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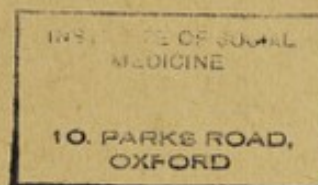
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WEST SUFFOLK COUNTY COUNCIL



ANNUAL REPORT

OF THE

School Medical Officer

FOR THE

YEAR 1950.

HENRY ROGER, M.A., M.B., Ch.B., D.P.H.,

School Medical Officer

7172



INSTITUTE OF SOCIAL
MEDICINE

10, PARKS ROAD,
OXFORD

ANNUAL REPORT OF SCHOOL MEDICAL OFFICER, 1950.

County Health Department,

Bury St. Edmunds,

18th April, 1951.

To the Chairman and Members of the Education Committee.

Ladies and Gentlemen,

I have the honour to present to you the Annual Report for the year 1950 on the work of the School Health Service.

It was not a momentous year, there being no major change either in the Service itself or in the condition of the children.

As was forecast in my Report for the previous year, the School Dental Service was merely a skeleton Service, and no action was taken at a national level to maintain it. It is expected, however, that some steps may be taken during 1951.

I wish to acknowledge the help which I have continued to receive from the Chief Education Officer and his clerical and teaching staff, the loyal support of my Department and the encouragement which I have received from the Chairman and other Members of the School Welfare Sub-Committee.

H. ROGER,

School Medical Officer.

STAFF OF THE SCHOOL HEALTH SERVICE.

<i>School Medical Officer</i>	H. Roger, M.A., M.B., Ch.B., D.P.H.
<i>Deputy School Medical Officer</i>	Alison J. Rae, M.R.C.S., L.R.C.P., D.P.H.
<i>Assistant School Medical Officers</i>	T. A. H. Smith, M.B., Ch.B. G. P. Barclay, M.B., Ch.B., D.P.H. (from 1.4.50). P. Coggin Brown, M.R.C.S., L.R.C.P., D.P.H. (from 26.5.50).
<i>Speech Therapist</i>	Barbara M. Elton, L.C.S.T.
<i>Senior Dental Officer</i>	S. H. Pollard, L.D.S.
<i>School Dental Officer</i>	S. Mitchinson, L.D.S. (to 28.2.50).
<i>Superintendent School Nurse/Health Visitor</i>	M. P. Mullender, S.R.N., S.C.M., H.V. Cert
<i>School Nurses, etc.</i>	At the end of the year nine School Nurses, one Medical Attendant and one Dental Attendant were being employed.
<i>Administrative Officer, Health Department</i> ...	D. Kilner.
<i>Senior Clerk for School Health Service</i> ...	M. J. Gosling.

All the above are also employed in other sections of the County Health Department.

SCHOOLS AND PUPILS.

At the end of 1950 there were 136 schools in the county, five being Grammar Secondary Schools, seven Modern Secondary Schools and 124 Primary Schools. Forty-five were County Schools, 73 Controlled Voluntary Schools, nine Aided Voluntary Schools and nine Voluntary Schools.

The average number of children on the rolls of the schools during 1950 was 14,357 and the average attendance was 12,700.

MEDICAL INSPECTION.

During the year the Assistant School Medical Officers visited all the schools in the county and carried out routine medical inspections. The practice of calling children from schools in Bury St. Edmunds to the central clinic for examination was abandoned and, as elsewhere in the county, the examination of these children took place at their schools. Fewer children failed to attend, and it was gratifying to hear that Headmasters and Headmistresses welcomed the change, in spite of the extra work involved. They found that it facilitated consultation between the Medical Officers and the teachers, and they took considerable trouble to make the most of accommodation available at the schools. Naturally, this did not equal the excellent rooms specially built and equipped for the purpose at the clinic, but even this drawback will be overcome when the new schools, with their suites of medical inspection rooms, are completed. The building of the first of these made good progress during the year and should be finished during 1951.

Since July, 1948, when the National Health Service Act came into force, all children needing treatment have been referred to their own doctors and, although the result has been watched closely, there has been no evidence to suggest that treatment has been less readily available or less often secured. There has been, however, an increase in the specialist services provided at the hospitals by the East Anglian Regional Hospital Board, notably in the field of paediatrics, child psychiatry, and tuberculosis, and interchange of information, where necessary, is usual between the hospitals and the School Health Service. This probably accounts for the slow, but steady, rise in the number of children brought to our notice, either by the hospitals or by their own doctors, as soon as it is realised that the child's education will be interrupted seriously unless special arrangements are made. The work of the Assistant School Medical Officers in this county is tending to concentrate along two lines, namely, attention to the factors which ensure that the environment and activities of the children shall be, as far as possible, such as will promote health and, secondly, consideration of the special arrangements which should be made for individual children who, by reason of physical or mental handicap, are in need of special educational treatment.

