerning water supplies, refuse disposal, drainage and sewage disposal conditions.

X. SCHOOL SWIMMING POOLS

Continuous circulation, filtration and chlorination plant is employed at 16 of the 17 school swimming pools which were in use during the year.

56 inspections were made and at all times the pools were being adequately operated, reflecting continued credit on the school personnel responsible for their daily supervision. Particularly did this apply at the one pool operated on the fill and empty principle for which very careful supervision is needed.

Of the 41 samples of water submitted for bacteriological examination, 3 proved unsatisfactory. These were from one covered and heated pool used throughout the year and where a series of investigations showed that the trouble, resulting, *inter alia*, in a greenish discolouration of the water, arose from the use of chlorine gas cylinders when their contents were nearing depletion.

XI. SCHOOL MEALS SERVICE.

Food hygiene talks to canteen personnel continued throughout the year and 489 visits were made to schools for food inspection purposes. Regard was had to the requirements of the Food Hygiene Regulations, 1955, and deficiencies in this respect were referred to the Chief Education Officer.

Where foodstuffs were found to be unfit for human consumption appropriate action was taken and, where necessary, liaison with the local authorities was maintained.

Excellent co-operation throughout the year was received from the Chief Education Officer, the head teachers and others connected with the school meals service.

XII. MILK IN SCHOOLS SCHEME.

The following table shows the results of the examination of milk samples submitted from schools during the year. Void methylene blue results were reported because of the atmospheric shade temperature exceeding 70°F during the period of storage of the samples. All schools were in receipt of pasteurised milk.

Test.	No. of examinations.	Satisfactory.	Unsatisfactory.	Void.
Methylene Blue	298	272	5	21
Phosphatase	298	298	—	—
	596	570	5	21

215 samples of school milk were, in addition, submitted to the Weights and Measures Department for examination by the Gerber Test and only one proved unsatisfactory.

Observations made at the time of sampling have resulted in improved storage arrangements at a number of schools, particularly where milk has perforce been delivered overnight.

Many schools continue to co-operate in rinsing milk bottles before their return to the dairies but there are still a number from which bottles are returned unrinsed. Provided these latter are returned immediately and are used for no other purpose than containing milk, the automatic washing machines at the dairies are able to satisfactorily cleanse them before re-use, but it would be helpful if straws and caps, etc., were not allowed to remain in the bottles after the milk has been consumed.

XIII. REMAND HOME.

Arrangements were continued whereby members of headquarters' medical staff visited to carry out the medical examinations necessary on admission and also prior to discharge. During the year, 532 such examinations were carried out. The consultant psychiatrist also visited when called and 116 special examinations were completed.

In March, the remand home was in quarantine for the prescribed period on account of German measles.

XIV. CHILDREN'S HOMES.

There are 6 children's homes maintained by the Children's Committee which continued to be inspected by medical officers when periodical reports were submitted on the hygienic conditions of the premises. Where practicable, children needing dental treatment were treated at the Committee's dental clinics.

XV. MISCELLANEOUS.

Holiday Camps for Handicapped Children.

Two diabetic, 4 epileptic and 5 physically handicapped children were sent at the expense of the Education Committee, to camps arranged by voluntary bodies.

Medical Examinations.

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

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

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

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

SCHOOL HEALTH SERVICE

LIST OF CLINICS

as at 31st December, 1963

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	Six sessions weekly.
	Speech therapy	One session weekly.
BACTON		
C.P. School	Speech therapy	One session weekly.
BURNHAM MARKET		
C.P. School	Speech therapy	One session weekly.
CAISTER		
Secondary Modern School	Speech therapy	One session weekly.
COSTESSEY		
C.P. School	Dental	Four sessions weekly.
CROMER		
Local Health Office, Norwich Road ..	Child Guidance	As required.
	Dental	Four sessions weekly.
	Speech therapy	One session weekly.
DISS		
Secondary Modern School	Dental	Six sessions weekly.
	Speech therapy	One session weekly.
DOWNHAM MARKET		
Local Health Office, 48, Howdale Road ...	Dental	Eight sessions weekly.
	Speech therapy	One session weekly.
EAST DEREHAM		
Local Health Office, High Street ...	Dental	Eight sessions weekly.
	Speech therapy	Two sessions weekly.
FAKENHAM		
C.P. School	Dental	Six sessions weekly.
	Speech therapy	Two sessions weekly.
FRAMINGHAM EARL		
Secondary Modern School	Dental	Two sessions weekly.
HELLESDON		
C.P. Infants' School, Kinsale Avenue ...	Dental	Four sessions weekly.
HOVETON		
Secondary Modern School	Dental	Two sessions weekly.
	Speech therapy	One session weekly.
KING'S LYNN		
Local Health Office, 15, Nelson Street ...	Child Guidance	Two sessions monthly.
	Speech therapy	Three sessions weekly.
Secondary Modern School		
Queen Mary Road,	Dental	Ten sessions weekly.
Gaywood ...	Speech therapy	One session weekly.

