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WEST SUFFOLK COUNTY COUNCIL

ANNUAL REPORT

of the

School Medical Officer

for the

YEAR 1952

D. A. McCracken, M.D., D.P.H.,

School Medical Officer



County Health Department,
Bury St. Edmunds,
27th February, 1953.

To the Chairman and Members of the Education Committee.

Ladies and Gentlemen,

I have pleasure in presenting the Annual Report on the work of the School Health Service for the year 1952. The work carried out for the greater part of the year was under the direction of Dr. Henry Roger, who retired on 30th September, having given to the Authority fifteen years' service as School Medical Officer.

The work of routine school medical inspection was completed satisfactorily. The Dental Service, however, was at a very low ebb and the most that can be said for it was that it provided a token service. The appointment of a part-time Dental Officer towards the end of the year has enabled the pupils in a number of country schools to receive the benefits of dental inspection and treatment which they have not received for many years.

Increasing and more detailed attention is being given to the hygienic standards in schools and the Assistant School Medical Officers make detailed reports on the premises and offices at the time of the inspections. Any defects found are brought to the notice of the Chief Education Officer who, together with the County Architect, has been most helpful in mitigating, if not removing, the causes of complaint.

During my short period in office I have already seen abundant evidence that the medical and lay staff of the Authority take pride in their work. I am personally grateful for the support and helpful advice which has been given me by the members of the School Welfare Sub-Committee.

D. A. McCracken,
School Medical Officer.

STAFF OF THE SCHOOL HEALTH SERVICE.

<i>School Medical Officer</i>	Henry Roger, M.A., M.B., Ch.B., D.P.H. (to 30-9-52) David Andrew McCracken, M.D., D.P.H., (from 27-9-52)
<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>	Miss Barbara M. Elton, L.C.S.T.
<i>Senior Dental Officer</i>	S. H. Pollard, L.D.S.
<i>Dental Officer</i>	J. Dewar, L.D.S. (part-time) (from 9-10-52)
<i>Superintendent School Nurse/Health Visitor</i>	Miss Marjorie P. Mullender, S.R.N., S.C.M., H.V. Cert.
<i>School Nurses, etc.</i>	Twelve School Nurse/Health Visitors and two Dental Attendants
<i>Administrative Officer, Health Department</i>	Miss Dorothy L. R. Kilner
<i>Senior Clerk for School Health Service</i> ..	Miss Margaret 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 latest estimated population is 124,200. There are no county boroughs within the county.

The average number of children on the rolls of the schools during 1952 was 15,366 and the average attendance was 13,778.

At the end of 1952 there were 136 schools in the county, five being grammar secondary schools, seven modern secondary schools, 123 primary schools and one a nursery school. Forty-six were county schools, 73 controlled voluntary schools, 14 aided voluntary schools and three voluntary schools.

MEDICAL INSPECTION.

The Assistant School Medical Officers visited all the schools during the year 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 them or, where necessary, referred them to appropriate hospitals. These children were re-examined at the next visit of the medical officer to the school and it was found that almost without exception the parents had taken steps to secure treatment.

In "The Health of the School Child" for the years 1948 and 1949 it was suggested that school medical officers might usefully include in their annual reports information as to the heights and weights of school children. A table of measurements is shown on page 12.

General Condition of the Children.

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

Defects Found at Medical Inspections.*Visual Defects.*

The county is well provided with eye clinics by the Regional Hospital Board. The provision of glasses, and their repair and replacement, is satisfactory. The hospitals keep the cases under review and make appointments when the children are due for re-examination. Reports are sent to the School Medical Officer and to the family doctors in order that full advantage may be made of this service. Children with visual defects, including those fully corrected with glasses, are seen by the Assistant School Medical Officers each year at school medical inspections. It was mentioned in last year's annual report that the medical officers were under the impression that fewer children have defective eyesight in the rural areas than in the urban areas, and that further investigation would be made in 1952. The result of this further investigation does not substantiate the earlier impression, and suggests that there is probably no difference.