In my last Annual Report I commented on the unexpected effect which the introduction of the National Health Service had had on the school medical records. This has been even more noticeable during the year under review. It appears that a similar state of affairs exists in other areas and is probably one of the main reasons why the routine transfer, on application, of records between Authorities is not functioning to anything like the extent which was envisaged in 1947. I doubt, however, whether this is now of great importance, as experience has shown that the records which are of assistance are those which relate to a few exceptional children, and I have found that these records are nearly always, if not always, procurable.

The General Condition of the Children.

The Assistant School Medical Officers were of opinion that the general condition of the children was fairly satisfactory. The gradual improvement which had occurred during the past twenty years had, if anything, been continued, although there was no obvious difference between the condition of the children examined in 1950 and that of those examined during the preceding year. The results of classifying the children into three grades, as defined by the Minister of Education, are of very little significance as it seems impossible to avoid wide variations in the standards adopted by different medical officers.

Defects Found at Medical Inspections.

In the schools now are children whose parents had the benefits of a school health service. This, combined with the gradual rise in the standard of living which has taken place during the past twenty years, and the fact that medical advice and treatment are now freely available for all, has made a great difference to the children's physique, their cleanliness, and their clothing, and seldom now, in the course of a routine medical inspection, do the Medical Officers come across a child who is suffering from a serious defect.

It will be appreciated that the figures given in the Ministry of Education tables reproduced on page 10 of the report relate only to children in their first or last years at school, to those becoming 11 years old during the year and to those referred for special examination. They are not the total number of defects occurring in all the school children of all ages throughout the county. They refer almost entirely to defects, mostly trivial, for which children are already undergoing treatment, or to minor deviations from normal for which they are being kept under observation.

Probably the commonest complaint of the mothers was that their young children did not eat sufficient food, although it was often the case that the children in question were above average weight, energetic, and healthy. The factors which gave most concern to the Medical Officers were the late hour at which many of the children went to bed, especially those living in urban areas, and the increasing tendency to provide them with unsuitable amusements.

Apart from dental caries, the commonest defects or deviations from the normal found at periodic medical inspections were defects of vision, including squint, chronic tonsillitis and enlarged adenoids, and minor orthopaedic abnormalities such as knock knees and flat feet.

Visual Defects.

There has been remarkably little change during recent years in the number of children found to require treatment for defective vision or a squint. During the year under review there were 240 cases, amounting to 5.1 per cent. of the children examined. Of these, 213 were already receiving treatment. The long delay in obtaining spectacles which was usual during the first eighteen months after the National Health Service Act came into force, is now happily a thing of the past, and the ophthalmic service provided for children at the hospitals appears to be at least as good as, if not slightly better than, that which was available when the clinics were run by the School Health Service three years ago.

Unhealthy Tonsils and Adenoids.

The number of children referred to their own doctors by the Assistant School Medical Officers with a view to treatment for unhealthy tonsils and/or adenoids has shown a definite fall during the past two years. This is almost certainly a reflection of the present conservative attitude towards the vexed question of tonsillectomy, rather than an indication of any change in the condition of the children's throats. Every effort is made to see that the Assistant School Medical Officers are kept well informed as to the modern trend of responsible medical opinion on this subject, and the policy of referring all such cases to their own doctors in the first place should ensure that operation is not decided upon unless the child has been seen by his doctor during previous attacks of ill-health due to the condition of the tonsils or adenoids.

During 1950, 72 children, or 1.1 per cent. of the children examined, were thought by the Assistant School Medical Officers, from the information at their disposal, to be cases which should be seen by an Ear, Nose and Throat Surgeon with a view to removal of tonsils and/or adenoids. Of these, 50 had in fact already been seen and were awaiting treatment. It is understood that more than 700 tonsillectomies were performed at hospitals in West Suffolk during 1950. Although this number includes some adults, a few pre-school children and cases living in other counties, it does not include a number of West Suffolk children whose tonsils were removed in adjacent counties. Ear, nose and throat operations were discontinued in this area during epidemics of infectious disease and when cases of poliomyelitis occurred, so that for a time a waiting list was built up, but the practice of operating during the summer months only has now been discontinued and this change of policy should prevent any undue delay in future.

Orthopaedic Defects.

It will be noted that during the past two years there has been a fall in the number of children considered to be in need of treatment for flat feet or knock knees. This is probably due to the fact that the Assistant School Medical Officers have noted that very few cases of knock knees are seen in elder children, which suggests that the legs usually straighten without treatment as the child grows. The majority of children whose feet appeared to be flat were symptom free and there was a tendency in such cases to rely on the foot-work of physical training classes rather than to suggest that these children should attend an orthopaedic clinic.

School Clinics.

