[Report 1964] / Medical Officer of Health, West Suffolk County Council.

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WEST SUFFOLK COUNTY COUNCIL

ANNUAL REPORT

of the

Principal School Medical Officer

for the

YEAR 1964

D. A. McCRACKEN, M.D., D.P.H.
Principal School Medical Officer

WEST SUFFOLK COUNTY COUNCIL
EDUCATION COMMITTEE

Telephone No:
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Westgate House,
Bury St. Edmunds.

To The Chairman and Members of the Education Committee:

Mr. Chairman, Ladies and Gentlemen,

I have the honour of presenting my report on the work of the School Health Service for the year 1964.

The 18,900 children in attendance at the Council's Schools were generally of good physique and none of the 2,466 pupils who were selected for medical inspection were found to suffer from any physical defect due to malnutrition. A full and adequate medical and nursing staff was available with a result that more time has been devoted to informal consultations with staffs of the several schools.

I was pleased to receive a deputation from the Scottish Home and Health Department who came to study at first hand our system of selective school medical inspection with a view to examining the possibility of introducing this system in Scotland.

The School Psychological Service continues to expand and much more intensive work is being carried out in the schools where backward children are receiving special forms of education suitable to their abilities. Numbers of the medical and nursing staff gave a number of talks as part of in-service training courses organised for the teachers of backward children.

The County Council as the Local Health Authority have agreed to the appointment of a Health Educator, an appointment which I am hopeful will result in improved organised and methodical health education in schools. This is a matter which received attention in the Cohen Report published in May, 1964. Whilst the terms of reference did not include schools the Committee found it impossible to divorce school health education from any comprehensive review and accordingly made some comments. They concluded that insufficient health education has been directed at school children and attributed this to a combination of reasons." Firstly that, broadly speaking, head teachers do not accept that health education is a subject which has a place in the syllabus; secondly, that few teachers have the skills and knowledge of health education to enable them effectively to teach the subject; and thirdly, that the school curriculum is already so crowded that there is little or no room for a subject which is not required for examination purposes.

"The content of the schools' syllabus in health education should be broadly based. It is not enough that the present generation of school pupils has an ever-increasing standard of cleanliness and hygiene, however admirable are this and the endeavours by which it has been achieved. The syllabus should have as its aim giving the child in broad outline an understanding of the workings of the human mind and body, the principles of good nutrition and the need for exercise, an appropriate knowledge of preventive and social medicine, and a sense of personal responsibility for his own, his family's and the community's good health. It is our firm belief that children starting out into life with this knowledge would be better equipped to face the social as well as the health problems of adolescence and adulthood."

Much attention continues to be given to prevent tuberculosis by use of BCG vaccine and in the text Dr. Rae gives an interesting account of her experiences during the year.

To my colleagues, the School Medical Officers and School Nurses and Dentists I extend my thanks for their continued help, but any success we secure is dependent entirely on the co-operation of head teachers and staffs whose help has been given most freely. I acknowledge also with thanks the continued interest in the Department taken by the Chief Education Officer and by the Chairman and Members of the School Welfare Sub-Committee and their helpful understanding in all the problems associated with the welfare of the pupils.

I have the honour to be,
Your obedient Servant,

DAVID ANDREW McCRACKEN

Principal School Medical Officer.

29th July, 1965.