Unhealthy Tonsils and Adenoids and Discharging Ears.

A conservative attitude towards operative treatment is adopted by the Assistant School Medical Officers. They have noted that tonsils thought to be unhealthy at the first examination have in very many cases improved later. Eighty-nine children, a proportion of 1.84% of those seen at periodic medical inspections, were referred to their family doctors because at the time of the examination their tonsils or adenoids appeared to be unhealthy. Children recommended for operation by the ear, nose and throat surgeons are treated without undue delay.

As in recent years, very few children have been found to have discharging ears.

Orthopaedic Defects.

Knock-knee continues to be a common finding at the first medical inspection, and the policy of observing the milder cases has been continued since experience has shown that the defect tends to disappear without specific treatment. Reliance is placed on the foot work of physical training classes as a method of dealing with those symptom-free children whose feet appear flat.

School Clinics.

A general or inspection clinic continued to be held at Bury St. Edmunds and, where necessary, children were seen before or after infant welfare clinics at 25 other centres in the county. Most of the children who attended were for examination regarding fitness for employment outside school hours or for immunisation against diphtheria, or were thought to be in need of some modification of the normal school routine.

There is no minor ailment clinic in the county.

HANDICAPPED PUPILS.

Blind Pupils.

For the past five years there have been no blind, educable children of school age in the county, but arrangements have been made for blind children to be educated at the East Anglian Schools for Blind and Deaf Children, Gorleston-on-Sea.

Partially Sighted Pupils.

There are no partially sighted children attending special schools, but at the end of the year three children whose vision, even with glasses, was very defective, were being adequately catered for at ordinary schools. These should have no difficulty in finding employment after leaving school and one of them, a 15-year-old girl, has since gone to work at a retail store.

Deaf and Partially Deaf Pupils.

There are seven deaf and two partially deaf children from the county attending residential schools, one being a deaf American boy who is living in England whilst his step-father is stationed here with the United States Air Force. Unless there are reasons to the contrary, these children attend the East Anglian Schools, Gorleston-on-Sea, but it has not always been possible to obtain places there and some West Suffolk children are being educated at the Royal School for the Deaf and Dumb, Margate, Ovingdean Hall School, Brighton, Oak Lodge Special School, London, Lawns House School, Farnley, Leeds, and the Thomasson Memorial Special School, Bolton.

Four partially deaf children wearing hearing aids are adequately catered for at ordinary schools. Two of them receive tuition in lip reading from the Speech Therapist. There are unfortunately two deaf children awaiting admission to special schools for whom it has so far been impossible to find places.

Considerable difficulty has been experienced in obtaining places for educationally subnormal deaf children and, when they are admitted to schools for the deaf, they appear to derive little benefit from much of the education they receive. This is somewhat perturbing, in view of the fact that at present such children form a relatively high proportion of the total number of deaf and partially deaf children in the county.

Delicate Pupils.

Two children suffering from general debility attended residential special schools, one being at the Ogilvie School of Recovery, Clacton-on-Sea, for five months during 1951 and 1952, and the other at St. Vincent's Open-air School, St. Leonard's-on-Sea, for 15 weeks. At the time of writing this report one girl suffering from bronchiectasis is unable to attend an ordinary school. Her parents are unwilling for her to attend a residential school, and she is at present receiving education at home.

Diabetic Pupils.

There are no diabetic children in this county coming within the category "handicapped". Three children are known to be diabetic, but all are able to lead normal school lives.

Educationally Subnormal Pupils.

Eighteen educationally subnormal children attended residential schools during the year, 16 being at the Royal Eastern Counties Special Schools at Colchester, Halstead and Girton, and two at Roman Catholic Schools. At the end of the year there were three children awaiting places at special schools.

A further 190 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 17 "educationally subnormal" children who were approaching school-leaving age, and who were considered to be in need of supervision in adult life, were reported to the Suffolk County Joint Mental Health Board in accordance with the procedure laid down in Section 57(5) of the Education Act, 1944.

Epileptic Pupils.

