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NORFOLK EDUCATION COMMITTEE

Annual Report

of the

PRINCIPAL
SCHOOL MEDICAL OFFICER
FOR 1967






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PREFACE

I have the honour to present the annual report for 1967.

All available statistics for the year indicate a satisfactory state in the health of Norfolk school children. There was a high average attendance throughout the year and a very small number, only 0.25% of the children examined, were regarded as being in an unsatisfactory condition by the examining medical officer. The number of children with one or more defects, 12.37% of the total, was very similar to the previous year. The number of children for whom school transport was recommended on medical grounds remained steady and, indeed, other figures show the same consistent pattern that has been noted in past years, apart from a trend towards a greater number of children seen at child guidance clinics. It may be, however, that this could be accounted for by a greater knowledge of the services available rather than a real increase in the number of disturbed children.

Fewer children were found to be suffering from head infestation than in the previous year.

The scheme for screening the hearing of six-year-old school children by the use of pure tone audiometers now covers the whole county and is operating effectively. It will be noted that 10.7% of the children examined failed to respond satisfactorily to the audiometer sweep test, but only a quarter of these required further referral by the school medical officer, an indication of the value of the double screening system. During the year, arrangements were made for an educational psychologist to join the hearing assessment clinic at the Jenny Lind Hospital, previously comprising the consultant otologist and the teacher of the deaf. There is no doubt that this increases the effectiveness of the clinic and is of mutual benefit to those concerned.

One new member was appointed to the medical staff during the year, Dr. Katherine B. Worley, who took up her appointment in January. It has not so far been possible to find a full-time replacement for Dr. Macdonald in the King's Lynn area and it is fortunate that we have the assistance of Dr. Hamilton on a part-time basis.

It is encouraging to note that the consent rate for B.C.G. vaccination reached its highest level, 84.5%, and it is hoped that this figure will be increased.

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.

Health Department
County Hall
Martineau Lane
Norwich
Nor 48A
August, 1968

STAFF OF THE SCHOOL HEALTH SERVICE DURING 1967

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.

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

J. MCD. HANLEY, L.R.C.S., L.R.C.P., L.R.F.P. & S., 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., D.P.H.

L. G. POOLE, M.B., Ch.B., D.P.H., D.T.M. & H.

School Medical Officers :

(also Assistant Medical Officers)

Full-time

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

KATHERINE B. WORLEY, M.B., Ch.B., D.P.M. (from 2nd January)

Part-time

MARGARET E. ANDERSON, M.B., Ch.B., M.R.C.O.G. (to 27th July)

CHRISTINE R. COUPLAND, M.B., Ch.B.

G. IVOR DAVIES, M.D., B.S., D.P.H.

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.

MARGARET C. RICHARDS, M.B., B.S. (from 9th October)

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. L. TAYLOR, L.D.S., R.C.S. (Edin.)
N. H. WHITEHOUSE, L.D.S., B.Ch.D. (Leeds)
S. H. WOONTON, L.D.S., R.C.S. (Eng.)

Dental Officers:

EDITH P. CHURCHYARD, L.D.S., R.C.S. (Eng.)
IRENE COLLARD, L.D.S. (Liverpool) (from 5th June)
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) (to 31st May)
R. JENNINGS, B.D.S. (Durham)
P. J. PEARCE, B.D.S. (London)
B. E. PEARSON, B.D.S. (London) (from 25th September)
K. J. PRATT, B.D.S. (London), L.D.S., R.C.S. (Eng.) (from 2nd January)
MARGARET WILSON, L.D.S., R.C.S. (Edin.)
*M. G. ANSON, L.D.S., R.C.S. (Eng.)
*G. N. W. BOOTH, L.D.S., R.C.S. (Eng.) (from 5th December)
*H. E. HOVELL, L.D.S., R.C.S. (Eng.) (to 31st March)
*W. NICHOLLS, L.D.S., R.C.S. (Eng.) (to 31st March)
* Part-time

Superintendent Nursing Officer:

MISS A. DAY, S.R.N., S.R.C.N., S.C.M., H.V. Cert., Q.N. (to 8th August)
MISS M. WEARMOUTH, S.R.N., S.C.M., H.V.Cert., Q.N. (from 26th July)

Deputy Superintendent Nursing Officer:

MISS M. HARRIS, S.R.N., S.C.M., H.V.Cert., Q.N. (to 31st August)
MISS G. A. THOMPSON, S.R.N., S.R.F.N., S.C.M., H.V.Cert., Q.N. (from 1st September)

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. (to 31st August)

Other Nursing Staff Engaged on School Health Service Duties:

Health Visitors and School Nurses

School nursing duties only, 1; combined duties, 38.

District Nurses and Midwives

Combined duties with health visiting and school nursing, 25.

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.

19 Driver Attendants (Dental)

ANNUAL REPORT

OF THE PRINCIPAL SCHOOL MEDICAL OFFICER FOR 1967

I. GENERAL STATISTICS

Area of administrative county 1,302,501 acres

Registrar-General's mid-year estimate of population, 1967 .. 423,470

Number of schools and number of pupils on the registers:

Type of school	Number of schools	Number of pupils on registers
Primary	386	38,075
Secondary modern	45	16,323
Secondary grammar	13	4,942
Wymondham College	1	734
Nursery schools	3	119
Special schools	2	124
	<hr/> 450	<hr/> 60,317

Average attendance of pupils at primary and secondary modern schools for the year ended 31st December, 1967:

Primary	92.3%
Secondary modern	91.5%

II. STAFF

The number of staff and whole-time equivalent employed in the school health service as at 31st December is shown in the following table. Comparison with figures for the previous year, included below, shows an overall increase of ten in the number of staff actually employed and an increase of 1.96 in the estimated equivalent of whole-time officers.

	31st December, 1967		31st December, 1966	
	No. employed	Estimated equivalent in terms of whole-time officers	No. employed	Estimated equivalent in terms of whole-time officers
Medical staff	24	9.04	22	8.20
Dental officers	16	14.63	15	13.27
Speech therapists	4	4.00	4	4.00
School nurses	69	8.30	63	8.73
Driver attendants	19	17.35	18	16.66
Clerk attendants	9	3.10	9	3.60
Totals	141	56.42	131	54.46

III. MEDICAL INSPECTION

There was no change in the arrangements for periodic medical inspection whereby pupils are examined three times during their school life (viz. at entry, at age ten-plus and on leaving).

There was an increase of 1,866 in the number of children inspected during the year, the figure for 1967 being 17,175. In addition, 10,380 other examinations were carried out, of which 1,189 were special examinations undertaken at the request of the parents, teachers or school nurses. The remaining 9,191 were re-examinations carried out because of defects found at previous inspections. Comparable figures for 1966 were 1,046 special and 8,617 re-examinations.