STAFF OF THE SCHOOL HEALTH SERVICE

Principal School Medical Officer	D. A. McCracken, M.D., D.P.H.
Deputy Principal School Medical Officer	A. J. Rae, M.R.C.S., L.R.C.P., D.P.H.
Senior Medical Officer for Mental Health	J. L. Evans, M.R.C.S., L.R.C.P., M.B., B.S., D.(Obst.)R.C.O.G., D.P.H.
School Medical Officers	P. Coggin Brown, M.R.C.S., L.R.C.P., D.P.H. E. Kinnear, M.B., Ch.B., D.P.H. A. F. Morgan, M.B., B.S., L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H. Mrs. D. C. Wall, B.A., M.R.C.S., L.R.C.P. (to 29.2.64.) L. B. Gonzalez, M.B., Ch.B., D.P.H. (from 1.5.64.)
Principal School Dental Officer	S. H. Pollard, L.D.S.
Dental Officers	J. Dewar, L.D.S. (part-time) Col. E. Ferguson, M.B.E., L.D.S. (from 13.4.64.) R. E. Lee, L.D.S. (part-time) (to 30.3.64.) Mrs. S. Tribe, B.D.S., L.D.S.
Superintendent School Nurse/Health Visitor	Mrs. M. P. Williams, S.R.N., S.C.M., H. V. Cert.
School Nurses, etc. (as on 31.12.64.)	17 School Nurse/Health Visitors (two part-time), 1 School Nurse (part-time) and four dental surgery assistants (one part-time).
Speech Therapists	Miss B. M. Elton, L.C.S.T. Mrs. V. Pickering, L.C.S.T.

ANNUAL REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER

The county of West Suffolk has an area of 390,916 acres. The estimated population at mid-1964 was 139,450. There are no county boroughs within the county.

At the beginning of the year there were 18,900 children on the rolls of the schools. Some were Americans whose fathers were serving in the United States Air Force Stations in West Suffolk.

At the end of 1964 there were 120 schools in the county, five being secondary grammar schools (including one bilateral school), 12 secondary modern schools and 103 primary schools.

In 1964, as in recent years, the school medical officers visited every school in the county at least once, some of them several times, to discuss with headmasters matters relevant to the health of individual children or to the school as a whole. Headmasters were encouraged to seek the help of the School Health Service without delay whenever they needed it, either on behalf of an individual child or about a matter concerning the school as a whole, and not to wait for the doctor to visit the school. The policy of installing telephones in schools has been of great assistance and it has become customary for the headmaster, or other members of the staff on his behalf, to get in touch with the School Health Service about various matters, many of which can be satisfactorily settled without visiting the school.

A disproportionate amount of the time of a school medical officer has been spent in an area where a very large number of new houses has recently been built. Although the record cards of children whose families come into the county under official over-spill arrangements, arrive with the minimum of delay, this does not entirely solve the problem. For various reasons untreated defects have been found not infrequently amongst these children. Some of them may have moved frequently in the past, whilst others have not continued or asked about treatment which had been started or advised before they came here. The fact that the classes are relatively large and that new admissions to them are constantly occurring, must mean

that mild defects of sight and hearing are less likely to come to the notice of the teachers. Thus it has been found advisable to test the vision of all the children each year for the time being at one primary school, a procedure which experience has shown to be unnecessary at most of our schools.

There are already signs that this is only a temporary requirement. As the families settle down and learn how to obtain treatment through the National Health Service, it seems likely that the children's need for periodic examination and "follow up" by school doctors and nurses will lessen and become similar to that of children in the other parts of the county.

It is emphasised that the school medical officers in this county do not attempt to duplicate the work of the family doctor but endeavour to carry out the work that is peculiarly their function; work which the family doctor is not in a position to do, but which needs doing. A considerable amount of the school medical officer's time is taken up in acting as a link between the family doctor or hospital, and the headmaster or the Chief Education Officer.

Entrants - Routine Examination.

Routine examinations of the "entrants", including vision and hearing tests, was carried out in all schools where there were children of this age group i.e. children of approximately 5 to 6 years of age. It was again found, except at the one primary school already mentioned, that any significant defects were already receiving treatment, and that the handicapped children were already known to the School Health Service.

Leavers - Routine and Selective Examinations.

At some of the secondary schools all the children in the "leaver" group, i.e. children approximately 13 - 14 years of age, were examined. No significant physical defects requiring treatment, that were not already known to the School Health Service, were found at these examinations, apart from a few cases of slightly defective vision. At the other secondary schools the practice of carrying out "selective" examinations was continued. Here, pupils in the leaver group had their vision tested and they and their records were seen by the medical officer who, after consulting the headmaster, selected for further examination any who seemed to require it. Out of the 593 children seen, 12 were selected for further examination, but no significant defects requiring treatment, not already known to the School Health Service, were found. It had been planned that all the "leaver" boys, and a sample of "leaver" girls, would be given a colour vision test, but it was not possible to carry this out during the year. It should be possible, however, in 1965, when the selective method of examination is to be applied to a greater proportion of the secondary schools.