From a total of thirty-one children suffering from epilepsy thirty are able to attend ordinary schools and, therefore, do not come within the category "handicapped". One epileptic child attended the residential special school at the Lingfield Epileptic Colony for part of the year, but her parents removed from the county during the autumn.

Maladjusted Pupils.

Children thought to be maladjusted are seen and if necessary treated at clinics provided by the East Anglian Regional Hospital Board's Department of Child Psychiatry. A clinic was opened at St. Leonard's Hospital, Sudbury, during the year and clinics continued to be held at the West Suffolk General Hospital, Bury St. Edmunds and at Ipswich. Thirty-one children from maintained schools in West Suffolk attended during the year. No cases were recommended for residential treatment.

Physically Handicapped Pupils.

One child who suffers from a heart defect attended the Ogilvie School of Recovery, Clacton-on-Sea, from April until the end of the year, when he was considered fit to return to the ordinary school. Fifteen children, most of whom were suffering from primary pulmonary tuberculosis or from orthopaedic defects, received education at hospital schools outside the County. Three West Suffolk children residing in hospital for a month or longer were taught by the peripatetic teacher at Newmarket General Hospital. A 19-year-old boy for whose training the Education Authority made arrangements in 1949, continues to attend the Derwen Cripples' Training College, Oswestry, where he is making good progress at learning tailoring.

There are at present no physically handicapped educable children who require to attend residential schools for severely physically handicapped children.

Pupils Suffering from Speech Defects.

The speech clinics at Bury St. Edmunds, Sudbury and Newmarket were continued during 1952, whilst school and home visits remained the only practical way of serving the northern, eastern and south-western parts of the County. In all 104 children received treatment during the year and a total of 1,311 treatments were given. Of the children referred to the Speech Therapist 25 have already started treatment, two have failed to keep appointments and four are to begin treatment early in 1953. There are no children requiring treatment for whom it cannot be arranged in the near future. Many of those referred are being observed to see whether adequate progress will take place without treatment. In some of these cases advice has been given to the parents.

The names of thirty-eight children were removed from the Speech Therapist's Register during the year and the speech of twenty-four of them was either satisfactory or excellent. During the past four years a group of children had accumulated who continued to receive treatment, in an attempt to do whatever was possible for them, in spite of the fact that, for one reason or another, they made little or no progress. Therefore it was decided that they should be discharged and that the Speech Therapist should devote her time to other cases who were more likely to profit by treatment. The higher discharge rate is accounted for by this review of patients.

Since October, 1948, 14 children who have had operative treatment for cleft palate, have attended the clinics. Five of the children have been discharged and the following brief clinical histories are worthy of note.

Case 1—Girl.—Cleft of the soft palate and part of the hard palate. Operation performed at one year. Parent reported that the girl's speech was normal when she was a young child. At 6 years she had measles and became somewhat deaf. At 9 years an operation for removal of tonsils and adenoids was performed, which had a very deleterious effect on her speech. Her ears were treated and her hearing was improved. At 14 years she was seen by the West Suffolk Speech Therapist. The child's speech was nasal and she did not use her voice fully. Treatment was pursued with considerable determination for some time but in the main it was not fruitful. The soft palate was short and stiff and the gap between it and the wall of the pharynx was wide. The Surgeon did not consider that further operative treatment would be likely to improve matters and it was decided that there was no point in continuing speech therapy.

Case 2—Girl.—Cleft of the soft palate. Operative treatment completed at 2 years. At 3 years she received six months' speech therapy in Cambridge and was discharged as having normal speech. At 5 years her tonsils and adenoids were removed. When seen by the West Suffolk Speech Therapist at 14 years the child's speech was nasal. (The operative result was good in that the soft palate, though inactive, was long.) It was decided to give a course of exercises mainly to improve the function of the soft palate. The girl was below average intelligence but nevertheless some improvement has been obtained.

Case 3—Boy.—Cleft of the soft palate. Operation performed at 3 years. He was first seen by the Speech Therapist at 15 years of age. He is a boy of high intelligence and his sense of pitch is well developed. His speech contained a number of faultily produced consonants of which the worst were the sibilants. They were all corrected and he showed a very considerable degree of improvement, but his speech remained nasal in tone.