School nurses also visited schools prior to the date of medical inspection to test the vision of eight-year-old pupils in primary schools, and also their hearing in those areas where audiometry sweep testing at six years was not yet in operation. Vision is also screened at thirteen years 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 Education Committee decided to purchase Keystone vision screeners for use in all the areas and three were in operation by the end of the year. The main advantage of these screeners is in the standardisation of light and distance achieved and the small space required so that they can be used in almost any type of accommodation. It is intended to purchase a further number of these screeners early in 1968 so that their use may be extended to the whole county. Statistics regarding testing carried out by health visitors are included in the table given below:

	Vision screened by vision screener	No. failed referred S.M.O.	Vision screened by other methods	No. failed referred S.M.O.	Hearing tested by audiometer	No. failed referred S.M.O.	Hearing tested by other methods	No. failed referred S.M.O.
Number of 8-year-old children (Primary schools) ..	89	21	3,335	349	269	8	1,903	84
Number of 13-year-old children (Secondary grammar schools)	—	—	716	86	—	—	—	—

The number of schools which did not have a complete medical inspection during 1967 was eighteen, a decrease of twelve over the figure for the previous year.

There was an increase of four in the percentage of parents who attended medical inspections, sixty-four approximately as compared with sixty for the previous year.

FINDINGS OF MEDICAL INSPECTION

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

Table A of Part I of the return sent to the Department of Education and Science shows that 2,124 individual children were found at periodic medical inspections to have one or more defects considered to need treatment. This gives a percentage figure of 12.37, an increase of 0.04 over the corresponding figure for 1966.

Percentage of pupils examined 1963—1967 found to have one or more defects

1963	13.48%
1964	13.18%
1965	11.81%
1966	12.33%
1967	12.37%

General Condition

There was a slight rise in the percentage number of pupils whose general condition at medical inspection was considered by the school medical officers as being unsatisfactory. This figure is included in the undermentioned table and represented last year approximately one child in every 400 periodically examined.

Year	No. of pupils inspected	Satisfactory		Unsatisfactory	
		No.	%	No.	%
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
1967	17,175	17,132	99.75	43	0.25

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 20/9/67			Meals			Milk	
			Free	Paid	% of those attending	1/3rd pint free	% of those attending
Primary	33,981		2,081	25,607	81.48	30,532	89.48
Secondary modern and secondary grammar	20,181		1,297	15,369	82.58	9,480	45.12
Nursery	109		6	103	100.00	100	91.74
Totals 1967 (1966)	54,271 (52,478)		3,384 (2,958)	41,079 (39,691)	81.90 (81.30)	40,112 (40,032)	73.91 (76.40)

CLEANLINESS

The procedure outlined in previous years' annual reports regarding the restricted routine periodic cleanliness inspection of children in primary and secondary modern schools remained unchanged.

During the year, 20,767 head inspections were carried out by the school nurses and 209 children were found to be verminous. Compared with the previous year there are a greater number of inspections but it is encouraging to note that the incidence of head infestations has dropped considerably.

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
1963	13,511	181
1964	10,220	159
1965	14,622	199
1966	19,917	324
1967	20,767	209

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.

HEALTH EDUCATION

Health education continued to expand during 1967, and many more schools requested health education talks. New syllabuses were prepared for talks on hygiene for primary schools, these were carried out very successfully in a few schools in the Marshland area. More secondary modern schools requested talks on general hygiene, good grooming and skin care, discussions and films about smoking and accident prevention. Sex education talks were given in several schools in the county by health visitors, medical officers and the health education officer. Some of these talks concluded with mothercraft talks and a demonstration showing how to bath a baby. All the talks were illustrated with a wide variety of visual aid materials, slides, 16 m.m. films, flannelgraphs, posters and leaflets.

There seems to be a growing need for such talks in the schools. The schools that are visited seem to appreciate the service provided by the health department.

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. During the year, 117 Forms Y.9 were completed. In addition, the new functional assessment form mentioned in last year's annual report was brought into operation and by the end of the year ninety-six had been completed for ascertained handicapped pupils and forwarded to the youth employment officers.

TRANSPORT OF CHILDREN TO AND FROM SCHOOL

Arrangements continued for the medical examination of school children who were referred for consideration for the provision of school transport on medical grounds and, during the year, 156 children were, after perusal of the 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

Defects of vision again accounted for the bulk of defects found at periodic medical inspection and during 1967, 1,020 pupils were found to have defects of vision (including squint) needing treatment and 1,094 were considered as needing observation. Special ophthalmic clinics for school children continued to be held at the Cromer and District, West Norfolk and King's Lynn General, Thetford Cottage and Jenny Line Hospitals by the co-operation of the respective hospital management committees. During the year, 2,104 cases were referred to these clinics and spectacles prescribed for 1,131 children.

Testing for colour vision continued to be carried out for pupils in the ten/eleven-year-old age group.

Squint

The number of children found at periodic medical inspection to have squints and referred for treatment was 142. 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 ..	63	*40	59	149	311
Number discharged as improved or cured	20	55	6	9	90

* New cases only. Information regarding other cases not available.

DEFECTS OF EAR, NOSE AND THROAT

142 children were, during the year, referred for treatment and 837 placed under observation for diseases of the ear, nose and throat.

SKIN DISEASES

During the year, 148 children were referred at medical inspections for treatment and 334 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.

DENTAL INSPECTIONS AND TREATMENT

ATTENDANCES AND TREATMENT					Total
	Ages 5 to 9	Ages 10 to 14	Ages 15 and over		
First visit	5,942	5,186	921		12,049
Subsequent visits	6,511	9,453	1,921		17,885
Total visits	12,453	14,639	2,842		29,934
Additional courses of treatment commenced	416	333	65		814
Fillings in permanent teeth	3,927	11,788	3,053		18,768
Fillings in deciduous teeth	6,396	612	—		7,008
Permanent teeth filled	3,195	9,969	2,645		15,809
Deciduous teeth filled	5,768	564	—		6,332
Permanent teeth extracted	198	1,661	433		2,292
Deciduous teeth extracted	6,243	1,785	—		8,028
General anaesthetics	1,365	639	69		2,073
Emergencies— separate schedule	347	201	51		599

Number of Pupils X-rayed	395
Prophylaxis	1,867
Teeth otherwise conserved	3,219
Number of teeth root filled	9
Inlays	2
Crowns	18
Courses of treatment completed	10,070

ORTHODONTICS					Total
Cases remaining from previous year .. .. .	..	..	..	..	320
New cases commenced during year .. .. .	..	..	..	..	177
Cases completed during year .. .. .	..	..	..	..	114
Cases discontinued during year .. .. .	..	..	..	..	30
Number of removable appliances fitted .. .. .	..	..	..	..	255
Number of fixed appliances fitted .. .. .	..	..	..	..	—
Pupils referred to Hospital Consultant .. .. .	..	..	..	..	77

PROSTHETICS					Total
Pupils supplied with F.U. or F.L. (first time) .. .. .	..	..	..	..	4
Pupils supplied with other dentures (first time) .. .. .	..	..	..	..	81
Number of dentures supplied	3	56	41		100

ANAESTHETICS					Total
General Anaesthetics administered by Dental Officers .. .. .	..	..	..	..	2,011

INSPECTIONS					Total
(a) First inspection at school. Number of Pupils .. .. .	..	..	..	..	32,815
(b) First inspection at clinic. Number of Pupils .. .. .	..	..	..	..	4,000
Number of (a) plus (b) found to require treatment .. .. .	..	..	..	..	21,454
Number of (a) plus (b) offered treatment .. .. .	..	..	..	..	19,768
(c) Pupils re-inspected at school or clinic .. .. .	..	..	..	..	2,642
Number of (c) found to require treatment .. .. .	..	..	..	..	1,343

SESSIONS					Total
Sessions devoted to treatment .. .. .	..	..	..	..	4,982
Sessions devoted to inspection .. .. .	..	..	..	..	464
Sessions devoted to Dental Health Education .. .. .	..	..	..	..	30

V. DENTAL TREATMENT

The principal school dental officer reports:

The year as a whole saw an increase in staff. In January, Mr. K. J. Pratt filled the vacancy at Diss and when Mr. B. E. Pearson joined the staff in September, the second surgery at King's Lynn clinic was able to come into service. A school population of some 7,000 children was thus shared between two dental officers.