Vision Tests.

Vision testing continued to be carried out as a routine during the children's first year at school, when the "E" card is often found useful, and during the years in which the children have their ninth, eleventh, and fourteenth or fifteenth birthdays. This routine testing was carried out at all schools during 1964. It was gratifying to find that, except at the school previously mentioned, few and only minor degrees of defective vision were found apart from those already being treated. Those found were mainly cases in which the vision of one eye only was defective. This satisfactory state of affairs is considered to be due to two facts, firstly, that the family doctor can, without delay, refer any child to the eye clinics provided at the hospitals by the East Anglian Regional Hospital Board and, secondly, because it is generally known throughout the county, and in particular by headmasters, that where any child is suspected of having defective vision, the parents should consult the family doctor without delay. The school nurses follow up the few children who do not attend the hospital clinics for re-examination when it is considered by the ophthalmologist that they should do so. Information about children attending these clinics is freely available to the School Health Service, particularly when a child needs or may need special educational treatment. It is now practically unknown to come across, at school, any child who has spent his pre-school years in West Suffolk, who has an untreated squint.

As mentioned earlier in the report, plans are being made for all "leaver" boys to have a colour vision test in 1965 and for a sample of "leaver" girls to be similarly tested, if possible.

Hearing Tests.

The policy was continued of giving priority to the testing with an audiometer of children of any age suspected of deafness by teachers or other persons, over the routine testing of any

age group. During 1964 "entrants" had their hearing tested by audiometry as part of their "entrant" examination. In several cases it was advised that the test should be repeated, particularly when dull children were concerned and when colds were prevalent. When the medical officer thought there was a real possibility of the child being deaf, the re-test was arranged at an early date. The doctors are not convinced of the need to test all entrants with an audiometer as a routine procedure, but they think it is desirable that all the "entrants" should be so tested at schools where the number of "entrants" in a class is unduly large; where there have been several changes of teacher or where for some other reason the children may not have received due individual attention.

The training of medical officers and health visitors in the detection of deafness during the first two years of life, appears to have ensured that any children with serious loss of hearing, by the time they reach school age, are known and are already receiving appropriate training from the peripatetic teacher of the deaf. It is considered most important that this early detection and training should be continued.

Speech Therapy.

Throughout the year two whole-time speech therapists were working in the county. A large proportion of the children treated, particularly of the younger ones, are treated at school because they are unwilling or unable to attend the clinics. In this mainly rural county, these may be a considerable distance away.

The therapists treated, or watched the progress of, 247 children. During the year some 60 names were added to their lists and 60 were removed. At least 50 of the latter had improved and needed no further treatment. In about 10 instances the child moved from the county (in which case his records were passed to the appropriate Principal School Medical Officer) and in two or three cases treatment was discontinued because the parents or child would not co-operate.

An increasing proportion of the therapists' time seems to be sought on behalf of young children, including pre-school children, at least some of whom are of less than average intelligence. This matter is being kept under review.

Vaccination against Tuberculosis.

The year 1964 was the third in which Heaf testing, and BCG vaccination of those who were shown not already to have acquired resistance to tuberculosis, were offered to all pupils approaching school-leaving age. This included those at maintained schools, at direct grant schools and at private schools. As before, the chest physician of the Regional Hospital Board arranged for all Heaf positive reactors to be x-rayed, writing to their family doctors to tell them of the offer and later as to the results. During the year, 1,571 adolescents born in the years 1945 to 1950 inclusive were tested and the 1,445 of them who were Heaf negative were vaccinated.

