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NORFOLK EDUCATION COMMITTEE

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# Annual Report

of the

PRINCIPAL  
SCHOOL MEDICAL OFFICER  
FOR 1964







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## PREFACE

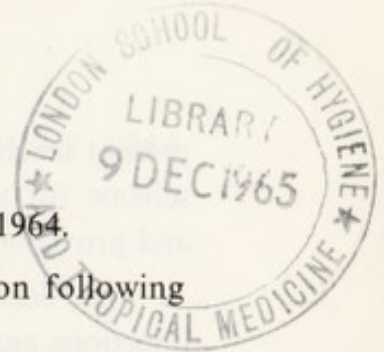
I have the honour to present the Annual Report for the year 1964.

This was again a year of consolidation rather than innovation following the change-over of headquarters medical staff in 1963.

It is pleasant to record the continuing improvement in dental staff with a further rise from the equivalent of 13.8 full-time dental officers to 14.82. We certainly hope that this state of affairs can be maintained. It will be noted also that with the appointment of a part-time speech therapist undertaking three sessions per week from January and a full-time speech therapist from September, we were in a better position with regard to the provision of speech therapy than for some time. During the year, three of our medical officers left the service of the county, one on retirement, one to take up a post in Florida, and the third moved to another authority. There does seem to be increasing difficulty in obtaining adequately experienced school medical officers compared to the position in past years and this will, no doubt, require to be watched in the future. The staff of the child guidance service was strengthened by the appointment of a second social worker towards the end of the year thus relieving the burden on the present social worker and enabling more frequent follow-up of those cases likely to benefit from it. No new clinics have been required and the present arrangements are meeting the demand.

The general health of Norfolk school children remains excellent as reflected by the continuing low percentage of children whose general condition is regarded as unsatisfactory. The number of children with defects shows little change. There was a drop both in the number of children examined by school nurses and the number of individual children found to be infested.

Increasing attention and effort are being directed to the problem of the early detection and diagnosis of impaired hearing or deafness to enable prompt action in the provision of auditory training and parent guidance, speech trainers and hearing aids, and such special educational provision as may be appropriate to each child. An "at risk" register is maintained of those children who are regarded as being specially prone to loss of hearing and these children are screened at a very early age by specially trained health visitors and any doubtful cases are referred, with the approval of the family doctor, to the audiology or hearing clinic which, in addition to the consultant otologist, is attended by the peripatetic teacher of the deaf. For various reasons it has not been possible to introduce during the year a scheme for the screening of school entrants by audiometer sweep testing. However, it is hoped we shall be in a position to make a start in 1965. On the other hand, at the end of the year, the first partially hearing unit was ready to be opened at St. Edmund's Junior School, King's Lynn, and a new teacher of the deaf had been appointed for this unit, part of whose duties will be peripatetic thus easing the burden on the





present teachers. A further step, therefore, in the outline of a comprehensive scheme for the early detection, diagnosis and treatment of impaired hearing and provision of special educational facilities has been taken.

The decline in the number of school children receiving primary and booster injections against diphtheria seems to have been halted, a 50% increase being noted during the year. It is also encouraging to note a large increase in the number of children for whom tetanus immunisation has been accepted and this is also true of vaccination against poliomyelitis. The acceptance rate for B.C.G. vaccination against tuberculosis remains at 75%. Numerous requests have been received from head teachers for advice on the immunisation requirements for those children travelling abroad in school parties and notes have been prepared on this subject for the information of parents, teachers and family doctors.

The successful functioning of a school health service is largely dependent on the close liaison between the many individuals and bodies concerned with the health, education and welfare of children; these include parents, teachers, school medical, dental and nursing staff, general practitioners, paediatricians and psychiatrists, psychologists and social workers, otologists and teachers of the deaf, speech therapists, etc. We are fortunate in having this close liaison with those concerned which enables all the information on the school child to be properly co-ordinated and ensures that the education authority receives recommendations consistent with all the advice available.

I thank all the members of my staff, professional and clerical alike, and the officers of the education department, for their helpful support and encouragement throughout the year.

A. G. SCOTT.

Public Health Department,  
29, Thorpe Road,  
Norwich,  
NOR 01T.  
*July, 1965.*

# STAFF OF THE SCHOOL HEALTH SERVICE DURING 1964

## **Principal School Medical Officer :**

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

## **Deputy Principal School Medical Officer :**

I. C. BRANNEN, M.B., Ch.B., M.R.C.P.E., D.P.H.

## **Senior Medical Officer :**

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

## **Senior Assistant Medical Officer:**

M. W. BEAVER, M.B., B.S., D.P.H.

## **School Medical Officers :**

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

A. AFNAN, L.A.H., D.P.H. (Eng.), M.D., D.L.O. (Teh.) (from 5th August)

J. A. D. BRADFIELD, M.B., B.Ch., B.A.O., D.P.H. (From 1st March)

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. (to 7th May)

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. (to 4th October)

D. F. HADMAN, M.B., B.S., D.P.H.

P. G. HOLT, M.B., Ch.B., D.P.H. (to 29th February)

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.**

MARGARET E. ANDERSON M.B., Ch.B., M.R.C.O.G. (from 24th November)

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.

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.)  
A. W. LONGSTAFF, B.D.S. (Durham) (from 1st September)  
J. W. MCQUISTON, L.D.S. (Q.U. Belf.)  
E. C. PACKHAM, L.D.S., R.C.S. (Eng.) (to 30th June)  
S. H. WOONTON, L.D.S., R.C.S. (Eng.)

### **Dental Officers:**

P. A. BETTS, L.D.S. (Sheffield) (from 28th September)  
EDITH P. CHURCHYARD, L.D.S., R.C.S. (Eng.)  
J. S. CLEMENTS, B.D.S. (B'ham), L.D.S., R.C.S. (Eng.)  
J. H. de MIERRE, L.D.S., R.C.S. (Eng.)  
J. GEMMELL, L.D.S., R.F.P.S. (Glas.)  
A. HURLEY, B.D.S. (Durham) (from 7th December)  
R. JENNINGS, B.D.S. (Durham) (from 27th January)  
A. W. LONGSTAFF, B.D.S., (Durham) (to 31st August)  
M. A. M. SHAW, B.D.S. (London), L.D.S., R.C.S. (Eng.) (to 28th August)  
N. H. WHITEHOUSE, L.D.S., B.Ch.D. (Leeds) (from 14th 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.) (to 31st January)  
\*H. E. HOVELL, L.D.S., R.C.S. (Eng.)  
\*LILY T. MILNES, L.D.S., R.F.P.S. (Glas.) (to 31st March)  
\*W. NICHOLLS, 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 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.  
(to 29th November)

### **Other Nursing Staff Engaged on School Health Service Duties.**

#### **Health Visitors and School Nurses**

School nursing duties only, 2; combined duties, 30.

#### **District Nurses and Midwives**

Combined duties with health visiting and school nursing, 22.

### **Senior Speech Therapist:**

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

### **Speech Therapists:**

\*MRS. D'VIDA BEATON, B.A. (Natal) L.C.S.T. (from 21st January)  
MISS D. M. BRAITHWAITE, L.C.S.T.  
\*MRS. J. M. BRUCE, L.C.S.T.  
MRS. B. J. EMERY, L.C.S.T.  
MISS A. M. ORR, L.C.S.T. (from 14th September)

### **20 Driver Attendants (Dental)**

\*Part-time.