Name and address of clinic	Type of treatment provided	Frequency of session
LODDON Secondary Modern School	Dental Speech therapy	Two sessions weekly. One session weekly.
LONG STRATTON Secondary Modern School	Dental	Five sessions weekly.
METHWOLD Secondary Modern School	Dental Speech therapy	Six sessions weekly. One session weekly
NEW HUNSTANTON Secondary Modern School	Dental Speech therapy	Eight sessions weekly. One session weekly.
NORTH WALSHAM Secondary Modern School	Dental Speech therapy	Six sessions weekly. Two sessions weekly.
NORWICH Local Health Office Aspland Road ...	Child Guidance Dental Speech therapy	One session weekly, and two or more sessions monthly (enuretics). One session weekly. Four sessions weekly.
SHERINGHAM Secondary Modern School	Dental Speech therapy	Four sessions weekly. One session weekly.
SPROWSTON C.P. School ...	Dental	Four sessions weekly.
STALHAM Secondary Modern School	Speech therapy	One session weekly.
SWAFFHAM Secondary Modern School	Dental Speech therapy	Six sessions weekly. One session weekly.
TERRINGTON ST. CLEMENT Secondary Modern School	Dental Speech therapy	Two sessions weekly. One session weekly.
THETFORD Local Health Office, Tanner Street ...	Dental Speech therapy	Four sessions weekly. One session weekly.
THORPE C.P. School, Hillside Avenue ...	Dental	Four sessions weekly.
WATTON County Secondary School	Dental Speech therapy	Four sessions weekly One session fortnightly.
WELLS-NEXT-SEA Secondary Modern School	Dental Speech therapy	Four sessions weekly. One session weekly.
WYMONDHAM Secondary Modern School Wymondham College	Dental Speech therapy	Eight sessions weekly. One session fortnightly.

MEDICAL INSPECTION AND TREATMENT

Return for the Year ended 31st December, 1963

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)	No. of Pupils Inspected	PHYSICAL CONDITION OF PUPILS INSPECTED				Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory		Unsatisfactory		For defective vision (excluding squint)	For any other condition recorded at Part II	Total individual pupils
		No.	% of Col. 2	No.	% of Col. 2			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1959 and later	175	175	100.00	—	—	4	13	16
1958	2,741	2,727	99.49	14	0.51	53	228	260
1957	2,173	2,161	99.45	12	0.55	65	164	202
1956	370	366	98.92	4	1.08	23	30	49
1955	148	146	98.65	2	1.35	12	17	28
1954	103	103	100.00	—	—	10	22	32
1953	2,406	2,397	99.63	9	0.37	225	156	359
1952	2,256	2,242	99.38	14	0.62	198	133	307
1951	347	344	99.13	3	0.87	38	49	84
1950	215	215	100.00	—	—	27	46	67
1949	1,092	1,091	99.91	1	0.09	60	61	116
1948 and earlier	3,385	3,384	99.97	1	0.03	446	136	557
TOTAL ...	15,411	15,351	99.61	60	0.39	1,161	1,055	2,077

TABLE B—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	...	...	...	1,319
Number of re-inspections	...	...	...	9,352
			Total	10,671