When this testing was first started it was found that the schools which had a high proportion of pupils coming from urban homes had a lower percentage of positive reactors than schools whose pupils came mainly from rural areas. It was thought that this might be related to the fact that pasteurisation of milk was more general at an earlier date in the urban areas. The results of last year's Heaf testing were similar although the proportion of positive reactors at the schools, and especially those serving mainly rural areas, was falling. In 1964 the proportion of tuberculin reactors amongst the children tested continued to fall but the fall was considerably greater in the schools serving mainly rural areas. It seems likely that before many years have passed there may be no significant difference between the proportion of positive reactors at the various schools.

During the first two years in which this vaccination was carried out the pupils treated at grammar schools were in the main eighteen months to two years older than most of the pupils treated at secondary modern schools. This was because it was thought desirable to delay vaccination until the pupils were as near as practicable to school-leaving age, i.e. shortly before they would mix with many more potentially tuberculous persons in the world of commerce and industry etc. It was reported last year that the result of the two years' testing suggested that the higher positive rate which was found at grammar schools, might not be due entirely to the older age of most of the pupils tested. There was evidence to suggest that some of the pupils at these schools were meeting the tuberculous infection during their last years at school.

It would have been interesting to investigate this matter further over a period of years. It might have been found, for instance, that it was due to the fact that many of the pupils travelled by public transport whilst at the modern schools almost all used school 'buses. It was felt, however, that the information which might be gained, although interesting, was not likely to benefit the community and that in the light of the results of the first two years' testing vaccination ought to be offered to grammar school children at the same earlier age as it was offered to pupils at the modern schools. This was done with more confidence as experience elsewhere has now shown that the vaccination "lasts" many years, in other words, that the resistance given against tuberculosis by vaccination, even if performed some years before leaving school, will continue throughout the years when protection against tuberculosis is thought to be of greatest importance, i.e. the earlier years of adult life.

During 1964 parents of all the grammar school pupils concerned were notified of the change of policy and all those whose children were in the appropriate age group, as well as those of the older ones who had not previously been tested, were offered Heaf testing and vaccination, if necessary, for their children. This means that a larger number of pupils than usual was available for testing and vaccination this year, which is the main cause of the rise in the number of pupils treated.

When this procedure was started in West Suffolk no decision had been taken as to whether all Heaf positive reactors would be offered x-ray examination of the lungs to exclude the possibility of their having had recent tuberculous disease, or whether only those whose positive reactions reached a certain degree of severity should be x-rayed. In most areas the latter was the usual procedure. However, the positive rate in West Suffolk was found to be low and Dr. Hay, the chest physician, decided that, in the circumstances, he would offer x-ray examination to all the positive reactors. Acceptance rate was practically 100% but no active cases of tuberculosis were found, although two or three pupils were kept under observation for a time.

Towards the end of the year the country as a whole was advised that the x-ray examinations of the bulk of these positive reactors was unnecessary. It was, therefore, discontinued at the end of 1964.

In 1965 and subsequent years, unless there are exceptional circumstances, only the parents of the relatively few pupils who show reactions of a certain degree of severity (Heaf 3 or 4) will be offered, and advised to accept, x-ray examination for their children.

The following table shows the numbers of pupils tested in each age group during the year and the number and percentage of positive reactors:-

Year of birth	Number tested	Positive reactors	Percentage of positive reactors
1945	2	0	0.00
1946	18	3	16.66
1947	80	9	11.25
1948	135	13	9.63
1949	342	30	8.77
1950	994	71	7.14
TOTAL	1,571	126	8.02

Plantar Warts.

Multiple cases of plantar warts did not occur at any school during the year. Barefoot physical education on suitable floors is not discouraged. It is felt that the best way of preventing the spread of these warts is to keep the staff and children reminded that the warts may occur from time to time and that, when they do, the child (usually a girl) should consult her own doctor at once, to obtain treatment. Teachers of physical education are urged to be on the look out for cases of painful feet as these may be due to plantar warts.

Verminous Children.

As mentioned in last year's report, it is left to the school nurses' discretion as to how often they carry out routine inspections at schools where the children are invariably "clean". The nurses visit at once if they or the head teachers suspect that the hygienic condition of any

of the children needs attention.

