[Report 1966] / School Medical Officer of Health, Norfolk County Council.

Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
https://wellcomecollection.org

NORFOLK EDUCATION COMMITTEE

Annual Report

of the

PRINCIPAL SCHOOL MEDICAL OFFICER FOR 1966

NORFOLK EDUCATION COMMITTEE

Annual Report

of the

PRINCIPAL
SCHOOL MEDICAL OFFICER
FOR 1966

CONTENTS

PREFACE

There is no significant change to report in the health of the school child during the year. The number of children whose general condition was considered to be unsatisfactory showed a further small drop of 0.03% which has been a persistent trend over the past 10 years. The number of children with one or more defects has been very consistent over the years and this year's figure of 12.33% represents little change. Another figure which is rarely mentioned but may also have some value as an index of the health of school children, is the number of children provided with transport to school on medical grounds and, here again, the figure has shown a remarkably consistent trend averaging around 140. At a time when poverty among children is being much discussed, it is interesting to note that the proportion of children taking school meals has gradually increased over the past 5 years from 71.85% to the present figure of 81%, although the number receiving free meals has not altered significantly in the same period.

One must comment particularly on the incidence of head infestation in school children during the year. An additional 5,295 examinations were carried out by school nurses and 125 more cases were found to be infested. This represents a jump of 0.20% from 0.36% to 0.56% of the total school population. This should be compared, however, with a corresponding national figure of 2.68% but any increase must be deprecated and emphasises the need for vigilance on the part of all concerned and close co-operation between head teachers and nursing staff.

The number of schools which did not have a complete medical examination during the year increased to 30. This was due to a drop in the equivalent number of full-time medical staff of 1.25, arising from the loss of 2 assistant county medical officers and 1 full-time assistant medical officer but one must mention particularly the retirement of Dr. Irene B. M. Green after 40 years' service with the Norfolk County Council. Many tributes have been paid to Dr. Green elsewhere and I need only say here that such a valued and experienced colleague will be greatly missed. Dr. Green's retirement led to a re-arrangement of local health areas with a consequent redistribution of medical staff. There was delay in appointing new staff which could only be partly filled by temporarily increasing the sessions worked by part-time staff. It is important to make the most effective use of medical officers' time and the present low incidence of defects, together with an increasing number of special examinations, may point to the need to be more selective in our examination system so that available resources can be concentrated where most needed.

The resignation of Miss A. M. Orr, full-time speech therapist since September, 1964, led to the closure of certain clinics which had only been opened the previous year. This was much regretted and it is hoped to restore these clinics as soon as we are able to appoint another speech therapist, of whom there are a national shortage.

It should also be noted that the consent rate for B.C.G. vaccination continues to rise and has now reached the very satisfactory figure of 82.7%.

Sweep testing with pure tone audiometers by selected health visitors was extended during the autumn term to a further three areas of the county. It will be noted that about 9% of the children failed to respond satisfactorily to the audiometer sweep test but, on subsequent examination by medical staff, about a third were found to have no hearing defect and a further third were felt to require only observation. The remaining third were referred for treatment to ear, nose and throat clinics, after consultation with the family doctor.

A two-day course was held for all our medical staff at Wensum Lodge, Norwich, on the 24th and 25th November, with the object of improving medical officers' knowledge of up-to-date diagnostic techniques in the detection of deafness in children, together with current trends in treatment. A copy of the programme and other details is included in the report.

I must also mention particularly the retirement of Dr. J. V. Morris, physician superintendent of Little Plumstead Hospital, who with Dr. W. R. Clayton Heslop, former deputy county medical officer, initiated the holding of child guidance clinics in October, 1943. The number of child guidance clinic sessions held rose but there was little change in the number of new cases seen. Since the emphasis at our child guidance clinics is on diagnosis and assessment rather than prolonged therapy, we have been fairly fortunate in being able to arrange appointments for children with very little delay. This is in contrast to the situation in certain other parts of the country where it is reported in 1965 the average waiting list was 6 months.

I thank all the members of my staff, professional and clerical, 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, 1967.

STAFF OF THE SCHOOL HEALTH SERVICE DURING 1966

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 Officers:

A. N. HUNTER, M.B., Ch.B., D.P.H.
M. W. BEAVER, M.B., B.S., D.P.H.

Senior Assistant Medical Officer:

C. H. B. LAWFIELD, M.A., M.R.C.S., L.R.C.P.

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.)
J. A. D. BRADFIELD, M.B., B.Ch., B.A.O., D.P.H.
A. A. G. CARSON, M.B., B.Ch., D.P.H. (to 6th March)
IRENE B. M. GREEN, M.D., B.S., D.P.H. (to 30th September)
D. F. HADMAN, M.B., B.S., D.P.H.
J. McD. HANLEY, L.R.C.S., L.R.C.P., 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.
LYDIA MCMURDO, M.R.C.S., L.R.C.P.
L. G. POOLE, M.B., Ch.B., D.P.H., D.T.M. & H. (from 1st July)

SCHOOL MEDICAL OFFICERS:

(also Assistant Medical Officers)

Full-time

SYBIL E. CATOR, M.B., Ch.B. (full-time from 1st April)
A. D. MACDONALD, M.D., Ch.B. (to 15th November)

Part-time

MARGARET E. ANDERSON, M.B., Ch.B., M.R.C.O.G.
CHRISTINE R. COUPLAND, M.B., Ch.B.
G. IVOR DAVIES, M.D., B.S., D.P.H. (from 17th November)
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.
A. JEAN LACEY, M.B., Ch.B., D.P.H.
ROSEMARIE D. LINCOLN, M.B., B.S.
MARGARET B. PROSSER, M.B., Ch.B. (from 11th January)

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.)
J. W. MCQUISTON, L.D.S. (Q.U. Belf.) (to 31st July)
J. L. TAYLOR, L.D.S., R.C.S. (Edin.)
N. H. WHITEHOUSE, L.D.S., B.Ch.D. (Leeds) (from 1st September)
S. H. WOONTON, L.D.S., R.C.S. (Eng.)

Dental Officers:

EDITH P. CHURCHYARD, 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)
R. JENNINGS, B.D.S. (Durham)
P. J. PEARCE, B.D.S. (London)
MARGARET WILSON, L.D.S., R.C.S. (Edin.) (from 1st February)
*M. G. ANSON, L.D.S., R.C.S. (Eng.)
*H. E. HOVELL, L.D.S., R.C.S. (Eng.)
*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 D. M. SIMMONS, 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.

Other Nursing Staff Engaged on School Health Service Duties:

Health Visitors and School Nurses

School nursing duties only, 2; combined duties, 33.

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:

MRS. D'VIDA BEATON, B.A. (Natal), L.C.S.T.
MISS D. M. BRAITHWAITE, L.C.S.T.
MRS. B. J EMERY, L.C.S.T.
MISS A. M. ORR, L.C.S.T. (to 8th August)

17 Driver Attendants (Dental)

ANNUAL REPORT

OF THE PRINCIPAL SCHOOL MEDICAL OFFICER FOR 1966

I. GENERAL STATISTICS

Area of administrative county .. .. 1,302,501 acres
Registrar-General's mid-year estimate of population, 1966 414,980

Number of schools and number of pupils on the registers:

Type of school	Number of schools	Number of pupils on registers
Primary	386	36,048
Secondary modern	45	15,847
Secondary grammar	13	4,804
Wymondham College	1	702
Nursery schools	3	115
Special schools	2	136
	450	57,652

Average attendance of pupils at primary and secondary modern schools for the year ended 31st December, 1966:

Primary 91.65%
Secondary modern .. 90.90%

II. STAFF

The following table shows the number of staff and the whole-time equivalent employed in the school health service as at 31st December. Comparison with figures for the previous year, given below, shows a slight overall increase in the number of staff actually employed although the corresponding estimated equivalent is 0.93 less. It will be noted that the estimated equivalent of whole-time medical staff dropped by 1.25.

	31st December, 1966		31st December, 1965	
	No. employed	Estimated equivalent in terms of whole-time officers	No. employed	Estimated equivalent in terms of whole-time officers
Medical staff ..	22	8.20	24	9.45
Dental officers ..	15	13.27	15	13.27
Speech therapists ..	4	4.00	5	5.00
School nurses.. ..	63	8.73	57	7.98
Driver attendants ..	18	16.66	18	16.09
Clerk attendants ..	9	3.60	9	3.60
Totals	131	54.46	128	55.39

III. MEDICAL INSPECTION

The arrangements whereby pupils are medically inspected 3 times during their school life (viz. at entry, at age 10 + and on leaving) remained unchanged.

During the year, 15,309 such children were inspected, a decrease of 997 compared with the previous year when the number was 16,306. In addition, school medical officers carried out 9,663 other examinations, of which 1,046 were special examinations undertaken at the request of the parents, teachers or school nurses. The number of children who were re-examined because of defects found at previous inspections was 8,617. The figures for the previous year were 882 special examinations and 9,515 re-examinations.

School nurses also visited schools prior to the date of medical inspection to test the vision and hearing of 8-year-old pupils in primary schools and 13-year-old pupils in grammar schools. 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 as a "special" at the next medical inspection. The vision and hearing of 3,480 8-year-old pupils and 315 13-year-old pupils were examined under this arrangement by school nurses who referred 340 and 48 pupils respectively to the school medical officer for special examination at the next inspection.