A general clinic continued to be held on Saturday mornings at the central clinic in Bury St. Edmunds, and school children were seen, where necessary, before or after the infant welfare clinics held at the other centres in the county.

The numbers seen in this way were few as parents usually went direct to their own doctors when doubtful about the health of their children. Apart from examinations for employment certificates, the majority of the cases seen at clinics during 1950 were those for whom it was thought that some modification of the usual school routine or special educational treatment might be necessary. As stated in last year's Annual Report, the clinic for the treatment of minor ailments was discontinued during the autumn of 1949. Since then there has been no evidence to suggest that there is need for such a clinic.

HANDICAPPED PUPILS.

The term "handicapped" continues to denote those children who, by reason of some mental or physical disability, are in need of special educational treatment. The ascertainment of this need, and the consideration of how it can be met form a very important part of the school health service. The work is both interesting and time-consuming, for no two cases are exactly alike and each needs individual investigation. What the child should or should not do, having regard to his particular handicap, both now and in the future, must be considered as well as his age, aptitude and ability. Neither must it be forgotten that his home and family background have an important bearing on the case. The Medical Officer should have detailed information as to the types of cases which individual schools are able to admit without detriment to other children, and should know what the results of various lines of special education have been in similar cases. It will be appreciated, therefore, that this is not work which can be delegated to an inexperienced Medical Officer.

Blind Pupils.

For the past three years there have been no blind educable children in the county. Any such children normally receive education at the East Anglian School for Blind and Deaf Children, Gorleston-on-Sea.

Partially Sighted Pupils.

One partially sighted child was recommended for special education during the year. Her parents were much averse to her going to a residential school, particularly as they hoped to move to Greater London as soon as they could find accommodation. Meanwhile they wished her to live with her grandparents at Streatham and attend a day special school nearby, and fortunately the London County Council agreed to admit her to their school on behalf of this Authority at the beginning of 1951. The two other children coming within this category were adequately catered for at ordinary schools and neither is expected to find difficulty in obtaining employment on leaving school.

Deaf and Partially Deaf Pupils.

Considerably less difficulty was experienced during 1950 in obtaining vacancies at special residential schools for deaf and partially deaf children. Although the East Anglian School for Blind and Deaf Children could allocate only one place to this Authority, it was possible to obtain others farther afield, one at Blenheim School, Farnley, Leeds, and another at the Oak Lodge School, Clapham Common, London. There were also five children at the Royal School for the Deaf at Margate and one at Donnington Lodge School, Newbury. One partially deaf girl attended the Thomasson Memorial School for the Deaf, Bolton. At the end of the year there was only one child on the waiting list, and a vacancy has been promised for her at the Ovingdean Hall School, Brighton, in 1951.

Delicate Pupils.

Three children suffering from general debility received education at special residential schools—two at the Ogilvie School of Recovery, Clacton-on-Sea, and one at St. John's Open Air School, Woodford Bridge. One spent the entire year at the School and one was there for seven months, whilst the third entered the school in July and was still there at the end of the year.

Mention was made in last year's Report of the increase in the number of children diagnosed as suffering from bronchiectasis or asthma, although they were not in need of special educational treatment. During 1950 there was a fall in the number suffering from bronchiectasis, but there was a compensatory rise in the number of those diagnosed as suffering from primary tuberculous lesions of the lungs, several of whom were admitted to the Kelling Children's Hospital, Holt, and are mentioned later in the section dealing with physically handicapped pupils. Some 95 children have been reported by their mothers to be receiving medical treatment for chronic chest conditions, but of these only 15 were attending the Regional Hospital Board's asthma clinic at the end of the year.

Diabetic Pupils.

As in former years, there were no diabetic children coming within the category "handicapped." It is interesting to note that during the last two years there has been a gradual fall in the number of school children diagnosed as suffering from diabetes, no new cases having been found to replace those who attained school-leaving age. By the end of the year there were only three diabetic children in the county, all of whom were able to lead normal school lives.

Educationally Subnormal Pupils.

Thirteen children attended residential (educationally subnormal) schools during 1950, the number at the end of the year being 12, of whom 10 were at the Royal Eastern Counties Special Schools, one at St. Margaret's Special School, Great Gaddesden, and one at Besford Court Special School, Worcester. It is significant that of these, six were "deprived" children who are not likely to be able to stand on their own feet in adult life. There were six children on the waiting list for special (educationally subnormal) schools at the end of the year, three of them under eight years, before which age the Royal Eastern Counties Special Schools do not normally admit boys. (One of the three, however, was admitted in January, 1951). The parents of two others are expected to refuse vacancies when they materialise, hence these cases have not been pressed. Also in the county were 40 children who had been formally ascertained as educationally subnormal and 147 who had been examined informally by an approved medical officer and classified as "informally educationally subnormal." As noted in the Report for 1948, formal ascertainment, according to the procedure laid down by the Minister of Education, is now confined almost entirely to children whom it is contemplated sending to special schools or who may

require supervision after leaving school. Most of the educationally subnormal children at modern secondary schools appear to be suitably placed in C stream classes, where they receive every encouragement to fit into the normal life of the community.