Case 4—Boy.—Bilateral total cleft of lip and palate. Operative treatment completed by 3 years. At 10 years speech therapy was begun in Cambridge where gross faults of articulation were corrected. Treatment was continued in West Suffolk and he made slight further progress. His speech, however, remains very poor indeed. He is of fairly low intelligence and suffers from a degree of tone deafness.

Case 5—Girl.—Cleft involving lip, upper jaw and part of the hard palate. Operative treatment completed by 4 years. Seen by the Speech Therapist at 5 years when her speech was rather nasal. There was difficulty with certain consonants and her vowels were accompanied by a slight snort. After a period of training, she has been discharged with normal speech.

These cases illustrate certain factors which militate against successful speech therapy in cleft palate cases, namely: (1) Delay between completion of operative procedure and beginning of speech therapy; (2) low intelligence; (3) poor appreciation of pitch; and (4) tonsillectomy if not followed immediately by further speech therapy.

Other factors which have adverse effects on the results in cleft palate cases are: (1) Postponement of operative treatment until speech habits have been formed; (2) deafness; (3) inadequate operation; and (4) emotional disturbances.

In some of the cases now being treated two or three of these undesirable conditions co-exist in the same patient. However, if the cleft is repaired at the right time, and speech therapy is begun soon after the operation, and the home is a co-operative one and the child is of normal intelligence, normal speech can be anticipated in 100% of cases. Three of the children now being treated fit into this category. Three others may reach the desired goal though they have certain disadvantages. Of the remaining cases, one, an older girl, can be improved but will always have defective speech, one little girl, who was making steady progress, was put back by tonsillectomy, but may yet do well, and in the last case, the prognosis is poor.

Children Educated at Home.

One child suffering from a primary tuberculous lesion of the lungs was taught at home by a peripatetic teacher during June and July, but was able to return to the ordinary school after the summer holidays, and, as mentioned in the paragraph dealing with delicate pupils, a child suffering from bronchiectasis has also received lessons at home.

Ascertainment of Ineducable Children.

During 1952, eight children were examined by the Assistant School Medical Officers and reported to the Suffolk County Joint Mental Health Board as ineducable, in accordance with Section 57(3) of the Education Act, 1944.

All the Assistant School Medical Officers are approved for this purpose by the Ministry of Education.

INFECTIOUS DISEASES.

Measles was epidemic during the latter half of the year. Fortunately, the disease took a mild form and children were, on the whole, not long absent from school.

For the fourth year in succession no cases of diphtheria occurred.

Immunisation against Diphtheria.

Immunisation of school children against diphtheria has continued to be carried out routinely in schools and clinics. 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. During the year completed record cards were received in respect of the primary inoculation of 204 school children who, for various reasons, had not been protected in infancy, and in respect of 1,647 reinforcing doses. Of these, 183 primary inoculations and 1,434 reinforcing doses were given by the Assistant School Medical Officers and the remainder by the family doctors.

Tuberculosis—B.C.G. Inoculation.

It will be remembered that during 1951 the East Anglian Regional Hospital Board's Mass Radiography Unit visited Newmarket and Bury St. Edmunds, when all 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 chests X-rayed. During 1952 the Unit visited Haverhill and Sudbury and children and adults from Hadleigh also attended the latter centre. As at Newmarket and Bury St. Edmunds, no cases of active tuberculosis were found.

The inoculation with "B.C.G." vaccine of susceptible child contacts was continued by Dr. Hay, the Chest Physician, whose services the County Council share with the East Anglian Regional Hospital Board for this purpose. During 1952, fifty-four children were treated, making a total number of 168 since the inoculations were begun in 1950.

VERMINOUS CHILDREN.

Owing to the rural nature of the county and the claims of other work, it was not possible for cleanliness inspections to be carried out at all the schools during the first month of the year, but each school was visited as soon as possible, 12,375 children being examined and 80 individual children being found to be verminous—that is, 0.65 per cent.