TABLE C—INFESTATION WITH VERMIN.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	13,511
(b) Total number of individual pupils found to be infested	...	...	181
(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	O		22	25	45	92
					143	109	111	363
5.	Eyes—a. Vision	T	O		154	485	522	1161
					355	270	386	1011
	b. Squint	T	O		69	9	23	101
					62	11	28	101
	c. Other	T	O		11	6	7	24
					27	40	49	116
6.	Ears—a. Hearing	T	O		29	12	18	59
					134	27	49	210
	b. Otitis Media	T	O		8	6	3	17
					148	20	46	214
	c. Other	T	O		3	—	1	4
					24	5	19	48
7.	Nose and Throat	T	O		49	8	33	90
					568	76	199	843
8.	Speech	T	O		33	9	32	74
					213	14	46	273
9.	Lymphatic Glands	T	O		2	—	2	4
					168	4	28	200
10.	Heart	T	O		24	11	7	42
					63	32	41	136
11.	Lungs	T	O		22	4	40	66
					223	33	113	369
12.	Developmental—a. Hernia	T	O		14	4	2	20
					34	4	15	53
	b. Other	T	O		13	6	33	52
					190	25	141	356
13.	Orthopaedic—a. Posture	T	O		1	3	7	11
					30	43	78	151
	b. Feet	T	O		41	9	27	77
					136	50	118	304
	c. Other	T	O		64	31	50	145
					270	136	183	589
14.	Nervous System—a. Epilepsy	T	O		6	3	3	12
					19	5	8	32
	b. Other	T	O		4	—	13	17
					40	4	31	75
15.	Psychological—a. Development	T	O		7	2	115	124
					50	20	81	151
	b. Stability	T	O		10	7	19	36
					130	20	78	228
16.	Abdomen	T	O		6	1	2	9
					42	10	44	96
17.	Other	T	O		7	2	17	26
					66	43	105	214
	TOTALS	T	O		599	643	1021	2263
					3135	1001	1997	6133

TABLE B—SPECIAL INSPECTIONS.

Defect Code No.	Defect or Disease.	SPECIAL INSPECTIONS.	
		Pupils Requiring Treatment.	Pupils Requiring Observation.
(1)	(2)	(3)	(4)
4	Skin	20	40
5	Eyes—		
	(a) Vision	358	138
	(b) Squint	12	7
	(c) Other	6	12
6	Ears—		
	(a) Hearing	39	34
	(b) Otitis Media	3	14
	(c) Other	3	8
7	Nose and Throat	75	73
8	Speech	55	28
9	Lymphatic Glands	4	19
10	Heart	4	6
11	Lungs	5	49
12	Developmental—		
	(a) Hernia	7	5
	(b) Other	25	13
13	Orthopædic—		
	(a) Posture	1	16
	(b) Feet	13	14
	(c) Other	33	38
14	Nervous System—		
	(a) Epilepsy	3	4
	(b) Other	2	11
15	Psychological—		
	(a) Development	39	31
	(b) Stability	27	43
16	Abdomen	3	12
17	Other	15	45
	Totals	752	660

**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	4
Errors of refraction (including squint)	2,258
Total	2,262
Number of pupils for whom spectacles were prescribed	1,171

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	3
(b) for adenoids and chronic tonsillitis	327
(c) for other nose and throat conditions	62
Received other forms of treatment ...	5
Total	397
Total number of pupils in schools who are known to have been provided with hearing aids:—	
(a) in 1963	3
(b) in previous years	23

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 uncleanness, for which see Table C of Part I).

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

TABLE E—CHILD GUIDANCE TREATMENT.

	Number of cases known to have been treated.
Pupils treated at child guidance clinics	241

TABLE F—SPEECH THERAPY.

	Number of cases known to have been treated.
Pupils treated by speech therapists ...	408

TABLE G—OTHER TREATMENT GIVEN.

				Number of cases known to have been dealt with.
(a) Pupils with minor ailments	...			—
(b) Pupils who received convalescent treatment under School Health Service arrangements	...	...		—
(c) Pupils who received B.C.G. vaccination	...	...	...	3,619
(d) Other	...	...	...	—
Total	...	...		3,619

TABLE 1—POPULATION OF THE DISTRICT OF COLUMBIA, 1950

Total	
White	1,000,000
Black	100,000
Other	100,000
Total	1,200,000

TABLE 2—CHILD-GUIDANCE TREATMENT

Total	
White	1,000,000
Black	100,000
Other	100,000
Total	1,200,000

TABLE 3—SCHOOL TREATMENT

Total	
White	1,000,000
Black	100,000
Other	100,000
Total	1,200,000

TABLE 4—OTHER TREATMENT

Total	
White	1,000,000
Black	100,000
Other	100,000
Total	1,200,000







