

[Report 1951] / School Medical Officer of Health, West Suffolk County Council.

Contributors

West Suffolk (England). County Council.

Publication/Creation

1951

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WEST SUFFOLK COUNTY COUNCIL

ANNUAL REPORT

OF THE

School Medical Officer

FOR THE

YEAR 1951.

HENRY ROGER, M.A., M.B., Ch.B., D.P.H.,
School Medical Officer.



County Health Department,

Bury St. Edmunds,

12th February, 1952.

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 1951 on the work of the School Health Service.

One of the most outstanding features of the year was the completion of the first school built with a medical unit, about which I was consulted in all stages of its planning and construction.

I am glad to report that the number of verminous children has fallen considerably and that for the third year in succession there were no cases of diphtheria amongst school children.

Preventive medicine has not the dramatic appeal of its curative counterpart. Its achievements, resulting from the co-ordinated efforts of many workers over long periods, are often taken for granted, but they affect the lives and happiness, not only of individuals but of millions of families.

In previous reports I have acknowledged the debt I owe to Mr. R. F. A. Carter, the Chief Education Officer, and I would emphasise that it is the cordial relations between us which have enabled me to take so much pride and pleasure in this work.

I thank also the members of his office and teaching staff and those doctors, dentists, nurses, medical auxiliaries and clerical staff of my own department who have given such loyal and whole-hearted service. A special word of thanks is due to my Deputy, Dr. Alison Rae.

Finally I would express my gratitude to the Chairman and other Members of the School Welfare Sub-Committee for the support and encouragement which I have always received from them during the past fourteen years.

*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. P. Coggin Brown, M.R.C.S., L.R.C.P. D.P.H.
<i>Speech Therapist</i>	Barbara M. Elton, L.C.S.T.
<i>Senior Dental Officer</i>	S. H. Pollard, L.D.S.
<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 twelve 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.

GENERAL STATISTICS.

The County of West Suffolk has an area of 390,916 acres. The population at the 1951 census was 120,590. There are no county boroughs within the county.

The average number of children on the rolls of the schools during 1951 was 14,566 and the average attendance was 12,818.

At the end of 1951 there were 135 schools in the county, 5 being grammar secondary schools, 7 modern secondary schools and 123 primary schools. Forty-five were county schools, 73 controlled voluntary schools, 12 aided voluntary schools and 5 voluntary schools.

MEDICAL INSPECTION.

During the year the Assistant School Medical Officers visited all the schools in the county and carried out routine medical inspections. As in former years children thought to be in need of medical attention were referred to their private doctors who treated the children or, where necessary, referred them to the appropriate hospital. These children were re-examined at the next visit of the Medical Officer to the school, when it was found that almost without exception the parents had taken the appropriate steps to secure treatment. It is no longer considered necessary for the School Nurse/Health Visitors to follow-up all children referred for treatment. Such visits are now limited to the parents who it is thought might not otherwise take advantage of the facilities available.

The attendance of parents at the inspection of young children continued to be good in some urban and a few rural areas, but was very poor in the case of elder children. Whilst this was partly due to the fact that many of the parents lived several miles from the secondary schools, it was also true that most of the normal, healthy adolescents did not wish their parents to attend. Usually no great difficulty was experienced in arranging for them to be seen when for some reason their presence was particularly desirable.

Medical Inspection Units.

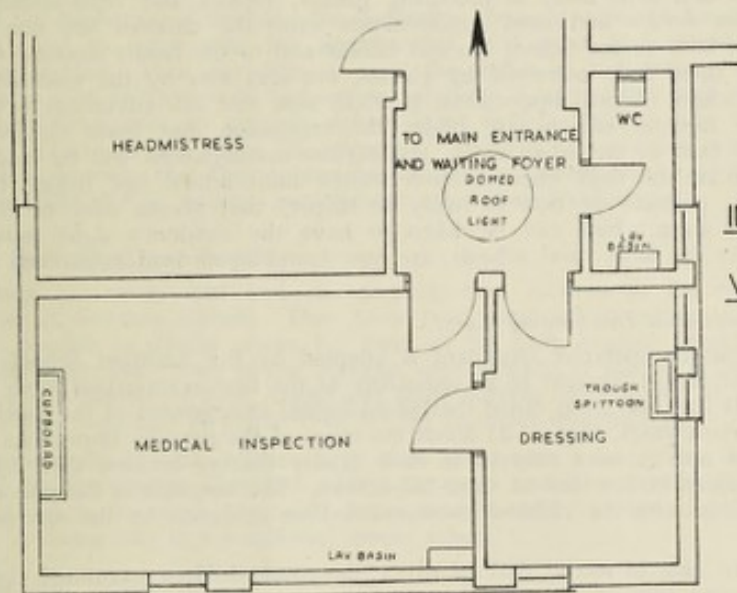
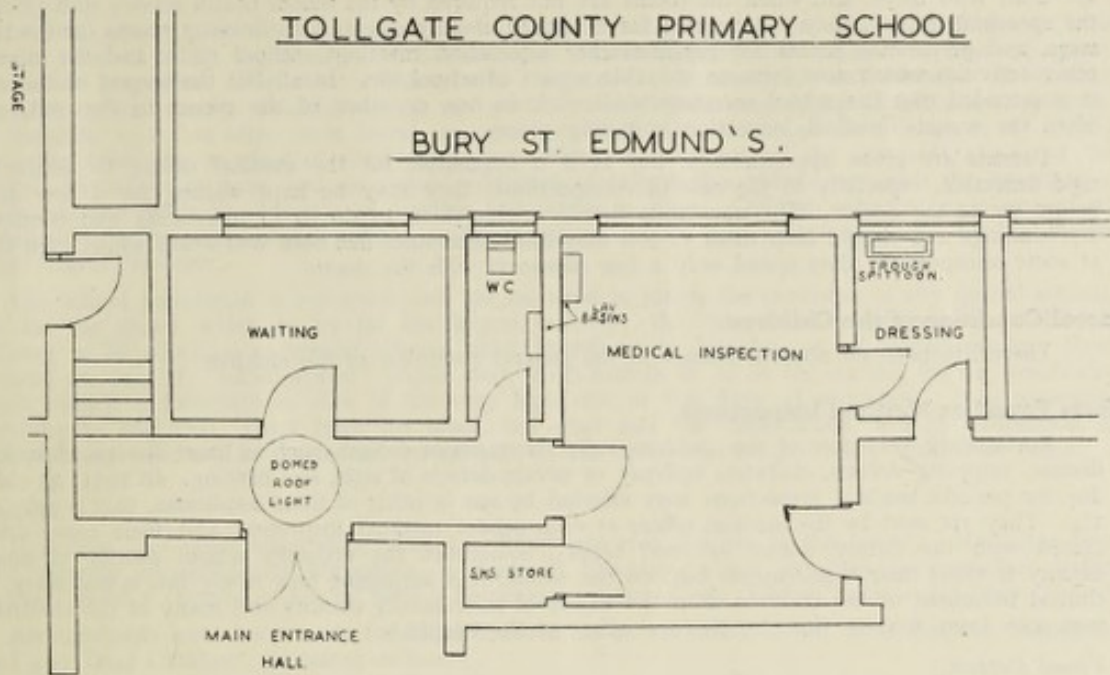
The first of the post-war schools, Tollgate County Primary School, Bury St. Edmunds, was opened during the year, and two others neared completion, one at Sudbury and one at Newmarket. Consultation took place with the County Architect whilst the plans were being prepared and during the course of construction. It was considered that the accommodation provided for medical inspections should consist of a room for the actual examination, communicating with a dressing room, which should be distinct from, but near to, a waiting room for parents, it having been found that the presence of parents in a common dressing-waiting room was resented both by the children and the adults. The examination room was also to serve as a dental surgery and so the plans included plumbing for a spittoon and electric points for a dental engine, a sterilizer and a chair light, and the dressing room was equipped with a rinsing sink. It was intended that the unit should be near the main entrance and that a water closet should be included.