Mr. A. Hurley resigned from the Fakenham/Wells district in May to enter practice but fortunately the service did not suffer because Mrs. I. Collard replaced Mr. Hurley immediately.

Two part-time dental officers retired at the end of March, namely Mr. W. Nicholls from the Acle district and Mr. H. E. Hovell from Downham Market. It was December before Mr. Booth replaced Mr. Hovell. There was some reorganisation in the Broads area whereby Mr. Jennings was able to absorb Acle into his district and Mr. Taylor took over Stalham.

Although the staffing situation again improved, a relatively large number of sessions were lost through illness.

Hospital Appointments

The scheme continued to function successfully. On the recommendation of the hospital consultants, it was agreed that Mr. Whitehouse and Mr. Jennings would extend their clinical assistantships for a further twelve months from September because it was felt that a two-year contract was infinitely more beneficial to all parties concerned than the originally planned one-year term.

Meeting

The dental officers' meeting, having been postponed in April through the indisposition of the principal school dental officer, was held in October. Through the kind offices of the chief education officer, the meeting took place at Wensum Lodge, Norwich, where the facilities were ideal. A business meeting took place in the morning. Following lunch on the premises, three dental health education films were shown in the afternoon session. These were discussed and we were pleased to have Miss P. A. Smith, the health education officer, join us for this part of the programme.

Courses and Conferences

The principal school dental officer attended a conference on Administration in London during November. Mrs. Churchyard and Mr. Woonton attended a postgraduate course in Children's Dentistry at the Eastman Dental Hospital, London, during December.

Clinics and Equipment

A much needed clinic came into use during the early part of the year at Attleborough and similar new premises were also completed at Reepham. Although these districts had been covered from neighbouring clinics in the past, the new clinics will serve to eliminate a great deal of travelling for patients.

A third new clinic was also completed within the year, namely North Walsham, where the old accommodation was inadequate.

All three clinics are purpose-built containing surgery, waiting room, recovery room, storeroom and toilets, and offer ideal conditions for patients and dental staff alike. They are situated within the grounds of new or nearly new secondary modern schools. All are fitted with up-to-date equipment.

As mentioned earlier, a second surgery came into use at Gaywood Park, King's Lynn. This was built on to the existing clinic utilising the services already present in the original building.

In her area report, Mrs. Croxford stresses the need for modernising the premises at Terrington and recommends a further clinic (possibly a mobile) in that district. Mr. Woonton also reports that a surgery (fixed or mobile) would solve a great deal of transporting in the Harleston district of his area.

Dental Health Education

A few talks were given in schools, together with chairside advice and distribution of posters and leaflets. It is still felt that a full-time dental health education officer is required to make a more effective impact in this work. If the economic climate is more favourable in the near future, it is hoped that an appointment can be made.

"Pierre The Clown" visited Norfolk in July and talked to some 6,000 children during a week. His performances were well received. Mr. Taylor comments: "It is felt that still further publicity is required in schools (on dental health). The visit of "Pierre The Clown" to the area was a great success, particularly among the very young who continue to remember and discuss him. Further ventures of this type would be very welcome. Although caries is a major problem, there remains a lot to be desired where oral hygiene is concerned. Most benefit could be derived from getting this problem through to the home. A small census taken revealed that some children did not even possess a tooth brush".

On the subject of toothbrushing, Mr. Taylor makes the interesting observation that an electric toothbrush installed in one of the residential special schools in his area has been a great asset in improving oral hygiene. There can be little doubt that electric toothbrushes are extremely effective in removing food debris and creating healthy gums. As far as children are concerned they also carry the following advantages: (a) being a novelty to use they are more regularly employed than an ordinary brush and (b) simulating the movement in the mouth of a dental engine they possibly acclimatise young patients to future dental treatment.

General

A total of 36,815 school children were inspected, 3,411 more than the previous year and 58% required treatment.

Mr. Whitehouse draws attention to the variation in consent rate in different parts of his area. He reports: "In East Dereham the rate for county schools was found to be higher than in the town, while in Thetford the opposite was true. It is difficult to compare Swaffham with either of the other two as it is still primarily an agricultural town and is expanding very little. The difference in the consent rate experienced in East Dereham and Thetford is most probably due to dental practitioner coverage, the former having a low patient/practitioner ratio compared to the latter.

In Thetford, a developing town, the consent rate rises sharply in those schools made up mainly of overspill children. This, coupled with an extremely high rate in those schools of the Swaffham area which have a high proportion of R.A.F. children, is a good example of the connection between dental awareness and social conditions".

In his area, Mr. Woonton presents statistics to show that in a district where there has been a continuous dental service for a number of years, only 46% of children who were inspected required treatment as opposed to 71% and 76% in two districts which have not had a service until comparatively recently. Mr. Woonton also reports on the number of general anaesthetic cases in one part of his area: "Frequent gas sessions, usually of a day's duration, have been organised at Diss and Long Stratton, 460 cases being treated. Transport has to be provided for the majority of these patients and the difficulty first encountered has been overcome by using the Loddon utilabrake to assist as occasion demands".

The statistics show that, compared with 1966, there was an overall increase in the quantity of work done despite a considerable loss in time through illness.

At the end of the year, thirty-one surgeries were in use throughout the county. All areas are covered but inevitably some schools are receiving more frequent inspections than others due to the fact that these particular schools have had a more continuous service.

I should like to thank colleagues in the hospital service for their invaluable assistance throughout the year. I am also indebted to the staff of the education department, clerical staff in the school health section and of course the dental teams who have given their best in the interests of dental care for Norfolk children.

VI. HANDICAPPED PUPILS

ASCERTAINMENT

The Education Acts have placed on the Local Education Authorities the specific duty of ascertaining children who require special educational treatment and the ten categories and the number of ascertainments carried out during the year under each category is given below:

	1967	1966
Blind	—	—
Partially sighted	3	2
Deaf	2	—
Partially hearing	21	21
Delicate	8	13
Educationally subnormal	86	87
Epileptic	4	1
Maladjusted	31	17
Physically handicapped	11	13
Defective speech	—	—
Multiple defects	3	5
	<hr/> 169	<hr/> 159

SPECIAL EDUCATIONAL TREATMENT

Many of the children classified as handicapped, but with less severe physical defects, may not need admission to a special school as they can often, with special help, cope with education within the ordinary school system.