The number of schools which did not have a complete medical inspection during 1966 was thirty, an increase of twenty-four over the figure for the previous year. This increase was mainly due to the unfilled vacancy between the resignation of one of the school medical officers and the appointment of his successor and to the absence on a special course of another school medical officer.

There was an increase in the percentage of parents who attended medical inspection, sixty approximately, compared with fifty-six for the previous year.

It is laid down in regulations made under the Education Act that medical inspection should be carried out in the child's own school wherever possible. There still remain schools where it is difficult to carry out an inspection and where arrangements have to be made to undertake it in nearby premises and I feel that appreciation should be recorded to the head teachers and medical and nursing staff for their help in carrying out this work under very difficult circumstances.

FINDINGS OF MEDICAL INSPECTION

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

Table A of Part I of the official return sent to the Department of Education and Science shows that 1,888 individual children were found at periodic medical inspection to have one or more defects considered to need treatment, giving a percentage of 12.33, an increase of 0.52.

1962	12.91%
1963	13.48%
1964	13.18%
1965	11.81%
1966	12.33%

The latest comparable figure for England and Wales during 1965 was 16.08%.

General Condition

There was again a fall in the percentage number of pupils whose general condition at medical inspection was considered by the school medical officers as

being unsatisfactory. This figure has, it will be seen from the undermentioned table, gradually fallen during the past five years and represented last year approximately one child in 600.

Year	No. of pupils inspected	Satisfactory		Unsatisfactory	
		No.	%	No.	%
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
1965	16,306	16,274	99.80	32	0.20
1966	15,309	15,283	99.83	26	0.17

The latest comparable figures for England and Wales relate to 1965 when 99.62% were found to be satisfactory and 0.38% 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 21/9/66		Meals			Milk	
		Free	Paid	%of those attending	1/3rd pint free	%of those attending
Primary	32,767	1,776	24,490	80.16	29,744	90.33
Secondary modern and secondary grammar.. ..	19,610	1,178	15,104	83.03	10,187	*49.94
Nursery	101	4	97	100.00	101	100.00
Totals 1966	52,478	2,958	39,691	81.30	40,032	76.40
(1965)	(50,578)	(2,901)	(37,089)	(79.07)	(38,693)	(76.50)

* Calculated as a percentage of 20,400 (including 790 boarders)

CLEANLINESS

The procedure outlined in last year's annual report regarding the restricted routine periodic cleanliness inspection of children in primary and secondary modern schools remained unchanged.

During the year, 19,717 head inspections were carried out by the school nurses and 324 children were found to be verminous. This is an increase of 5,295 in the number of inspections and represents 0.56% of the school population, 0.20% greater than the previous year. Although this is well below the latest figure for England and Wales of 2.68, it emphasises the need for vigilance and close co-operation between head teachers and nursing staff.

The trend of infestation over the past five years is given below:

Year	Total No. of examinations made by health visitors/ school nurses	Number of individual children found infested
1962	8,339	91
1963	13,511	181
1964	10,220	159
1965	14,622	199
1966	19,917	324

Where routine head inspection has revealed unsatisfactory conditions, the pupils are inspected regularly at school until such time as the heads are clean. Home visits are made by the school nurse and parents are offered advice and issued with a medicated lotion or shampoo.

OTHER DUTIES OF SCHOOL NURSES

School nursing is undertaken by two full-time school nurses, thirty-three health visitor/school nurses and twenty-three nurses who cover generalised work. These nurses devote an equivalent of 8.73 in whole-time service.

There is close co-operation with school medical officers, teachers and parents regarding inspections and treatment of pupils.

The audiometry screening of children mentioned on pages 21–22 has increased during this year and now five local health areas and nine school nurses are included. It is visualised that this will be further extended in the near future.

HEALTH EDUCATION

At the request of head teachers, staff of the health department have continued to provide assistance with health education programmes in schools.

The usual form that this takes is a course of four or five lectures and discussions with school leavers. The subjects can be broadly classified as human biology, with special reference to what is usually known as sex education.

There has been an increasing demand for assistance of this kind and there is no doubt that this service will expand. There are a number of pressing problems, one of them being the provision of lecturers for groups of boys. This is a very exacting and time-consuming task for the health educator, especially as it is desirable that the size of the audience should be restricted.

Quite probably such education at the time of leaving school is too late unless it has been preceded by similar talks and discussions some years earlier.

Obviously, providing speakers on this scale would tax the resources of the health department unless re-appraisal of the work of school medical officers and health visitors leads to elimination of other duties which, at present, take priority.

SCHOOL LEAVERS—MEDICAL REPORTS

Medical officers continued to give special attention to school leavers by assessing their capacity for future employment and issuing, where appropriate, Ministry of Labour Forms Y.9 and Y.10. In addition, at the end of the year, a new functional assessment form, shown opposite, was introduced. This form is completed for all ascertained handicapped pupils and forwarded to the youth employment officers. During the year, 217 Forms Y.9 were completed.

FORM SHS/9

NORFOLK EDUCATION COMMITTEE
SCHOOL HEALTH SERVICE

NAME:

ADDRESS:

DATE OF BIRTH: **SCHOOL ATTENDED:**

Use of Upper Limbs

General range of arm movement
L. ..... R. .....

Muscle power
L. ..... R. .....

Hands and fingers—muscle power
L. ..... R. .....

Co-ordination
L. ..... R. .....

Touch: L. ..... R. .....

Remarks:

Use of Lower Limbs

Walking ..... Standing ..... Hurrying ..... Balance: static ..... in movement .....

Climbing stairs ..... Climbing ladders ..... Sitting only .....

Remarks:

Speech

Hearing

L. ..... R. .....

Remarks:

Vision

L. ..... R. ..... Visual field ..... Colour vision .....

Remarks:

Ability to:

Stoop or bend: Occasional ..... Prolonged .....

Push and pull ..... Lift ..... Walk with load ..... Travel to work .....

Intelligence

Emotional stability

Ability to work:

Full time ..... Regularly .....

General Remarks:

DATE.....

SIGNED.....
School Medical Officer

NORFOLK EDUCATION COMMITTEE

School Health Service

NOTES FOR GUIDANCE ON FUNCTIONAL ASSESSMENT

It is recognised that precise functional assessment of a handicapped school leaver depends on many factors which include not only the nature and degree of the disability but total personality, home background and the range of employments available. The purpose of this report form is not to make a specific assessment of the young person's fitness or unfitness for any given employment but to indicate to the Youth Employment Officer the degree and nature of functional impairment which might have a bearing on the choice of employment. Direct and detailed consultation between the Y.E.O. and the S.M.O. will always be desirable in many cases and the form is no substitute for this; it will rather enable the Y.E.O. to judge when consultation is required and to select the points on which further information is particularly needed.

In completing the form the figures 1, 2, 3 and 4 should be used except when the notes below specify otherwise. Remarks in amplification of the figures may be entered on the form or on attached sheets. Where this is done, the indication "See remarks" should be made in the appropriate "box" and the comment which is added should be prefaced with the index item to which it relates.

NOTES

Arm Movement

This relates to the total range of movement of the limb as a whole. It may be amplified in the "remarks" section by comments such as "permanently stiff elbow" or "cannot raise arm above shoulder".

Arm muscle power

This is probably best assessed in terms of ability to lift and hold ordinary heavy objects (e.g., suitcases or buckets of water), light objects only (e.g., books or cups) or inability to handle even light objects effectively.

Hands and fingers

Muscle power.—This relates primarily to grip and the ability to exert pressure on apparatus and material being handled.

Co-ordination.—This relates to the ability to make skilled use of hands and fingers irrespective of muscle power, and without regard to whether the incoordination is of central nervous, peripheral nervous or muscular origin.

Touch.—Any impairment of the sense of touch should be noted. Absence or substantial permanent deformity of any digit should be noted under "remarks".

Use of lower limbs

Walking.—The medical officer should consider the child's ability to walk reasonable distances within the factory or workshop. In addition to muscle power, such factors as pain on walking should be taken into account. An indication of the approximate distance in yards which the child can walk at one time without strain should be added if possible; it can be useful in deciding, for example, whether the subject can walk to work from the nearest public transport point.

Standing.—The criterion of normality is the ability to carry out work which involves substantial periods of standing.

Hurrying.—This relates to the ability to walk rapidly and steadily, when carrying a moderate load.

Balance: static.—This relates to ability to retain position in the working attitude, whether sitting, standing or bending.

Balance: in movement.—This relates to unsteadiness or "clumsiness" when walking and should take account of any disability which might cause difficulties in walking over an uneven floor or along a narrow gangway.

Climbing stairs.—The criterion of normality is ability to go up and down a flight of 15 ordinary stairs at normal speed without the use of a handrail. Climbing ladders.—This should be answered by "yes" or "no". Any relevant disability of legs, arms, central nervous system or balancing mechanism should be taken into account.

Sitting only.—This relates to need for a sedentary occupation and should be answered with "yes" or "no". Any disability which would make it difficult to sit for substantial periods at a work-bench or desk should be noted under "remarks".