During the year 13 children were reported to the Suffolk County Joint Mental Health Board as ineducable and 12 others, who were approaching school-leaving age, were reported as likely to be in need of supervision in adult life.

Epileptic Pupils.

Of the six "handicapped" epileptic children in the county, five were at special residential schools during the year, three of them at St. Faith's Hospital, Brentwood, one at Chalfont Colony, and one at Lingfield Epileptic Colony. The sixth child, who is of low intelligence, was not in receipt of education as she was unfit to attend an ordinary school and her parents were unwilling to allow her to leave home. This case is being kept under review.

There were also some 25 children who were reported to suffer or to have suffered from occasional fits, but who did not come within the category "handicapped" as they were able to attend ordinary schools.

Maladjusted Pupils.

As stated in last year's Report, the East Anglian Regional Hospital Board set up a Department of Child Psychiatry towards the end of 1949. The staff includes a psychiatrist, educational psychologist and psychiatric social workers. A weekly clinic is held at the West Suffolk General Hospital, Bury St. Edmunds, and cases are seen either at the request of the family doctor or at the request of the School Medical Officer after consultation with the family doctor. Arrangements for the interchange of records in all cases between the Department and the School Health Service have been continued, and approximately 20 children were seen at this clinic during the year. Children from outlying parts of the county can be seen at Ipswich, Colchester, Cambridge or Norwich, if more convenient. Two cases were referred for residential treatment, and in both instances it was considered that education at a residential (educationally sub-normal) school would be appropriate. The parent of one child, however, refused to allow her to leave home.

Physically Handicapped Pupils.

Special educational arrangements were made for a total of 27 physically handicapped children during the year. The number at the end of the year was 16, of whom eight were at Kelling Children's Hospital School, Holt, two at Ipswich Isolation Hospital School, one at Harefield Hospital School, Middlesex, and two at White Lodge Hospital, Newmarket, whilst three were being taught at home. In the case of the children at White Lodge Hospital and at home, education was provided by the peripatetic teachers mentioned in a later paragraph. In addition, two boys of 17 and 15 respectively were admitted to the Derwent Cripples' Training College, Oswestry, and Queen Elizabeth's Training College, Leatherhead, where one is being trained in tailoring and the other as a builder's clerk.

Pupils Suffering from Speech Defects.

During 1950, Speech Therapy was continued at centres in Bury St Edmunds, Newmarket, Sudbury, Haverhill, Brandon and Mildenhall, and was started in Hadleigh. One hundred and twenty children were treated for various defects, including retarded speech, voice defect, spasticity, general indistinctness, several types of lisp, stammer, and speech affected by partial deafness or a cleft palate. Treatment was discontinued in 35 cases. Of these, 15 had become normal and one had improved greatly. Five others showed appreciable improvement before they ceased to attend, four because they were no longer at schools in this county and the other because his parents considered further treatment unnecessary. In the remaining 14 cases there had been little or no improvement. Some had left the county before there had been sufficient time for them to make real headway, a few were discharged because they would not attend regularly or were otherwise unco-operative, and three refused to continue treatment, although they were urged to do so. One case was given up because, despite excellent co-operation and perseverance on the part of the child and his parents, no appreciable progress was being achieved and it was feared that to continue might have a discouraging effect upon the child. Such cases are, happily, rare, and it is important that the Therapist should recognise when it is in the interests of the child that further effort should be abandoned. In speech treatment, each boy or girl has to be considered as a whole, and the aim is to deal with the defect in such a way as will enable the child to lead a normal life.

Peripatetic Teachers in Hospitals and in Homes.

In 1947, when the incidence of poliomyelitis was unusually high throughout the country, a unit was established at White Lodge Hospital, Newmarket, for the treatment of cases with residual paralysis. Patients came from all parts of East Anglia and, as many of them required several months' in-patient treatment, arrangements were made for a peripatetic teacher to visit the hospital daily and teach the children in the wards. It was suggested that a large orthopaedic unit might be centred permanently at this hospital and that a hospital school should be established, but the number of children making a long stay gradually dwindled and it was decided that their educational needs could continue to be met by the peripatetic teacher.