The number and disposition of handicapped pupils is shown in the following table:

Categories	In res. day or hospital spl. schools (incl. hostels)		In maintained schools		In independent schools		Not at school		Totals		1967 grand totals	1966 grand totals
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
Blind ..	3	1	—	—	—	—	—	—	3	1	4	6
Partially Sighted ..	6	5	4	1	—	—	—	—	10	6	16	17
Deaf ..	12	3	1	1	—	—	—	—	13	4	17	14
Partially hearing ..	2	1	53	41	4	2	—	—	59	44	103	96
Delicate ..	10	7	15	11	—	1	3	—	28	19	47	54
E.S.N. ..	58	33	243	124	1	—	—	1	302	158	460	490
Epileptic ..	1	—	7	8	—	—	—	—	8	8	16	20
Maladjusted	37	2	23	13	—	—	—	1	60	16	76	62
Physically handicapped	8	10	24	12	6	—	8	3	46	25	71	79
Speech defects	—	1	8	2	—	—	—	—	8	3	11	9
Multiple defects ..	7	6	5	5	1	—	—	1	13	12	25	35
Totals 1967	144	69	383	218	12	3	11	6	550	296	846	—
1966	151	74	389	237	10	4	10	7	560	322	—	882

The total figure of 846 represents approximately 1.4% of the school population.

The undermentioned special schools were used during the year:

East Anglian School, Gorleston ..	Deaf and partially sighted pupils.
Lingfield Epileptic Colony ..	Epileptic pupils.
St. John's School, Brighton ..	Educationally subnormal pupils.
Parkside Day Special School, Norwich	Educationally subnormal pupils.
Ashley Downs School, Lowestoft ..	Educationally subnormal pupils.
Wilfred Pickles School, Duddington ..	Physically handicapped pupils.
The Palace School, Ely ..	Physically handicapped pupils.
Clare Day Special School, Norwich ..	Physically handicapped pupils.

EDUCATIONALLY SUBNORMAL CHILDREN

The sources of referral of the eighty-six educationally subnormal children ascertained during the year is shown in the following tables which also show the ages at the time of examination and similar information for the previous year.

Analysis of cases ascertained as educationally subnormal during the year.

By whom referred:	1967	1966
School medical officer	42	49
Hospital specialist	6	6
Head teacher	10	9
Family doctor	—	1
Educational psychologist	12	12
Speech therapist	5	3
Teacher of the deaf	1	1
Parent	—	1
Ascertained before moving to the county during the year	10	5
	<u>86</u>	<u>87</u>

Age at time of examination	Special educational treatment at the ordinary school	Admission to special school	Totals 1967	Totals 1966
5	3	1	4	1
6	8	—	8	4
7	12	7	19	11
8	9	9	18	25
9	2	8	10	16
10	5	4	9	12
11	5	7	12	11
12	4	1	5	3
13	1	—	1	4
Totals	49	37	86	87

SPECIAL SCHOOLS AND HOSTELS PROVIDED BY THE AUTHORITY

(a) Sidestrand Hall for Educationally Subnormal Pupils

At the end of the year seventy pupils were resident in the school including two for whom other authorities were responsible.

Although thirteen new admissions were made during 1967, the continued pressure of demand for the limited places available made the task of assessing priorities difficult.

As in previous years, all leavers from this special school are examined by medical officers at home to assess the need for future care and guidance and to advise on any particular problems.

One of the Committee's dental officers inspects children resident in this special school and any treatment recommended being carried out at his clinic. In addition, one of the speech therapists devotes a session per week to giving speech therapy at this school.

(b) Eden Hall, Bacton, for Delicate Pupils

This school provides for children suffering from the undermentioned 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.

The ability to provide for children with more severe handicapped categories (iii) and (v) is limited by staffing and accommodation. Fifty-three children were resident in the school at the end of the year compared with forty-nine in 1966.

There is a high admission rate to and discharge rate from the school each year, thirteen children being discharged and nineteen admitted. 68% of those children resident were boys and asthma remained the most common condition accounting for 63% of new admissions during the year.

Medical Classification of Children resident at Eden Hall on 31st December

	Boys	Girls	Total
Asthma	27	6	33
Asthma and Eczema	2	4	6
Anorexia	1	1	2
Anxiety	—	1	1
Bronchiectasis	—	1	1
Depression	—	1	1
Epilepsy	1	—	1
General debility	—	3	3
Heart condition	1	—	1
Hemiplegia	1	—	1
Hydrocephalus	1	—	1
Rheumatic carditis	1	—	1
Still's disease	1	—	1
	36	17	53

Sending Authority

	Boys	Girls	Total
Norfolk	10	7	17
Armagh (Northern Ireland)	1	—	1
Bedfordshire	2	—	2
Buckinghamshire	1	2	3
Cambridgeshire and Isle of Ely	4	—	4
Derbyshire	1	—	1
Essex	3	1	4
Great Yarmouth	—	1	1
Hampshire	—	1	1
Hertfordshire	1	—	1
Huntingdonshire and Peterborough	1	—	1
Kent	1	1	2
Lincolnshire (Holland)	2	—	2
Lincolnshire (Kesteven)	1	—	1
Lincolnshire (Lindsey)	1	2	3
Suffolk, East	1	—	1
Suffolk, West	2	1	3
London Borough of Waltham Forest	1	—	1
Norwich C.B.	1	1	2
Nottingham C.B.	2	—	2
	36	17	53

Medical approval of admission and discharge remains the responsibility of the Senior Medical Officer who keeps in close consultation with the headmaster and matron. Brief medical reports are forwarded every term to the sending authorities. In addition, 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. During the year sixteen children were admitted to Morley Hall and twelve children to Colne Cottage. At the end of 1967 thirty-four were resident at Morley Hall and twenty-one at Colne Cottage. Eighteen of these children at both hostels had been sent 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 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, was extended to cover the whole county during the year. There was no change in the arrangements whereby in small village schools where the number of children in this age group is low, the medical officers themselves carry out the test at the end of the routine medical examination.

Those children failing the test are followed up by the school medical officer and a full assessment, including ear, nose and throat examination is carried out before it is decided whether further investigation is required.

By the end of the year 393 schools had been visited and a total of 5,792 screened, 620 being referred to the medical officer for follow up viz. 10.7% of the total. This method of testing is much more effective in detecting marginal hearing loss than older ways.

Number of schools visited during year	..	..	..	393
Number of pupils screened by:				
(a) Health visitors/school nurses	..	..	..	5,359
(b) School medical officers	..	..	..	433
Total	..	..	..	5,792
Number of pupils absent at screening	..	..	..	386
Number who failed test by:	..	..	..
(a) Health visitors/school nurses				
(i) one ear	..	..	..	282
(ii) both ears	..	..	..	295
(b) School medical officers				
(i) one ear	..	..	..	25
(ii) both ears	..	..	..	18
Total	..	..	..	620

Number of pupils subsequently examined by school medical officers:

(a) Found to have no hearing defect, no further action required	265
(b) Where decision deferred pending treatment by general practitioner or school medical officer ..	43
(c) Placed under observation by school medical officer	214
(d) Referred to E.N.T. Clinic (after referral to G.P.)	155
(e) Recommended for referral to:	
(i) Teacher of the deaf	11
(ii) Speech therapist	2
(iii) Educational psychologist	1
(iv) For mental ascertainment, etc.	6
Total	697

Number absent from this subsequent examination .. 39

EDUCATION OF HEARING IMPAIRED CHILDREN

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

" No major change took place during the year in the service provided within the county area for the education of hearing impaired children.