# ANNUAL REPORT

## OF THE PRINCIPAL SCHOOL MEDICAL OFFICER FOR 1964

### I. GENERAL STATISTICS.

Area of administrative county ... .. 1,302,501 acres  
 Registrar-General's mid-year estimate of population, 1964 400,490  
 Number of schools and number of pupils on the registers as at the 31st  
 December, 1964:—

Type of school	Number of schools	Number of pupils on register
Primary ... ..	396	32,311
Secondary modern ... ..	44	15,597
Secondary grammar ... ..	13	4,724
Wymondham College ... ..	1	749
Nursery schools ... ..	3	124
Special schools ... ..	3	155
	460	53,660

Average attendance of pupils at primary  
 and secondary modern schools for the year  
 ended 31st December, 1964:

Primary ... ..	92.3%
Secondary modern ... ..	91.8%

### II. STAFF

The continuing improvement in the recruitment of dental officers and speech therapists had its effect on the overall increase in staff shown in the following table:—

	31st December, 1964		31st December, 1963	
	No. employed	Estimated equivalent in terms of whole-time officers	No. employed	Estimated equivalent in terms of whole-time officers
Medical staff .. ..	24	8.43	22	7.52
Dental officers .. ..	17	14.82	16	13.77
Speech therapists .. ..	6	4.80	4	3.50
School nurses .. ..	58	12.78	58	12.02
Driver attendants .. ..	20	17.48	20	17.10
Clerk attendants .. ..	9	3.55	9	3.60
Totals .. ..	134	61.86	129	57.51

Expressed in terms of full-time officers engaged in the school health service, the following shows the number of certain staff per 10,000 school children as compared with the latest available national figure as at 1st January, 1964:—

	Norfolk	England and Wales
Medical staff ... ..	1.41	1.38
Dental staff ... ..	2.52	1.71
Speech therapists ... ..	0.63	0.54
School nurses ... ..	2.20	3.69



### III. MEDICAL INSPECTION

Periodic medical inspection is still being carried out three times during school life, namely, at entering, at age 10 plus and on leaving. The number of pupils who were periodically inspected during 1964 was 15,150, a decrease of 261 as compared with the corresponding figure for the previous year. There was, however, an increase in the number of "special" inspections from 1,319 to 1,510.

School nurses visited schools before the date of medical inspection to test the vision and hearing of 8 year old and 13 year old pupils in primary and secondary grammar schools respectively and any child in these two age groups about whose condition the nurse was in doubt was referred to the school medical officer in order that he could arrange to see the child specially at the next medical inspection.

Owing to the absence of a school medical officer in one area, the number of schools which did not have a medical inspection during the year increased from 6 to 11.

The percentage of parents who attended medical inspection was 60.8, very slightly less than last year's figure.

#### FINDINGS OF MEDICAL INSPECTION

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

Table A of Part I of the official return on page 30 shows that 1,997 individual children were found at periodic medical inspection to have one or more defects considered to need treatment, giving a percentage of 13.18 of all children examined. This figure is 0.3 below that for 1963 but there has been very little real annual variation in the incidence during the past 5 years.

1960	...	...	...	...	11.87%
1961	...	...	...	...	12.53%
1962	...	...	...	...	12.91%
1963	...	...	...	...	13.48%
1964	...	...	...	...	13.18%

The latest comparable figure for England and Wales during 1963 was 15.55%.

##### General Condition.

The figures given below are derived from the individual assessments of all the school medical officers and as there are no fixed standards, some deviation of opinion is inevitable although it is gratifying to see that the 38 children considered to have an unsatisfactory condition is the lowest number ever recorded in the county, representing 0.25 of the total number examined.

Year	No of pupils inspected	Satisfactory		Unsatisfactory	
		No.	%	No.	%
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
1964	15,150	15,112	99.75	38	0.25

The latest comparable figures for England and Wales relate to 1963 when 99.46% were found to be satisfactory and 0.54% unsatisfactory.



### 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 23/9/64	Meals			Milk	
	Free	Paid	% of those attending	1/3rd pint free	% of those attending
Primary .. .. 30,460	1,721	21,020	74.70	27,769	90.70
Secondary modern and secondary grammar .. 19,228	1,254	14,211	80.40	10,061	50.10
Nursery .. .. 105	13	92	100.00	100	95.20
Totals 1964 49,793 (1963) (49,004)	2,988 (2,891)	35,323 (33,837)	76.90 (74.90)	37,930 (37,647)	76.10 (76.80)

### CLEANLINESS.

It remains an important function of the school nurse to encourage the maintenance of a high standard of cleanliness and personal hygiene in all the schools as, in addition to minimising disease, clean habits established in the young go some way towards ensuring a more hygiene-conscious adult population. Moreover, a poor standard of hygiene in a school child may be the first evidence that help of some kind is needed in the home, leading to further investigation and the provision of this help.

In 1964, 0.29% of children on the school registers were found to be verminous, a slight decrease as compared with the corresponding figure for the previous year. The school nurses have to spend much of their time in a few localised areas dealing with the minority of families who are persistently verminous. In the majority of cases, school children have been re-infested from other members of the family, usually the mother or older sisters, and unless the nurse can gain the co-operation of all the members of the family, there is great difficulty in keeping the children free from infestation.

The comparative figures for the last five years are as follows:—

Year	Total No. of examinations made by health visitors/school nurses	Number of individual children found infested
1960	44,840	215
1961	21,015	197
1962	8,339	91
1963	13,511	181
1964	10,220	159

### OTHER DUTIES OF SCHOOL NURSES.

Health visitors/school nurses have continued to work in close co-operation with school medical officers and head teachers in order to promote the health and well-being of the school child. They provide an important link between the school and home environment and are able to keep the medical officer informed of home conditions where these may be relevant to health or educational problems.



In addition to the hygiene and cleanliness surveys in schools, vision and hearing tests are carried out and the medical staff assisted with vaccination and immunisation sessions, and dental staff post-operatively at general anaesthetic sessions. Also, children recommended for treatment at medical inspection are followed up as necessary and the assistance of the school nurses in outbreaks of infectious disease at schools is invaluable.

In the future, if schemes of attachment of health visitors to general practices become feasible, the health visitor will be able to help to forge even closer links between the school health service and the family doctors.

#### **HEALTH EDUCATION.**

In the matter of health education, the health department is very much in the position of someone providing goods or a service. The extent to which these activities are undertaken depends on the demand. If head teachers require assistance with health education it can be provided in various forms. A lecturer can be supplied or technical material or help can be sent to schools which undertake to provide one from amongst their own staff. On a more elementary plane, posters and pamphlets are always available, on request, for display in schools.

#### **SCHOOL LEAVERS—MEDICAL REPORTS.**

The official Forms Y.9 and 10 are completed following the periodic examination of school leavers so that the youth employment officer may be aware of any defect or handicap relevant to the child's future employment. These forms have never really been regarded as completely satisfactory for the purpose for which they were intended due to their negative approach, the emphasis being more on what the child cannot do rather than what he can. During the year, a stimulus was given to the improvement of these forms by the publication of the report on "The Handicapped School Leaver" which suggested a more positive functional assessment and this is now being considered.

#### **TRANSPORT OF CHILDREN TO AND FROM SCHOOL.**

The arrangements remained unchanged for dealing with school children referred for consideration for school transport on medical grounds. After considering reports from hospital specialists, family doctors or school medical officers, 161 individual children were recommended to be provided with transport.