During the year, 38,987 head inspections were carried out and 264 individual children, *i.e.*, 1.9 per cent. of the average number in attendance, were found to be verminous. The previous low record was 2.2 per cent. in 1951. These 264 children form 1.7 per cent. of the average number on the school rolls during the year. The only explanation which can be thought of to account for the great difference between this figure and the 0.65 per cent. obtained at the inspections carried out at the beginning of the year, is that children who are verminous are often those whose school attendance is poor, especially in bad weather, and that a relatively large proportion of them are likely to be omitted from the figures obtained at any one inspection.

SCHOOL DENTAL SERVICE.

REPORT OF SENIOR DENTAL OFFICER.

"Staffing Position.

The recruitment of Dental Officers continues to be difficult. In October one part-time officer was appointed to work two sessions per week. No suitable applications have been received for full-time appointments. It appears that dentists who have recently joined the School Dental Service, either whole- or part-time, have chosen to work in areas which are provided with well-equipped *ad hoc* clinics.

Accommodation.

The Scheme which was in operation during 1948 necessitated the carrying out of treatment on school premises in many of the rural schools. Since then an increase of school population together with the closing of some schools has resulted in a concentration in the remainder. In many cases a room can no longer be made available for dental treatment.

This problem has been partially solved by the part-time officer using the mobile clinic. As soon as more dental officers are recruited consideration should be given to the provision of an additional mobile clinic, and the transport of children to existing treatment centres. An alternative to the treatment accommodation previously available at Westgate House, Bury St. Edmunds, may also require consideration.

Dental Inspection and Treatment.

Without whole-time assistant dental officers it remains impossible to provide more than a 'token' service. Inspections have been carried out in Bury St. Edmunds, Newmarket and Sudbury, and treatment given at those centres to children referred from the school inspections and to those applying for the relief of pain, etc. As far as is known, no child in urgent need of treatment has been unable to obtain it. Since October the part-time officer has been carrying out inspections and treatment at some of the rural schools.

It is evident that a certain number of children in maintained schools are receiving regular dental care throughout the General Dental Services. This number however, is a very small proportion of the School population. The need for a properly staffed and equipped School Dental Service is greater than ever."

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. They also undertook any special examinations when required by the Children's Officer.

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

In accordance with the Ministry of Education Circular 249, the Assistant School Medical Officers examined twenty-five entrants to the teaching profession.

PROVISION OF MEALS AND MILK IN SCHOOLS.

By the courtesy of the Chief Education Officer I quote the following report of the School Meals Service during 1952, which has been supplied by him.

"The new method adopted by the Ministry for fixing the unit costs has resulted in less protracted negotiations than in previous years. For the financial year, 1951-52, the Ministry agreed unit costs of 7.30d. for food and 8.36d. for overheads. The actual costs were 6.51d. for food and 7.91d. for overheads. The difference between the unit cost allowed and the actual cost for food is largely due to the economical catering of the supervisors and cooks, and the general satisfaction with the meals makes it clear that a high standard has been maintained, both as regards quantity and quality of the food. The difference in the figures for the overhead costs is to a large extent due to the fact that the purchase of some protective clothing allowed for during the year was not completed until 1952-53.

For the current year figures have already been agreed by the Ministry, namely: 7.80d. for food and 8.12d. for overheads. It should be noted that the drop in the unit cost of overheads is due to an anticipated increase in the number of meals, partly owing to the greater number of days on which meals will be served this year. It is also worth mentioning that amongst the English County Authorities only three have asked the Ministry this year for a lower figure for overheads than West Suffolk.

During the year a number of changes have been made in the arrangements for the service of school meals. Owing to the very large rise in numbers at Honington, it is no longer possible to cook a meal there in the restricted kitchen premises, so a dining centre has now been established, the meals being transported from the Bury St. Edmunds Central Kitchen. It has also been possible to open dining centres at Pakenham and Thurston, the latter being in the Village Hall. Both these schools are also served from Bury St. Edmunds Central Kitchen. The addition of these three schools made it necessary to relieve the pressure on the Bury St. Edmunds Central Kitchen by taking the meals to St. Edmundsbury School from the Silver Jubilee Schools' Canteen.