Hearing

The standard of normality is ability to hear ordinary conversation in the presence of background noise corresponding to that of an average office (including average street noises from outside), without the use of a hearing aid. The need for a hearing aid, even if highly effective, is an indication for grading the subject 2, 3 or 4 and if a hearing aid is used this fact should be noted under "remarks".

Vision

Visual acuity should be recorded by the Snellen system. Substantial defect of near vision should be noted under "remarks".

Visual field.—This should be recorded as "normal" or "impaired" with specific comment under "remarks".

Colour vision.—Indicate only whether this is "normal" or "impaired" irrespective of the test method used.

Ability to:

Stoop or bend (occasional).—This relates to disabilities which make even occasional stooping or bending difficult or undesirable, including defects of balance.

(Prolonged).—This relates to employment which might require the child to carry out operations in a stooping position. The possible effects of stooping on high myopia should be considered.

Push and pull.—This should be considered in terms of ability to manoeuvre a substantial mobile object (e.g., a truck or trolley).

Lift.—This relates to ability to lift a moderately heavy object (e.g., a small packing-case or suitcase) from the ground to table or bench height, taking into account the function of all parts of the body used in the action of lifting.

Walk with load.—This includes not only ability to support a load but the child's power to maintain the balance of the load and himself while walking.

Travel to work.—A child should be classified 1 or 2 if he is able to travel to and from work by public transport in local rush hour conditions. Classification as 3 would denote that he is immobile and unable to work outside his home unless special transport is provided for the whole journey. Classification 2 would indicate an intermediate group who might need special transport for part of the distance or might have their working hours adjusted so that they need not travel during rush hours.

Intelligence

Enter "impaired" if the child has been classed as educationally subnormal, even if he has not attended a special school or been formally ascertained. Otherwise enter "normal". If intelligence is impaired, fuller information should be given under "remarks".

Emotional stability

Enter "impaired" if the child is emotionally unstable or maladjusted at the time of leaving school or if his previous history gives grounds for expecting him to have a period of instability when he leaves the school environment. If there are any marked behaviour problems, this should be noted together with some indication of their nature. Fuller information should be given under "remarks" or in a separate communication.

Fitness for whole-time work

Enter "no" if the child's disability is likely to prevent him from working whole-time. If he is not fit for whole-time work indicate the approximate number of hours per day or per week, or days per week, which he can be expected to average.

Fitness for regular work

Enter "no" if the child has a disability which is liable to exacerbations which might cause periodical absence from work.
If the child has a disability which is likely to require regular medical or surgical treatment during working hours or to cause periodical absence from work, this should be indicated in the general remarks. A note should also be added if it is known that a prolonged course of treatment which will involve absence from work is planned to take place in the near future. In respect of unfitness for either whole-time or regular work the reasons for assessment should be indicated under "remarks".

GENERAL REMARKS

Since this form is a functional one and makes no reference to any particular disease, it is possible that all items could be normal and yet the child suffers from some condition, i.e., asthma, mild epilepsy or diabetes.
It is suggested, therefore, that a note covering such points should be included under "General Remarks" to incorporate frequency and severity of any attacks.

Functional Assessment

Except where otherwise specified, function should be indicated by the figures 1, 2, 3 and 4.

1. signifies that function is within the normal range.
2. signifies that function is slightly impaired.
3. signifies that function is substantially impaired.
4. signifies that function is grossly impaired or absent.

If the medical officer wishes to make special comment under any particular head this should be indicated in the space provided on the form with the words: "See remarks below".

TRANSPORT OF CHILDREN TO AND FROM SCHOOL

Included in the school health service is the medical examination of school children who are referred for consideration for the provision of school transport on medical grounds. During the year, 144 children were, after consideration of reports by hospital specialists, family doctors, or school medical officers, recommended to be provided with transport.

IV. TREATMENT OF DEFECTS

CO-OPERATION WITH HOSPITALS AND GENERAL PRACTITIONERS

Excellent co-operation exists between school medical officers, hospital consultants and family doctors.

Before any child is referred to a specialist or for hospital treatment, it is the practice, save for certain agreed conditions, to consult the family doctor so that he will have the opportunity, if he wishes, to refer the case himself. In many cases, however, general practitioners are willing for children to be referred by school medical officers, provided they are fully informed of the results.

The routine reports which are available from consultant paediatricians, cardiologists and chest physicians, etc., are very much appreciated and are found most helpful in relating educational needs to physical, mental or emotional defects.

DEFECTIVE VISION

As in previous years, defective vision accounted for the bulk of defects found at periodic medical inspection and, during 1966, 1,078 pupils were found to have defects of vision (including squint) needing treatment and 1,019 were considered as needing observation. By the co-operation of the respective hospital management committees, special ophthalmic clinics continued to be held for school children at the Cromer and District, West Norfolk and King's Lynn General, Thetford Cottage and Jenny Lind Hospitals. During the year, 2,060 cases were referred to these clinics and spectacles prescribed for 1,103 children.

Testing for colour vision continued to be carried out for pupils in the 10-11-year-old age group.

Squint

The number of children found at periodic medical inspections to have squints and referred for treatment was sixty-two. There was no change in the number of orthoptic clinics available for Norfolk school children and a summary of the work carried out at each is given below:

	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	49	464	148	81	742
Total number of attendances ..	177	1,327	730	140	2,374
Number discharged as improved or cured	5	185	18	4	212

DEFECTS OF EAR, NOSE AND THROAT

203 children were, during the year, referred for treatment and 1,026 placed under observation for diseases of the ear, nose and throat.

SKIN DISEASES

During the year, 69 children were referred at medical inspections for treatment and 287 placed under observation for diseases of the skin.

ORTHOPAEDIC TREATMENT

The arrangements whereby children needing orthopaedic treatment were referred, with the consent of the family doctors, to the orthopaedic surgeons at Norfolk hospitals, continued during the year.

V. DENTAL TREATMENT

The principal school dental officer reports:

Staff

The year, once again, saw a few staff changes which appears to be a normal annual occurrence. Dereham clinic was minus a dental officer for the month of January only as Mrs. M. Wilson took up her appointment on 1st February.

I have to record, with deep regret, the premature retirement through ill-health of Mr. J. W. McQuiston early in the year and his subsequent death in the autumn. "Mac", as he was known to his colleagues on the staff, had served the county diligently during a period of acute staff shortage and he will be missed by a great number of young people in the Swaffham area.

Mr. N. H. Whitehouse was promoted area dental officer and took over Swaffham and Watton clinics in September. Although this solved one staffing problem, it created another in that Mr. Whitehouse left his Diss area with no prospect of a successor at that time. However, towards the end of the year we had every reason to believe that the vacancy would be filled in January, 1967. I must record my thanks to Mr. P. J. Pearce who willingly carried out temporary duty in the Swaffham and Diss districts.

At 31st December, 1966, the total whole-time equivalent of dental officers employed by the authority was 13.6. A full-time equivalent of 17.2 dental driver/attendants were employed to assist the dental officers. This figure includes three "spare" attendants who are normally attached to dental teams at Wymondham, King's Lynn and Aylsham and who carry out relief duties from time to time in their areas. The total number of sessions which these attendants devoted to relief work was 187.

Courses

Three dental officers, Mr. Hurley, Mr. Taylor and Mr. Pearce attended post-graduate courses, each of one week's duration, on Children's Dentistry at the Eastman Dental Hospital.

Hospital Appointments

Through the kind co-operation of the hospital consultants a scheme was launched in September whereby two dental officers were appointed clinical assistants for a period of one year. The staff will take turns in these appointments and the first two officers to start were Mr. Whitehouse and Mr. Jennings. Each officer devotes one session per week to hospital work which varies from orthodontics to theatre surgery, the choice of work lying mainly with the individual, according to his personal preference.

Meeting

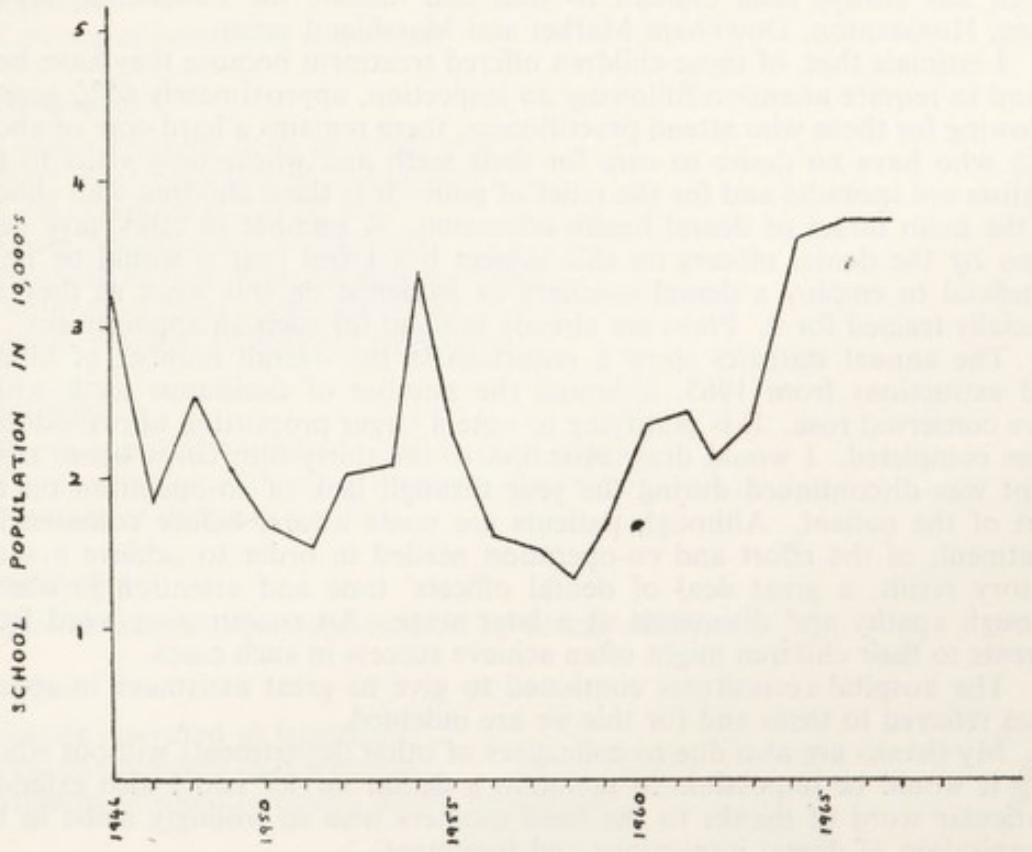
A dental officers' staff meeting took place on 10th May. During the morning there was much to discuss on common problems which occur from