Soon after the first school was begun the plans of the others had to be modified to reduce the cost, but this was done without losing any of the essential features. At Sudbury Infants' School the unit is near an expanded foyer which serves as a waiting room, and close to other sanitary accommodation, so that the provision of a water closet within the unit is unnecessary. At Houldsworth Valley School, Newmarket, the end of a wide corridor forms an attractive alcove where parents can wait, and the fitting of a domed roof light instead of a window has made practicable the use of a dressing room which would otherwise have been too small for the purpose.

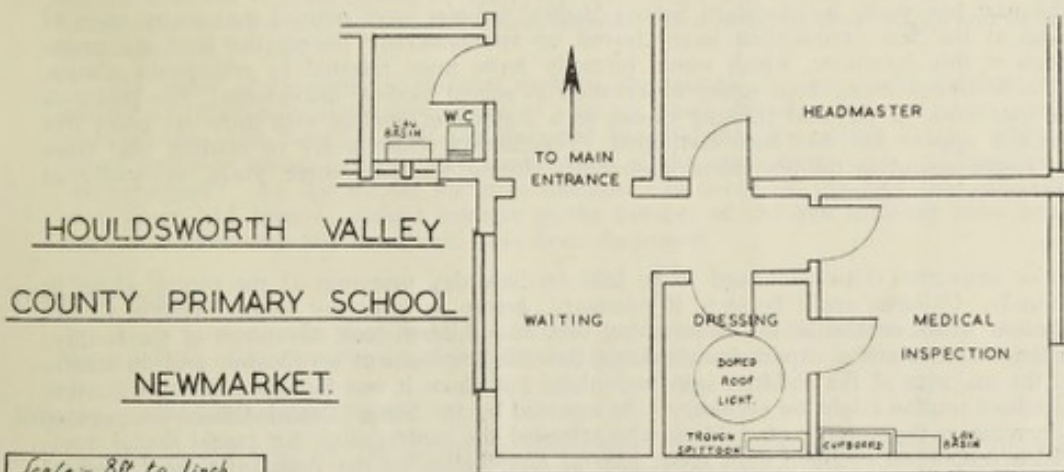
The furniture of the dressing room includes a mirror, and coat pegs and small chairs on which the children place their clothing. There is a large cupboard for the storage of dental and speech therapy equipment, first aid materials, etc. The doors between the rooms are wide enough to allow the couch to be moved from one room to another as occasion requires. Health education material and examples of the children's work are displayed in the waiting room.

TOLLGATE COUNTY PRIMARY SCHOOL

BURY ST. EDMUND'S.



INFANTS CONTROLLED
VOLUNTARY SCHOOL,
SUDBURY.



Scale: 8 ft. to 1 inch
Drawn from plans supplied by
The County Architect

It is not anticipated that these rooms will often be idle. Children injured or taken ill at school are dealt with there, and when the rooms are not required by the school health service staff (including the speech therapist), they can be used for a variety of purposes such as dressing rooms for the nearby stage, and preparation rooms for parent-teacher association meetings, school clubs and the numerous other activities which now form so valuable a part of school life. In all but the largest of the schools it is intended that the school secretary shall work in one or other of the rooms in the unit, except when the routine medical inspection is taking place.

Parents are given appointments, but as it is impossible for the medical officer to adhere to a rigid timetable, especially in the case of reinspections, they may be kept waiting for a few minutes before seeing the doctor. The new units should enable them to do so in interesting and comfortable surroundings and should help them to feel that their attendance has been well worth while, even though at some reinspections they spend only a few moments with the doctor.

General Condition of the Children.

There has been no obvious change in the general condition of the children.

Defects Found at Medical Inspections.

Fortunately very few of the children suffer from major defects, such as heart disease, chronic lung disease, crippling defects, diabetes, epilepsy or severe defects of sight and hearing. In 1951, 45 children due for periodic medical inspections were affected by one or other of these conditions, that is only about 1%. They are seen by the medical officer at each school medical inspection and their cases are discussed with the family doctor as need arises. Sometimes the ordinary school routine is modified slightly to meet their requirements but, on the whole, it is surprising how rarely this is necessary. The clinical treatment of the children is in the hands of their family doctors and many of the children are seen also from time to time by the specialists at the hospitals.

Visual Defects.

As stated in the Report for 1948, the county is well covered by the Children's Eye Clinics of the various hospitals, and there is now little delay in procuring glasses, repairs and replacements. The hospitals keep the cases under review and send appointments when the children are due for re-examination. Reports are sent both to the School Medical Officer and to the family doctor. Children with visual defects, including those fully corrected by glasses, are seen also by the assistant school medical officers each year at school medical inspections, to make sure that full advantage is taken of the facilities available. The medical officers are under the impression that fewer children have defective eyesight in the rural than in the urban areas, and further investigations will be made along these lines during 1952. Gone are the days when children waited until school age before receiving treatment for squint. In fact, parents are now so ready to suspect that glasses may be necessary and are so well aware of the steps which can be taken to have the children's sight tested, that relatively few children, even in the most rural schools, are now found at medical inspections with an untreated visual defect.