The opening of the new Primary School at Houldsworth Valley in Newmarket with its own canteen has made it possible to use a room at the old St. Mary's School as a dining room for the Grammar School. The meal is still provided by the kitchen at the Modern Secondary School.

In Sudbury the opening of the new Infants' School, with its own canteen, has so relieved the pressure on the Central Kitchen as to make it possible to improve the facilities at the Modern Secondary School. The meals were previously cooked on the premises in very congested conditions, but are now being supplied from the Central Kitchen.

A dining centre has also been opened at Great Wratting School, the meals being conveyed there from the kitchen at Kedington School.

During the course of the year the Ministry issued a circular asking Authorities to exercise all possible economies in the running of the School Meals Service; in particular they drew attention to the possibility of some concentration of cooking facilities by transporting meals from kitchens with surplus capacity to neighbouring schools. It will be seen that progress had already been made in this direction resulting in more economical workings in a number of kitchens while at the same time providing a meal at a number of schools not previously served.

On a typical day in December approximately 2,930 meals were cooked at central kitchens and transported to schools, and approximately 5,585 were cooked where they were to be eaten. The total number of meals produced during the year 1951-52 was 1,569,109, an average of approximately 8,130 a school day. These figures showed increases of 137,399 and 430 respectively over those of the previous year. For the current year it is estimated that the total number of meals to be produced will be 1,704,000, a daily average of 8,650.

The increase in the number of schools served by the Central Kitchen in Bury St. Edmunds has made it necessary to increase the number of vans used for the delivery of meals from there. In addition one of the old vans has been replaced by a new vehicle.

During the year the Mobile Supervisor and the Supervisor at Newmarket Central Kitchen have left to take up duties elsewhere, and the Supervisor at Sudbury is leaving at the end of January, 1953. Up to the present it has only been possible to fill one of these vacancies. A repeated advertisement of the other two vacancies has, so far, produced no suitable candidate, and it is feared that difficulty will be experienced in filling these posts. It is felt that the National Joint Council's new scales for supervisors has contributed to this difficulty, as the salaries now offered are less than was previously the case."

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 11,202, representing some 73 per cent. of the school population. As many schools as possible are supplied with pasteurised tuberculin tested milk. Where this is not available pasteurised milk is obtained or, failing the latter, tuberculin tested milk. No schools in the county are supplied with any other type of milk.

Under the direction of the County Medical Officer, the Chief Sampling Officer and Inspector of Weights and Measures continues to supervise the supply of milk to schools.

PHYSICAL EDUCATION.

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

"In accordance with the policy of the Ministry's Syllabus (Part I) published recently, the provision of agility apparatus is proceeding steadily, and basic units are already in use in 22 Primary Schools.

Teachers' Courses. Demonstration and training courses for Primary School Teachers were held as follows:—

		<i>Attendance.</i>
March 15th	Sudbury	47
March 22nd	Sudbury	36
May 24th	Newmarket	23

Games. New playingfields have come into use at Houldsworth Valley C.P. School, Elmswell C. P. School, Wickhambrook C.P. School and the Newmarket All Saints' Aided V. School.

The Annual Netball tournament was attended by 33 teams from 19 Primary and Secondary Schools and the standard of play showed improvement.

In the Association Football we took part in the County competition, reaching the final, and in the English Schools Championship, being beaten by the team which ultimately reached the final.

Athletics. Continued enthusiasm again shows very satisfactory results.

We won the Minor Counties Championship and gained several places in the All-England Schools competition.

Swimming. The schools which are able to take advantage of swimming facilities had a successful season and certificates were awarded for distances ranging between 20 yards and $1\frac{1}{2}$ miles."

SCHOOL BUILDINGS.

I am indebted to the County Architect for the following Report.