Until the last few weeks of 1950 teaching was confined to children of compulsory school age who were expected to remain in the hospital for two months or more. Some 26 such children received education at the hospital during the year, the average number being nine. More than two-thirds of them came from the areas of other local education authorities. In October, 1950, representatives from

the Ministry of Education visited the Hospital and suggested that teaching should be extended to all children over two years of age, including short-stay cases, and the Education Committee agreed that this should be done where found practicable without detriment to the education of the long-stay cases over five years of age. When the establishment of a hospital school was contemplated, it was intended that long-stay cases in hospitals throughout the county should be transferred to White Lodge Hospital. This proved impracticable from the medical point of view and met with considerable opposition from the parents. The only other large hospital within the county boundary is the West Suffolk General Hospital, and arrangements were made during the year for any long-stay cases at that hospital to be taught by a peripatetic teacher.

For the past four years children in various parts of the county have been taught at their homes by peripatetic teachers. It is, of course, possible to make use of this method only in places where a suitable teacher is available, but it is surprising how seldom any difficulty arises, even in rural areas. Former teachers, now married or retired, find part-time work of this nature relatively light and pleasant, particularly if they are not called upon to do more than five or six hours each week, and the parents are most appreciative of the tuition provided. In three cases it is contemplated that this will continue as long as the children are alive and of school age. One of them is suffering from a progressive muscular dystrophy, another is nearly always confined to bed with heart failure, and all the limbs of the third are severely crippled as the result of an attack of poliomyelitis in 1938. The parents of these three children were unwilling to allow them to go away to school, even if places could have been procured, and in view of the nature of the cases residential education was not pressed. Increasing use has been made recently of peripatetic teachers for children who are temporarily unfit to attend school, usually for periods of from 3—12 months. The majority of the cases are suffering from orthopaedic defects or primary tuberculous lesions of the lungs. If the home is a satisfactory one, and the case is medically suitable to remain there under the care of the family doctor and the appropriate specialist, the obvious disadvantages of this method of education have been found in practice to be outweighed by the advantages. The visits of the teachers prevent the children from becoming backward in their school work as well as relieving the boredom of lying in bed for several weeks at a time. A large proportion of them are between five and seven years old, when they should be learning to read and, but for this teaching, might be severely handicapped throughout their school life. Although the actual lesson time may be limited—in some cases to two hours three times a week—the children receive individual attention during this time and their progress compares very favourably with that of children who spend 6—18 months at special residential or hospital schools.

INFECTIOUS DISEASES.

During the spring and early summer, appreciable absence from school was caused by measles, but the incidence was no greater than is usual in epidemic years.

Towards the end of the autumn term chickenpox and mumps were epidemic, and by the end of the year the number of cases of mumps reported each week was rising sharply throughout the county. (This continued during the early part of 1951 and gave rise to an unusually large epidemic which, when coincident with a short, mild epidemic of influenza, led to an unprecedented fall in school attendance).

No cases of poliomyelitis were notified amongst school children and no schools were closed on account of infectious disease during the year.

Immunisation Against Diphtheria.

As in previous years, immunisation of school children has been carried out routinely in schools and clinics, and notices urging the need for reinforcing doses have continued to be issued by headmasters to the parents of all new entrants. During the year, completed record cards were received in respect of the primary immunisation of 89 school children who, for various reasons, had not been protected previously, and in respect of reinforcing doses given to 808 children who had been immunised in infancy. Of these, 50 primary immunisations and 718 reinforcing doses were given by the Assistant School Medical Officers, and the remainder by the children's own family doctors.

VERMINOUS CHILDREN.

During the year 32,910 head inspections were carried out and 382 individual children, that is, 3.0 per cent. of the average number in attendance, were found to be verminous.

It is pleasing to be able to record that this is the lowest figure ever reached in this county. Last year it was 3.3 per cent., when, for the first time since the deterioration due to evacuation and other war conditions, the pre-war level of 1938 was equalled. Most of the verminous children come from a few unsatisfactory families and are nearly all recurrent offenders who become clean as the result of the School Nurse/Health Visitors' visits to their homes but who relapse frequently. The members of these families are, however, gradually reaching school-leaving age, and it seems that they are not being replaced by an equal number of verminous children from a newer generation.

SCHOOL DENTAL SERVICE.

REPORT OF THE SENIOR DENTAL OFFICER.

"For the greater part of the year (i.e., since the end of February) West Suffolk has had no Assistant Dental Officers. In spite of having advertised, it was not possible to fill any of the four vacancies.

The figures given in Table III of the Report, therefore, relate principally to treatment undertaken by the Senior Dental Officer at the clinics at Bury St. Edmunds, Newmarket and Sudbury. This was an interim measure designed to cover as wide an area as possible, pending a settlement of the future of the School Dental Service.

Fourteen schools received visits for routine dental inspection in 1950. The position at the end of the year was that 68 schools had not been visited since 1949, 53 had not been inspected since 1948, and one school was last inspected in December, 1947."

S. H. POLLARD,

Senior Dental Officer.

PROVISION OF MEALS AND MILK IN SCHOOLS.