day to day in a rural school dental service. I am grateful to the staff for criticisms and helpful suggestions which inevitably arise out of these meetings. In the afternoon, Mr. J. C. J. McGowan, consultant dental surgeon at the Norwich Hospitals, gave a talk on "Interesting Cases", illustrating this with some excellent slides. Questions and discussions followed.

Equipment

New Walton V anaesthetic machines were installed at Watton and Swaffham clinics. Aylsham was supplied with a new dental chair and airotors with compressors were installed at Watton, Sheringham, Loddon, Framingham Earl, Hoveton and Acle, the last mentioned also having a "Minora" unit with eight-speed engine and triple purpose syringe incorporating under-floor plumbing and services. This unit eliminated the old type spittoon with its accompanying cumbersome pipes.

High-speed airotors are now in all but five of our clinics and two of these are cases where the dental officers concerned have declined the offer of this particular item of equipment.



SCHOOL DENTAL INSPECTIONS IN NORFOLK 1946-66

General

The total number of children who received a dental inspection was slightly less (401) than the previous year but 730 more children received a second inspection during the year.

The graph shows the fluctuations over the past twenty years in the number of children receiving a dental inspection in Norfolk. There was a decided fall

coinciding with the introduction of the National Health Service and the migration of professional staff from local authority work around 1948. After that date, the lowest number of inspections occurred in 1958, since when there has been a steady improvement apart from 1962-63. The inspection rate, in itself, does not necessarily reflect the efficiency of the dental service as emphasis may be placed on inspection at the expense of treatment, but it does give some indication of how well the service is fulfilling its task. If inspections are followed by comprehensive treatment then it will be seen that the rate of inspection will depend on the acceptance of treatment and the volume of work entailed. We pursue a policy of completing treatment for our patients before embarking on further extensive inspection which would otherwise only lead to long waiting lists. Unfortunately, this means that many schools in the county are still without an annual inspection.

Among the areas receiving regular annual inspections (or biannual in some fortunate districts which have had the continuous services of a dental officer over a number of years) are Loddon, Framingham Earl, Hellesdon, East Dereham, Thorpe, Hoveton, Sheringham, Aylsham, Thetford, Wymondham and Methwold. The worst areas of the county are mainly in the west which has always been difficult to staff and include the Fakenham, King's Lynn, Hunstanton, Downham Market and Marshland areas.

I estimate that, of those children offered treatment because they have been found to require attention following an inspection, approximately 65% accept. Allowing for those who attend practitioners, there remains a hard core of about 25% who have no desire to care for their teeth and whose only visits to the dentists are sporadic and for the relief of pain. It is these children who should be the main target of dental health education. A number of talks have been given by the dental officers on this subject but I feel that it would be more beneficial to employ a dental auxiliary or hygienist on this work as they are specially trained for it. Plans are already in hand for such an appointment.

The annual statistics show a reduction in the overall number of fillings and extractions from 1965, although the number of deciduous teeth which were conserved rose. It is gratifying to note a larger proportion of orthodontic cases completed. I would draw attention to the thirty-four cases where treatment was discontinued during the year through lack of co-operation on the part of the patient. Although patients are made aware, before commencing treatment, of the effort and co-operation needed in order to achieve a satisfactory result, a great deal of dental officers' time and attention is wasted through apathy and disinterest at a later stage. An encouraging word from parents to their children might often achieve success in such cases.

The hospital consultants continued to give us great assistance in special cases referred to them and for this we are indebted.

My thanks are also due to colleagues of other departments without whose help it would be impossible to maintain a dental service and I also extend a particular word of thanks to the head teachers who so willingly assist in the organisation of dental inspections and treatment.

DENTAL INSPECTIONS AND TREATMENT

Inspections

(*a*)	First inspection at school. Number of pupils	31,560
(*b*)	First inspection at clinic. Number of pupils	1,844
	Number of (*a*) + (*b*) found to require treatment	19,249
	Number of (*a*) + (*b*) offered treatment	17,580
(*c*)	Pupils re-inspected at school or clinic	3,291
	Number of (*c*) found to require treatment	1,570

Attendances and Treatment

First visit	10,917
Subsequent visits	17,208
Total visits	28,125
Additional courses of treatment commenced	947
Fillings in permanent teeth	18,737
Fillings in deciduous teeth	5,263
Permanent teeth filled	15,679
Deciduous teeth filled	4,836
Permanent teeth extracted	2,227
Deciduous teeth extracted	6,808
General anaesthetics	1,819
Emergencies	532
Number of pupils X-rayed	280
Prophylaxis	1,364
Teeth otherwise conserved	4,431
Number of teeth root filled	9
Inlays	3
Crowns	5
Courses of treatment completed	8,854

Orthodontics

Cases remaining from previous year	332
New cases commenced during year	128
Cases completed during year	106
Cases discontinued during year	34
Number of removable appliances fitted	251
Number of fixed appliances fitted	—
Pupils referred to hospital consultant	48

Prosthetics

Pupils supplied with F.U. or F.L. (first time)	3
Pupils supplied with other dentures (first time)	114
Number of dentures supplied	147

Anaesthetics

General anaesthetics administered by dental officers	1,691

Sessions

Sessions devoted to treatment	4,994
Sessions devoted to inspection	427
Sessions devoted to dental health education	10

VI. HANDICAPPED PUPILS

ASCERTAINMENT

No change was made in the duties placed on local authorities to ascertain those children in their areas who require special educational treatment. The policy adopted during recent years of making the necessary medical examination as informal as possible was continued, each case being considered individually so that the most appropriate action could be taken, bearing in mind the child's potential and home circumstances.

The number of categories of handicapped pupils (ten) remained unchanged and the following table gives the number of ascertainments carried out during the year under each category. It will be noted that there was an increase of

four as compared with the previous year. It should be noted that the nil figure in the category of defective speech is based on a policy of including only those children who are admitted to a special school and is no reflection, therefore, of the large number of children suffering from speech defects who have regular speech therapy as noted later in the report.

	1966	1965
Blind	—	2
Partially sighted	2	2
Deaf	—	—
Partially hearing	21	22
Delicate	13	8
Educationally subnormal	87	85
Epileptic	1	—
Maladjusted	17	23
Physically handicapped	13	11
Defective speech	—	—
Multiple defects	5	2
	159	155

SPECIAL EDUCATIONAL TREATMENT

Many of the children classified as handicapped may not need admission to a special school as those with less severe physical defects can often cope with education within the ordinary school system with special help. The following table gives details of the number of children in special schools, hostels, maintained schools, etc., as at the end of the year.

Categories	In res. day or hospital spcl. schools (incl. hostels)		In maintained schools		In independent schools		Not at school		Totals		1966 grand totals	1965 grand totals
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
Blind	3	2	—	—	—	—	—	1	3	3	6	10
Partially Sighted	7	5	4	—	—	—	1	—	12	5	17	19
Deaf	11	3	—	—	—	—	—	—	11	3	14	17
Partially hearing	2	2	51	36	3	2	—	—	56	40	96	84
Delicate	12	6	18	16	—	1	1	—	31	23	54	62
E.S.N.	61	36	250	139	1	—	1	2	313	177	490	501
Epileptic	3	3	6	8	—	—	—	—	9	11	20	25
Maladjusted	29	3	18	10	—	—	1	1	48	14	62	60
Physically handicapped	10	9	25	21	6	—	6	2	47	32	79	81
Speech defects	—	1	6	2	—	—	—	—	6	3	9	36
Multiple defects	13	4	11	5	—	1	—	1	24	11	35	45
Totals 1966	**151**	**74**	**389**	**237**	**10**	**4**	**10**	**7**	**560**	**322**	**882**	—
Totals 1965	150	82	430	250	8	4	7	9	595	345	—	940

The total figure of 882 represents approximately 1.5% of the school population.