"During the year, the Sudbury Infants' School and the Houldsworth Valley C.P. School, Newmarket, were opened.

The Minister of Education paid an official visit to these and to Tollgate C.P. School, Bury St. Edmunds, in September, 1952.

Unfortunately, the Committee, at the request of the Minister of Education, had to make cuts in their estimates and this meant curtailing their programme for all building. All proposed installations of electric light had to be omitted, also a number of minor improvements. However, paved playgrounds have been formed at 18 schools and will be laid to a further three schools by the end of the financial year.

Piped water supply has become available at a number of villages and water has been laid on to eight schools.

When painting and repairs have been carried out, the Committee have taken the opportunity of making a number of minor improvements including the provision of display boards. A temporary classroom has been erected at Lakenheath C.P. School. At Honington Controlled V.P. School, where the number of children has greatly increased, the building standing on the land recently purchased to increase the size of the site, is being converted to two classrooms.

Unfortunately the progress at Beyton M.S. School and Clare M.S. School has been slow, but it is still hoped that part of the former will be ready for occupation in September, 1953.

Of the three post-war schools built, two are already too small and the programme for next year includes the building of one classroom at Houldsworth Valley C.P. School, Newmarket, and two classrooms at Tollgate C.P. School, Bury St. Edmunds."

Sanitary Conditions.

The Assistant School Medical Officers continued to report on 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 on any unsatisfactory

conditions which they found in the schools. In the Report for 1951 it was mentioned that a sanitary fluid was being used in the closet pails at some 30 schools. During 1952 the Medical Officers and School Nurses paid particular attention to the conditions of the closets at these schools, and in most cases improvement was noted. There were fewer flies and less offensive odour, and the buckets were found easier to empty. It was questioned, however, whether the improvement was due, at least in some cases, to increased care and attention on the part of teachers and cleaners, and it was decided that a trial should be made at a total of 55 schools before considering whether the fluid, which is expensive, should be used in all the schools in the County still using pail closets.

HEALTH EDUCATION.

When visiting the schools, the School Nurse/Health Visitors took every opportunity of educating the children in matters of health and hygiene.

Pre-nursing Courses.

Mention was made in last year's Report of the pre-nursing courses which had commenced at the Silver Jubilee Modern Secondary Girls' School, Bury St. Edmunds, and the Sudbury Modern Secondary School.

At midsummer, 1952, eight girls at each school took the Mothercraft Examination for School Girls and Young Students of the National Association for Maternity and Child Welfare. All passed, five at each school with honours, and all passed the British Red Cross Society's Examination in Home Nursing.

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	2,316
Second Age Group .. .	1,371
Third Age Group .. .	1,158
Total .. .	4,845
Number of other Periodic Inspections .. .	—
Grand Total .. .	4,845

B.—OTHER INSPECTIONS.

Number of Special Inspections .. .	252
Number of Re-Inspections .. .	3,520
Total .. .	3,772

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 .. .	97	252	279
Second Age Group .. .	129	102	208
Third Age Group .. .	126	51	168
Total (prescribed groups)	352	405	655
Other Periodic Inspections	—	—	—
Grand Total .. .	352	405	655

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 .. .	2,316	485	20.94	1,631	70.42	200	8.64
Second Age Group .. .	1,371	363	26.48	929	67.76	79	5.76
Third Age Group .. .	1,158	434	37.48	693	59.84	31	2.68
Other Periodic Inspections .. .	—	—	—	—	—	—	—
Total .. .	4,845	1,282	26.46	3,253	67.14	310	6.40