In 1964 the nurses carried out 10,360 hygiene inspections and found 48 individual children verminous. They got in touch with the parents of all the children found to have live vermin or nits, giving them printed directions in cleansing and where necessary, an emulsion. Small-tooth combs were lent or sold to parents requiring them. The children were excluded from school when this was thought desirable and, in any case, they were followed-up by the nurses until free from infestation.

"Winter Vomiting"

"Winter vomiting" occurred at several schools throughout the county. Although troublesome at the time, it is so soon over and of so common occurrence, that it does not always come to the notice of the School Health Service, especially if it happens on a Friday afternoon. It is characterised by the fact that, one day, several of the children vomit and some have loose stools with precipitancy of defaecation, although they have felt quite well shortly before. It is not connected with food but seems to have some of the characteristics of a virus infection. Adults are often affected and complain of nausea and of pains in the joints and abdomen, but they seldom vomit or lose control of the bowels. Fortunately nearly all the sufferers recover completely within 12 to 48 hours.

Employment of School Children.

At the end of 1963 the School Welfare Sub-Committee recommended that the routine examination of all children wishing to follow employment outside school hours in accordance with the County Council's by-laws, should be discontinued. Instead the headmaster and the Principal School Medical Officer were to be informed of such applications and the Principal School Medical Officer was to investigate any case where the headmaster suspected, or the School Health Service records indicated, that the child was not fit for employment or did not take part in the full curriculum of ordinary school life. This arrangement was to be for a trial period of a year and was carried out throughout 1964. During this time 318 requests for such employment were received and were considered by headmasters. The staff of the Education Department dealt with any cases in which school attendance was not satisfactory. In four cases the headmaster reported that the child either did not take part in ordinary school life, including physical education, or was suspected of having some defect which might make employment undesirable. The School Health Service records were consulted in all cases and special attention was given to the four cases upon which the headmasters had commented. In two of them the family doctors' views were sought before it was recommended that the proposed employment be agreed to; one application was allowed because of what was already known to the School Health Service, and the fourth child was specially examined by the school medical officer. In all four cases it was decided that the employment would not be prejudicial to the child's health or school progress and it was, therefore, allowed.

At the end of the year all the headmasters commented favourably upon the new system. Quite apart from the saving of medical officers' time, an enormous amount of clerical work was avoided both at schools and at headquarters. It removed causes of frustration. Headmasters were able to express their opinions with the minimum of trouble and children nearly always received their employment certificates without delay or inconvenience. At the beginning of 1965 the Education Committee decided to continue this method indefinitely.

School Clinics.

Now that there is no routine examination of children seeking out-of-school employment, attendance at clinics is almost entirely confined to children coming just before or shortly after starting school for reinforcing doses of vaccine against poliomyelitis, diphtheria and tetanus. Some 700 attended for this purpose. The clinics are also used for the very few children who still require examination before undertaking employment and for the examination of any child thought to need modification of school routine or special transport to school. Owing to the rural nature of the county, however, it is often more convenient to see such children at their own homes, but this is never done without the co-operation of the family doctor. The clinic premises are in all cases those also used as infant welfare centres.

HANDICAPPED PUPILS

The following table shows the number of handicapped pupils at, or awaiting vacancies at, special schools or hostels at the end of the year.

	Blind	Partially Sighted	Deaf	Partially Hearing	Physically Handicapped	Delicate	Maladjusted	Educationally Subnormal	Epileptic	Speech Defects	TOTAL
At special schools or hostels	5	-	13	1	5	5	14	21	1	-	65
At independent schools	-	-	1	-	-	-	4	6	-	-	11
Awaiting admission to special schools or hostels ..	-	-	-	-	1	-	5	-	-	-	6
TOTAL	5	-	14	1	6	5	23	27	1	-	82

There are as yet no special schools in this county and all the children included in the above table, except four physically handicapped children, were at residential special schools outside the county. The four attended day special schools in Ipswich and Cambridge.

Deaf and Partially Hearing Children.

In addition to those at special schools, one child attended a special unit for deaf children attached to an ordinary school in Cambridge.