Unhealthy Tonsils and Adenoids and Discharging Ears.

A conservative attitude towards operative treatment is adopted by the Assistant School Medical Officers, who have noticed that tonsils thought to be unhealthy at the first examination have in very many cases improved later. It has also been noted that physiological enlargement of the tonsils tends to occur at about five and fourteen years, that is, at about the times of the periodic inspections. Fifty-seven children, a proportion of 1.16%, were referred to their family doctors because their tonsils or adenoids appeared to be unhealthy at the time of these inspections. The hospitals in the area are now able to deal without undue delay with the children recommended for operation by the ear, nose and throat surgeons.

It is very satisfactory to be able to record that of every thousand children examined, less than 2 needed treatment for discharging ears.

Orthopaedic Defects.

During the past few years the Assistant School Medical Officers have noticed that many cases of knock knee seen at the first examination have cleared up spontaneously during the next six years. The milder cases of this deformity, which would formerly have been referred to orthopaedic clinics, are, therefore, now merely being kept under observation at school medical inspections. The policy of relying on the foot work of physical training classes as a method of dealing with those symptom free children whose feet appear flat, has been continued. The Medical Officers are of opinion that there has been some improvement in the posture of adolescents during the past three years, especially at certain modern secondary schools.

School Clinics.

A general or inspection clinic continued to be held on Saturday mornings at the central clinic in Bury St. Edmunds. Children could be seen, if necessary, before or after the Infant Welfare Clinics held at twenty-four other centres in the county, but very few children took advantage of the facility, except in the larger urban areas. Apart from examination for employment certificates, and diphtheria immunisation, the majority of the children seen were those for whom it was thought some modification of the general school routine might be necessary. As reported by the Senior Dental Officer on page 9, there was an increase in the number of children who attended the central clinic for casual dental treatment, and a high proportion of these were given general anaesthetics by the Assistant School Medical Officers.

There are no minor ailment clinics in this county.

HANDICAPPED PUPILS.

In this county, records are kept of two different categories of exceptional children. Those officially referred to by the Ministry of Education as "handicapped" are children in need of special educational treatment. The other category, the "defective", is unofficial and includes all children who have certain specific disabilities such as heart disease, chronic lung disease, tuberculosis, epilepsy, and diabetes, as it has often been found convenient to be able to refer to all the children in the county who suffer from one or other of these conditions. Most of them attend the specialist clinics at the hospitals from time to time, and an annual exchange of information takes place with the hospitals to ensure that the list is as complete as possible and is up to date. Children who for any reason are permanently, or for a prolonged period, unable to attend school, are visited regularly by the School Nurse/Health Visitors.

The school population is too small and too scattered to justify the provision of any special schools, even for the group which is by far the largest, namely, the educationally subnormal. Children requiring to be educated at special schools must, therefore, be boarders at schools elsewhere. Even so, there are only 36 "handicapped" pupils from West Suffolk at, or on the waiting list for, residential schools, which is fortunate in view of the very high cost of this form of education. It is somewhat disturbing to find that, apart from the blind, the deaf and the tuberculous, a high proportion of children being educated at residential special schools are those who are not really wanted at home.

Blind Pupils.

It is now four years since there were any blind educable children in this county. Much has been heard recently of retrolental fibroplasia, a form of blindness which develops in premature babies weighing about 3 pounds or less at birth. Fortunately, none of our children have so far been affected.

Arrangements have been made for blind children to be educated at the East Anglian School for Blind and Deaf Children, Gorleston-on-Sea.

Partially-Sighted Pupils.

At the beginning of the year the Authority arranged with the London County Council for a West Suffolk child to lodge with her grandmother in London and attend a nearby day school for the partially sighted. This was done to meet the wishes of her parents who were anxious to return to London as soon as they could find accommodation. Later in the year they were successful, and since then there have been no partially-sighted West Suffolk children who need to be educated at special schools. There are two other "handicapped" children whose vision even with glasses is very defective, but not so severely that they cannot be adequately catered for at ordinary schools, and they should have no difficulty in finding employment after they leave school.

Deaf and Partially-Deaf Pupils.

There are seven deaf and one partially-deaf children in the county who cannot be properly educated at ordinary schools. They have been admitted to various residential schools as it was not always possible to obtain places for them at the East Anglian School for Blind and Deaf Children at Gorleston-on-Sea. Two of the children were already at schools in other parts of the country before their parents moved to East Anglia and these schools have agreed to allow the children to remain as long as this Authority is prepared to accept financial responsibility.

Three partially-deaf children have been fitted with hearing aids and are being instructed in lip reading by the Speech Therapist. They can read and it is considered that, provided they are favourably placed in the class, they will derive more benefit by remaining in an ordinary school than they would by being sent to a residential special school.

Delicate Pupils.

Three "handicapped" children, two suffering from general debility and one from asthma, received education at the Ogilvie School of Recovery, Clacton-on-Sea, during the year. One was at the school for nineteen months and another for fifteen months. One was still there at the end of the year, having been admitted in July.

The index of "defective" children contains the names of ninety-eight children who suffer from asthma or other non-tuberculous forms of chronic chest disease. Nine of them are suffering from bronchiectasis and twenty attend the Regional Hospital Board's asthma clinics. They are all able to attend ordinary schools without any modification of the curriculum, and are therefore not classed as "handicapped". In the Report for 1949 mention was made of the fact that during the preceding years there had been a gradual increase in the number of children suffering from bronchiectasis, but since that time very few new cases have been diagnosed.

Diabetic Pupils.

As in former years there were no diabetic pupils coming within the category "handicapped". Two West Suffolk children suffer from this disease, but both are able to lead normal school lives.

Educationally Subnormal Pupils.

During the year 16 "educationally subnormal" pupils received education at residential special schools, most of them at the Royal Eastern Counties Special Schools at Colchester, Girton and Halstead. Throughout the year there were between four and six children on the waiting list. In this county fewer vacancies are required for girls than for boys, and they are easier to obtain. The Royal

Eastern Counties Special Schools have hitherto been most co-operative about admitting urgent cases at short notice. It is not difficult to find the few places we require for relatively high-grade, well behaved children from good homes, but it is becoming increasingly difficult to find a school which will accept children who, although low-grade, are not ineducable. Such children will derive comparatively little benefit scholastically and may be unable to support themselves in adult life. It has been suggested that the special schools, perturbed by their high maintenance costs, are taking the view that their places should be reserved for the high-grade children who will make more progress educationally and are likely to be able to earn their own living. The difficulties which arise, however, when no places can be found for low-grade "educationally subnormal" children who are very troublesome or who are "deprived" children living in a Children's Home, are out of all proportion to the number of such children. It would be a great advantage if a less expensive type of school were available for such cases.