### **IV. TREATMENT OF DEFECTS**

#### **CO-OPERATION WITH HOSPITALS AND GENERAL PRACTITIONERS.**

The staff of the school health service continue to make every effort to achieve the closest co-operation with hospital consultants and family doctors.

The routine reports available from consultant paediatricians, cardiologists and chest physicians, etc., are greatly appreciated and are found most helpful in relating educational needs to physical, mental or emotional defects. Before any child is referred for specialist or hospital treatment, it is the practice to consult the family doctor as in some cases he may wish to undertake this himself. Frequently, however, the practitioners are quite willing for children to be referred by school medical officers so long as they are fully informed of the results.



## DEFECTIVE VISION.

As in previous years, defects of vision constituted the bulk of defects found at periodic medical inspection. Of 1,997 pupils found to require treatment, no less than 1,132 or 56.6% had defects of the eye, excluding squint. In addition, 1,006 children examined during the year had defects of vision which required them to be kept under observation. The vision of young school entrants is tested, as far as possible, by using special testing material.

The continued work and interest of the eye specialists at clinics provided and administered by the hospital management committees was much appreciated. Frequent 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. 2,136 cases were referred to these clinics and spectacles were prescribed in 1,133 cases.

Testing for colour vision was carried out in the intermediate (10-11 year old) age group.

### Squint.

85 children or 0.56% 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 ...	33	514	92	69	708
Total number of attendances ...	262	968	320	122	1,672
Number discharged as improved or cured ... ..	23	106	8	2	139

## DEFECTS OF EAR, NOSE AND THROAT.

At medical inspection during the year, 216 children were referred for treatment and 1,237 placed under observation for diseases of the ear, nose and throat. 56 cases considered to need operative treatment for removal of tonsils and adenoids were referred to consultants at hospital out-patient clinics with the prior agreement of their general practitioner.

## SKIN DISEASES.

During the year, 72 children were referred for treatment and 296 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.

There were some changes during the course of the year. Mr. E. C. Packham, who was area dental officer in the north-east of the county, retired after 24 years of devoted service. He was replaced by the promotion of Mr. A. W. Longstaff.

Mr. R. Jennings commenced duty in January and Mr. P. A. Betts in September, the latter replacing Mr. M. A. Shaw who resigned. Two part-time dental officers, Mr. M. G. Anson and Mr. W. Nicholls, reduced their sessions from 6 to 4 per week. Mrs. L. T. Milnes, part-time dental officer at Diss and Long Stratton, resigned, and she was replaced by Mr. N. H. Whitehouse in a full-time capacity. Mr. P. R. Churchyard resigned as part-time dental officer at Wells. Mr. A. Hurley replaced Mr. Longstaff in Fakenham and Wells.

I am very grateful to Mrs. E. P. Churchyard, Mr. A. W. Longstaff and Mr. R. Jennings for carrying out temporary duties during Mr. Packham's prolonged absence and maintaining a service in his area.

The net result of the changes was a certain loss in clinic time during the periods when a dental officer left and another took his place but, by the end of the year, the distribution of dental officers had stabilised and there was a net gain in the number of sessions worked of 1,618 over the previous 12 months.

The estimated equivalent in terms of full-time officers in the school dental service at 31st December, 1964, was 14.82 as opposed to 13.77 at the same time a year previous.

All clinics were staffed with the exception of Stalham, the re-opening of which was further delayed owing to structural alterations in the school building itself, involving the dental surgery. Progress was made with the plans for a second surgery at King's Lynn and it is hoped to have this operational during 1965.

The distribution of area dental officers and dental officers at December was as follows:—

Mrs. H. M. Croxford	...	Hunstanton, Terrington St. Clement.
Mr. A. W. Longstaff	...	North Walsham, Cromer.
Mr. J. W. McQuiston	...	Swaffham, Watton.
Mr. S. H. Woonton	...	Loddon, Hellesdon, Framingham Earl, Aspland Road (Norwich).
Mr. P. A. Betts	...	East Dereham, Costessey.
Mrs. E. P. Churchyard	...	Aylsham, Sheringham.
Mr. J. S. Clements	...	Wymondham, Long Stratton.
Mr. J. H. de Mierre	...	Thetford, Methwold.
Mr. J. Gemmell	...	King's Lynn.
Mr. A. Hurley	...	Fakenham, Wells.
Mr. R. Jennings	...	Thorpe, Hoveton.
Mr. N. H. Whitehouse	...	Diss, Long Stratton.
*Mr. M. G. Anson	...	Sprowston.
*Mr. H. E. Hovell	...	Downham Market.
*Mr. W. Nicholls	...	Acle.

\* *Part-time*

The scheme for deploying relief dental attendants was advanced. Three were based at King's Lynn, Aylsham and Wymondham respectively. These attendants normally work with the team at these centres and, in the event of illness or emergency, they are able to help in other clinics in their area.



### Survey.

Mr. M. A. Young of the Royal Dental Hospital, London, carried out a survey of various areas in the county in connection with tooth stains. We look forward to reading his findings.

### Courses.

Mr. McQuiston and Mr. Clements attended a week's post-graduate course in dental anaesthetics at the Eastman Dental Hospital. As this proved extremely interesting and beneficial, plans were made to send more dental officers in the future. I attended a course at Cheltenham for local authority dental officers.

### Equipment.

Further items of major dental equipment were installed as indicated below:—

Swaffham ...	...	"Solarite" operating light.	Airotor.
Watton ...	...	"Solarite" operating light.	
Aylsham ...	...	Walton V. Anaesthetic Apparatus.	Airotor.
Hunstanton	...	Walton V. Anaesthetic Apparatus.	Airotor.
Methwold	...	Walton V. Anaesthetic Apparatus.	
Thetford ...	...	Walton V. Anaesthetic Apparatus.	
East Dereham	...	Walton V. Anaesthetic Apparatus.	Airotor.
Sheringham	...	Walton V. Anaesthetic Apparatus.	
Thorpe ...	...	"Mobilactor" Unit with Airotor.	
Diss ...	...	"Mobilactor" Unit with Airotor.	
Cromer ...	...	"Mobilactor" Unit with Airotor.	
Costessey	...	Airotor.	
Hellesdon ...	...	Airotor.	
King's Lynn	...	Airotor.	

For far too long, local authority dental officers have painstakingly laboured with inadequate equipment. Over the years this had caused many parents to form a poor image of the school dental service. There are many signs now, however, that with better equipped surgeries, parents are realising that their children can receive excellent treatment, involving the most up-to-date techniques. It is essential that the modernisation plan in this county is continued in order to keep in step with present day advancements in dentistry.

### General.

The statistics on dental inspections and treatment are shown on page 15. The number of routine inspections was 30,469, an increase of 6,307 children over 1963, but still only about 56% of the total school population. In areas where new staff have been appointed for the first time in many years, the dental officers found that they were unable to inspect large numbers because their time was consumed by a vast amount of treatment which their first groups of patients required. In these areas it may be a slow process catching up with the backlog of work.

A total of 12,513 teeth were extracted and 22,136 were conserved. Even though we allow for the fact that the former total includes teeth extracted for orthodontic purposes and not caries, the trend towards conservation of teeth still continues. This suggests a growing demand for dental care. The following figures over the past ten years illustrate this feature:—



Number of teeth filled per 100 teeth extracted:

1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
40	50	50	60	90	110	120	150	170	180

The number of organised gas clinics was increased considerably and 2,006 anaesthetics were administered.