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

East Anglian School, Gorleston ..	Deaf and partially sighted pupils.
Lingfield Epileptic Colony	Epileptic pupils.
Park Side Day Special School, Norwich	Educationally subnormal pupils.
St. John's School, Brighton	Educationally subnormal pupils.
Clare Day Special School, Norwich ..	Physically handicapped pupils.
The Palace School, Ely	Physically handicapped pupils.

EDUCATIONALLY SUBNORMAL CHILDREN

The number of children recorded as being educationally subnormal during the year amounted to eighty-seven. The details below show the sources of referral, together with the age at the time of examination and the recommendation given. The table includes similar information for the previous year.

Analysis of cases ascertained as educationally subnormal during the year.

	1966	1965
By whom referred:		
School medical officer	49	52
Hospital specialist	6	5
Head teacher	9	16
Family doctor	1	1
Educational psychologist	12	8
Speech therapist	3	1
Teacher of the deaf	1	—
Parent	1	—
Ascertained before moving to the county during the year	5	2
	87	85

Age at time of examination	Special educational treatment at the ordinary school	Admission to special school	Home tuition	Totals 1966	Totals 1965
5	—	1	—	1	4
6	4	—	—	4	5
7	8	3	—	11	10
8	13	12	—	25	19
9	8	8	—	16	11
10	9	2	1	12	16
11	8	3	—	11	13
12	2	1	—	3	6
13	1	3	—	4	1
Totals	53	33	1	87	85

The above figures show that the largest number of children are referred at eight years. There is much to be said for referral at an earlier age so that remedial measures can be taken as soon as possible.

SPECIAL SCHOOLS AND HOSTELS PROVIDED BY THE AUTHORITY

(*a*) Sidestrand Hall for Educationally Subnormal Pupils

There was no change in the arrangements for reviewing the medical and educational progress of children at Sidestrand Hall. At the end of the year, eighty-six pupils were resident in the school, including eight sent by other authorities. Twenty new admissions were made during 1966. With the pressure of demand for the limited places available, assessment of priorities by the senior medical officer and the senior educational psychologist is not an easy task.

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. The ascertainment of a child as a handicapped pupil does facilitate the continuity of supervision and support on leaving school.

With regard to dental care, 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 devotes a whole day per week to carrying out treatment at this school.

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

This school is listed in the Ministry of Education's Special Schools for Handicapped Pupils, List 42 (1963) as providing for children with the following conditions:

(*i*) Debility, malnutrition and anaemia.
(*ii*) Respiratory conditions (non-tuberculous).
(*iii*) Rheumatism, chorea and rheumatic heart disease.
(*iv*) Non-contagious skin disease.
(*v*) Congenital heart defect.

Staffing and accommodation facilities limit the ability to provide for children with the more severe handicaps in categories (*iii*) and (*v*). At the end of the year, there were forty-nine children resident in the school compared with fifty-one in the previous year. There is a high admission rate to, and discharge rate from, the school each year. In 1966, twenty-one children were discharged and twenty-five admitted. 71% of those children resident were boys and asthma remained the most common condition accounting for 60% of new admissions during the year.

Medical Classification of Children resident on 31st December

	Boys	Girls	Total
Asthma	20	2	22
Asthma and Eczema	3	6	9
Anorexia	1	—	1
Anxiety	—	1	1
Bronchiectasis	—	1	1
Congenital deformities, frequent infections	1	—	1
Debility with mild cerebral palsy	1	—	1
Depression	—	1	1
Epilepsy	1	—	1
General debility	—	2	2
Heart condition	1	—	1
Hemiplegia	1	—	1
Hydrocephalus	1	—	1
Laryngeal papillomata	—	1	1
Osteomyelitis	1	—	1
Pulmonary sarcoidosis	1	—	1
Recurrent upper respiratory infection	1	—	1
Rheumatic carditis	1	—	1
Spastic diplegia	1	—	1
	35	14	49

Sending Authority	Boys	Girls	Total
Norfolk	12	6	18
Armagh (Northern Ireland)	1	—	1
Bedfordshire	3	—	3
Buckinghamshire	1	2	3
Cambridgeshire and Isle of Ely	3	—	3
Derbyshire	2	—	2
East Suffolk	2	—	2
Essex	2	2	4
Hampshire	—	1	1
Hertfordshire	1	—	1
Huntingdonshire and Peterborough	1	—	1
Lincolnshire (Holland)	2	—	2
Lincolnshire (Kesteven)	1	—	1
Lincolnshire (Lindsey)	1	2	3
London Borough of Havering	1	—	1
London Borough of Waltham Forest	1	—	1
Norwich C.B.	1	1	2
	35	14	49

Medical vetting of admissions and discharges remains the responsibility of the senior medical officer who keeps in close consultation with the headmaster and matron. Brief terminal reports after full medical examination are 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.

(*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 disturbances 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.

Twenty-two children were accommodated at Colne Cottage and thirty-four at Morley Hall at the end of the year. Twenty-five of these fifty-six children were referred by other authorities.

The consultant psychiatrist, senior medical officer, senior educational psychologist and the psychiatric social worker attended monthly case conferences at each of the hostels with the warden of the hostel, to discuss the progress of individual children, when appropriate, and to make the necessary recommendations and reports.

DEAF AND PARTIALLY HEARING CHILDREN

The scheme for the screening of six-year-old children by audiometer sweep testing by selected health visitors, introduced in the previous year in two local health areas, was extended to five areas. Where the number of children to be tested is very small, as in many village schools, the medical officers themselves carry out the test at the end of the routine medical examination. As mentioned in last year's annual report, those children failing the test are followed up by

the school medical officer and a full assessment, including an ear, nose and throat examination is carried out before it is decided whether further investigation is required.

By the end of the year, a total of eighty-five schools had been visited and of a total of 1,640 children screened, 147 were referred to the medical officer for follow-up, viz. almost 8.1% of the total. There were also a number of other children noted for routine observation.

There is little doubt that this method of testing is much more effective in detecting marginal hearing loss than older methods.

Total number of primary schools in areas	227
Number of schools visited during year ended 21st December	85
Number of pupils screened by:	
(*a*) Health visitors/school nurses	1,468
(*b*) School medical officers	172
Total	1,640
Number of pupils absent at screening	134
Number who failed test by:	
(*a*) Health visitors/school nurses	
(*i*) one ear	67
(*ii*) both ears	71
(*b*) School medical officers	
(*i*) one ear	4
(*ii*) both ears	5
	147
Number subsequently examined by school medical officers:	
(*a*) Found to have no hearing defect, no further action required	38
(*b*) Where decision deferred pending treatment by general practitioner or school medical officer	7
(*c*) Placed under observation by school medical officer	36
(*d*) Referred to E.N.T. Clinic (after referral to G.P.)	33
(*e*) Recommended for referral to:	
(*i*) Teacher of the deaf	—
(*ii*) Speech therapist	—
(*iii*) Educational psychologist	—
(*iv*) For mental ascertainment, etc.	1
Total	115
Number absent from this subsequent examination	20

Two-Day Course on Hearing Impairment in School Children

A two-day course was held for medical staff at Wensum Lodge, Norwich, on the 24th and 25th November. We were greatly indebted to Professor I. G. Taylor of the Department of Audiology and Education of the Deaf, Manchester University, who spent a full day lecturing and giving a practical demonstration with suitable children. I should like to express my gratitude also to the consultant ear, nose and throat surgeon at the Norfolk and Norwich Hospital,

Mr. R. J. Sellick, who not only gave a lecture on the "Current Fashion in the Management of Conductive Deafness" but also showed a great interest in the course and joined the medical staff for much of the two days. Our thanks also to the other contributors to this course who included Mr. W. C. P. Lawrence, educational psychologist, Miss J. Rutt, senior speech therapist, and Miss P. J. Webber, senior teacher of the deaf. Local courses of this sort have much to commend them, enabling a large number of medical staff to receive instruction in particular subjects in a short period of time and it is hoped that similar sort of courses will, in the future, play their part, together with other national courses, in post-graduate medical education. A programme of the two-day course is given below:

THURSDAY, 24TH NOVEMBER

9.30 a.m.	Introduction by Dr. A. N. Hunter, Senior Medical Officer.
9.35 a.m.	"Current Fashion in the Management of Conductive Deafness", R. J. Sellick, Esq., F.R.C.S., Consultant Otologist, Norfolk and Norwich Hospital.
11.30 a.m.	"Psychological Aspects of Deafness", W. C. P. Lawrence, Esq., B.A., Assistant Educational Psychologist.
2.00 p.m.	"Specific Language Disorders", Miss J. Rutt, Senior Speech Therapist.
2.45 p.m.	Audiometry Screening, Dr. A. N. Hunter, Senior Medical Officer.
3.45 p.m.	"Teaching the Young Deaf Child", Miss P. J. Webber, Senior Teacher of the Deaf.

FRIDAY, 25TH NOVEMBER

Professor Ian G. Taylor, M.D., D.P.H., Department of Audiology and Education of the Deaf, Manchester University.

METHODS OF ASSESSMENT—SCHOOL CHILDREN.

9.30 a.m.	Pure Tone Audiometry.
10.30 a.m.	Impedence Audiometry.
11.30 a.m.	Speech Audiometry.
2.00 p.m.	Lecture—"Neurological Causes of Deafness".
3.15 p.m.	Demonstration of Clinical Aspects.