In addition to the "handicapped" children needing to be educated at special schools, there are 24 others who have been formally ascertained as "educationally subnormal" and recommended for special educational treatment at ordinary schools.

A further 149 children have been examined informally in accordance with the suggestions made in Ministry of Education Circular 146, but without following the full procedure laid down for the formal ascertainment of "educationally subnormal" children. It has been recommended that they should receive education suitable for "educationally subnormal" children, at ordinary schools.

During the year some 14 "educationally subnormal" children who were about to attain school leaving age and who were considered to be in need of supervision during adult life, were reported to the Suffolk County Joint Mental Health Board in accordance with the procedure laid down under Section 57(5) of the Education Act.

Epileptic Pupils.

At the beginning of the year only three of the 26 epileptic children came within the category "handicapped", the others being fit to attend ordinary schools. The three at special schools were all "deprived" children in the care of the County Council. In the autumn two of them were discharged from the special schools as the fits had become so mild and infrequent that the children were considered fit to attend ordinary schools.

Dr. P. Henderson, now Principal Medical Officer of the Ministry of Education, has been visiting representative areas in various parts of the country to examine the epileptic children there and to advise the Ministry as to the number of places which should be provided at special schools throughout the country. He came to West Suffolk in April, 1951, and the parents of all the epileptic pupils who were not already attending special schools were asked to bring their children for examination. All except two, one of whom was ill with whooping cough, accepted the invitation. The parents were gratified by the interest taken in their children, and the family doctors were most co-operative. All the educable children were considered fit to attend ordinary schools.

Maladjusted Pupils.

As in former years, children thought to be maladjusted were seen and, if necessary, treated at the East Anglian Regional Hospital Board's Department of Child Psychiatry. Clinics continued to be held weekly at the West Suffolk General Hospital, Bury St. Edmunds, and more frequently at Ipswich. There has been no alteration in the arrangements made for the inter-change of records between the Department, the School Health Service and the family doctors. Thirty-seven children from West Suffolk schools were seen at these clinics during the year, and a few others at the Child Guidance Clinic run by the Regional Hospital Board at Addenbrooke's Hospital, Cambridge. Two cases were recommended for residential treatment, one at a special school for educationally subnormal children and one at an ordinary boarding school.

Physically Handicapped Pupils.

Special educational arrangements were made for a total of 24 physically handicapped children during the year. The majority were suffering from primary tuberculous lesions of the lungs and received education at Kelling Children's Hospital School, Holt. Others, mainly orthopaedic cases, were at Ipswich Isolation Hospital School, and at Newmarket General Hospital, formerly known as White Lodge Hospital. Six of the children received education at home from peripatetic teachers. These were suffering from orthopaedic defects or primary tuberculous lesions of the lungs.

The two adolescents who were admitted in the autumn of 1950 to Derwen Cripples' Training College, Oswestry, and Queen Elizabeth's Training College, Leatherhead, to be trained in tailoring and as a builder's clerk, respectively, remained at these Colleges throughout 1951. The Ministry of Labour undertook financial responsibility for one of these boys in the summer of 1951, when he became 16 years old.

Pupils Suffering from Speech Defects.

During 1951 Speech Therapy was continued at centres in Bury St. Edmunds, Newmarket, Sudbury, Haverhill, Hadleigh, Mildenhall and Brandon. One hundred and seven 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. A total of 1,478 treatments was given. Generally speaking results were encouraging and compared favourably with those of the previous year, since of the 30 cases who were discharged during the year, only five could be considered unsatisfactory.

During the past three years 34 stammerers have been treated, a proportion of approximately 20% of all the cases. Treatment has usually only been undertaken where the speech was deteriorating or where the stammer showed no signs of decreasing. At the end of the year 17 cases were being treated, most of whom were attending regularly.

A synopsis of the results in this most difficult field is given in respect of the 17 stammerers whose treatment has been discontinued during the past three years. Three were considered cured, four greatly improved and six improved. Two were making progress when they left the county. One ceased to attend after two or three treatments and in one case treatment was discontinued when the child was referred to a psychiatrist.

In nine of the above cases, the four greatly improved and five of the improved, treatment was stopped because the children were leaving school. Six of them were followed up by letters or interviews, in which three stated, "I've almost forgotten about my stammer", "I'm very nearly cured" and "My speech does not bother me at all now. When I am at the shop I do not remember I ever stammered. It only comes back when I'm very nervous". The other three seldom stammer now, or stammer very little.

The Speech Therapist reports that she finds it difficult to decide how much credit is due to herself for these results. Other factors, often unrecognised, may be at work, such as the encouragement given by a teacher or the faith of the child in the treatment.

Peripatetic Teachers in Hospitals and in Own Homes.

A peripatetic teacher visited Newmarket General Hospital each school day throughout the year to teach the children there. Her attention was given mainly to the long-stay cases over five years of age but when she had time she taught the short-stay cases and children under five years. During the year 16 long-stay cases over five years of age received education, four from West Suffolk and 12 from adjoining areas, mainly Cambridgeshire. Their average stay in the Hospital was 17 weeks. A peripatetic teacher visited the West Suffolk General Hospital, Bury St. Edmunds, for two hours twice weekly to teach the one long-stay case that was there for part of the year.

Six children were taught in their own homes at some time or other during 1951, but by the end of the year all had either attained school leaving age or were fit to attend ordinary schools. The hours of tuition varied between four and fifteen per week, according to the medical condition of the child, and the average time for which teaching was required at home was approximately 14 weeks.

Mention was made in the Report for 1950 of three cases who it was considered would need this form of education as long as they were alive and of school age. One of these has died and the other two have attained school leaving age. They were unemployable either in sheltered workshops or at their own homes and were put in touch with the Welfare Officers of the County Health Department in order that they might benefit by the recreational facilities and pastime handicrafts provided under the National Assistance Act for disabled persons.

Children Not in Receipt of Education.