Following a talk in June by Dr. A. Ian Ward, consultant anaesthetist at the Norwich hospitals, on "Resuscitation in the Dental Surgery", a standard emergency kit was produced and one of these kits is available in each clinic.

Last year I remarked that the number of dentures supplied to children had decreased steadily. In 1964 it will be seen that the number almost trebled itself. I would say that this increase has come about through the additional quantity of treatment which has been generally given, plus the fact that many of the patients from neglected areas who are receiving treatment for the first time in years, present with unsavable incisors.

An excellent relationship continued between our dental officers and the hospital consultants and I must once again record my thanks to the latter for their help. The orthodontic consultants advised on about 30% of the new cases.

I wish to express my sincere appreciation to the staff of the health and education departments for their help throughout a year which has witnessed further strides in the development of the dental service of the county.

	Year 1964	Year 1963	Year 1962
1. Number of pupils inspected by the authority's dental officers :—			
(a) At periodic inspections ...	30,469	24,162	19,462
(b) As specials ...	1,842	1,786	2,088
Totals ...	32,311	25,948	21,550
2. Number found to require treatment ...	23,361	16,746	13,325
3. Number offered treatment ...	19,391	15,215	13,325
4. Number actually treated ...	9,904	6,728	5,491
5. Number of attendances made by pupils for treatment, including those recorded at 11(h) ...	34,196	23,618	17,462
6. Half-days devoted to :—			
(a) Periodic (school) inspection ...	387	412	309
(b) Treatment ...	5,130	3,487	3,029
Totals ...	5,517	3,899	3,338
7. Fillings :—			
(a) Permanent teeth ...	19,401	13,142	9,857
(b) Temporary teeth ...	6,066	3,694	2,829
Totals ...	25,467	16,836	12,686
8. Number of teeth filled :—			
(a) Permanent teeth ...	17,362	11,535	8,757
(b) Temporary teeth ...	4,774	3,612	2,390
Totals ...	22,136	15,147	11,147
9. Extractions :—			
(a) Permanent teeth ...	3,068	2,206	1,883
(b) Temporary teeth ...	9,445	6,931	5,600
Totals ...	12,513	9,137	7,483
10. Administration of general anaesthetics for extraction ...	2,006	871	580
11. Orthodontics :			
(a) Cases commenced during the year ...	160	89	92
(b) Cases brought forward from previous year ...	137	77	163
(c) Cases completed during the year ...	45	14	80
(d) Cases discontinued during the year ...	18	15	63
(e) Number of pupils treated by means of appliances ...	171	68	127
(f) Removable appliances fitted ...	181	74	132
(g) Fixed appliances fitted ...	—	—	—
(h) Total attendances ...	1,362	799	1,378
12. Number of pupils supplied with artificial teeth ...	170	65	97
13. Other operations ...	8,057	10,309	5,562



## VI. HANDICAPPED PUPILS

### ASCERTAINMENT.

There has been no change during the year in the 10 categories of children who require special educational treatment and the care of handicapped pupils, including ascertainment of new cases, and recommending suitable educational treatment, continued to be one of the most important tasks of the school health service.

Compared with last year, the number of ascertainments carried out by the medical staff have increased by 26, the largest increase being in the category of partially hearing. This, no doubt, was due to the improved facilities for screening children and to those "at risk" being brought to the attention of the medical staff at an early age. With the exception of the blind or deaf child, handicapped pupils are, wherever possible, admitted to the ordinary school so that they may remain within the framework of the local community.

	1964	1963
Blind ... ..	1	1
Partially sighted	3	3
Deaf ... ..	3	3
Partially hearing	21	5
Delicate ... ..	13	13
Educationally subnormal	106	94
Epileptic ... ..	3	8
Maladjusted ... ..	21	21
Physically handicapped	16	11
Defective speech	—	1
Multiple defects	5	6
	192	166

## SPECIAL EDUCATIONAL TREATMENT.

The following table shows the distribution of pupils in the various categories. The figures follow largely the pattern of previous years.

Categories	In res. day or hospital spl. schools (incl. hostels).		In maintained schools		In independent schools		Not at school		Totals		1964 grand totals	1963 grand totals	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
Blind ...	8	2	—	—	—	—	—	1	8	3	11	10	
Partially sighted ...	6	3	10	1	—	—	—	—	16	4	20	16	
Deaf ...	16	5	—	—	—	—	—	—	16	5	21	21	
Partially hearing ...	3	4	28	27	3	—	1	—	35	31	66	61	
Delicate ...	11	9	35	20	—	—	—	1	46	30	76	82	
E.S.N. ...	60	29	285	143	1	—	5	3	351	175	526	523	
Epileptic ...	4	4	15	8	—	—	—	2	19	14	33	34	
Maladjusted	26	7	19	10	2	—	—	—	47	17	64	57	
Physically handicapped	11	5	26	24	5	1	6	3	48	33	81	81	
Speech defects	—	—	48	21	—	—	—	—	48	21	69	118	
Multiple defects ...	22	12	23	11	—	—	—	1	45	24	69	89	
<b>Totals</b>	<b>1964</b>	<b>167</b>	<b>80</b>	<b>489</b>	<b>265</b>	<b>11</b>	<b>1</b>	<b>12</b>	<b>11</b>	<b>679</b>	<b>357</b>	<b>1036</b>	<b>—</b>
	<b>1963</b>	<b>153</b>	<b>75</b>	<b>533</b>	<b>296</b>	<b>11</b>	<b>1</b>	<b>12</b>	<b>11</b>	<b>709</b>	<b>383</b>	<b>—</b>	<b>1092</b>

The total figure of 1,036 represents approximately 1.9% of the school population.

During the year, handicapped pupils were 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

## SPECIAL SCHOOLS AND HOSTELS PROVIDED BY THE AUTHORITY

### (a) Sidestrand Hall for Educationally Subnormal Pupils.

By the 31st December, 83 pupils were resident, including 8 sent by other authorities. 25 new admissions were made during the year. There was no change in the arrangements whereby all children are medically inspected at the beginning of each term by members of the medical staff in addition to the annual full medical examination.



The educational progress of the children is reviewed periodically by the educational psychologist. In the light of his findings and any observations that the headmaster may wish to make from time to time, the senior medical officer and the senior educational psychologist consult as necessary on the children's future. In addition, headquarters medical staff are always available to advise the headmaster and matron on any problem which may arise with regard to the general health and behaviour of particular children.

All school leavers are examined by medical officers at home during their last school holiday to assess the need for future community care and guidance and to advise on particular problems.

With regard to dental treatment, the teeth of the children resident at this school are inspected by one of the Council's dental officers and arrangements made for treatment at his clinic.

A speech therapist also visits the school to carry out treatment.

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

36 new pupils were admitted during the year giving a total of 56 residents at the end of the year, of whom 35 had been sent by other authorities.

It will be noted that although children suffering from a variety of conditions are included in the table shown below, there is a marked emphasis on the asthmatic child. During recent months, there have been a few rather severe cases of asthma admitted to the school whose persistent wheeziness, especially when nocturnal, can occasion considerable concern on the part of the matron. Her patient care and attention in these circumstances cannot be too highly commended. Improved oxygen giving equipment was introduced to the school during the year to help with such situations. It is impossible to prevent the admission of very troublesome cases in advance as experience has shown that one cannot assess before admission which cases might present such problems as many apparently severe cases do settle down very well and any attempt at more rigid selection would merely prevent the attendance of a number of children capable of benefiting, without necessarily improving the general situation. I should like to pay tribute also to the unfailing co-operation and continued interest shown by the visiting medical practitioners.