Unit Provision

Children with the more severe hearing difficulties attended units, staffed by qualified teachers of the deaf and provided with specialist hearing aid equipment, at the following schools:

Attleborough County Primary (also serving Attleborough Secondary Modern School)

Fakenham County Primary (also serving Fakenham Secondary Modern School)

St. Edmund's County Primary Schools, King's Lynn

Gaywood Park Secondary Modern Schools, King's Lynn.

Children who were not severely handicapped by deafness, but who had been provided with hearing aids and were able to attend the ordinary schools, were seen by the full-time peripatetic teacher of the deaf or by the unit teachers from time to time. The desirable expansion of the peripatetic service could not be undertaken because of the failure to recruit additional qualified teaching staff.

Training of Teachers

Approval was given to the secondment of Mrs. A. Pearson for the period of one year from September, 1967, so that she could undertake a course of training at London University, leading to the Diploma in the Teaching of Deaf and Partially Hearing Children.

Hearing Assessment Clinic at the Jenny Lind Hospital

The Senior Teacher of the Deaf, Miss P. J. Webber, and Mr. E. E. Pearson helped during the year with the assessment of young deaf children at the clinic held at the Jenny Lind Hospital by the Consultant Otologist, Mr. R. J. Sellick.

Number of clinics held	21
Number of children seen	87
Number of attendances made	111

Home Visits

The number of visits made by the teachers of the deaf to the homes of hearing impaired children during the year was 525.

Pre-school Cases

Forty-six children of under school age were seen at their homes by the teachers of the deaf. Considerable importance is attached to this particular aspect of their work and the need for them to begin giving auditory training to these children even at as early an age as one year.

New Cases

During the year a total of 195 new cases were seen by the teachers of the deaf.

Staff

Mr. J. L. Holmes, teacher in charge at the Fakenham County Primary School Unit, who joined us in 1963, left at the end of the summer term, 1967, to take up an appointment as Senior Teacher of the Deaf for the Cambridgeshire and Isle of Ely Authority. Mrs. V. E. Coles joined us in September, 1967, to take charge of the Fakenham Unit."

CHILD GUIDANCE

Dr. I. N. S. Heald, Consultant Psychiatrist with a panel of three other consultants, brought the number available for attendance at child guidance clinics to four. The clinics are also attended by two educational psychologists and two psychiatric social workers and the senior medical officer consults with members of the clinic team as necessary.

The total number of new cases (178) shows an increase of twenty-nine (16%) and includes thirty-one enuretics who were seen at eleven special clinics held in Norwich.

One of the duties of the child guidance clinic team is the ascertainment of maladjusted pupils and recommending admission, where necessary, to residential hostels.

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

No. of clinic sessions held	No. of new cases seen	Total individual patients seen	Total No. of interviews
146 (128)	178 (149)	226 (196)	318 (283)

(Comparable figures for 1966 are shown in brackets)

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

	Norwich	King's Lynn	Cromer	Fakenham	Great Yarmouth	Little Plumstead Hospital	Total
No. of sessions	83*	53	7	3	—	—	146
No. of interviews	186	102	15	6	7	2	318

*Includes eleven sessions for enuretics.

Results following Diagnosis and Treatment

Forty-three or 20% of all children seen at child guidance clinics during the year or in the previous years were discharged as adjusted or greatly improved. The table below shows the disposal of the remaining 178 cases seen.

ANALYSIS OF NEW CASES REFERRED

Sources of reference:

	No.	%
General medical practitioners	64	36
Hospital specialists	12	7
School medical staff, speech therapists, local welfare officers and health visitors	43	24
Chief Education Officer, educational psychologists, social workers and head teachers of schools ..	40	23
Children's Officer	8	4
Probation officers or magistrates	7	4
Diocesan Social Worker	1	2
Parents	3	
	<hr/> 178	<hr/> 100

Reasons for reference:

General behaviour problems	60
Emotional problems	50
Educational difficulties (including refusal or reluctance to attend school) caused by psychological disturbances, also advice re educational future	35
Incontinence of urine or faeces	33
	<hr/> 178

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 ..	43	20	(10)
Recommended for admission to hostel for maladjusted children	29	12	(7)
Recommended for admission to residential special school for educationally subnormal children	5	2	(2)
Recommended for admission to residential special school for delicate children	1	2	(1)
Recommended for admission to residential special school for epileptic children ..	1		
Recommended for admission to mental hospital	1		
Recommended for admission to Junior Training Centre	1		
Recommended for admission to approved school	4	2	(2)
Referred to Children's Officer or probation officer	7	3	
Parents unco-operative	4	2	
Advice given—no recall to clinic necessary ..	25	11	(3)
Left county	6	3	(1)
Still under treatment	99	43	(21)
	<hr/> 226	<hr/> 100	

SPEECH THERAPY

Statistics for Year ended 31st December, 1967

TREATMENT AT CLINICS	Acle	Attleborough	Aylsham	Burnham Market	Caister	Clenchwarton	Cromer	Diss	Downham Market Clinic and Schools	East Dereham	Fakenham	Hunstanton	King's Lynn Clinic and Schools	Loddon	Marham	Methwold	North Walsham	Norwich	Sheringham	Sidestrand Hall	Stalham	Thetford Clinics	Tilney Area	Watton	Wells	Wymondham	Treated at Home/School	GRAND TOTAL
Total number of sessions held	40	28	44	40	37	4	44	38	85	73	88	72	152	37	16	15	92	167	44	33	39	71	35	74	46	71	—	1,485
<i>Total number of cases:</i>																												
Treated during the year	11	28	15	16	13	13	20	9	30	64	42	32	126	8	26	15	42	153	24	9	8	58	21	44	8	44	15	894
Commenced treatment during year ..	2	10	7	9	5	3	11	3	8	30	23	14	59	3	14	10	16	55	12	1	1	16	10	19	2	17	5	364
Discharged	1	5	5	1	4	8	9	1	7	11	14	8	38	—	13	3	19	34	9	—	5	19	4	11	2	10	2	244
Transferred to other clinics or home visits ..	—	—	—	—	—	—	—	—	—	1	5	—	—	—	—	—	—	5	—	—	—	—	—	2	—	1	2	16
<i>Analysis of all cases treated during year:</i>																												
1. Stammering	1	2	1	—	1	1	2	—	9	3	4	4	20	2	2	3	5	22	4	—	1	10	2	2	1	5	1	108
2. Defects of articulation:																												
(a) Dyslalia	7	21	11	8	7	12	10	4	15	35	26	22	74	4	23	12	26	78	10	3	5	24	17	25	2	20	6	507
(b) Rhinolalia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
due to (i) Cleft Palate	—	—	—	1	1	—	1	—	1	1	—	1	—	—	—	—	—	6	—	—	—	3	—	—	—	—	—	15
(ii) Nasal obstruction	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
(iii) Other causes	—	—	—	—	—	—	—	—	—	—	1	2	6	—	—	—	1	1	—	—	—	—	—	3	—	—	—	14
(c) Dysarthria	—	—	—	—	—	—	—	1	—	—	—	—	3	1	—	—	—	1	—	—	—	—	—	1	—	—	—	7
3. Aphasia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	1	—	—	—	—	—	—	—	3
4. Defective speech due to:																												
(i) Subnormal mentality	1	—	—	—	2	—	—	—	2	4	—	—	5	—	—	—	8	—	—	—	—	3	—	4	—	3	—	32
(ii) Deafness	—	—	—	—	—	—	1	—	1	2	—	1	9	—	—	—	—	1	—	—	—	1	3	—	—	—	—	19
5. Retarded speech development	2	2	2	6	2	—	5	2	1	10	10	2	6	—	1	—	8	19	9	2	—	2	1	2	2	3	5	104
6. Dysphonia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
7. Multiple defects	—	3	1	1	—	—	1	2	—	9	1	—	—	1	—	—	2	15	1	3	2	16	—	4	3	13	1	79
<i>Analysis of cases discharged:</i>																											Total	894
No. of children discharged during year who																												
1. Achieved normal speech	1	5	4	1	2	7	4	1	—	3	7	3	11	—	4	—	14	18	4	—	3	4	3	5	2	1	1	108
2. Were greatly improved	—	—	—	—	1	—	—	—	3	—	3	5	18	—	5	—	3	5	—	—	1	4	1	3	—	—	—	58
3. Showed some improvement	—	—	—	—	1	1	3	—	4	7	1	—	5	—	3	3	—	5	1	—	1	9	—	1	—	—	—	48
4. Showed little or no improvement ..	—	—	1	—	—	—	—	—	—	1	3	—	4	—	1	—	2	4	4	1	—	2	—	2	—	4	1	30
<i>No. of cases discharged during year:</i>																											Total	244
(a) No further treatment required ..	1	5	4	1	3	7	8	1	2	3	10	8	26	—	3	—	16	20	4	—	4	8	4	7	2	4	1	152
(b) Non co-operation of parents ..	—	—	1	—	—	—	—	—	—	2	2	—	4	—	—	—	2	5	3	—	—	7	—	—	—	1	—	27
(c) Left district	—	—	—	—	1	1	1	—	3	6	2	—	3	—	10	2	1	6	2	—	1	2	—	2	—	—	—	45
(d) Left school (over age)	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6
(e) Unsuitable for speech therapy ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8
(f) Transferred to other clinics	—	—	—	—	—	—	—	—	2	—	—	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6
Total																											Total	244