During the year there were eleven children between five and fifteen years who were not in receipt of education, the number at the end of the year being eight. One of these was a thirteen-years-old girl suffering from open pulmonary tuberculosis whom the nearby peripatetic teacher did not wish to teach in view of the infectious nature of the case. Another was a six-years-old boy suffering from a non-infectious primary tuberculous lesion of the lung who was expected to be unfit to attend school for six months. He lived in a very rural part of the county, where no peripatetic teacher was available. Three of the others were "educationally subnormal", two of whom had been excluded from school because their presence was detrimental to the other children, and there were special reasons why the third would not attend. Their parents have refused to allow them to go to residential schools and, in view of the shortage of places, no steps have been taken to enforce their attendance. The remainder of the children are all of low mentality and are probably ineducable, although they have not yet been classified as such. They will be re-examined in due course.

Six children were examined during the year and found to be ineducable. They were reported to the Suffolk County Joint Mental Health Board in accordance with Section 57(3) of the Education Act.

INFECTIOUS DISEASES.

Cases of mumps occurred at several schools towards the end of 1950, and by the beginning of 1951 the number had increased enormously. The great majority of the cases were very slight and many would not have been detected had not other members of the family been infected. At the same time there was a widespread, although mild, epidemic of influenza and for a short period school attendance fell to an unprecedentedly low level. During the summer term rubella (German measles), of which there had been no outbreak for some years, attacked large numbers of children of all ages. There was at least the consolation of knowing that the schoolgirls who developed the disease this year would be immune from attacks in later life, a fact which may be of considerable importance if confirmation is received of the recent research work which suggests that rubella occurring during the early weeks of pregnancy may result in the birth of an incurably defective child. The incidence of chickenpox was somewhat high as was that of measles during the late spring, but whooping cough was at no time epidemic. Cases of scarlet fever were fewer than usual and, as in 1949 and 1950, no child developed diphtheria. Only one child had poliomyelitis and he recovered without paralysis.

Immunisation against Diphtheria.

Immunisation of school children against diphtheria continued to be carried out routinely in schools and clinics throughout the year. At the time of the primary inoculation parents are advised that a reinforcing dose should be given shortly before the children start school, and they are reminded of this nearer the time by the Health Visitors calling at the homes, and at the Infant Welfare Clinics. Notices urging the need for reinforcing doses, if these have not already been given, are issued by Headmasters to the parents of all new entrants to maintained schools. Headmistresses of the private schools in the area have also been approached from time to time about this matter. Some of them distribute notices supplied by the School Health Service and some use other methods such as individual conversations with the mothers. When asked to do so, the Assistant School Medical Officers visit private schools to inoculate the children, but it is more usual for these children to go to their family doctors. During the year completed record cards were received in respect of the primary inoculation of 124 school children who, for various reasons, had not been protected in infancy, and in respect of 1,276 reinforcing doses. Of these, 99 primary inoculations and 1,021 reinforcing doses were given by the Assistant School Medical Officers and the remainder by the family doctors.

Tuberculosis—B.C.G. Inoculation.

During the year the East Anglian Regional Hospital Board's Mass Radiography Unit visited Newmarket and Bury St. Edmunds. Children over 14 years of age at the secondary and private schools, together with teachers, canteen staff and other adults connected with the schools, were given the opportunity of having their lungs X-rayed. It is understood that very nearly all the children (one hundred per cent. at at least one school) and a high proportion of the adults accepted the offer. It is extremely satisfactory to be able to report that no cases of active pulmonary tuberculosis were found among the school children or amongst the adults connected with the schools. The Unit will visit Sudbury, Haverhill and, it is hoped, Mildenhall during 1952, and by the end of that year all the adolescents at secondary schools in the county should have been examined.

The Medical Officers and School Nurse/Health Visitors are very definitely of the opinion that school children with tuberculous glands of the neck are now seen much less frequently. This impression is not confirmed by a decrease in the number of new cases notified, but, unfortunately, the notification of these cases has never been complete. No new cases of abdominal or bone and joint tuberculosis in children have been notified during the past three years. These forms of tuberculosis are mainly due to infected milk and can nearly always be avoided by consuming only milk which is either pasteurised or tuberculin tested. Fortunately such milk has been much easier to obtain in recent years and is now available throughout West Suffolk except in a few of the most rural parts of the county. It is ironical that these are often the very places where milk is produced.

The inoculation with "B.C.G." vaccine of susceptible persons who are in contact with cases of tuberculosis was begun in November, 1950, by Dr. Hay, the Chest Physician, whose services the County Council share with the East Anglian Regional Hospital Board for this purpose. By the end of 1951, 114 children had been treated.

VERMINOUS CHILDREN.

During the year 31,148 head inspections were carried out and 285 individual children, that is, 2.2 per cent. of the average number in attendance, were found to be verminous. The previous low record was 3.0 per cent. in 1950. It is very encouraging to record the progress which has been made in this respect and it is even more satisfying to hear that an improvement is being reported in other areas. The new insecticides, Lethane and now Suleo, have, it is felt, been of considerable help in this matter. When a verminous child is discovered, the School Nurse/Health Visitor calls at the home and advises the mother, encouraging her to use Suleo to cleanse the heads of all the members of the family. The Nurse may, if it is considered expedient, give the mother a small supply and, where no one else is likely to assist, she may help the mother to clean her own head and in very exceptional circumstances may help her clean the children. Suleo on the head acts as a deterrent, killing any lice which alight there, and if the whole household uses it for a short time they will soon be completely free from vermin, without much trouble. As the number of verminous people decreases the opportunities for others to become infested are fewer. It does not seem unreasonable to hope that if our efforts are intensified, before many years are passed, vermin may be excluded altogether from our schools.

SCHOOL DENTAL SERVICE.

REPORT OF THE SENIOR DENTAL OFFICER.

"Staff.

During 1951 no applications for appointment as School Dental Officer were received in response to advertisements. Although the Authority has adopted the recently negotiated Scale of Salaries, this does not appear to be attracting new entrants to the School Dental Service. Consequently West Suffolk remains without Assistant Dental Officers.

Dental Inspection.

2,379 children received routine dental inspections on school premises. A further 295 children were inspected as 'specials' at clinics and treatment centres. There are in the County a number of children boarded-out by the Children's Committee in rural areas where it has been impossible to conduct routine school dental inspections. Special arrangements were made for these children to be inspected and, where necessary, treated.

Dental Treatment.

1,211 children were treated during the year at clinics held at Bury St. Edmunds, Newmarket and Sudbury. 2,270 attendances were made for treatment.