1. A child with a conductive deafness.
2. A child with a perceptive hearing loss.
3. A child with a specific language disorder, either with or without the additional handicap of a hearing loss.

TEACHING OF THE DEAF AND PARTIALLY HEARING

I am indebted to the Chief Education Officer for the following information:

"The Committee's services for the teaching of hearing impaired children continued to expand during 1966. The year opened with fully equipped units provided and functioning at St. Edmund's County Primary Schools, King's Lynn, and Attleborough County Primary School. Another unit opened at Fakenham County Primary School after the Easter holidays, 1966, and by the close of the year arrangements were in hand for a further unit to be established for senior pupils at the Gaywood Park Secondary Modern Schools, King's Lynn.

The rate of expansion in this field is to some extent limited by the national shortage of qualified teachers of the deaf. We had in this respect been fortunate in recruiting a team of four qualified teachers by January, 1966, and another qualified teacher, Miss N. M. Barlow, was appointed at the close of the year.

The teachers of the deaf have been actively engaged in unit work and in teaching some children in other schools or in their own homes and giving auditory training and parent guidance.

The hearing assessment clinic at the Jenny Lind Hospital is under the supervision of the Consultant Otologist, Mr. R. J. Sellick. The teachers of the deaf have a rota for attending this clinic and every effort is made to ensure that the children under the care of a particular teacher attend when that teacher is present.

Details of the work done at the clinic are as follows:

Number of children seen at the hospital hearing assessment clinic	86
Number of attendances made	111
Number of sessions held	20
Number of children seen at home by peripatetic teachers of the deaf	187
Number of home visits made	730"

CHILD GUIDANCE

Dr. J. V. Morris, who with Dr. W. R. Clayton Heslop, a former Deputy County Medical Officer, initiated the holding of child guidance clinics in October, 1943, retired on 31st July. He was replaced as physician superintendent of Little Plumstead Hospital and consultant psychiatrist by Dr. I. N. S. Heald, who, with a panel of three other consultants, brought the number available for attendance at child guidance clinics to four. In addition, two educational psychologists and two psychiatric social workers attend the clinics and the senior medical officer consults with them as necessary.

The total number of new cases (149) shows a slight increase over the figure for the preceding year and includes twenty-six enuretics who were seen at thirteen special clinics held in Norwich. The ascertainment of maladjusted pupils and recommending admission, where necessary, to residential hostels is one of the duties of the child guidance clinic team.

The number of children seen and the number of sessions held during the year at five centres are given below:

No. of clinic sessions held	No. of new cases seen	Total individual patients seen	Total No. of interviews
128 (95)	149 (146)	196 (191)	283 (305)

(Comparable figures for 1965 are shown in brackets)

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

No. of	Norwich	King's Lynn	Cromer	Great Yarmouth	Little Plumstead Hospital	Total
sessions	85*	39	4	—	—	128
No. of interviews	177	89	9	6	2	283

*Includes 13 sessions for enuretics

Results following Diagnosis and Treatment

Thirty-six or 20% of all children seen at child guidance clinics during the year or in previous years were discharged as cured or greatly improved. The table below shows the disposal of the remaining 160 cases seen.

ANALYSIS OF NEW CASES REFERRED

Sources of reference:	No.	%
General medical practitioners	64	43
Hospital specialists	10	7
School medical staff, speech therapists, local welfare officers and health visitors	30	20
Chief Education Officer, educational psychologists, social workers and head teachers of schools	30	20
Parents	2	1
Children's officer	7	5
Probation officers or magistrates	6	4
	149	100

Reasons for reference:	
General behaviour problems	53
Emotional problems	40
Educational difficulties (including refusal or reluctance to attend school) caused by psychological disturbances, also advice re educational future	25
Incontinence of urine or faeces	31
	149

Disposal of cases:

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

	No.	%	
Discharged as adjusted or greatly improved	36	20	(13)
Recommended for admission to hostel for maladjusted children	13	7	(4)
Recommended for admission to residential special school for educationally subnormal children	3	1.5	(1)
Recommended for admission to residential special school for delicate children	1	1.5	
Recommended for admission to mental hospital	2		(2)
Recommended for admission to approved school	3	1.5	
Referred to adult psychiatric clinic	3	1.5	(2)
Referred to mental health clinic	1		(1)
Referred to children's officer or probation officer	2	2.5	
Referred to teacher of the deaf	1		
Parents unco-operative	1		
Advice given—no recall to clinic necessary	27	13	(2)
Left county	3	1.5	
Still under treatment	100	50	(20)
	196	100	(45)

SPEECH THERAPY

Miss A. M. Orr, full-time speech therapist since September, 1964, resigned in August and although the post was advertised it was not filled by the end of the year. The number of speech therapists, therefore, was reduced to four, including the senior speech therapist, Miss Judith Rutt.

Several of the clinics opened in the previous year had to be closed. The total number of children treated during the year was 940.

In view of the difficulties of travelling, particularly in rural areas, it was not always possible with a depleted staff to arrange treatment for all cases but, wherever possible, the speech therapist in the absence of a convenient clinic, visited the child's school or home.

Details of the work carried out during the year are given on page 26a. As in previous years, these statistics do not include the cases seen by Miss Rutt, senior speech therapist, at the Great Yarmouth clinic or at the Jenny Lind Hospital where she attends, by arrangement with the authorities concerned, two sessions and one session per week respectively. By her attendance at the hospital she is able to maintain useful liaison with the consultant staff.

PUPILS SUFFERING FROM DISABILITY OF THE MIND

One child during the year was found to be unsuitable for education at school, in accordance with Section 57 of the Education Act, 1944.

When a child has been found to be unsuitable for education at school under this Section, the parents are entitled to request a review of their child's case at any time but not earlier than twelve months after the recording of the decision nor more often than once in any subsequent period of twelve months. There was one such request and the child was still considered to be unsuitable for education at school.

During the year, twenty-one children were found to be unsuitable for education at school and their cases dealt with informally as the parents were in agreement with the medical officer's opinion and the proposed arrangements for their child. Of these children, twelve were admitted to junior training centres, arrangements had not yet been completed for three others, one was admitted to the special care unit and three were not yet suitable for admission to junior training centre. One child attended a training school outside the county and one was awaiting hospital admission.

In addition, 28 children were reported informally to the local health authority as requiring care and guidance after leaving school.

CEREBRAL PALSY

The number of educable spastic children known to the school health service as at 31st December, was forty-four, of whom sixteen were at residential special schools, sixteen at ordinary schools, three were having home tuition, and the remaining nine were under school age.

HOME TUITION

In pursuance of the Education Act, the Education Committee provided home tuition for sixteen handicapped pupils.

HEART CLINICS

Dr. W. A. Oliver continued to hold special heart clinics for Norfolk children at the Jenny Lind Hospital, Unthank Road, Norwich, and, during the year, seventy-five examinations were carried out at nineteen sessions. Older children were seen by him at the adult clinic at the Norfolk and Norwich Hospital where thirty-five examinations were carried out during the year.