Medical needs and priorities must, of course, take precedence in the selection of cases for admission but where these are equal, consideration must be given to social and educational factors, including the need to maintain some sort of balance in the age and attainment distribution, where this is possible, in a school catering for such a wide age range. Medical vetting of all applications for admission is the responsibility of the senior medical officer who maintains close contact with the headmaster and matron. He also follows the pupils' progress and undertakes a full medical examination at the end of each term so that consideration can be given, after consultation with the visiting practitioner where necessary, to the question of discharge. Brief terminal reports are also sent to the sending authorities.

Regular dental inspection is carried out by one of the Council's dental officers and any necessary treatment is arranged at his clinic.



Medical Classification of Children resident on 31st December

	Boys	Girls	Total
Asthma ... ..	21	11	32
Asthma and Eczema ... ..	3	2	5
Bronchiectasis ... ..	—	3	3
Hemiplegia ... ..	1	—	1
Cleft Palate ... ..	1	—	1
Nephritis ... ..	1	—	1
Hydrocephalus ... ..	1	—	1
Anorexia ... ..	1	—	1
Laryngeal Papillomata ... ..	—	1	1
Psoriasis ... ..	—	1	1
Urinary tract abnormality ... ..	—	1	1
General debility ... ..	1	6	7
Debility with mild cerebral palsy ... ..	1	—	1
	—	—	—
	31	25	56
	—	—	—

Sending Authority

	Boys	Girls	Total
Norfolk ... ..	10	11	21
Armagh (Northern Ireland) ... ..	1	—	1
Bedfordshire ... ..	3	2	5
Buckinghamshire ... ..	1	1	2
Derbyshire ... ..	1	—	1
Essex ... ..	3	2	5
Hertfordshire ... ..	1	—	1
Huntingdonshire ... ..	1	—	1
Kent ... ..	1	3	4
Lincolnshire, Holland ... ..	3	2	5
Lincolnshire, Kesteven ... ..	3	1	4
London ... ..	1	1	2
West Suffolk ... ..	1	—	1
Great Yarmouth C.B. ... ..	—	1	1
Middlesborough C.B. ... ..	1	—	1
Norwich C.B. ... ..	—	1	1
	—	—	—
	31	25	56
	—	—	—

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

These hostels provide for children who show signs of emotional instability or psychological disturbance but who can still benefit from education in an ordinary school providing the sympathetic and sheltered environment of a hostel is available. It is usual for such children to be seen by a consultant psychiatrist at a child guidance clinic or elsewhere before a recommendation is made for admission and social and educational factors, in addition to medical, must be considered.

22 children were accommodated at Colne Cottage and 29 at Morley Hall at the end of the year. 22 of these 51 children were referred by other authorities.

The consultant psychiatrist, senior medical officer, senior educational psychologist and psychiatric social worker, attend monthly case conferences at each of the hostels to discuss the progress of individual children, when



appropriate, and to make the necessary recommendations and reports. The senior medical officer and educational psychologist approve all admissions to these hostels following the psychiatrist's recommendation.

### **HOSPITAL SCHOOLS.**

The only hospital school in the county is maintained by the regional hospital board at Kelling Children's Hospital, Holt. Special education is provided by the Education Committee. At the end of the year, 6 Norfolk children were in-patients receiving education.

### **HOME TUITION.**

The Education Committee has a duty under the Education Act to provide, in special circumstances, home tuition for handicapped pupils who are not attending school. At the end of the year, 16 handicapped children were receiving education at home.

### **PERIPATETIC TEACHING OF THE DEAF AND PARTIALLY HEARING.**

There were, at the end of the year, 2 peripatetic teachers of the deaf in the employ of the Committee. Their duties included the giving of special auditory training and parent guidance, either at selected centres, schools, or in children's homes, with the co-operation of parents and teachers. There has been an increase over the past 5 years in the number of children ascertained in the partially hearing category, no doubt largely due to improved ascertainment facilities for young children through the medical and health visiting staff and to the increasing awareness of teachers of the need for early recognition of partially impaired hearing.

The number of sessions held at the special clinics attended by the peripatetic teachers of the deaf was considerably reduced from last year though there was a slight increase in the number of children seen. On the other hand, there was a marked increase both in the number of children seen at home and the number of domiciliary visits.

At the end of the year, a special unit for partially hearing children in King's Lynn was ready to be opened and a third teacher of the deaf was appointed who, in addition to working in the Unit, would undertake some peripatetic work. It is hoped that this additional special educational provision for this type of handicapped pupil will be increased in the near future.

A summary of the work carried out by Miss P. J. Webber and Mr. J. L. Holmes, the 2 peripatetic teachers, is given below:—

No. of children seen at special clinics	...	...	179
No. of attendances made	...	...	246
No. of sessions held	...	...	51
No. of children seen at home by peripatetic teachers			
of the deaf	...	...	85
No. of home visits made	...	...	1,712

### **CEREBRAL PALSY**

53 educable spastic children were known to the school health service as at 31st December. 21 of these were able, in spite of their disability, to attend an ordinary school, 16 were in residential special schools or hospitals, and the remainder were receiving home tuition, were under school age, at private schools, or at home awaiting further consideration as to their future education.



## CHILD GUIDANCE.

Owing to the loss of one of the psychiatrists and the re-arrangement of some of the clinics, 43 fewer new cases were seen during the year at the 3 clinics held in the county. Dr. J. V. Morris and/or Dr. G. L. Ashford, Dr. Anne Ambrose, Dr. R. Payne, and Dr. I. N. S. Heald, all consultant psychiatrists, together with the senior medical officer, 2 educational psychologists and 2 psychiatric social workers, attended the clinics. The appointment of an additional social worker, Miss A. M. Draper, who commenced duty on 9th November, further strengthened the child guidance teams.

Of the 123 new cases seen, 29 were enuretics who attended 11 special clinics held in Norwich during the year. Hospital consultants and general practitioners continued to make good use of the clinic and, in fact, 55% of the new cases were referred from these sources during the year.

In addition to diagnosing and advising cases attending the clinic, the team were also responsible for ascertaining the needs of those children likely to be classified as maladjusted and for recommending their admission, where appropriate, to the residential hostels.

### Results following Diagnosis and Treatment.

Details of children who were discharged as cured or greatly improved are given on page 22, the figure for the year being 33 or 20% of those on the register. The number of cases still under treatment at the clinic or who were in the course of being followed up by members of the child guidance team, was 76 or 46%.