The effect of the lack of treatment facilities on the dental condition of the school children is now manifesting itself. Of the total number of children inspected in 1948, 55% were found to require treatment. In 1951 the corresponding figure was 70%. The number of children presenting themselves at clinics for the relief of pain is increasing. The great majority of "specials" attend for this reason. In 1948 the proportion of "specials" was 5.6% of all children treated. By 1951 the proportion had increased to 16%. This increase appears likely to be even greater during the coming year.

The Future.

The problem of providing dental treatment for the nation as a whole is now receiving more general consideration. Several schemes for increasing dental manpower and of employing it to the best advantage are being examined in various quarters. Economic conditions play an important part in these deliberations.

Dental disease is a disease of civilisation and is caused by our civilised diet, with its high proportion of refined sugar and starchy foods. A drastic reduction in their consumption would soon reduce the amount of dental disease to manageable proportions. Any progress along these lines is bound to be painfully slow. The public does not take kindly to any interference with its dietary habits, either by persuasion or otherwise.

In the meantime the hopes expressed in previous reports that the School Dental Service would be speedily re-established remain as hopes deferred."

S. H. POLLARD,

Senior Dental Officer.

EXAMINATION OF BOARDED-OUT CHILDREN.

The Assistant School Medical Officers carried out the annual routine examination of all children boarded out by the Children's Committee. From time to time they also undertook, in consultation with the "family" doctors, any special examination of these children which were required by the Children's 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 1951, which has been supplied by him:—

"The general standard of the meals has been very well maintained and few complaints were received regarding either the quantity or quality of the food.

Owing to the restrictions on new building for the School Meals Service, the only canteen which has been opened during the year is that at the new Tollgate County Primary School, and as a direct consequence the two dining centres at Fornham All Saints and Fornham St. Martin have, of course, been closed. The kitchen at the Hadleigh Secondary School was also closed during the year and the meals are now supplied to the school from the Hadleigh Central Kitchen. With the increased output from the Central Kitchen this has made for more economical running at what has hitherto been rather an expensive kitchen. There has been a further rise in the number of meals served; the actual number served during the financial year 1950-51 was 1,431,710, an increase of 35,729 over the previous year. The increase is larger than is reflected in these figures, as there was a smaller number of full school days in 1950-51 than in the previous year. The daily average for last year was approximately 7,750, and it is anticipated that during the current year this figure will rise to about 7,900, though there have been one or two isolated weeks during the Autumn Term when the daily average has been as high as 8,300.

The transport of meals from the Central Kitchen has, on the whole, proceeded smoothly during the year, though some of the delivery vans have given a considerable amount of trouble, and on a number of occasions it has been necessary to use the vans from the Committee's Central Store. Two new vans have been acquired during the year, one for use at the Hadleigh Central Kitchen and the second for the Central Store, and this has made it possible to dispose of two of the oldest and most troublesome of the vehicles.

There has during the year been considerable change in the supervisor staff. The Supervisors at the Bury St. Edmunds and Hadleigh Central Kitchens resigned from their posts after several years' service with the Committee, and the Supervisor at the Silver Jubilee Secondary Modern School Canteen left the county. Very great difficulty has been experienced in filling these posts, and Hadleigh Central Kitchen in particular was without a Supervisor for several months.

There has again during the year been the usual very substantial turnover in the kitchen staffs, and though difficulty has on occasion been met in filling vacancies, this has always been possible without any breakdown in the service of the meal."

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 consumed on a day chosen at random in October was 10,792, representing some 74 per cent. of the school population. Efforts continue to be made to encourage the drinking of milk and there seems to be little doubt but that the maintained school

population is, on the whole, consuming more than it did before the war. Whenever possible, heat treated tuberculin tested milk is supplied. Where this is not available, pasteurised milk is secured, and where this is not possible tuberculin tested milk is procured. Throughout 1951 there was only one school, Sedge Fen, where none of these types was available. The number of children at this school was 29.

The Chief Sampling Officer and Inspector of Weights and Measures, Mr. Thompson, continues to be responsible, under the direction of the County Medical Officer, for the duties laid upon the County Council with regard to milk, and he supervises the supply of milk to schools. Samples are taken periodically to ascertain whether the milk is free from bacteria capable of causing disease in humans and to test its nutritive value. In many cases there is no alternative supply coming into the village and Mr. Thompson has spent much time making arrangements for a satisfactory supply to be available. The setting up of an additional pasteurising plant, the sixth in this county, in the autumn of the year has made this easier and it has been a help when the Local Sanitary Authority has insisted on the pasteurising of milk found to contain germs capable of causing disease in man.

PHYSICAL EDUCATION.

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

"Progress has been made in all branches of Physical Education, especially in the secondary schools, due to the appointment of some particularly well trained teachers.

Work is still hampered in some of the primary schools by the poor condition of the playgrounds although this is being remedied as quickly as possible. It is realised that this must necessarily be a long term policy.

Two new playingfields have been opened, a large one at Sudbury which is relieving pressure at the old one, and one at Hadleigh where the school now has a field of its own for the first time.

Games are showing improvement. The County Soccer team again reached the divisional finals, having drawn boys from five secondary and six primary schools.

Thirty teams of boys and girls were entered in the Schools Netball Rally.

In athletics, the West Suffolk contingent did very well at the All-England meeting, having several finalists and one All-England winner.

The standard of cricket is improving especially where practice nets and wickets are installed.

The Committee's policy of awarding swimming certificates is being continued, in order to encourage more children to learn to swim."

SCHOOL BUILDINGS.

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

"During the year some decorations were carried out to all the secondary schools and to twenty-seven primary schools, and numerous minor improvements were made.

At Brandon Infants' School, sanitary offices have been erected for the staff and nursery class, and the infants' sanitary offices improved, water closets being installed.

Unfortunately the installation of electric light had to be curtailed but playgrounds were laid at Lawshall, Bradfield St. George, Culford, and Chedburgh Controlled and Elmswell County Primary Schools.

Tollgate County Primary School was opened at the beginning of September, 1951.

Unfortunately, owing to difficulties of materials, the progress of the Sudbury Infants' School and Houldsworth Valley County Primary School, Newmarket, was slower than anticipated, but it is hoped that they will both be opened for the summer term of 1952.

Work at Beyton Modern Secondary School was commenced and so far there has been no hold up for want of materials."