SPEECH THERAPY

Statistics for Year ended 31st December, 1966

TREATMENT AT CLINICS	Acle	Attleborough	Aylsham	Burnham Market	Caister	Clenchwarton	Cromer	Diss	Downham Market Clinic and Schools	East Dereham	*Emneth	Fakenham	†Harleston	†Holt Junior Training Centre	Hunstanton	King's Lynn Clinic and Schools	†Litcham	Loddon	†Long Stratton	*Marham	Methwold	North Walsham	Norwich	†Old Buckenham	†Reepham	Sheringham	Sidestrand Hall	Stalham	†Swaffham	Terrington Schools	Thetford	Tilney Schools	Upwell	Walpole Schools	Watton	Wells	West Walton	Wymondham	Treated at Home/School	GRAND TOTAL
Total number of sessions held	40	44	45	45	36	9	46	54	33	62	12	90	17	19	38	156	16	36	21	14	6	55	238	22	19	47	58	41	16	28	70	19	10	15	71	47	7	80	—	1,682
Total number of cases:																																								
Treated during the year	11	30	12	10	13	15	14	28	31	49	14	27	11	5	32	99	9	18	11	11	6	34	146	18	7	14	12	9	20	4	58	6	13	12	49	13	5	50	14	940
Commenced treatment during year	5	9	6	3	6	—	5	7	12	21	8	13	7	1	10	38	1	7	4	10	—	18	64	6	—	8	1	7	4	1	33	2	3	6	17	5	—	6	5	359
Discharged	3	8	4	3	4	5	6	8	8	13	3	7	1	—	11	36	7	—	3	2	—	6	32	—	2	5	4	1	11	—	14	3	4	8	20	7	5	14	1	269
Transferred to other clinics or home visits	—	2	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	1	1	8	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	4	20
Analysis of all cases treated during year:																																								
1. Stammering	—	2	—	—	1	1	3	4	6	6	1	3	—	—	2	22	2	4	2	1	—	3	15	4	4	3	—	1	2	—	9	—	1	3	7	1	—	9	—	122
2. Defects of articulation:																																								
(a) Dyslalia	8	15	10	4	8	14	6	19	17	26	11	14	9	—	26	55	4	12	7	8	6	24	79	13	3	5	4	6	13	3	34	6	11	8	24	2	3	26	5	548
(b) Rhinolalia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
due to (i) Cleft Palate	—	—	—	1	1	—	2	—	1	1	1	—	1	—	1	1	—	1	1	—	—	—	—	6	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	20
(ii) Nasal obstruction	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7
(iii) Other causes	—	2	—	—	—	—	—	1	—	2	—	2	—	—	—	2	—	—	—	—	—	1	2	—	—	—	—	—	—	—	1	—	1	—	3	—	—	1	—	18
(d) Dysarthria	—	2	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1	—	—	—	—	3	—	—	—	—	—	1	—	—	—	—	—	1	—	1	2	1	14
3. Aphasia	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	2	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	2	6
4. Defective speech due to:																																								
(i) Subnormal mentality	1	5	—	—	1	—	—	—	2	1	—	—	—	5	2	1	—	—	—	—	—	—	5	—	—	—	—	2	—	—	2	—	—	—	1	—	—	—	—	28
(ii) Deafness	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	4	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	—	1	—	—	12
5. Retarded speech development	2	3	—	4	2	—	2	3	2	12	—	6	—	—	1	6	1	—	1	1	—	4	23	—	—	6	4	—	2	1	4	—	—	—	9	7	—	7	5	118
6. Dysphonia	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	3
7. Multiple defects	—	1	2	1	—	—	—	—	—	—	—	2	—	—	—	2	1	—	—	—	—	2	11	1	—	—	2	—	1	—	7	—	—	—	2	3	—	5	1	44
Analysis of cases discharged:																																						Total	940
No. of children discharged during year who																																							
1. Achieved normal speech	1	4	3	2	4	4	4	8	2	5	—	2	1	—	8	21	1	—	1	—	—	6	18	—	—	3	1	1	2	—	4	2	2	6	1	4	—	9	—	130
2. Were greatly improved	2	1	1	1	—	1	1	—	6	3	2	3	—	—	1	12	2	—	—	1	1	—	6	—	1	1	2	—	1	—	8	1	2	2	12	—	5	3	1	83
3. Showed some improvement	—	5	—	—	—	—	—	—	—	3	1	1	—	—	2	1	2	—	—	1	—	1	9	—	1	—	1	—	3	—	1	—	—	—	5	2	—	1	—	40
4. Showed little or no improvement	—	—	—	—	—	—	1	1	—	2	—	2	—	—	—	2	2	—	2	—	—	—	7	—	—	1	—	1	5	—	2	—	—	—	2	1	—	1	4	36
No. of cases discharged during year:																																						Total	289
(a) No further treatment required	2	4	4	3	4	5	5	8	6	7	2	2	1	—	9	31	2	—	1	—	—	6	22	—	—	4	1	1	5	—	12	3	4	7	10	4	5	11	—	191
(b) Non co-operation of parents	—	—	—	—	—	—	1	—	1	1	—	1	—	—	—	2	—	—	—	—	—	—	5	—	1	1	—	—	4	—	—	—	—	—	—	1	—	—	—	18
(c) Left district	—	3	—	—	—	—	—	—	—	2	—	3	—	—	2	1	1	—	—	2	—	—	4	—	—	—	—	—	—	—	2	—	—	1	5	2	—	2	1	31
(d) Left school (over age)	1	1	—	—	—	—	—	—	—	3	1	1	—	—	—	1	2	—	2	—	—	—	—	—	1	—	3	—	1	—	—	—	—	—	1	—	—	1	—	20
(e) Unsuitable for speech therapy	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	—	—	—	—	1	1	—	—	—	—	—	1	—	—	—	—	—	4	—	—	—	—	9
(f) Transferred to other clinics	—	2	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	1	1	8	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	4	20
																																						Total	289

† Clinic discontinued during 1966
* New clinic opened during 1966

VII. INFECTIOUS DISEASES

No schools were closed during the year on account of infectious illness. This is the first time for many years that it has been unnecessary to take this step which is usually forced on us by the diminished attendances and involvement of teaching staff.

VIII. VACCINATION AND IMMUNISATION

Vaccination against Smallpox

Protection against smallpox has steadily increased over the past three years and the figures of 283 children of school age vaccinated for the first time and 411 who were re-vaccinated show a considerable improvement on those for 1965.

Diphtheria Immunisation

There was a decrease in the number of school children who received re-inforcing injections during the year although primary immunisations rose slightly compared to 1965. Comparative figures for the past three years in respect of children in the age group 4-15 years are as follows:

	Primary	Booster	Total
1964	828	6,316	7,144
1965	554	7,302	7,856
1966	585	6,583	7,168

There were no recorded cases of diphtheria in the county during 1966.

Immunisation against Tetanus

Protection against this disease, either by a primary course or a booster dose, is offered to all children at school entry and during 1965, 1,126 children between the ages of four and fifteen years received primary immunisation and a further 8,569 were given re-inforcing injections.

Vaccination against Poliomyelitis

During the year a total of 556 children between four and fifteen years of age were given primary vaccination and 4,285 received booster doses.

Protection is offered to children joining school and the majority of booster doses are given at the same time as the ones for diphtheria and tetanus.

B.C.G. Vaccination

The Council's scheme has remained unchanged and is in accordance with the recommendations contained in Ministry of Health Circular 19/64.

In 1966, 3,658 children were tested, of whom 3,074 were found to be suitable for vaccination and 2,996 received the B.C.G. vaccine. Although these figures are somewhat lower than those of recent years an encouraging factor has been the raising of the consent rate to 82.7%.

IX. SANITARY CIRCUMSTANCES AT SCHOOLS

202 maintained day schools were the subject of routine sanitary reports by school medical officers when carrying out periodic medical inspections. In eighty-five of these reports the sanitary facilities were considered to be satisfactory.

The following list summarises the number of schools at which the school medical officers felt that the facilities as shown were not in all respects ideal but, in many cases, the defects were of a minor nature or improvement works were

being arranged. Only in seventeen cases was it felt necessary to make specific recommendations to the Chief Education Officer for improvements to be carried out.

Subject of Report	No. of Schools at which reported	No. of Schools where specific recommendations made
Closet accommodation	41	6
Washing accommodation ..	52	2
Water supply	15	2
Lighting and ventilation ..	18	4
Heating	18	1
General	5	—
Playground	17	—
Refuse disposal	2	—
Drainage	8	1
Canteen	26	1
Miscellaneous	2	—

For Education Committee purposes the county is divided into forty-three school areas in nine of which no inspections of schools were made in 1966. In seven others, the number inspected was below 25% of the total number of schools in the area.

The majority of the defects included in the summary were found in the older primary schools and most were of the type which are dealt with in the Education Committee's minor building programme, limited by severe capital restrictions. Nevertheless, throughout the year, many defects were known to be included in the programme and, therefore, recommendations made from this department relate only to those schools where considerable need was felt for improvements. The provision at a number of schools of hot water for washing purposes has been a feature of the minor building programme of the Education Committee and most schools are now using individual towels.

Close liaison has been maintained throughout the year with the Chief Education Officer's department.

X. SCHOOL MEALS SERVICE

Food hygiene talks were continued during the year at special courses for school meals staff and talks to pupils of secondary modern schools were initiated at the end of the year. 751 visits were made by the department's public health inspectors to school canteens for food inspection purposes. In twenty-seven canteens, improvements which were considered necessary to meet the requirements of the Food Hygiene Regulations were obtained with the co-operation of the Chief Education Officer's department. Foodstuffs found to be unfit for human consumption were condemned and suitable liaison was maintained, where necessary, with the district councils' public health inspectors.

In general, the standard of food preparation at the canteens is extremely high and this year, as in previous years, no cases of food poisoning attributable to school meals were found.

Co-operation received from the head teachers and all staff of the school meals service continued to be excellent.

XI. MILK IN SCHOOLS SCHEME

At the beginning of the year, all schools except two were in receipt of a bottled pasteurised milk supply but from the commencement of the new contracts in April, all schools received pasteurised milk.

The following table shows the results of sample examinations and a generally satisfactory position has been maintained. Void methylene blue results were reported because of the atmospheric shade temperature exceeding seventy degrees fahrenheit during the period of storage of the samples at the laboratory. The phosphatase failures, which are indicative of inadequate heat treatment of the milk, were investigated and the faults traced and rectified.

Test	No. of examinations	Satisfactory	Unsatisfactory	Void
Methylene Blue ..	307	273	16	18
Phosphatase	305	304	1	—
Totals	612	577	17	18

During the year, 246 samples of school milk were submitted to the Weights and Measures Department of the County Council for Gerber examination. One proved unsatisfactory and suitable follow-up action was taken.

XII. SCHOOL SWIMMING POOLS

During the year, twenty-seven school swimming pools were in use, eight of which were covered and heated. Three new pools were brought into operation and all pools, with one exception, have continuous circulation, filtration and chlorination plant. At three other schools swimming pools were either projected or under construction at the end of the year.

Sampling and inspections were carried out at each school and full co-operation was received from the head teachers and other staff responsible for the maintenance of the pools. They found the initial discussions with the county public health inspector most helpful in arranging regular control and ensuring the safety of the water, before bringing the pools into regular use.