General Information									
No.	Name	Age	Sex	Color	Religion	Marital Status	Occupation	Education	Other
1	John Doe	25	M	W	C	M	Farmer	8	
2	Jane Doe	22	F	W	C	M	Homemaker	8	
3	Robert Smith	30	M	W	C	M	Teacher	12	
4	Mary Smith	28	F	W	C	M	Homemaker	12	
5	William Brown	35	M	W	C	M	Merchant	14	
6	Elizabeth Brown	32	F	W	C	M	Homemaker	14	
7	James Wilson	40	M	W	C	M	Physician	16	
8	Anna Wilson	38	F	W	C	M	Homemaker	16	
9	Charles Davis	45	M	W	C	M	Lawyer	18	
10	Frances Davis	42	F	W	C	M	Homemaker	18	
11	Thomas Miller	50	M	W	C	M	Engineer	20	
12	Elizabeth Miller	48	F	W	C	M	Homemaker	20	
13	George Miller	20	M	W	C	S	Student	12	
14	Charlotte Miller	18	F	W	C	S	Student	10	
15	Henry Miller	15	M	W	C	S	Student	8	
16	William Miller	12	M	W	C	S	Student	5	
17	John Miller	10	M	W	C	S	Student	3	
18	Mary Miller	8	F	W	C	S	Student	1	
19	Robert Miller	6	M	W	C	S	Student	0	
20	Jane Miller	4	F	W	C	S	Student	0	

SPEECH THERAPY

The vacancy for a speech therapist remained unfilled during the year, but in the autumn a fifth therapist was appointed to take up duty in January, 1968. It was, therefore, not possible to re-open several clinics closed owing to shortage of staff and the number of pupils treated during the year was consequently less than in 1965 or 1966.

As in previous years, difficulties in travelling, particularly in rural areas sometimes made it impossible to arrange treatment of all cases but where practicable arrangements were made for the speech therapist to visit the child's home or school.

Details of the work carried out during the year are given on page 23a. In addition, Miss Rutt, senior speech therapist, attends by arrangement at the Great Yarmouth Clinic and Jenny Lind Hospital.

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.

During the year forty children were found to be unsuitable for education at school and these were dealt with informally as their parents were in agreement with the medical officer's opinion. Of these children thirty-five were admitted to junior training centres and in one case the parents felt that their child was not ready for admission to such a centre. Two children were admitted to special care units and the remaining two cases were awaiting admission to a hospital for the subnormal.

Forty-two 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-eight, of whom thirteen were at residential special schools, twenty at ordinary schools, two were having home tuition and the remaining thirteen were under school age.

HOME TUITION

At the end of the year the Education Committee were providing home tuition for fourteen handicapped pupils.

HEART CLINICS

Dr. W. A. Oliver held special heart clinics for Norfolk children at the Jenny Lind Hospital, Norwich and during the year, eighty-six examinations were made. To cope with the increasing number of pupils being seen at the clinic arrangements were made by the hospital authority for a second physician to assist at the clinic sessions.

Older children were seen by him at the adult clinic at the Norfolk and Norwich Hospital where fifty-one examinations were made during the year.

VII. INFECTIOUS DISEASES

Three schools only were closed during the year for a total of four days—one for influenzal coughs and colds (1½ days) and the other two for virus enteritis (2½ days).

VIII. VACCINATION AND IMMUNISATION

Vaccination against Smallpox

Further improvement is shown by comparison with previous years' figures, both primary and re-vaccinations being the highest since 1962 for children of school age.

				Primary Vaccination	Re-vaccination
1965	..	..	..	148	136
1966	..	..	..	283	411
1967	..	..	..	312	468

Diphtheria Immunisation

The number of children in the age group four-fifteen years who were protected against this disease during the year slightly decreased as shown by the following comparative figures for the last three years:

					Primary	Booster	Total
1965	..	..	..	..	554	7,302	7,856
1966	..	..	..	..	585	6,583	7,168
1967	..	..	..	..	540	6,293	6,833

No case of diphtheria in school children was recorded but there was a very mild case in a pre-school child.

Immunisation against Tetanus

All children at school entry are offered protection against this disease either by a primary course or a booster dose, and 1,064 children between the ages of four and fifteen years received primary immunisation and an additional 8,673 were given re-inforcing injections.

Vaccination against Poliomyelitis

A total of 560 children in the age group four-fifteen years received primary vaccination and 4,426 received booster doses during 1967.

B.C.G. Vaccination

The Council's scheme has continued to be administered in accordance with the recommendations contained in Ministry of Health Circular 19/64.

During the year 4,659 schoolchildren were skin tested and of the 3,949 found to be suitable for vaccination, a record number of 3,906 received the B.C.G. vaccine.

I am very pleased to report that the parental consent rate was raised to 84.5%, a most encouraging sign of the increased awareness of the value to young people of this form of protection against tuberculosis.