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 inspections and paid additional visits for this purpose when necessary. Reports were also received from the School Nurse/Health Visitors of any unsatisfactory conditions which they came across in the schools. The provision of a main water supply in every school would be a great asset, and it is hoped that the urgent need for economy will not curtail schemes for carrying out improvements in this respect. During the year a trial was made of a sanitary fluid in the pail closets at three schools. It was found that the use of this fluid made the closets less objectionable and the emptying of the pails much less unpleasant, as there was no offensive smell. The sides of the pails remained bright and free from excreta and flies were rarely seen in the closets. As a result of this trial, it was decided to use this fluid in a further thirty schools, that is, one-third of the total number where pail closets are in use, for a period of six months.

HEALTH EDUCATION: PRE-NURSING COURSES.

The Chief Education Officer has kindly supplied the following reports which have been received from the Headmistress of the Silver Jubilee Secondary Modern Girls' School, Bury St. Edmunds, and the Headmaster of the Secondary Modern School, Sudbury:—

Silver Jubilee Secondary Modern Girls' School.

"A pre-nursing course was started at this school in September, 1951, for girls who intend to become hospital or nursery nurses. This was done in the certain knowledge that, for girls of fifteen, educated at a secondary modern school, the best possible preparation for the hospital or nursery training is further general education at school, with some help with the study of the special subjects Anatomy, Physiology and Hygiene, and some experience in taking examinations. It is, also, an aim of the course that girls proceeding to hospital training shall have passed Part 1 of the Preliminary Examination of the General Nursing Council, in order to relieve them of the strain of the study and examination during the first year of their training when they are adjusting themselves to the fatigue of work in the wards.

The course is in two parts, a preliminary year for intending nursery and hospital nurses and a further two years' course for the latter only. In the preliminary year the girls spend approximately three-fifths of their time in general education (English, Arithmetic, Current Affairs, Scripture, Physical Training, Music, Domestic Science, and Art and Crafts or Needlework), one-fifth on the special subjects (First Aid, Home Nursing and Mothercraft) and one-fifth in work in a nursery, clinic or hospital. In this year examinations in First Aid, Home Nursing and Mothercraft are taken. For the remaining two years the proportion of time given to general education, special subjects and practical work are the same, Anatomy, Physiology and Hygiene replacing First Aid, etc. At the end of the course, Part 1 of the Preliminary Examination of the General Nursing Council is taken.

In September, 1951, eleven girls started the pre-nursing course, six intending hospital nurses, and five nursery nurses. Their general education is, of course, in the hands of members of the staff of the Silver Jubilee School. First Aid has been taught by Mr. F. W. Fuller, County Secretary of the British Red Cross Society, Suffolk Branch, and Mothercraft by Miss M. E. Blatchley, a School Nurse/Health Visitor, who holds the Mothercraft Teaching Certificate. Miss M. P. Mullender, the Superintendent Health Visitor, will teach Home Nursing.

The visits of the girls to hospital, nursery and clinic are considered to be a most important part of the course, providing as they do the stimulus of contact with real nursing and the psychological satisfaction of beginning the work even in small ways. The girls of the Silver Jubilee School have been fortunate indeed in the opportunities provided for them by the County Medical Officer and the Children's Officer of working in the School and Infant Welfare Clinics and in the Alexandra (Nursery) Home, and by the Matron of the West Suffolk General Hospital who has admitted them for minor duties in various departments of that hospital. Each girl will spend one whole day a week for a term at the Alexandra Home, half a day a week for half a term at the clinics and one day a week for the rest of the course at the West Suffolk General Hospital.

Not all who begin the course will complete it; some will discover that they have no vocation, the school will find some have insufficient ability and some will have parents, unused to the idea of so long a school life, who will withdraw the girls. For those, however, who do complete the course it should provide a useful preparation for either kind of nursing training."

Sudbury Secondary Modern School.

"In the early summer of 1951 the idea of a Pre-Nursing Course for Girls was mooted at this school. With the encouragement and co-operation of the Chief Education Officer the Headmaster visited a school at Hitchin, Herts., where a successful Pre-Nursing Course has been in operation for nearly four years.

With the knowledge gained and with the promised support of the Matron of Walnuttree Hospital, Mrs. O. H. Underhill, S.R.N., S.C.M., R.F.N., the Course was launched in September.

Twelve girls aged fourteen and fifteen, drawn from Haverhill, Hadleigh, Clare, Glemsford and Sudbury, were the first to take advantage of it. Of these, one, to solve transport difficulties, has been transferred to Bury St. Edmunds, and another, for financial reasons, has had to abandon the Course.

The curriculum for the group includes English, Social Studies, Religious Knowledge, History of Medicine, Anatomy, and Biology. For most of their lessons the girls are taught separately, but they join Fourth Year Forms for Games, Music, Folk-dancing, etc.

During 1951 visits were paid to Red House, a Home for the Aged, the Gas Works, and Stephen Walters Silk Mills. For the coming months others, both local and further afield, are planned. Such visits have the dual aims of fostering interest in the nursing profession and of furthering general education.

The course at Sudbury is under the guidance of Miss K. F. F. Shipp, and of Mr. H. C. Grant, a well-qualified science graduate and specialist in Biology.

In addition to school activities, the girls attend weekly, in rotation, at Walnuttree Hospital, the School and Infant Welfare Clinics, the Nursery School, and Montgomery House, a residential nursery in Long Melford, and our thanks are due to the Heads of these organisations for their help and encouragement; without their co-operation the course would cease to function.

It is to the Matron of Walnuttree Hospital, particularly, that the enterprise owes much of its initial success. From its inception she has been an inspiration and constant support. Not only has she given much practical and valuable advice, but she has also allowed the girls every facility for the use of her hospital, even placing her demonstration and lecture rooms at their disposal.

Every other week practical work and talks on Mothercraft are given by Miss M. E. Blatchley, a School Nurse/Health Visitor, who holds the Mothercraft Teaching Certificate. Their success has been made possible by the keen interest of the County Medical Officer, and it is hoped that they will be followed by others of a similar nature.

Another valuable contribution to the course is to be made by Dr. Grace Griffith, the Medical Officer of Walnuttree Hospital, who has promised to undertake First Aid Instruction early in 1952.

The Nursing Profession urgently requires nurses; the Pre-Nursing Course is the means of ensuring that valuable material already in our schools is not wasted. In the past many enthusiastic potential nurses have been lost to the profession when girls have left school at fifteen. At eighteen too often they have found that the standard of education required of them in hospital is beyond their reach. Others have forgotten their early enthusiasm; they have found other employment which they no longer wish to change. The aim of the Pre-Nursing Course is to bridge the three-year gap between the school leaving age, and that of entering a hospital at eighteen, for professional training.