Of seventy-three samples submitted, sixty contained no coliform organisms per 100 ml. and forty-three had nil plate count tests. The failing samples were repeated and in each instance proved satisfactory after investigations had been made and any necessary advice given.

All school pools operate under "marginal" chlorination and at one, where consistently unsatisfactory bacteriological samples had been obtained at the end of 1965, investigations carried out early this year proved the water to have a particularly high content of nitrogenous matter. Resting the pool, coupled with shock chlorine doses, resolved the trouble and no further difficulties have been experienced.

At two covered and heated pools, each used by pupils from a number of "out" schools, investigations were made to ascertain the efficiency of a product having combined detergent, germicidal and fungicidal properties to overcome problems of verruca and athlete's foot. At the end of the year, it was considered that use of this product should be extended to other schools and the position is under review.

XIII. REMAND HOME

There were no major changes whereby headquarters medical staff visited Bramerton Remand Home to examine children on admission and discharge. 210 boys and 106 girls were admitted and thirty-seven girls were specially examined. The consultant psychiatrists saw sixty-nine boys and thirty-two girls as compared with seventy-three and fifty-three respectively for the previous year. The Norwich City Authority now makes arrangements for children in their area to be seen by another psychiatrist, which accounts for this reduction.

XIV. CHILDREN'S HOMES

In November, the Children's Committee opened a new home for eight to ten children of school age at 54 Pople Street, Wymondham. All children's homes maintained by the Committee 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 appropriate clinics.

XV. MISCELLANEOUS

Holiday Camps for Handicapped Children

One physically handicapped, two diabetic and two epileptic 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:

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

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

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

SCHOOL HEALTH SERVICE

LIST OF CLINICS

as at 31st December, 1966

Name and address of clinic	Type of treatment provided	Frequency of session
ACLE		
V.P. School	Speech therapy	One session weekly
	Dental	Four sessions weekly
ATTLEBOROUGH		
Secondary Modern School..	Speech therapy	One session weekly
AYLSHAM		
Secondary Modern School..	Dental	Six sessions weekly
	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	Six sessions weekly
	Speech therapy	One session weekly
DISS		
Secondary Modern School..	Dental	Two 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		
Local Health Office,		
Baron's Close	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
HILGAY		
Ten Mile Bank, C.P. School	Speech therapy	One session weekly

Name and address of clinic	Type of treatment provided	Frequency of session
HOVETON		
Secondary Modern School..	Dental	Two sessions weekly
KING'S LYNN		
Local Health Office, 15 Nelson Street	Child guidance	Two sessions monthly
	Speech therapy	Two sessions weekly
Secondary Modern School, Queen Mary Road, Gaywood	Dental	Ten sessions weekly
LODDON		
Secondary Modern School..	Dental	Two sessions weekly
	Speech therapy	One session weekly
LONG STRATTON		
Secondary Modern School..	Dental	Two sessions weekly
METHWOLD		
Secondary Modern School..	Dental	Six sessions weekly
NEW HUNSTANTON		
Secondary Modern School..	Dental	Eight sessions weekly
	Speech therapy	One session weekly
NORTH WALSHAM		
Secondary Modern School..	Dental	Four sessions weekly
	Speech therapy	Two sessions weekly
NORWICH		
Local Health Office, Aspland Road	Child guidance	One session weekly, and one session monthly (enuretics)
	Dental	One session weekly
	Speech therapy	Three sessions weekly
SHERINGHAM		
Secondary Modern School..	Dental	Four sessions weekly
	Speech therapy	One session weekly
SPROWSTON		
C.P. School	Dental	Four sessions weekly
STALHAM		
Secondary Modern School..	Dental	Two sessions weekly
	Speech therapy	One session weekly
SWAFFHAM		
Secondary Modern School..	Dental	Six sessions weekly
TERRINGTON ST. CLEMENT		
Secondary Modern School..	Dental	Two sessions weekly
THETFORD		
Local Health Office, Tanner Street	Dental	Four sessions weekly
	Speech therapy	One session weekly
C.P. School	Speech therapy	

Name and address of clinic	Type of treatment provided	Frequency of session
THORPE		
C.P. School, Hillside Avenue	Dental	Six sessions weekly
WATTON		
Secondary Modern School . .	Dental	Four sessions weekly
	Speech therapy	One session weekly
C.P. School	Speech therapy	
WELLS-NEXT-SEA		
C.P. School	Dental	Four sessions weekly
	Speech therapy	One session weekly
WYMONDHAM		
Secondary Modern Boys' School	Dental	Six sessions weekly
Secondary Modern Girls' School	Speech therapy	Two sessions weekly

MEDICAL INSPECTION AND TREATMENT

Return for the Year ended 31st December, 1966

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		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
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1962 and later	205	205	—	3	5	8
1961	2,904	2,900	4	53	148	186
1960	2,487	2,482	5	54	121	164
1959	358	358	—	17	27	44
1958	192	192	—	13	16	28
1957	124	124	—	16	17	33
1956	2,246	2,240	6	184	145	313
1955	2,017	2,014	3	138	108	241
1954	294	292	2	37	36	63
1953	205	204	1	22	50	60
1952	824	821	3	78	72	138
1951 and earlier	3,453	3,451	2	463	186	610
Total ..	15,309	15,283	26	1,078	931	1,888

Col. (3) total as a percentage of Col. (2) total 99.83%—to two places of decimals
Col. (4) total as a percentage of Col. (2) total 0.17%—

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	1,046
Number of re-inspections	8,617
Total	9,663

TABLE C—INFESTATION WITH VERMIN

(*a*)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	19,917
(*b*)	Total number of individual pupils found to be infested	324
(*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 Inspection
			Entrants	Leavers	Others	Total	
4.	Skin	T	19	26	24	69	9
		O	149	65	73	287	24
5.	Eyes—(*a*) Vision	T	157	423	498	1,078	269
		O	492	289	238	1,019	91
	(*b*) Squint	T	32	15	15	62	8
		O	78	8	28	114	2
	(*c*) Other	T	2	2	8	12	7
		O	28	46	42	116	3
6.	Ears—(*a*) Hearing	T	20	6	23	49	46
		O	123	16	33	172	46
	(*b*) Otitis Media ..	T	6	2	5	13	7
		O	95	13	31	139	10
	(*c*) Other	T	12	20	14	46	12
		O	24	1	12	37	4
7.	Nose and Throat	T	67	3	25	95	55
		O	506	44	128	678	38
8.	Speech	T	38	5	32	75	58
		O	189	3	22	214	21
9.	Lymphatic Glands	T	1	1	1	3	—
		O	106	5	12	123	8
10.	Heart	T	8	10	9	27	7
		O	37	19	24	80	7
11.	Lungs	T	13	9	35	57	6
		O	177	24	51	252	12
12.	Developmental—(*a*) Hernia ..	T	16	—	7	23	4
	..	O	22	2	4	28	2
	(*b*) Other ..	T	11	9	31	51	29
		O	217	28	94	339	20
13.	Orthopaedic—(*a*) Posture ..	T	3	2	5	10	1
		O	20	17	19	56	3
	(*b*) Feet ..	T	26	12	20	58	13
		O	166	28	52	246	29
	(*c*) Other ..	T	20	16	14	50	22
		O	174	64	89	327	10
14.	Nervous System—(*a*) Epilepsy	T	2	4	8	14	3
		O	14	3	13	30	1
	(*b*) Other ..	T	4	2	8	14	6
		O	54	11	38	103	8
15.	Psychological—(*a*) Development	T	5	4	108	117	28
		O	76	13	44	133	25
	(*b*) Stability ..	T	8	7	24	39	21
		O	87	9	41	137	38
16.	Abdomen	T	4	2	3	9	3
		O	25	3	14	42	8
17.	Other	T	22	20	28	70	19
		O	52	12	65	129	24
	TOTALS	T	496	600	945	2,041	633
		O	2,911	723	1,167	4,801	434

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	14
Errors of refraction (including squint)	2,060
Total	2,074
Number of pupils for whom spectacles were prescribed	1,103

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	14
(*b*) for adenoids and chronic tonsillitis	346
(*c*) for other nose and throat conditions	8
Received other forms of treatment ..	4
Total	372
Total number of pupils still on the register of schools at 31st December, 1966, known to have been provided with hearing aids:	
(*a*) during the calendar year 1966..	9
(*b*) in previous years	15

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number 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 1)

	Number of pupils known to have been treated
Ringworm—(*a*) Scalp	—
(*b*) Body..	7
Scabies	—
Impetigo	8
Other skin diseases	4
Total	19

TABLE E—CHILD GUIDANCE TREATMENT

	Number of pupils known to have been treated
Pupils treated at Child Guidance clinics	196

TABLE F—SPEECH THERAPY

	Number known to have been treated
Pupils treated by speech therapists ..	940

TABLE G—OTHER TREATMENT GIVEN

	Number of cases known to have been treated
(*a*) Pupils with minor ailments ..	—
(*b*) Pupils who received convalescent treatment under School Health Service arrangements	—
(*c*) Pupils who received B.C.G. vaccination	2,996
(*d*) Other	—
Total	2,996

MODERN PRESS
42-46 BETHEL STREET
NORWICH