Clinics were held and patients seen, as follows:—

No. of clinics held	No. of new cases seen	Total individual patients seen	Total No. of interviews
74 (99)	123 (168)	164 (241)	200 (303)

(Comparable figures for 1963 are shown in brackets)

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

	Norwich	King's Lynn	Cromer	Great Yarmouth	Other	Total
No. of sessions	55	18	1	—	—	74
No. of interviews	151	38	3	4	4	200

### ANALYSIS OF NEW CASES REFERRED

Sources of reference:—

	No.	%
General medical practitioners ... ..	57	47
Hospital specialists ... ..	10	8
School medical staff, speech therapists, local welfare officers and health visitors ... ..	27	21
Chief Education Officer, educational psychologist, social workers and head teachers of schools ...	16	13
Children's officer ... ..	3	6
Probation officers or magistrates ... ..	4	
Parents ... ..	6	5
	<hr/> 123	<hr/> 100



**Reasons for reference:—**

General behaviour difficulties ... ..	44
Emotional difficulties ... ..	22
Educational difficulties (including refusal or reluctance to attend school) caused by psychological disturbances, also advice re educational future ...	25
Incontinence of urine or faeces ... ..	32
	<hr/>
	123
	<hr/>

**Disposal of cases:—**

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

		%	
Discharged as adjusted or greatly improved ...	33	20	(11)
Recommended for admission to hostel or residential special school for maladjusted children ... ..	16	11	(7)
Recommended for admission to residential special school for educationally subnormal children ... ..	4	2	(1)
Recommended for admission to residential special school for delicate children ...	1	0.5	
Recommended for admission to residential special school for epileptic children ...	1	0.5	
Recommended for admission to residential special school for partially hearing children	1	0.5	
Recommended for admission to mental hospital ... ..	1	0.5	
Recommended for admission to hospital for subnormal children ... ..	2	1	
Referred to Children's Officer or Court ...	3	2	(1)
Advice given—no recall to clinic necessary ...	19	12	(1)
Discharged—left school ... ..	1	0.5	(1)
Left County ... ..	4	2.5	(2)
Parents unco-operative ... ..	2	1	
Still under treatment ... ..	76	46	(15)
	<hr/>	<hr/>	<hr/>
	164	100	(39)
	<hr/>	<hr/>	<hr/>

**SPEECH THERAPY.**

Mrs. D'Vida Beaton commenced duty as a part-time speech therapist (3 sessions weekly) in the Dereham and Norwich areas on 21st January. In addition, Miss A. M. Orr was appointed as a therapist and took up her duties in south-east Norfolk as from 14th September.

The establishment of speech therapists was increased to 5, including the senior speech therapist, and on 31st December the actual number of staff engaged in this work was 6 whose aggregate time devoted to the school health service was equivalent to 4.8 officers. The more favourable staffing position enabled the Wymondham, Old Buckenham and Acle clinics to be re-opened and a new clinic commenced at Reepham. One of the part-time staff will be leaving early in 1965 and steps are being taken to fill the vacancy which exists in central Norfolk.

## SPEECH THERAPY

Statistics for Year ended 31st December, 1964

TREATMENT AT CLINICS	*Acle	Avisham	Bacon	Burnham Market	Calver	Clenchworth	Cromer	Diss	Downham Market	East Dereham	Eden Hall	Fakenham	Health Junior Training Centre	Horston	Hunstanton	King's Lynn	Loedon	Michewold	North Walsham	Norwich	*Old Beckenham	†Reepham	†Ringstead	Sherringham	Sidestrand Hall	Stalham	Swaffham	Ten Mile Bank	Therford	Watton	Wells	†West Walton	Wymondham College	Treatment at Home/School	GRAND TOTAL			
Total number of sessions held ...	11	31	28	42	38	32	47	48	38	78	30	86	36	27	41	91	22	28	67	251	13	10	24	46	68	27	41	32	38	28	45	27	26	—	1497			
<i>Total No. of cases:—</i>																																						
Treated during the year ...	5	23	7	6	12	15	13	28	10	44	3	20	5	4	17	59	15	12	21	117	16	8	3	11	21	10	21	6	15	15	17	7	7	27	59	672		
Commenced treatment during year ...	13	1	4	6	6	5	7	18	5	23	1	9	1	1	11	42	6	6	8	56	10	1	1	6	3	10	12	3	2	7	6	7	14	44	352			
Discharged ...	13	2	2	6	5	2	5	2	2	12	1	8	1	1	6	8	2	2	5	27	4	—	—	—	—	—	—	—	—	—	—	—	—	—	3	145		
Transferred to other clinics or home visits ...	—	—	—	1	—	—	—	—	—	3	1	2	—	—	—	—	—	—	—	15	—	—	1	2	—	—	—	—	—	—	—	—	—	4	32			
<i>Analysis of all cases treated during year:—</i>																																						
1. Stammering ...	1	5	—	—	2	1	2	6	3	8	1	4	—	3	1	12	2	2	1	13	2	4	—	3	3	3	4	1	3	2	3	—	6	13	114			
2. Defects of articulation:—																																						
(a) Dyslalia ...	3	16	7	3	8	13	5	19	4	23	1	8	—	1	12	33	10	8	13	78	14	3	3	6	6	7	14	1	9	11	11	7	16	28	401			
(b) Stigmatism ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
(c) Rhinolalia ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
due to (i) Cleft Palate ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
(ii) Nasal obstruction ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
(iii) Other causes ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
(d) Dysarthria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
3. Aphasia ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
4. Defective speech due to:—																																						
(i) Subnormal mentality ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
(ii) Deafness ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
5. Retarded speech development ...	1	2	—	2	1	—	4	—	2	6	—	4	5	—	3	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
6. Dysphonia ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
7. Multiple defects ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
<i>Analysis of cases discharged:—</i>																																						
No. of children discharged during year who:—																																						
1. Achieved normal speech ...	—	5	2	1	4	1	1	3	1	3	—	5	—	—	1	6	—	1	1	21	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
2. Were greatly improved ...	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
3. Showed some improvement ...	—	5	—	1	1	—	1	—	—	6	1	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
4. Showed little or no improvement ...	—	2	—	—	—	—	—	—	—	4	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
<i>No. of cases discharged during year:—</i>																																						
(a) No further treatment required ...	—	5	2	1	5	1	1	2	—	3	—	5	—	—	—	4	6	1	1	5	22	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
(b) Non co-operation of parents ...	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
(c) Left district ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
(d) Left school (over age) ...	—	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
(e) Unsuitable for speech therapy ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
(f) Transferred to other clinics ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
<b>Total</b>																																						
<b>Total</b>																																						

\* Clinic re-opened during 1964  
† New Clinic opened during 1964





Details of the cases treated are given on page 22a. By arrangement with the local authority, Miss Judith Rutt, senior speech therapist, attended the Great Yarmouth clinic for 2 sessions per week in addition to the Jenny Lind Hospital for one session a week where she continued to act as liaison officer between the hospital service and the school health service.

### PUPILS SUFFERING FROM DISABILITY OF THE MIND

6 children during the year were found to be unsuitable for education at school, in accordance with Section 57 of the Education Act, 1944.

When the examining medical officer is satisfied that a child nearing the age of 5 is unsuitable for education at school and the parents agree to accept the proposed arrangements for their child, for example, attendance at a junior training centre, there is now no need to follow the formal procedure under Section 57. During the year, 36 children were dealt with in this way.

The Education Acts provide a statutory right for parents to appeal to the Secretary of State for the Department of Education and Science against the decision that their child is considered to be unsuitable for education at school and, in one case, the parents exercised this right to appeal but the Committee's decision was upheld. A further appeal was outstanding at the end of the year.

In addition, 31 children were reported informally to the local health authority as requiring care and guidance after leaving school.

### HEART CLINICS.

Dr. W. A. Oliver continued to hold special heart clinics for Norfolk school children at the Jenny Lind Hospital and, during the year, 69 examinations were carried out at 21 sessions. Older children were seen by him at the adult clinic at the Norfolk and Norwich Hospital where 46 examinations were made.