We feel sure that this course will help to fulfil the needs of the Modern Secondary Girl, and to add some very fine nurses to the profession."

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	1,598
Second Age Group .. .	1,204
Third Age Group .. .	1,194
Total .. .	4,056
Number of other Periodic Inspections .. .	—
Grand Total .. .	4,056

B.—OTHER INSPECTIONS.

Number of Special Inspections .. .	247
Number of Re-Inspections .. .	3,664
Total .. .	3,911

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Group.	For defective vision (excluding squint).	For any of the other conditions recorded in Table II.	Total individual pupils.
Entrants .. .	45	141	184
Second Age Group .. .	114	40	144
Third Age Group .. .	110	49	149
Total (prescribed groups)	269	230	477
Other Periodic Inspections	—	—	—
Grand Total .. .	269	230	477

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

Age Groups.	Number of Pupils Inspected.	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2.	No.	% of col. 2.	No.	% of col. 2.
Entrants .. .	1,598	346	21.65	1,140	71.34	112	7.01
Second Age Group	1,264	297	23.50	867	68.59	100	7.91
Third Age Group ..	1,194	372	31.16	762	63.81	60	5.03
Other Periodic Inspections ..	—	—	—	—	—	—	—
Total .. .	4,056	1,015	25.02	2,769	68.27	272	6.71

TABLE II.
RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION.

Defect or Disease.	Periodic Inspections.		Special Inspections.	
	No. of defects.		No. of defects.	
	Requiring treatment.	Requiring observation only.	Requiring treatment.	Requiring observation only.
Skin	25	50	4	—
Eyes—(a) Vision ..	269	185	13	7
(b) Squint ..	41	—	1	—
(c) Other ..	10	12	4	2
Ears—(a) Hearing ..	3	11	2	2
(b) Otitis Media	8	4	—	—
(c) Other ..	1	12	—	1
Nose or Throat ..	37	379	4	4
Speech	15	20	15	—
Cervical Glands ..	—	38	—	—
Heart and Circulation	3	53	—	—
Lungs	24	49	—	2
Developmental—				
(a) Hernia ..	6	13	—	—
(b) Other ..	8	53	—	—
Orthopaedic—				
(a) Posture ..	2	33	—	—
(b) Flat foot ..	10	157	1	—
(c) Other ..	26	229	5	6
Nervous system—				
(a) Epilepsy ..	4	3	—	—
(b) Other ..	4	16	—	—
Psychological—				
(a) Development	—	98	5	16
(b) Stability ..	1	24	2	5
Other	4	3	3	1

TABLE III.
HANDICAPPED PUPILS RECEIVING OR AWAITING SPECIAL EDUCATION
AT THE END OF 1951 (EXCLUDING HOSPITAL SCHOOLS).

	Blind	Partially Sighted	Deaf	Partially Deaf	Delicate	Physically Handicapped	Educationally Subnormal	Misadjusted	Epileptic	TOTAL
Attending Special Schools (all residential)	—	—	6	1	1	—	14	—	1	23
Receiving education from Peripatetic Teachers :										
(a) in hospital	—	—	—	—	—	2	—	—	—	2
(b) elsewhere	—	—	—	—	—	—	—	—	—	—
Awaiting places at Special Schools	—	—	1*	—	—	—	4	—	—	5

* This girl was admitted to a Special School in January, 1952.

TABLE IV.

DENTAL INSPECTION AND TREATMENT.

(1) Number of pupils inspected by the Authority's Dental Officers—							
(a) Periodic age groups	..	..	..	..	..	..	2,379
(b) Specials	..	..	..	..	..	..	295
Total							2,674
(2) Number found to require treatment	..	..	..	..	..	..	1,887
(3) Number referred for treatment	..	..	..	..	..	..	1,847
(4) Number actually treated	..	..	..	..	..	..	1,211
(5) Attendances made by pupils for treatment	..	..	..	..	..	..	2,270
(6) Half-days devoted to : Inspection	..	..	..	..	..	..	24½
Treatment	..	..	..	..	..	..	336
Total							360½
(7) Fillings—Permanent Teeth	..	..	..	..	..	..	1,306
Temporary Teeth	..	..	..	..	..	..	15
Total							1,321
(8) Number of teeth filled—Permanent Teeth	..	..	..	..	..	..	1,092
Temporary Teeth	..	..	..	..	..	..	9
Total							1,101
(9) Extractions—Permanent Teeth	..	..	..	..	..	..	181
Temporary Teeth	..	..	..	..	..	..	691
Total							872
(10) Administration of general anæsthetics for extraction	..	..	..	..	..	..	251
(11) Other Operations—Permanent Teeth	..	..	..	..	..	..	650
Temporary Teeth	..	..	..	..	..	..	240
Total							890

THE UNIVERSITY OF CHICAGO

DEPARTMENT OF CHEMISTRY

REPORT OF RESEARCH WORK

(1) The first part of the work was devoted to the study of the effect of temperature on the rate of reaction between hydrogen peroxide and ferrous sulfate. The results showed that the rate of reaction increased with increasing temperature. The activation energy for this reaction was found to be 15.2 kJ/mol.

(2) The second part of the work was devoted to the study of the effect of concentration on the rate of reaction between hydrogen peroxide and ferrous sulfate. The results showed that the rate of reaction increased with increasing concentration of hydrogen peroxide.

(3) The third part of the work was devoted to the study of the effect of pH on the rate of reaction between hydrogen peroxide and ferrous sulfate. The results showed that the rate of reaction increased with increasing pH.

(4) The fourth part of the work was devoted to the study of the effect of catalyst on the rate of reaction between hydrogen peroxide and ferrous sulfate. The results showed that the rate of reaction increased with increasing concentration of catalyst.

(5) The fifth part of the work was devoted to the study of the effect of solvent on the rate of reaction between hydrogen peroxide and ferrous sulfate. The results showed that the rate of reaction increased with increasing concentration of solvent.

(6) The sixth part of the work was devoted to the study of the effect of pressure on the rate of reaction between hydrogen peroxide and ferrous sulfate. The results showed that the rate of reaction increased with increasing pressure.

(7) The seventh part of the work was devoted to the study of the effect of time on the rate of reaction between hydrogen peroxide and ferrous sulfate. The results showed that the rate of reaction decreased with increasing time.

(8) The eighth part of the work was devoted to the study of the effect of surface area on the rate of reaction between hydrogen peroxide and ferrous sulfate. The results showed that the rate of reaction increased with increasing surface area.