By the courtesy of the Chief Education Officer I quote the following report on the School Meals Service during 1950, which has been supplied by him:—

"During the year new kitchen/dining rooms have been opened at Elmswell Council School, Mildenhall Primary School, Newmarket Road Council School, Rattlesden Controlled Voluntary School, Shimpling Aided Voluntary School and Stoke-by-Nayland Controlled Voluntary School. All these schools, with the exception of Newmarket Road, were previously supplied with meals, Shimpling having its own small and difficult kitchen, and the other schools being served with transported meals from Bury St. Edmunds or Hadleigh Central Kitchens. The new arrangements have, of course, added greatly to the amenities of the schools concerned and resulted in an appreciably greater number of meals being served. A new dining centre has been opened at Glemsford School, the meals being transported there from the Hadleigh Central Kitchen. Another result of the opening of the new canteens is that the Bury St. Edmunds Central Kitchen is now able to supply three schools for which it was previously necessary to purchase meals from the East Suffolk Central Kitchen at Stowmarket. It is, therefore, no longer necessary to purchase any meals from outside the county. On the other hand, the Hadleigh Central Kitchen has also ceased to supply a certain number of meals to schools in the north of Essex.

With the more or less complete standstill in the building of new canteens there are at present no new canteens in process of erection other than those in the new schools being built at Bury St. Edmunds, Newmarket and Sudbury. The Ministry have, however, agreed to the installation of new and improved equipment in a number of kitchens which have hitherto been working under extremely difficult conditions. This will, in most cases, allow the service of an increased number of meals. Some of these improvements have already been completed, and it is hoped that it will be possible to carry out others within the next year or so.

The number of meals served each day continues to show a slow but steady rise. A year ago it was approximately 7,300, and during one or two isolated weeks in the autumn term, 1950, the number exceeded 8,000 meals a day.

The arrangements for the transport of meals from the Central Kitchens have on the whole proceeded smoothly throughout the year. The position has been considerably eased by the acquisition of two new vans to replace old ones which were very liable to break down.

There continues to be quite a considerable turnover in the kitchen staffs of the canteens. In the main it has been possible to find satisfactory replacements, but in some areas, particularly Sudbury, considerable difficulty has been experienced. In the main the Supervisory staff has remained the same, but when the Cook-Supervisor of the two Hadleigh School canteens left the county it was not found necessary to replace her, as these canteens have been put under the general charge of the Supervisor of the Hadleigh Central Kitchen, fewer meals being sent out from there than formerly. A Cook-Supervisor has also been appointed at the Bury St. Edmunds Guildhall Feoffment Junior School, as the daily number of meals there now exceeds 250."

Milk in Schools.

One-third of a pint of milk continued to be supplied free of charge to children on each school day throughout the year. The number of bottles of milk consumed on a day chosen at random in October was 10,185, representing some 71 per cent. of the school population. Whenever available, pasteurised milk, produced if possible with all the safeguards which apply to tuberculin tested milk, was supplied. Where this could not be procured, tuberculin tested milk was provided in all but six schools where it also was unobtainable.

The position at the end of the year was as follows:—

Type of Milk.	Number of Schools.	Number on Roll.
Pasteurised	82	10,609
Tuberculin tested	48	3,067
Other milk	6	606

Thus it will be seen that pasteurised milk was available to approximately 74 per cent. of the children attending maintained schools, and tuberculin tested milk to approximately another 22 per cent.

It is even more satisfactory to be able to add that by the end of the year arrangements had been made for pasteurised milk to be supplied to two further schools and tuberculin tested milk to another, so that by the beginning of 1951 less than 1 per cent. of the children had neither pasteurised nor tuberculin tested milk available to them.

In October, 1949, the Chief Sampling Officer and Inspector of Weights and Measures, Mr. Thompson, became responsible, under the direction of the County Medical Officer, for carrying out the duties laid upon the County Council under the new milk legislation, and it was also agreed that he should supervise the supply of milk to schools. The improvement shown during the past year is due to his efforts. He arranged for samples to be taken periodically to ascertain whether the milk

was free from bacteria capable of causing disease in humans, and to test its nutritive value. In addition, he has spent much time investigating complaints as to times of delivery, chipped or dirty bottles, etc., and in finding alternative supplies when existing ones could not be made satisfactory.

PHYSICAL EDUCATION.

For the following report I am also indebted to the Chief Education Officer:—

“Steady progress has been maintained and improvement shown, due mostly to the gradual improvement of facilities. In Primary Schools the improvement of playground surfaces has begun and the provision of more games areas for these schools is under way.

Cockfield. The use of part of the Great Green has been acquired.

Barrow. A playing space behind the school, suitable for juniors, has been sown with grass

Newmarket All Saints'. A paddock recently made available will come into use shortly.