The appropriate school medical officer, the parent, and the head teacher of the school concerned are notified of any modification of the school curriculum or restriction of activity recommended by the heart specialist.

### 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	
	1964	1963	1964	1963
Influenzal coughs and colds .. ..	1	2	2	8
Sonne dysentery .. ..	—	2	—	7
Measles .. ..	—	1	—	3
Chicken Pox .. ..	—	1	—	1
Totals .. ..	1	6	2	19



## VIII. VACCINATION AND IMMUNISATION.

### Vaccination against Smallpox.

During the year 69 children of school age were vaccinated for the first time and 74 were re-vaccinated. These figures are much lower than in previous years and I would again draw attention to the recommendation of the Ministry of Health for primary vaccination to be performed before the child reaches two years of age and re-vaccination at 8 to 12 years of age for children primarily vaccinated in infancy.

### Diphtheria Immunisation.

There were again no cases of diphtheria recorded in the county during the year. The immunisation figures for school children show an improvement on those of 1963, particularly in the case of re-inforcing injections where a 50% increase was achieved.

Comparative figures for the past 5 years in respect of school children are as follows:—

				Primary	Booster	Total
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
1964	...	...	...	768	6,010	6,778

### Vaccinated against Poliomyelitis.

Children between the ages of 5 and 12 years continue to receive a single reinforcing dose and the majority of these are given during their first year at school.

The oral (Sabin) vaccine was predominantly administered, and a total of 829 school children and young persons received primary vaccination and 4,628 were given booster doses. A further 29 received primary vaccination by injection with Salk vaccine.

### Immunisation against Tetanus.

Protection against this disease is offered as a routine measure to children on school-entry, and parental consent is strongly recommended both for primary immunisations (where this has been missed in infancy) and for re-inforcing injections at appropriate intervals. 2,255 school children received primary immunisation and 5,228 were given booster injections.

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

This scheme has continued unchanged. The agreement of the parents is sought, as in all protective measures, and the consent rate remained at approximately 75%. 3,632 children were tested, of whom 3,204 were found to be suitable for vaccination, and 3,164 of these received the B.C.G. vaccine.

### Immunisation for International Travel.

Requests for advice on this subject from schools are increasing.

Vaccination against three diseases only may be compulsory under International Sanitary Regulations: smallpox, which may occur anywhere, yellow fever in the African and American tropic zones, and cholera in the Far East. Ignoring the latter two, it should be noted that an International Certificate of Vaccination will be demanded from a traveller arriving from another country which has been declared an infected area. This declaration is made when there is an outbreak of smallpox, as in this country in 1962 when all travellers



from the United Kingdom had to produce valid International Certificates of Vaccination. Apart from such a situation, it is not essential to be so equipped, but a good state of vaccination is desirable for personal protection at all times.

All school children will have had the opportunity of obtaining protection against smallpox, diphtheria, tetanus and poliomyelitis under the county scheme of immunisation during childhood, so that the only additional inoculations which might be considered for the fully immunised child going abroad are re-vaccination against smallpox and T.A.B. vaccination to diminish the risk of enteric fever (typhoid and para-typhoid). Parents are advised to consult their family doctors about the application of this general pattern of advice to the particular circumstances of the individual child.

#### IX. SANITARY CIRCUMSTANCES AT SCHOOLS.

As in previous years, sanitary facilities have been the subject of routine reports made by school medical officers during medical inspection visits. Very often in the older schools arrangements fall short of the standards contained in the Standards for School Premises Regulations, 1959, but lack of capital and space often precludes the provision of additional facilities to meet these standards. During the year, progress has been made in the conversion of pail closets to the water carriage system, in the provision of hot water supplies and the replacement of roller towels by paper towels. In a number of schools, insanitary features of existing fittings have been remedied following recommendations made to the Chief Education Officer. Lighting, heating and ventilation arrangements have also been the subject of report and minor structural defects, such as unsatisfactory condition of floors and damp condition of walls, have been commented upon and recommendations made.

A number of investigations were made concerning water supplies, refuse disposal, drainage and sewage disposal conditions.

#### X. SCHOOL MEALS SERVICE.

At special courses for school meals staff, food hygiene talks were given during the year and, where necessary, points were emphasised during the subsequent 579 routine visits to school canteens for food inspection purposes. Where foodstuffs were found to be unfit for human consumption, suitable action was taken, including liaison with the local sanitary authorities' public health inspectors in cases where the suppliers were deemed to have been at fault.

In 38 cases certain recommendations were made to secure improvements to meet the requirements of the Food Hygiene Regulations and all were completed satisfactorily.

Acknowledgements are due to the Chief Education Officer, to the head teachers and to other staff of the school meals service for their excellent co-operation throughout the year.

#### XI. MILK IN SCHOOLS SCHEME.

As in previous years, all schools had a pasteurised milk supply and the following table of sample examinations indicates a generally satisfactory position. Void methylene blue results were due to the atmospheric shade temperature exceeding 70 degrees F. during the period of storage of the samples.

Test	No. of examinations	Satisfactory	Unsatisfactory	Void
Methylene Blue	... 358	297	6	55
Phosphatase	... 358	358	—	—
	716	655	6	55



These samples were taken at the schools when regard was had to the method of storage of the milk after delivery. As a result, recommendations were made which brought improvements in storage arrangements at a number of schools and the position is now that at most schools these arrangements are satisfactory.

The wide area over which some contractors operate inevitably results in a number of overnight deliveries where satisfactory school storage is important.

During the year, 282 samples of school milk were submitted to the Weights and Measures Department of the County Council for examination by the Gerber Test and 6 proved unsatisfactory. Suitable follow-up action was taken by that department.

Every effort has been made to encourage all schools to rinse milk bottles immediately after use and, although this is impossible to enforce and is admittedly difficult where the source of water supply is restricted, most head teachers appreciate the significance of immediate rinsing. One other aspect which has received the attention of the health department is the necessity for the supplier to collect the bottles immediately after use, particularly at the end of term.

## **XII. SCHOOL SWIMMING POOLS.**

During the year, 4 new pools were brought into operation, including a private pool for which permission has been given for occasional use by school children. This together with 18 of the 20 pools in use at the end of the year, has continuous circulation, filtration and chlorination plant. At only one school is the pool operated on the "fill and empty" principle. Three are indoor pools and the water is heated and one former outside pool has been covered. Six other school pools were either projected or under construction during the year.

65 inspections were carried out and the generally high standard of operation was achieved as the result of great interest on the part of the school personnel responsible for the daily supervision of the pools.

In co-operation with the department, each school maintains daily records of the pH and chlorine residuals and other information which could assist in determining the cause of failing bacteriological samples.

58 such samples were submitted to the public health laboratory and 6 proved unsatisfactory, 3 showing the presence of bact. Coli type I. Following investigations and advice it is pleasing to record that subsequent samples proved satisfactory. At only one school was it found necessary to empty and refill the pool following a breakdown in the filtration plant.

## **XIII. REMAND HOME**

Members of headquarters medical staff continued to visit the Bramerton Remand Home during the year to examine children on admission and discharge. 175 boys and 76 girls were admitted and 502 examinations were carried out. In addition, the consultant psychiatrist specially examined 95 residents at the Home.

Following outbreaks of German measles, the Remand Home was in quarantine for the prescribed period in April and July.