The Education Committee's peripatetic teacher of the deaf and partially hearing continues to visit children of all ages who are deaf or partially hearing, or when this is suspected to be the case and auditory training is required. She was training two such children under five years of age at the end of 1964. The teacher also continues to supervise those with partial hearing who are able to be educated at ordinary schools throughout the county, paying particular attention to their hearing aids. During the holidays she sees those children who attend residential special schools outside the county for deaf and partially hearing pupils. As auditory training is available it was not found necessary in 1964 to place any child under five years of age at a residential special school. One child of five was admitted to a residential special school during the year and three others were kept under close observation in ordinary schools to see whether they could make adequate progress there. The possibility of collecting these three together at a special unit attached to an ordinary school in the centre of the county, for daily instruction by the peripatetic teacher of the deaf, was under consideration. (The scheme was begun early in 1965).

Physically Handicapped Children.

In addition to the children at special schools, some twenty with various disabilities were adequately catered for at ordinary schools.

Now that the secondary modern schools are becoming larger and multi-storeyed and their curricula more complex, greater difficulty is experienced in "fitting in" to them some children with physical disabilities or a combination of disabilities, who could quite well have been accommodated at these schools a few years ago. There are signs that the largest of some of the urban primary schools are also finding it more difficult to cater for some types of handicapped children.

A proportion of the children concerned will be able to earn their own living and look after themselves without assistance in adult life. They seem to do so more easily if they learn to live with their handicap within the ordinary school. When this cannot be done it is, in many cases, highly desirable that they should be separated from the ordinary community as little as possible. Their parents would usually prefer them to attend day schools.

Consideration is now being given as to whether the need is sufficient to justify the setting up of a day special school in the centre of this county for children with various physical disabilities, either temporary or permanent. Unfortunately there seems no likelihood that

suitable accommodation for such a school will be available in the foreseeable future. It is only too apparent that the needs of the "normal" children as well as of the "handicapped", call for more buildings and more staff.

Maladjusted Children.

One hundred and forty school children were known to have been treated at the family psychiatry clinics provided by the Regional Hospital Board. Good liaison has been achieved with the staff of these clinics by means of letters, telephone conversations and discussions at the clinics.

Educationally Subnormal Children.

In addition to the educationally subnormal children attending special schools, 584 were being taught in the special classes for "slow learners" at certain ordinary schools by the end of the year.

Epileptic Children.

Twenty-nine children known to have been under treatment for epilepsy attended ordinary schools, including one girl who was discharged from a residential special school during the year. Very rarely, if ever, do these children have fits in school other than mild attacks of petit mal. At the end of the year one child remained at a special school. He suffered from frequent and severe fits which treatment was not successful in controlling.

Education in Hospitals.

Forty-one West Suffolk children were known to have received education in hospitals. Eight of them were taught by the peripatetic teachers in Newmarket General Hospital, 23 in the West Suffolk General Hospital, Bury St. Edmunds and 10 in hospitals outside the county. Most were in hospital for relatively short periods.

Education at Home.

Seventeen children were taught at home by qualified teachers. They included 12 suffering from physical disabilities and five whose mental state rendered them unfit for school. Ten of them required home tuition for only relatively short periods.

MEDICAL AND DENTAL EXAMINATION OF CHILDREN IN THE CARE OF THE COUNTY COUNCIL

The doctors inspected children in the long-term care of the County Council and the dental officers inspected all aged three years and over. Special examinations were also carried out when asked for by the Children's Officer.

EXAMINATION OF ENTRANTS TO COURSES OF TRAINING IN TEACHING AND TO THE TEACHING PROFESSION

In accordance with Ministry of Education Circular 249, the school doctors examined 20 entrants to the teaching profession and 81 entrants to teachers' training colleges. Some of the latter were to be employed as temporary teachers pending their admission to college.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

The most important development in the school dental service in 1964 was the appointment of another full-time dental officer who commenced duty in mid-April. The second mobile dental clinic was delivered at about the same time, so this was put to full-time use in the south of the County, an area which had been without adequate dental services for many years.