A special scheme was introduced in 1967 to carry out the skin test on new entrants to Wymondham College. Children come to this school from all parts of Norfolk, some, at one time or another, possibly having lived abroad, and consequently have had a much wider range of contacts than children attending local schools. The tuberculin index (i.e., the proportion of positive reactors to the skin tests) among thirteen-year-olds, has always been comparatively high at Wymondham College, (over 20%) perhaps not surprisingly, and in 1965 in consultation with the Chief Education Officer, arrangements were made with the Chest Physician for the Norwich Mass Miniature Radiography Unit to visit the school to eliminate the possibility of active carriers of the disease. Fortunately no untoward elements were discovered but the high tuberculin index (35% compared with 11% average for the county as a whole)

persisted in 1966. It was therefore agreed by all concerned to keep a closer watch on the pupils at Wymondham College by carrying out a preliminary skin test on the eleven-year-old entry to discover those who showed a positive result. It was not intended that this procedure should take the place of the usual scheme for thirteen-year-old children and B.C.G. vaccination was not offered to the new entrants at this stage. Parental reaction to this experiment was favourable and sixty-two pupils out of a total entry of about eighty were tested. The positive reactors amounted to eight (13%) but it was not considered necessary to recommend any child to undergo a chest X-ray.

IX. SANITARY CIRCUMSTANCES AT SCHOOLS

During the year the submission of sanitary survey reports by school medical officers when carrying out routine medical inspections at schools was continued. Of 181 such reports, 137 contained no adverse comments and the following list summarises briefly the nature of those features in which the school medical officers felt that some improvement was desirable at the remaining forty-four schools inspected.

For education purposes the county is divided into forty-three school areas. In eleven of the areas no inspections of schools were made during the year and in nine areas the number of schools inspected was below 25% of the total number in the area.

Subject of Report	No. of Schools at which reported	No. of Schools where specific recommendations made
Closet accommodation	18	4
Washing accommodation	15	2
Water supply	2	2
Lighting and Ventilation	4	2
Heating	2	2
General	1	1
Playground	2	—
Refuse Disposal	1	—
Drainage	2	—
Canteen	3	1

The majority of the defects shown in the above summary were of a minor nature and most were found in the older primary schools where particular attention was often drawn to inadequacies in the provision of w.c.'s, washing accommodation and hot water supplies. In many such cases improvement could only be obtained by the provision of new buildings but continued severe capital restrictions on the Education Committee's minor building programme virtually precludes this. The gradual extension of hot water supplies to the county schools is a welcome annual feature of this programme. The recommendations from this department relate only to those schools where it was felt there was considerable need for improvement and close liaison with the Chief Education Officer's Department was continued.

X. SCHOOL MEALS SERVICE

The County public health inspectors have continued routine inspections at school canteens and the Department has aimed at the completion of one such inspection per school per term. 773 visits were completed during the year and in forty-two 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.

Food hygiene talks were continued during the year at special courses for school meals staff.

The standard of food preparation at the canteens remained high and no cases of food poisoning attributable to school meals were found. This is the more commendable since it is still necessary at a number of schools for classrooms to be used for school meals and many schools are supplied with meals in containers which require efficient cleansing and sterilising.

The Department has welcomed the excellent co-operation received from the head teachers and all staff of the school meals service.

In the course of inspections by the County public health inspectors food-stuffs found to be unfit for human consumption were condemned and suitable liaison was maintained as necessary with the public health inspectors of the respective district councils.

XI. MILK IN SCHOOLS SCHEME

During the year all schools were in receipt of a bottled pasteurised milk supply and the following table shows the results of the examination of samples taken at the schools. Void methylene blue results were reported because of the atmospheric shade temperature exceeding 70°F during the period of storage of the samples at the laboratory.

Test	No. of examinations	Satisfactory	Unsatisfactory	Void
Methylene Blue	.. 336	272	16	48
Phosphatase	.. 339	337	1	1
	675	609	17	49

School milk sampling complements the statutory sampling carried out under the Milk (Special Designations) Regulations, 1963, and, where necessary in the case of the failing samples, advice was given at the schools to improve the handling of the milk between the times of its delivery and consumption and investigations were made at the dairies for faults in the processing, storage and distribution arrangements.

During the year 272 samples of schools milk were submitted to the Weights and Measures Department of the County Council for Gerber examination. Two proved unsatisfactory and suitable follow-up action was taken.

During the year efforts were made to ensure the prompt return of school milk bottles to the dairyman who co-operated particularly in their collection at the end of each term. This avoided difficulties in adequately cleansing and sterilising bottles containing stale milk and which could have become otherwise grossly contaminated. Whilst many schools rinse the bottles after use it is regretted that a large number have yet to be persuaded so to do.

XII. SCHOOL SWIMMING POOLS

During the year thirty-four school swimming pools were in use, nine of which were covered and heated. At two schools the pools were covered during the year. Five new pools were brought into operation and six others were either projected or under construction at the end of the year. One pool only operated on the fill and empty principle all others having continuous circulation, filtration and chlorination equipment.

The practice of early discussions between the County Public Health Inspector and the teaching staff was continued before each new pool was brought into operation and at all schools daily records of chlorine residuals and PH values, etc., are kept. The co-operation of the teaching and other staff responsible for the maintenance of the pools is gratefully acknowledged.

Inspections and sampling have been carried out at each pool during the year and of ninety-five samples submitted seventy-seven contained no coliform organisms per 100 ml and thirty-two had nil plate count tests.

At three schools it was necessary to rest the pools because of discolourisation of the water and failure of the samples to give satisfactory bacteriological results. Shock dosing with chlorine during the resting period proved satisfactory and at one school it was found advisable to reduce the numbers using the pool.

XIII. REMAND HOME

Arrangements have continued during the year for members of headquarters medical staff to visit Bramerton Remand Home to examine children both on admission and discharge. There were 201 boys and eighty-six girls admitted and thirty-two girls were specially examined. The consultant psychiatrists saw sixty-six boys and forty-three girls as against sixty-nine boys and thirty-two girls in the previous year.

The Norwich City Authority continues to make arrangements for children from their area to be seen by an alternative psychiatrist.

XIV. CHILDREN'S HOMES

All six children's homes maintained by the ^{children's} 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 and three diabetic children were sent to camps arranged by voluntary bodies, the Education Committee accepting financial responsibility.

In addition, a grant was made towards the cost of a holiday in Switzerland for another diabetic boy. Another very severely physically handicapped child was admitted to a convalescent home in Devon for two weeks, enabling the parents to have a much needed rest.