## **XIV. CHILDREN'S HOMES**

At the end of the year, 6 children's homes were maintained by the Children's Committee all of which were inspected regularly by medical officers and reports submitted on the hygienic conditions of the premises. Children needing dental treatment were, where practicable, treated at the appropriate dental clinic.

## XV. MISCELLANEOUS.

### Holiday Camps for Handicapped Children.

One diabetic, 4 epileptic and 3 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:—

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

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

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



# SCHOOL HEALTH SERVICE

## LIST OF CLINICS

as at 31st December, 1964

Name and address of clinic	Type of treatment provided	Frequency of session
<b>ACLE</b>		
Secondary Modern School	Speech therapy	One session weekly.
V.P. School ... ..	Dental	Four sessions weekly.
<b>AYLSHAM</b>		
Secondary Modern School	Dental	Six sessions weekly.
	Speech therapy	One session weekly.
C.P. School ... ..	Speech therapy	One session weekly.
<b>BACTON</b>		
C.P. School ... ..	Speech therapy	One session weekly.
<b>BURNHAM MARKET</b>		
C.P. School ... ..	Speech therapy	One session weekly.
<b>CAISTER</b>		
Secondary Modern School	Speech therapy	One session weekly.
<b>CLENCHWARTON</b>		
C.P. School ... ..	Speech therapy	One session weekly.
<b>COSTESSEY</b>		
C.P. School ... ..	Dental	Four sessions weekly.
<b>CROMER</b>		
Local Health Office, Norwich Road ..	Child Guidance Dental Speech therapy	As required. Four sessions weekly. One session weekly.
<b>DISS</b>		
Secondary Modern School	Dental Speech therapy	Eight sessions weekly. One session weekly.
<b>DOWNHAM MARKET</b>		
Local Health Office, 48, Howdale Road ...	Dental Speech therapy	Eight sessions weekly. One session weekly.
<b>EAST DEREHAM</b>		
Local Health Office, High Street ... ..	Dental Speech therapy	Eight sessions weekly. Two sessions weekly.
<b>FAKENHAM</b>		
C.P. School ... ..	Dental Speech therapy	Six sessions weekly. Two sessions weekly.
<b>FRAMINGHAM EARL</b>		
Secondary Modern School	Dental	Two sessions weekly.
<b>HELLESDON</b>		
C.P. Infants' School, Kinsale Avenue ...	Dental	Four sessions weekly.
<b>HILGAY</b>		
Ten Mile Bank C.P. School ... ..	Speech therapy	One session weekly.
<b>HOVETON</b>		
Secondary Modern School	Dental Speech therapy	Four sessions weekly. One session weekly.
<b>KING'S LYNN</b>		
Local Health Office, 15, Nelson Street ...	Child Guidance Speech therapy	Two sessions monthly. Two sessions weekly.
Secondary Modern School Queen Mary Road, Gaywood ... ..	Dental	Ten sessions weekly.

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



# MEDICAL INSPECTION AND TREATMENT

Return for the Year ended 31st December, 1964

## 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 who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		No. of Pupils found not to warrant a medical examination (See Note 1 above)	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory No.	Unsatisfactory No.		For defective vision (excluding squint)	For any other condition recorded at Part II	Total individual pupils
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1960 and later	186	186	—		6	9	15
1959	2,620	2,616	4		57	188	235
1958	2,317	2,309	8		56	182	221
1957	358	356	2		16	26	39
1956	155	154	1		9	19	25
1955	93	92	1		8	11	21
1954	2,317	2,309	8		182	161	314
1953	2,259	2,252	7		206	137	331
1952	281	281	—		42	24	63
1951	132	131	1		21	27	45
1950	962	960	2		85	52	128
1949 and earlier	3,470	3,466	4		444	138	560
Total	15,150	15,112	38		1,132	974	1,997

Col. (3) total as a percentage of Col. (2) total 99.75% } to two places of decimals  
 Col. (4) total as a percentage of Col. (2) total 0.25% }

**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	...	...	...	1,510
Number of re-inspections	...	...	...	8,937
			Total	10,447

**TABLE C.—INFESTATION WITH VERMIN**

- (a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons ... 10,220
- (b) Total number of individual pupils found to be infested ... 159
- (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 PERIODIC AND SPECIAL  
MEDICAL INSPECTIONS DURING THE YEAR**

Defect Code No. (1)	Defect or Disease (2)				PERIODIC INSPECTIONS				Special Inspections
					Entrants	Leavers	Others	Total	
4.	Skin ... ..	T	O		13	23	36	72	31
					125	66	105	296	43
5.	Eyes—a. Vision ... ..	T	O		157	476	499	1132	391
					400	194	412	1006	143
	b. Squint ... ..	T	O		63	5	17	85	21
					51	5	26	82	5
	c. Other ... ..	T	O		7	2	7	16	3
					34	35	48	117	11
6.	Ears—a. Hearing ... ..	T	O		34	11	19	64	62
					137	19	56	212	48
	b. Otitis Media ... ..	T	O		15	3	5	23	5
					126	10	34	170	10
	c. Other ... ..	T	O		2	5	4	11	5
					20	9	12	41	4
7.	Nose and Throat ... ..	T	O		69	16	33	118	85
					556	66	192	814	99
8.	Speech ... ..	T	O		37	6	19	62	67
					241	13	39	293	38
9.	Lymphatic Glands ... ..	T	O		8	6	—	14	3
					143	8	38	189	28
10.	Heart .. ..	T	O		21	9	11	41	5
					63	26	30	119	6
11.	Lungs ... ..	T	O		38	6	47	91	20
					230	31	67	328	44
12.	Developmental—a. Hernia ... ..	T	O		15	1	5	21	6
					24	5	4	33	—
	b. Other ... ..	T	O		14	4	33	51	24
					153	12	155	320	18
13.	Orthopaedic—a. Posture ... ..	T	O		8	4	8	20	—
					20	25	43	88	14
	b. Feet ... ..	T	O		27	16	26	69	25
					118	37	94	249	25
	c. Other ... ..	T	O		65	28	44	137	32
					212	117	118	447	38
14.	Nervous System—a. Epilepsy	T	O		—	3	4	7	4
					12	7	11	30	4
	b. Other ... ..	T	O		1	1	6	8	5
					49	12	22	83	14
15.	Psychological—a. Development	T	O		4	3	27	34	35
					44	19	74	137	33
	b. Stability ... ..	T	O		7	7	25	39	33
					113	13	58	184	37
16.	Abdomen ... ..	T	O		7	—	4	11	4
					31	13	33	77	13
17.	Other ... ..	T	O		8	12	42	62	16
					62	32	70	164	40
TOTALS ... ..	T	O		620	647	921	2188	882	
				2964	774	1741	5479	715	

**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)	2,136
Total ... ..	2,140
Number of pupils for whom spectacles were prescribed ... ..	1,133

**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 ... ..	9
(b) for adenoids and chronic tonsillitis ... ..	378
(c) for other nose and throat conditions ... ..	13
Received other forms of treatment ...	4
Total ... ..	404
Total number of pupils in schools who are known to have been provided with hearing aids:—	
(a) in 1964 ... ..	5
(b) in previous years ... ..	22

**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 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	164

**TABLE F—SPEECH THERAPY.**

	Number of cases known to have been treated.
Pupils treated by speech therapists ...	672

**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 ... ..	3,164
(d) Other ... ..	—
Total ... ..	3,164