As in 1963, this extension resulted in the finding of a large number of unsaveable teeth. The hoped-for improvement in the ratio of extractions to fillings did not therefore take place. The position should improve gradually as the children receive regular annual treatment.

In spite of the increase in staff, time lost through illness resulted in the number of inspections and courses of treatment given being approximately the same as in the previous year. There is however one significant point to note in comparing the figures. The number of treatment sessions increased by $35\frac{1}{2}$ and the number of fillings inserted by 365. The improved output was due to the use of the high-speed air turbine provided in the new mobile clinic. It is hoped to instal this equipment in the other mobile clinic, and when the new clinics at Sudbury and Bury St. Edmunds are completed it will be available for all dental officers, except where treatment is given in school medical inspection rooms.

S. H. POLLARD,

Principal School Dental Officer.

PROVISION OF MILK IN SCHOOLS

One third of a pint of milk (either pasteurised tuberculin tested, pasteurised or tuberculin tested) was available on every school day to every child attending a maintained school. On a day chosen at random in September, 14,110 children had milk, representing 78.3 per cent of the maintained school population. Now that underfeeding is so rare and overfeeding common, it may be questioned whether there are medical, as distinct from other, reasons why this provision should be continued.

SCHOOL BUILDINGS

For the following report I am indebted to the County Architect:

"During the year the County Girls' Grammar School and Sexton's Manor Primary School, both at Bury St. Edmunds, have been completed. Work has begun on the new Primary Schools at Walsham-le-Willows, Norton and Gt. Cornard, and on the extensions to the Silver Jubilee School (Boys) at Bury St. Edmunds. In 1965 a start will be made on the second phase (Girls) at the latter School, and on the very large extensions at the West Suffolk College of Further Education. New Primary Schools will also be started at Hartest and Thurston.

"The policy of providing temporary "demountable" teaching accommodation continues in appropriate cases - King Edward VI Grammar, Bury St. Edmunds St. Mary's, Kedington, Bury St. Edmunds Silver Jubilee, Hadleigh Modern Secondary and Sudbury High School have all had such accommodation added during the year.

"Improvements continue to be made to sanitary accommodation, including the provision of domestic hot water, and improvements to heating, as far as funds permit. At the time of writing, however, it looks as if the recently announced Government cuts in Minor Works may have an adverse effect in the coming year. Despite this, it is hoped to provide, in 1965, much needed additional teaching accommodation and new sanitary offices at Chevington.

"On the Major Works side, 1965 should see the start of the Hostel for Maladjusted Boys at Gt. Cornard."

STATISTICS

TABLE I

PERIODIC MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

Age Groups Inspected (by years of birth)	*No. of Pupils Inspected*	*Pupils found to require treatment, including those already under such treatment*		
		For defective vision (excluding squint)	*For any of the conditions recorded in Table III*	*Total individual pupils*
1960 and later	16	1	2	2
1959	522	22	69	80
1958	890	39	138	151
1957	142	10	7	15
1956	38	1	1	2
1955	40	4	4	6
1954	50	6	3	9
1953	28	2	1	3
1952	33	3	1	4
1951	15	2	0	2
1950	285	29	14	40
1949 and earlier	407	39	7	44
Total	2,466	158	247	358

TABLE II

OTHER INSPECTIONS

Number of Special Inspections	51
Number of Re-inspections	551
Total	602

TABLE III

RETURN OF DEFECTS FOUND AT MEDICAL INSPECTION
(Including defects already under treatment or observation)

Defect or Disease	*Periodic Inspections*		*Special Inspections*	
	No. of defects		*No. of defects*	
	Requiring treatment	*Requiring observation only*	*Requiring treatment*	*Requiring observation only*
Skin	24	2	-	-
Eyes Vision	156	43	2	-
Squint	40	5	-	-
Other	5	2	-	-
Ears Hearing	25	17	4	-
Otitis Media ..	9	1	-	-
Other	1	-	-	-
Nose and Throat	67	42	-	-
Speech	16	5	3	-
Lymphatic Glands ..	2	3	-	-
Heart	3	13	1	-
Lungs	13	16	1	-
Developmental—				
Hernia	10	1	-	-
Other	13	9	-	-
Orthopaedic—				
Posture	2	3	-	-
Feet	7	2	-	-
Other	11	2	4	-
Nervous system—				
Epilepsy	4	-	1	-
Other	1	3	-	-
Psychological—				
Development	2	5	5	1
Stability	-	1	-	-
Abdomen	1	2	-	-
Other	3	-	-	-