Rattlesden and Elmswell. Arrangements have been made for grass playing areas to come into use shortly.

Glensford. Some attention has been given to the playing space acquired last year.

Brandon. The use of the Remembrance Playing Field continues, and is reflected in the general improvement of the school games.

Sudbury Junior School. Arrangements were made this year for the school sports to be held in the town.

Kedington and Wickhambrook. Schemes are in hand for the provision of playingfields.

Tollgate School, Bury St. Edmunds. The playingfield is ready for use immediately the school opens.

As a result of the Committee's policy, more primary schools took part in the Netball Tournament this year, and more rural schools have entered the Rural Schools Soccer Competition.

Dancing at the Rural Schools Music Festival by eight schools was of a good general standard.

In Secondary Schools the staffing position is now better and work naturally shows improvement.

Newmarket. The playing field is virtually complete. The tennis courts are finished and should come into use with the more clement weather. The cricket square should also be available for use in the summer term. A battery of three cricket nets with concrete wickets has also been added.

Mildenhall Modern and King Edward VI Grammar Schools. Work has been carried out here with consequent improvement of the wickets.

Hadleigh. School field has been sown. Arrangements made for its complete “Layout.”

Sudbury Modern. Plans are now complete for the laying out of this new field, which should bring it into use in the summer of 1951.

Haverhill. A concrete practice cricket wicket and net have been provided.

The Netball and Tennis Tournaments have been well supported.

A County Soccer side again competed in the English Schools' Shield Competition. It is hoped that this will now be a permanent institution.

West Suffolk was well represented by both boys and girls in the Suffolk team at the All-England Schools Athletic Association Meeting this year.

SWIMMING. For the first time since the resumption of Swimming after the War, it has been possible to award proficiency certificates. Nearly 100 were awarded.”

SCHOOL BUILDINGS.

I am indebted to the County Architect for the following Report:—

“Building operations at the Tollgate County Primary School, Bury St. Edmunds, have continued very satisfactorily and it is hoped to open the school in September, 1951.

Tenders have been accepted in the sum of £31,532 13s. 1d. for the new Primary School at Newmarket and £36,779 1s. 3d. for the new Infants' School at Sudbury. Work is proceeding well after an initial delay owing to the shortage of cement, and it is planned to open these schools also in the School Year, 1951/52.

The summer of 1950 saw a great increase in the amount of painting and repairs done, and 27 schools have been re-decorated.

It is a matter of very great satisfaction to be able to report that these re-decorations have transformed the schools out of all knowledge and the change has been welcomed by the teaching staff as well as H.M. Inspectorate. One satisfying feature is the new colour schemes for the furniture in the infant rooms.

In addition to the above work, 15 schools have had new playground surfaces.

The H.O.R.S.A. huts at Elmswell C. School, Rattlesden and Stoke-by-Nayland Controlled V. Schools have now been handed over and are in use, and the two Practical Rooms at Stanton C. School will be completed very shortly.

The additional H.O.R.S.A. huts at Mildenhall, Newmarket, and the Bury St. Edmunds Silver Jubilee Modern Secondary Schools have been completed and handed over and are now in full use.

The minor capital works in connection with the improvements to the Haverhill Modern Secondary School are well in hand and nearing completion.

The playground surfaces at Bury St. Edmunds King Edward VI Grammar School, Sudbury High School for Girls, Newmarket and Mildenhall Modern Secondary Schools have been treated this year.

The new additional Sudbury playing field and that for Hadleigh Modern Secondary School have now been seeded and will be available during 1951.

The work on the Technical Instruction Block at Bury St. Edmunds is nearing completion and it is hoped that it will be ready for occupation by the end of March, 1951."

Sanitary Conditions.

The Assistant School Medical Officers continued to report upon the sanitary conditions at the schools at the time of the annual routine medical inspection, and paid additional visits for this purpose when necessary.

There was, of course, usually very little to comment upon in the case of schools built during the past 30 years, and the worst of the older ones are gradually being closed. There are still, however, 82 schools without a main water supply and 102 without water closets, but nearly all those scheduled to remain are in places where it is hoped that a main water supply will be in operation during the next five years. Drainage, unfortunately, is likely to prove a more difficult problem.

Towards the end of the year, it was decided to give a trial to a Sanitary Fluid which, it was claimed, would render the closets more pleasant and the emptying of the pails less objectionable. The use of the fluid was, therefore, introduced in three schools with pail closets and will be continued during the first half of 1951.

STATISTICS.

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups.

Entrants	1,881
Second Age Group	1,384
Third Age Group	1,149
Total	4,414
Number of other Periodic Inspections	—
Grand Total	4,414

B.—OTHER INSPECTIONS.

Number of Special Inspections	304
Number of Re-Inspections	3,291
Total	3,595

C.—PUPILS FOUND TO REQUIRE TREATMENT.