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	37	42	3	1
Eyes—(a) Vision ..	352	145	11	4
(b) Squint ..	72	2	—	1
(c) Other ..	7	42	—	2
Ears—(a) Hearing ..	6	8	—	—
(b) Otitis Media	10	6	—	—
(c) Other ..	—	5	—	—
Nose or Throat ..	89	456	6	7
Speech	17	33	19	2
Cervical Glands ..	3	43	—	1
Heart and Circulation	7	49	1	—
Lungs	40	39	3	—
Developmental—				
(a) Hernia ..	9	8	—	—
(b) Other ..	26	17	—	—
Orthopædic—				
(a) Posture ..	2	42	1	1
(b) Flat foot ..	8	56	—	—
(c) Other ..	40	191	3	3
Nervous system—				
(a) Epilepsy ..	7	2	—	—
(b) Other ..	2	17	—	2
Psychological—				
(a) Development	1	106	1	11
(b) Stability ..	8	23	1	4
Other	17	28	3	1

TABLE III.
HANDICAPPED PUPILS RECEIVING OR AWAITING SPECIAL EDUCATION
AT THE END OF 1952 (EXCLUDING HOSPITAL SCHOOLS).

	Blind	Partially Sighted	Deaf	Partially Deaf	Delicate	Physically Handicapped	Educationally Subnormal	Maladjusted	Epileptic	TOTAL
Attending Special Schools (all residential)	—	—	7	2	—	1	14	—	—	24
Receiving education from Peripatetic Teachers :										
(a) in hospital	—	—	—	—	—	—	—	—	—	—
(b) elsewhere	—	—	—	—	—	—	—	—	—	—
Awaiting places at Special Schools	—	—	2	—	1	—	3	—	—	6

TABLE IV.
DENTAL INSPECTION AND TREATMENT.

(1) Number of pupils inspected by the Authority's Dental Officers—							
(a) Periodic age groups	..	..	..	..	..	..	2,399
(b) Specials	..	..	..	..	..	..	268
						Total	2,667
(2) Number found to require treatment	..	..	..	..	..	..	1,732
(3) Number referred for treatment	..	..	..	..	..	..	1,657
(4) Number actually treated	..	..	..	..	..	..	1,292
(5) Attendances made by pupils for treatment	..	..	..	..	..	..	2,680
(6) Half-days devoted to : Inspection	..	..	..	..	..	..	28½
Treatment	..	..	..	..	..	..	386½
						Total	415
(7) Fillings—Permanent Teeth	..	..	..	..	..	..	1,502
Temporary Teeth	..	..	..	..	..	..	13
						Total	1,515
(8) Number of teeth filled—Permanent Teeth	..	..	..	..	..	..	1,338
Temporary Teeth	..	..	..	..	..	..	11
						Total	1,349
(9) Extractions—Permanent Teeth	..	..	..	..	..	..	270
Temporary Teeth	..	..	..	..	..	..	911
						Total	1,181
(10) Administration of general anæsthetics for extraction	..	..	..	..	..	..	293
(11) Other Operations—Permanent Teeth	..	..	..	..	..	..	685
Temporary Teeth	..	..	..	..	..	..	330
						Total	1,015

TABLE V.
AVERAGE HEIGHTS AND WEIGHTS OF SCHOOL CHILDREN.

<i>Children Measured and Weighed.</i>	<i>Year of Birth.</i>	<i>Average Height</i>		<i>Average Weight</i>	
		<i>Ft.</i>	<i>Ins.</i>	<i>Sts.</i>	<i>lbs.</i>
18 boys	1947	3	6¾	2	11½
38 "	1946	3	7¾	3	11½
31 "	1945	3	11	3	6¾
44 "	1944	4	1	3	12½
53 "	1943	4	4¼	4	4¼
58 "	1942	4	6	4	9½
57 "	1941	4	7¾	5	2¼
30 "	1940	4	9½	5	9¼
36 "	1939	4	10	5	13
43 "	1938	5	1	6	12¼
22 "	1937	5	3¾	7	12¼
16 girls	1947	3	3½	2	11½
47 "	1946	3	7½	3	1
27 "	1945	3	10¼	3	5½
35 "	1944	4	1	3	13
48 "	1943	4	4¼	4	2½
57 "	1942	4	5½	4	9¼
44 "	1941	4	8½	5	9
33 "	1940	4	9	5	9½
23 "	1939	4	11½	6	5½
31 "	1938	5	2	7	7¼
27 "	1937	5	1½	7	6