TABLE IV

AVERAGE HEIGHTS AND WEIGHTS OF SCHOOL CHILDREN (December, 1964)

Children Measured and Weighed	*Year of Birth*	*Average Height* Ft.	Ins.	*Average Weight* Sts.	lb.
25 Girls	1959	3	$7\frac{1}{4}$	3	2
26 "	1958	3	$10\frac{1}{2}$	3	$8\frac{3}{4}$
10 "	1957	4	$0\frac{1}{2}$	4	$1\frac{1}{2}$
25 "	1956	4	$2\frac{1}{2}$	4	$5\frac{1}{2}$
18 "	1955	4	$4\frac{1}{2}$	4	$13\frac{3}{4}$
6 "	1954	4	$6\frac{3}{4}$	6	$3\frac{1}{2}$
38 "	1953	4	$9\frac{3}{4}$	6	3
43 "	1952	4	$11\frac{3}{4}$	7	2
38 "	1951	5	$1\frac{3}{4}$	7	$7\frac{1}{2}$
30 "	1950	5	$2\frac{1}{4}$	8	1
15 "	1949	5	3	7	$12\frac{1}{2}$
22 Boys	1959	3	$7\frac{3}{4}$	3	$4\frac{1}{2}$
24 "	1958	3	$9\frac{1}{4}$	3	$5\frac{1}{4}$
26 "	1957	4	1	4	$2\frac{1}{4}$
21 "	1956	4	$2\frac{3}{4}$	4	$6\frac{3}{4}$
15 "	1955	4	$5\frac{3}{4}$	5	$7\frac{1}{2}$
20 "	1954	4	$6\frac{1}{4}$	5	6
25 "	1953	4	$9\frac{3}{4}$	6	7
35 "	1952	4	$11\frac{1}{4}$	7	$0\frac{1}{4}$
31 "	1951	5	$1\frac{3}{4}$	7	$5\frac{1}{4}$
24 "	1950	5	$3\frac{3}{4}$	8	2
6 "	1949	5	$5\frac{1}{4}$	11	$1\frac{1}{4}$

TABLE V

DENTAL INSPECTION AND TREATMENT

(1)	Number of pupils inspected by the Authority's Dental Officers—		
	(*a*) At Periodic Inspections		13,222
	(*b*) As Specials		298
		Total	13,520
(2)	Number found to require treatment		5,184
(3)	Number offered treatment		5,073
(4)	Number actually treated		2,232
(5)	Attendances made by pupils for treatment, excluding those recorded under 11 (*h*)		6,068
(6)	Half-days devoted to: Periodic Inspection		146½
	Treatment		1,093
		Total	1,239½
(7)	Fillings — Permanent Teeth		3,555
	Temporary Teeth		1,417
		Total	4,972
(8)	Number of Teeth filled — Permanent Teeth		3,149
	Temporary Teeth		1,362
		Total	4,511
(9)	Extractions — Permanent Teeth		261
	Temporary Teeth		830
		Total	1,091
(10)	Administration of general anaesthetics for extraction		134
(11)	Orthodontics: (*a*) Cases commenced during the year		28
	(*b*) Cases brought forward from previous year		9
	(*c*) Cases completed during the year		13
	(*d*) Cases discontinued during the year		2
	(*e*) Pupils treated with appliances		21
	(*f*) Removable appliances fitted		27
	(*g*) Fixed appliances fitted		-
	(*h*) Total attendances		275
	(*j*) Half-days devoted to orthodontic treatment		35 (equivalent)
(12)	Number of pupils supplied with artificial dentures		7