Medical Examinations

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

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

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

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

SCHOOL HEALTH SERVICE

LIST OF CLINICS

as at 31st December, 1967

Name and address of clinic	Type of treatment provided	Frequency of session
ACLE V.P. School	Speech therapy Dental	One session weekly Four sessions weekly
ATTLEBOROUGH Secondary Modern School . .	Speech therapy Dental	One session weekly Five sessions weekly
AYLSHAM Secondary Modern School . .	Speech therapy Dental	One session weekly Two sessions 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	Five sessions weekly
CROMER Local Health Office, Norwich Road	Child guidance Dental Speech therapy	As required Four sessions weekly One session weekly
DISS Secondary Modern School . .	Dental Speech therapy	Seven sessions weekly One session weekly
DOWNHAM MARKET Local Health Office, 48 Howdale Road	Dental Speech therapy	Six sessions weekly One session weekly
EAST DEREHAM Local Health Office, High Street	Dental Speech therapy	Seven sessions weekly One session weekly
FAKENHAM Local Health Office, Baron's Close	Dental Speech therapy	Six sessions weekly Two sessions weekly
FRAMINGHAM EARL Secondary Modern School . .	Dental	Four sessions weekly
HELLESDON C.P. Infants' School, Kinsale Avenue	Dental	Four sessions 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 Speech therapy	Two sessions weekly Three sessions weekly
Secondary Modern School, Queen Mary Road, Gaywood (two surgeries)	Dental	Twenty sessions weekly
LODDON Secondary Modern School..	Dental Speech therapy	Two sessions weekly One session weekly
LONG STRATTON Secondary Modern School..	Dental	Three sessions weekly
METHWOLD Secondary Modern School..	Dental	Five sessions weekly
NEW HUNSTANTON Secondary Modern School..	Dental Speech therapy	Eight sessions weekly One session weekly
NORTH WALSHAM Secondary Modern School..	Dental Speech therapy	Four sessions weekly Two sessions weekly
NORWICH Local Health Office, Aspland Road	Child guidance Dental Speech therapy	One session weekly, and one session monthly (enuretics) One session weekly Three sessions weekly
REEPHAM Secondary Modern School..	Dental	Four sessions weekly
SHERINGHAM Secondary Modern School..	Dental Speech therapy	Four sessions weekly One session weekly
SPROWSTON C.P. School	Dental	Four sessions weekly
STALHAM Secondary Modern School..	Dental Speech therapy	Two sessions weekly 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 C.P. School	Dental Speech therapy Speech therapy	Five sessions weekly One session weekly

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

MEDICAL INSPECTION AND TREATMENT

Return for the Year ended 31st December, 1967

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
(1)	(2)	(3)	(4)	(5)	(6)
1963 and later	301	301	—	8	17
1962	3,276	3,273	3	82	277
1961	2,749	2,743	6	64	240
1960	440	440	—	15	39
1959	218	218	—	14	18
1958	173	172	1	7	28
1957	2,283	2,276	7	196	176
1956	2,340	2,334	6	151	217
1955	444	438	6	39	52
1954	156	154	2	10	25
1953	1,045	1,041	4	67	84
1952 and earlier	3,750	3,742	8	367	325
Total	17,175	17,132	43	1,020	1,498
					2,124

Col. (3) total as a percentage of Col. (2) total 99.75%—

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	..	..	..	1,189
Number of re-inspections	..	..	..	9,191
				<hr/>
Total	..	..		10,380
				<hr/>

TABLE C—INFESTATION WITH VERMIN

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	..	..	20,767
(b)	Total number of individual pupils found to be infested	..		209
(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	O			40	48	60	148	18
						138	100	96	334	28
5.	(a) Vision	T				196	407	417	1,020	342
		O				428	295	371	1,094	95
	(b) Squint	T				113	6	23	142	29
		O				74	6	22	102	3
	(c) Other	T				9	4	12	25	7
		O				34	32	67	133	9
6.	(a) Hearing	T				47	11	16	74	59
		O				223	24	68	315	60
	(b) Otitis Media	T				21	5	7	33	7
		O				143	11	35	189	7
	(c) Other	T				14	9	10	33	9
		O				29	10	18	57	6
7.	Nose and Throat	T				88	15	39	142	77
		O				639	53	145	837	49
8.	Speech	T				57	3	19	79	57
		O				285	8	31	324	14
9.	Lymphatic Glands	T				2	—	2	4	1
		O				77	13	12	102	10
10.	Heart	T				15	11	10	36	6
		O				73	16	32	121	5
11.	Lungs	T				30	3	58	91	22
		O				196	34	78	308	20
12.	Developmental—(a) Hernia	T				17	3	2	22	6
		O				28	2	8	38	2
	(b) Other	T				15	14	31	60	35
		O				281	65	162	508	21
13.	Orthopaedic—(a) Posture	T				1	4	6	11	—
		O				26	21	47	94	1
	(b) Feet	T				65	9	20	94	20
		O				203	53	96	352	10
	(c) Other	T				37	22	24	83	2
		O				174	45	63	282	14
14.	Nervous System—(a) Epilepsy	T				6	5	6	17	13
		O				14	3	13	30	1
	(b) Other	T				10	2	6	18	21
		O				42	13	29	84	6
15.	Psychological—(a) Development	T				12	7	83	102	38
		O				98	27	68	193	25
	(b) Stability	T				17	9	11	37	36
		O				128	17	64	209	40
16.	Abdomen	T				6	4	3	13	2
		O				32	8	18	58	6
17.	Other	T				26	16	22	64	23
		O				99	63	131	293	39
	TOTALS	T				844	617	887	2,348	830
		O				3,464	919	1,674	6,057	471

**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	26
Errors of refraction (including squint)	2,104
Total	2,130
Number of pupils for whom spectacles were prescribed	1,131

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	15
(b) for adenoids and chronic tonsilli- tis	378
(c) for other nose and throat condi- tions	16
Received other forms of treatment ..	5
Total	414
Total number of pupils still on the register of schools at 31st December, 1967, known to have been provided with hearing aids:	
(a) during the calendar year 1967..	7
(b) in previous years	28

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 uncleanness, for which see Table C of Part 1)

	Number of pupils known to have been treated
Ringworm—(a) Scalp	—
(b) Body.. ..	—
Scabies	4
Impetigo	15
Other skin diseases	9
Total	28

TABLE E—CHILD GUIDANCE TREATMENT

	Number of pupils known to have been treated
Pupils treated at Child Guidance clinics	226

TABLE F—SPEECH THERAPY

	Number known to have been treated
Pupils treated by speech therapists ..	894

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	3,906 routine 57*
(d) Other	—
Total	3,963

*Children of school age, contacts of persons suffering from tuberculosis vaccinated by Chest Physicians

INTERNATIONAL CONFERENCE ON THE PROBLEM OF THE CHILD
 IN THE LIGHT OF THE RESULTS OF THE WORK OF THE
 COMMITTEE OF THE UNITED NATIONS ON THE RIGHTS OF THE CHILD

TABLE I - CHILD GUARDIANSHIP TREATMENT	
Number of cases	10
Number of children	10
Number of cases	10
Number of children	10
Number of cases	10
Number of children	10
Number of cases	10
Number of children	10
Number of cases	10
Number of children	10

TABLE II - CHILD GUARDIANSHIP TREATMENT	
Number of cases	10
Number of children	10
Number of cases	10
Number of children	10
Number of cases	10
Number of children	10
Number of cases	10
Number of children	10
Number of cases	10
Number of children	10

TABLE III - CHILD GUARDIANSHIP TREATMENT	
Number of cases	10
Number of children	10
Number of cases	10
Number of children	10
Number of cases	10
Number of children	10
Number of cases	10
Number of children	10
Number of cases	10
Number of children	10

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TABLE IV - CHILD GUARDIANSHIP TREATMENT	
Number of cases	10
Number of children	10
Number of cases	10
Number of children	10
Number of cases	10
Number of children	10
Number of cases	10
Number of children	10
Number of cases	10
Number of children	10

TABLE V - CHILD GUARDIANSHIP TREATMENT	
Number of cases	10
Number of children	10
Number of cases	10
Number of children	10
Number of cases	10
Number of children	10
Number of cases	10
Number of children	10
Number of cases	10
Number of children	10

TABLE VI - CHILD GUARDIANSHIP TREATMENT	
Number of cases	10
Number of children	10
Number of cases	10
Number of children	10
Number of cases	10
Number of children	10
Number of cases	10
Number of children	10
Number of cases	10
Number of children	10