<i>Group.</i>	<i>For defective vision (excluding squint).</i>	<i>For any of the other conditions recorded in Table II.A.</i>	<i>Total individual pupils.</i>
Entrants	18	145	163
Second Age Group	107	78	185
Third Age Group	107	54	156
Total (prescribed groups)	232	277	504
Other Periodic Inspections	—	—	—
Grand Total	232	277	504

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION.

<i>Defect or Disease.</i>	<i>Periodic Inspections.</i>		<i>Special Inspections.</i>	
	<i>No. of defects.</i>		<i>No. of defects.</i>	
	<i>Requiring treatment.</i>	<i>Requiring to be kept under observation, but not requiring treatment.</i>	<i>Requiring treatment.</i>	<i>Requiring to be kept under observation, but not requiring treatment.</i>
Skin	25	49	2	2
Eyes—(a) Vision ..	232	188	8	7
(b) Squint ..	34	—	—	—
(c) Other ..	9	29	1	3
Ears—(a) Hearing ..	3	6	1	—
(b) Otitis Media	9	9	—	—
(c) Other ..	2	14	—	1
Nose or Throat ..	63	505	9	6
Speech	22	25	24	—
Cervical Glands ..	3	117	1	—
Heart and Circulation	4	45	1	1
Lungs	25	52	4	—
Developmental—				
(a) Hernia ..	7	20	1	1
(b) Other ..	8	121	—	1
Orthopaedic—				
(a) Posture ..	5	42	1	2
(b) Flat foot ..	15	138	—	—
(c) Other ..	29	363	6	1
Nervous system—				
(a) Epilepsy ..	9	4	2	—
(b) Other ..	3	17	—	—
Psychological—				
(a) Development	1	102	—	11
(b) Stability ..	1	19	3	2
Other	9	14	1	4

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS.

<i>Age Groups.</i>	<i>Number of Pupils Inspected.</i>	<i>A. (Good)</i>		<i>B. (Fair)</i>		<i>C. (Poor)</i>	
		<i>No.</i>	<i>% of col. 2.</i>	<i>No.</i>	<i>% of col. 2.</i>	<i>No.</i>	<i>% of col. 2.</i>
Entrants	1,881	299	15.89	1,520	80.81	62	3.30
Second Age Group	1,384	301	21.75	1,046	75.58	37	2.67
Third Age Group ..	1,149	288	25.07	834	72.58	27	2.35
Other Periodic Inspections ..	—	—	—	—	—	—	—
Total	4,414	888	20.12	3,400	77.03	126	2.85

TABLE III.
DENTAL INSPECTION AND TREATMENT.

(1) Number of pupils inspected by the Authority's Dental Officers—							
(a) Periodic age groups	..	..	..	..	..	..	2,787
(b) Specials	..	..	..	..	..	..	260
Total							3,047
(2) Number found to require treatment	..	..	..	..	..	..	1,878
(3) Number referred for treatment	..	..	..	..	..	..	1,848
(4) Number actually treated	..	..	..	..	..	..	1,757
(5) Attendances made by pupils for treatment	..	..	..	..	..	..	2,978
(6) Half-days devoted to : Inspection	..	..	..	..	..	..	33
Treatment	..	..	..	..	..	..	436½
Total							469½
(7) Fillings—Permanent Teeth	..	..	..	..	..	..	1,514
Temporary Teeth	..	..	..	..	..	..	14
Total							1,528
(8) Number of teeth filled—Permanent Teeth	..	..	..	..	..	..	1,423
Temporary Teeth	..	..	..	..	..	..	14
Total							1,437
(9) Extractions—Permanent Teeth	..	..	..	..	..	..	204
Temporary Teeth	..	..	..	..	..	..	1,249
Total							1,453
(10) Administration of general anæsthetics for extraction	..	..	..	..	..	..	273
(11) Other Operations—Permanent Teeth	..	..	..	..	..	..	985
Temporary Teeth	..	..	..	..	..	..	433
Total							1,418

TABLE IV.
HANDICAPPED PUPILS RECEIVING OR AWAITING SPECIAL EDUCATION
AT THE END OF 1950 (EXCLUDING HOSPITAL SCHOOLS).

	Blind	Partially Sighted	Deaf	Partially Deaf	Delicate	Physically Handicapped	Educationally Subnormal	Mind Adjusted	Epileptic	TOTAL
Attending Special Schools (all residential)	—	—	5	3	2	—	13	—	4	27
Receiving education from Peripatetic Teachers :										
(a) in hospital	—	—	—	—	—	3	—	—	—	3
(b) at home	—	—	—	—	—	4	—	—	—	4
Awaiting places at Special Schools	—	1	—	1	—	—	6	—	—	8